Role Strain and Its Influence on Organizational Citizenship Behavior among Faculty Staff

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ABSTRACT

Context: The quality of university education is highly affected by faculty staff engagement that drives them to go beyond their assigned roles and job description to have Organizational Citizenship Behaviors (OCBs).
Aim: To investigate the influence of role strain on organizational citizenship behaviors (OCBs) among nursing faculty staff.
Methods: This analytic cross-sectional study was carried out at the Faculty of Nursing at Ain Shams University on a convenience sample of 89 faculty members. Data were collected using a self-administered questionnaire with OCBs and role strain scales.
Results: Participants' age ranged from 25 and 53 years. 83.1% had high citizenship behaviors, and 68.5% had high role strain. The citizenship behavior and role strain scores were positively and significantly correlated (r=0.253). The multivariate analysis identified role strain score as a positive predictor of OCB score.
***Conclusion*:** The nursing faculty staff in the study setting have high scores in OCBs and fewer scores in role strain. Their role strain positively predicts their OCBs. It is recommended to carry out a similar study with a prospective follow-up design. The roles of leadership style and job satisfaction in the relationship between role strain and OCBs need to be investigated.

Keywords: Role strain, organizational citizenship behavior, faculty staff

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1. Introduction

Organizational Citizenship Behaviors (OCBs) refers to employees' behaviors, not mandatory, stated in their job descriptions. They thus have no formal rewards though they may positively impact the organization *(Klotz et al., 2018)*. They constitute an individual employee's optional behavior to perform his/her work to the best and even beyond the requirements of his/her role regardless of any reward but to foster the success of the organization *(Ocampo et al., 2018)* and to improve the work environment *(Amin et al., 2020)*.

Organizational Citizenship Behaviors (OCBs) comprise five domains: Altruism, courtesy, conscientiousness, sportsmanship, and civic virtue or civilized behavior *(Yang & Kim, 2018; Jilani, 2019; Nguyen et al., 2019)*. It could be affiliative or challenging in terms of OCBs' contribution to the organization. The affiliative OCBs tend to strengthen present work processes to maintain current work conditions, e.g., providing newly appointed employees with tips on work procedures and resources. On the other hand, challenging OCBs aim to modulate current work conditions through articulating problems, taking proactive actions for change, or improving work relations *(Love & Kim, 2018)*.

The organization's management has a significantly influential role on employees' OCBs by providing a healthful and productive work environment *(Fathiizadeh et al., 2018)*. Moreover, the OCBs of an employee are influenced by his/her disposition and his/her view of the potential benefits gained from such behaviors. Thus, their underlying motives could differ when two employees have similar OCBs. For instance, the motives could be the management image for one, while for the other, it could be the quality of the work environment. Furthermore, one same OCB can have two or more motives, e.g., an employee may work overtime hours for more promotion and a better quality of the organization's outcomes *(Halbesleben & Bellairs, 2016)*.

Organizational Citizenship Behaviors (OCBs) are particularly important in healthcare organizations, nursing practice, and education, given their positive impact on professional nursing image and identity *(Kumar & Monica, 2018)*. High OCBs levels are associated with the efficient allocation and utilization of resources, more client satisfaction, fewer employee turnover rates, and promotion of the organization's professional image and reputation *(Harris et al., 2009)*.

The literature gave evidence that OCBs are related to employees and organizational performance. It could be related to job stress and the strains associated with their roles at the individual level. A role is an anticipation of a certain duty to be fulfilled. According to the role strain theory, people get hints about their roles and how to perform them from their social networks and the broader expectations of such roles and their performance *(Boddy &*

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Taplin, 2017). When a person has difficulty fulfilling a role, they become strained. Thus, role strain occurs when an employee has to simultaneously perform multiple roles requiring different behaviors. Role strain and its related coping strategies are variable. It is affected by an individual's personality, the social system, and cultural context *(Boudrias et al., 2020)*.

Additionally, the high prevalence of coronavirus disease-2019 (COVID-19) in the general population of many countries, its novelty and highly infectious nature, and the associated morbidity and mortality rates are placing unprecedented demand on health and social care services worldwide; these changes increase the role strain and stress for health care providers especially faculty staff *(Jackson et al., 2020).*

2. Significance of the study

The quality of university education is highly affected by faculty staff engagementand the feeling of ownership that drives them to go beyond their assigned roles and job description. In the era of the COVID-19 pandemic, the work demands of the nursing faculty's staff and clinical trainers have changed, with increasing difficulties in fulfilling multiple roles expectations. If they cannot perform their role obligations, this could result in role strain with negative impacts on their personal life and teaching outcomes. Since the relation between role strain and OCBs is still debatable, this study attempts to clarify it.

3. Aim of the study

This study aim was conducted to investigate the influence of role strain on organizational citizenship behaviors (OCBs) among nursing faculty staff. This aim was achieved through assessing the levels of role strain and OCBs among them and examining the influence of their role strain on their OCBs.

3.1. Research hypothesis

The research hypothesizes that a higher score of role strain would predict a higher OCB score.

4. Subjects & Methods

4.1. Research Design

An analytic cross-sectional design was used in this study. In this type of observational non-experimental research, data are collected from a group of participants at one point in time to evaluate the association between an independent and a dependent variable in a defined population *(Setia, 2016; Schmidt & Brown, 2019)*.

4.2. Study setting

The study was carried out at the Faculty of Nursing at Ain Shams University. It involves eight scientific departments, namely medical-surgical, critical care and emergency nursing, pediatric, maternity and gynecology, psychiatric and mental health, community health, geriatric nursing, and nursing administration departments.

4.3. Subjects

The total number of faculty staff in these departments was 140. A convenience non-probability sample of 89 faculty members was recruited with no inclusion or exclusion criteria. This sample size was large enough to estimate an expected correlation coefficient of 0.30 or higher with 80% power and at a 95% level of confidence between the scores of role strain and OCBs and accounting for a non-response rate of about 5%, using the UCSF software program *(Hulley et al., 2013).*

4.4. Tools of data collection

Data were collected using a self-administered questionnaire with two scales, namely OCBs and role strain, in addition to a section for personal data such as age, job position, and department.

4.4.1. Organizational Citizenship Behavior (OCB) Scale

This scale was adopted from *Abu Tayh (2012)* based on its developer, *Organ (1988)*. It is intended to assess OCBs through 20 items covering five dimensions: Altruism (5 items), courtesy (4 items), sportsmanship (3 items), civic virtue or civilized behavior (5 items), and conscientiousness (3 items). The responses were on a 5-point Likert scale from strongly agree to strongly disagree.

For a quantitative presentation of each dimension, its total was divided by the number of items to provide a standardized score ranging from 1:00 to 5:00. Means, standard deviations, medians, and interquartile ranges were then computed. The scale of each dimension was dichotomized into "strong agree/agree" and "uncertain/ disagree/strongly disagree," corresponding to high and low OCBs.

4.4.2. Role Strain Scale

This scale was adapted from *Kolagari et al. (2014)* and modified by the researchers. It was used to assess the level of role strain through a set of 33 items categorized under five dimensions: Role conflict (8 items), incongruity (7 items), incompetence (6 items), ambiguity (6 items), and overload (6 items). The response to each item was on a 5-point Likert type scale from “never” to “always.” For scoring, these are respectively given 1 to 5 points. The scores of each dimension and for the total scale are added so that a higher score indicates a higher level of role strain.

For the presentation of the results of each dimension, its total was divided by the number of items to yield a standardized score ranging between 1 and 5. Mean deviations, medians, and interquartile ranges were computed for quantitative presentation. For categorical presentation, the scale of each dimension was dichotomized into "always/often" and "sometimes/rarely/never," and these were considered high and low role strain, respectively.

4.5. Procedures

Tool validity and reliability: Five experts in nursing administration ascertained the face and content validity of the data collection form: Two professors, one assistant professor from Ain shams University, and two assistant professors from Helwan University. Their opinions were elicited regarding the tool layout, relevance, consistency, accuracy, applicability, and feasibility. The reliability of the two scales was examined by assessing their internal consistency. They demonstrated excellent levels of reliability with Cronbach's alpha coefficients 0.988 and 0.980 for the role strain and OCBs, respectively.

Ethical considerations: Official permission was obtained to perform the study after reviewing and approving ethical aspects of the study by the Faculty Research and Ethics Committee. Verbal informed consent was obtained from each participant after explaining the purpose of the study and informing them about the right to refuse or withdraw from the study at any time. Confidentiality of the data was ascertained.

A pilot study was carried out on eight faculty members representing about 10% of the total study to determine the tool's applicability, clarity of its language, and feasibility of the study process. It also served to estimate the time needed to complete the data collection form for each study subject and identify any obstacles or problems encountered during the data collection period.

Fieldwork: Data collection activities lasted for one month, from the beginning of December till the end of January 2021. The researchers met with the eligible participants, and those who gave their consent to participate were handed the self-administered questionnaire along with instructions about its filling. This interview was done during their morning work time. Participants were also asked to abstain from writing their names to protect their anonymity when filling the form.

4.6. Limitation of the study

The main study limitation is cross-sectional, where the temporal relationship between the dependent and independent variables cannot be determined.

4.7. Data analysis

The data management and statistical analyses were performed on SPSS 20.0 software package. Descriptive statistics were used as frequencies and percentages for categorical variables and means, standard deviations, medians, and quartiles for quantitative ones. Mann-Whitney and Kruskal-Wallis tests were applied for the differences in scores between and among demographic characteristics, and Spearman rank correlations for scores and ranked variables. Multiple linear regression was used in multivariate analysis. Statistical significance was set at $p<0.05$.

5. Results

As described in Table 1, the study comprised 89 faculty members, mostly lecturers (44.9%) and assistant professors (43.8%), with an age range of 25-53 years. Around one-fourth of the sample were in the mental health department (22.5%), while the least was in Maternity/Gynecology department (11.2%).

Table 2 displays that the study subjects generally had high levels of citizenship ranging from 77.5% for sportsmanship and conscientiousness to 83.1% for courtesy. In total, 83.1% of the sample had high citizenship behaviors. The third quartiles for all domains and the total scale were 5.00, indicating that at least three-fourths of the participants strongly agreed on their items. As for role strain, the table shows wide variation between 64.0% for role incompetence and 87.6% for role conflict. These two domains also had the lowest and highest mean scores, respectively. Overall, 68.5% of them had high total role strain.

Table 3 demonstrates a statistically significant relationship between participants' citizenship behavior and work department ($p=0.02$). The citizenship score was lowest in medical-surgical departments (3.6 ± 0.7) and highest in the maternity/gynecology department (4.6 ± 0.4).

Table 4 points to a non-statistically significant relationship between participants' role strain and their age, job position, or work department.

Table 5 indicates that most citizenship behavior domains were positively correlated with most role strain domains. The correlations were statistically significant between the overload domain of role strain and all citizenship domains, with the highest correlation between overload and sportsmanship behavior ($r=0.310$). It was also significant between the conscientiousness domain of citizenship and all role strain domains, with the highest between conscientiousness and incongruity ($r=0.345$). The total citizenship behavior and total role strain are positively and significantly correlated ($r=0.253$).

Table 6 demonstrates the multivariate analysis identified role strain total score as a significant positive independent predictor of the OCB score. It explained 21% of the variation in this score. When the effect of individual role strain domains on OCB score was explored, role conflict and overload domains were identified as positive predictors. They both explained 29% of the variation in the total OCB score.

Table (1): Frequency and percentage distribution of demographic characteristics of study participants (n=89).

Demographic characteristics	Frequency	Percent
Age		
<40	43	48.3
40+	46	51.7
Range	25.0-53.0	
Mean±SD	40.0±7.0	
Median	40.0	
Job		
Lecturer	40	44.9
Assistant professor	39	43.8
Professor	10	11.2
Department		
Mental health	20	22.5
Pediatrics	19	21.3
Community health	16	18.0
Medical-Surgical	13	14.6
Nursing administration	11	12.4
Maternity/Gynecology	10	11.2

Table (2): Citizenship behavior and role strain among participants in the study sample (n=89).

Domains	Strong agree/agree		Score (max=5)					Quartiles	
	No.	%	Min	Max	Mean	SD	Median	1st	3rd
Citizenship behavior									
Altruism (selflessness)	72	80.9	1.00	5.00	4.12	1.05	4.40	3.80	5.00
Courtesy	74	83.1	1.00	5.00	4.06	1.00	4.00	3.75	5.00
Sportsmanship	69	77.5	1.00	5.00	4.06	1.03	4.00	3.67	5.00
Civilized behavior	73	82.0	1.00	5.00	4.20	0.98	4.40	4.00	5.00
Conscientiousness	69	77.5	1.00	5.00	4.10	1.07	4.33	4.00	5.00
Total	74	83.1	1.00	5.00	4.12	0.96	4.25	3.90	5.00
Role strain	**Always/Often**								
Role conflict	78	87.6	1.00	5.00	3.25	0.82	3.00	3.00	3.50
Role incongruity	60	67.4	1.00	5.00	3.08	1.00	3.00	2.71	3.86
Role incompetence	57	64.0	1.00	4.33	2.88	0.73	3.00	2.50	3.17
Role ambiguity	65	73.0	1.00	5.00	3.02	1.05	3.00	2.83	3.67
Role overload	70	78.7	1.67	4.33	3.11	0.61	3.00	3.00	3.67
Total	61	68.5	1.24	4.76	3.08	0.74	3.00	2.82	3.55

Table (3): Relations between participants' citizenship behavior and demographic characteristics.

Demographic characteristics	Citizenship behavior		Mann Whitney test	p-value
	Mean ±SD	Median		
Age				
<40	3.9±1.2	4.15		
40+	4.3±0.6	4.25	0.68	0.41
Job				
Lecturer	4.0±1.2	4.18		
Assistant professor	4.3±0.8	4.40	2.03	0.36
Professor	4.0±0.6	4.03		
Department				
Mental health	4.5±0.5	4.33		
Pediatrics	4.0±1.2	4.05		
Community health	3.9±1.5	4.45	H=14.04	0.02
Medical-surgical	3.6±0.7	3.75		
Nursing administration	4.2±0.5	4.00		
Maternity/Gynecology	4.6±0.4	4.58		

Table (4): Relations between participants' role strain and their demographic characteristics.

Demographic characteristics	Role strain		Mann Whitney test	p-value
	Mean ±SD	Median		
Age				
<40	3.0±0.8	3.00		
40+	3.2±0.7	3.00	1.47	0.22
Job				
Lecturer	3.0±0.8	3.00		
Assistant professor	3.1±0.8	3.09	1.35	0.51
Professor	3.0±0.4	3.00		
Department				
Mental health	2.9±0.7	2.94		
Pediatrics	3.1±0.9	3.00		
Community health	3.0±0.9	3.20	H=6.84	0.23
Medical-surgical	3.2±0.5	3.00		
Nursing administration	3.4±0.5	3.55		
Maternity/Gynecology	3.1±0.6	3.09		

Table (5): Correlations between role strain scale and citizenship behavior domains scores.

Citizenship behavior Domains	Spearman's rank correlation coefficient					
	Role strain scale domains					
	Conflict	Incongruity	Incompetence	Ambiguity	Overload	Total
Altruism (selflessness)	0.228	0.241	0.176	0.214	0.291	
Courtesy	0.186	0.166	0.138	0.168	0.293	
Sportsmanship	0.162	0.303	0.283	0.285	0.310	
Civilized behavior	0.141	0.238	0.166	0.142	0.279	
Conscientiousness	0.232	0.345	0.228	0.274	0.309	
Total						0.253

Table (6): Best fitting multiple linear regression model for the citizenship behavior (OCB) score with role strain total and domains' scores.

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
OCB score using role strain total score							
Constant	2.28	0.40		5.76	<0.001	1.49	3.06
Role strain score	0.60	0.13	0.46	4.78	<0.001	0.35	0.85
r-square=0.21	Model ANOVA: F=22.87, p<0.001						
Variables entered and excluded: age, department, job position							
OCB score using role strain domains							
Constant	1.54	0.46		3.352	0.001	0.63	2.45
Role conflict	0.38	0.14	0.33	2.783	0.007	0.11	0.66
Role overload	0.07	0.03	0.27	2.326	0.022	0.01	0.13
r-square=0.29	Model ANOVA: F=17.73, p<0.001						
Variables entered and excluded: age, department, job position, other role strain domains.							

6. Discussion

The concept of Role strain is the consequence of disproportion between an individual's view of the characteristics of a specific role and what is actually being achieved by the individual currently carrying out the specific role. Academic staff who function in the classroom and practice setting are accountable for producing and mentoring present and future generations of students. A deficit of readiness for the faculty role and the eagerness of the academy lead to annoyance with work. Furthermore, role strain ordinarily occurs due to oppressive to exercise the duties of multidimensional roles thorough the needed responsibilities. This study aimed to investigate the influence of role strain on OCBs among nursing faculty staff. The results indicate that most of them had high scores of OCBs with variable scores of role strain. A significant positive correlation was revealed between the scores of OCBs and role strain, thus indicating their mutual relationship. Role strain was identified as a positive

predictor of OCB score, which leads to the acceptance of the set research hypothesis.

According to the current study findings, a great majority of the faculty staff had high levels of OCBs. Such high levels might be attributed to participants' self-interest in their jobs and careers and their high motivation for their students' professional future. In line with this, *Michel (2017)* found that pro-social motives and self-interest were significant antecedents of OCBs. A similarly high level of OCBs as ours was reported among teachers in a study in Bangladesh with a closely similar mean total OCB score of 4.10 *(Amin et al., 2020).*

The highest OCB scores in the current study were related to the courtesy OCBs' domain. This domain mainly refers to being tolerant, avoiding stirring troubles with pre-emptive measures as necessary, and caring about colleagues' rights. These are typical qualities a faculty member should possess. It reflects the basic ethics code in this work environment, as reported in a study of academic nurses in Turkey, where OCBs were closely correlated to their ethical work environment *(Altuntaş et al., 2021).*

On the other hand, the OCBs' domains with the lowest scores among faculty members in the current study were sportsmanship and conscientiousness, although more than three-fourths of them had high scores in these domains. These domains involve the tendency to help others without grumbling, volunteering to have additional work, and providing suggestions to improve work. Such attitudes would certainly be hampered by the high workload and hectic work schedule. In contrast, a study of OCBs among Turkish nurses found that the highest OCBs scores were in the conscientiousness domain. They attributed it to their feeling of the highly sensitive work they are performing in inpatient care that cannot tolerate any mistakes *(Özlük & Baykal, 2020).* This finding might explain the discrepancy with our results since nursing faculty staff are not primarily involved in patient care but rather in education.

The faculty staff members' characteristics are significantly related to their OCBs. The present study shows a significant relationship with their work department. The OCBs score is highest in the maternity/gynecology department and lowest in the medical-surgical departments. The higher OCBs in the maternity/gynecology department could be explained by a more compassionate approach to the pregnant and parturient mothers, particularly since most faculty members are women. In congruence with this, a study in Pakistan showed that women preferred female care providers and attributed their preference to better communication, rapport, comfort, and sympathy *(Riaz et al., 2021).*

The present study has also assessed role strain. The results reveal that the domain with the lowest scores was that of role incompetence. This finding involves role strains due to the complexity of job expectations, conflicting work demands, and feeling a lack of sufficient updated knowledge, skills, and clinical expertise. Thus, the study participants seem to be less strained by these concerns, which is quite expected given that they might have high self-confidence in their expertise. On the other hand, the role strain related to the domain of role conflict had the highest mean scores among study participants. This finding refers to strains resulting from interference of job role with personal and family roles, concerns about the evaluation process of job performance, and the conflicting roles of educator, researcher, and sometimes professional nursing care provider. In agreement with this, a study examined the role strain in a sample of all nurse educators in India and revealed that role conflict was the highest domain among them *(Pramilaa, 2020)*. This finding might be referred to a similar cultural background.

In total, slightly more than two-thirds of the present study nurse educators had a high level of role strain. This finding might be attributed to many nursing faculty students with a relative shortage of staff, resulting in a high workload with conflicting roles and ambiguity of duties and tasks. Added to this are the stresses associated with the COVID-19 pandemic and its influences on teaching methods, and the high dependence on online education with its high workload. In congruence with this, *Zeman &Harvison (2017)* mentioned that multiple roles are significantly associated with high levels of role strain.

The present study hypothesized that a higher role strain score would be associated with a higher OCB score. The results demonstrated that these scores are positively and significantly correlated, and the role strain total score is a positive predictor of the OCB score. This finding might be explained by the fact that the faculty staff members view the role strain as a challenge that could motivate them to go beyond their duties and capacities to achieve their own and institutional goals. Thus, when faced with strains resulting from role conflicts and high workload, they respond positively with more devotion to better performance and more OCBs.

In congruence with this current study finding, *Zhao & Jiang (2017),* in a study of citizenship pressure in China, clarified that although employees' exposure to high stress at work mightbe expected to decrease their OCBs, paradoxically, these employees maintain their positive citizenship behaviors despite their role strains. This finding has been attributed to the buffering effect of job autonomy, as reported in a study of OCBs among teachers *(Somech, 2016).* It could also be that higher OCBs are associated with higher job satisfaction, as reported in a study in Iran *(Saadoldin et al., 2016).*

A further explanation of this could be the moderating effect of transformational leadership on the relation between job stress and OCBs, as revealed by *Liu et al. (2021)* in a study in China. Lastly, *Germeys et al. (2019)* pointed out the importance of differentiating between two types of OCB, namely the controlled type, which the employee performs based on a request from others, and the autonomous type, which the employee performs freely with no requests or orders as they have different relations with stress and strain.

7. Conclusion

The nursing faculty staff in the study setting have high scores in OCBs and fewer scores in role strain. Their role strain positively predicts their OCBs. The research hypothesis that a higher score of role strain would predict a higher OCB score is accepted.

8. Recommendations

It is recommended to carry out a similar study with a prospective longitudinal follow-up design. Also, encouraging the faculty members to express the factors leading to role strain facing them. Additionally, continuous evaluation of the levels of role strain among faculty staff is recommended. In addition, the roles of leadership style and job satisfaction in the relationship between role strain and OCBs need to be investigated.

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