

# Nurse's Perspective of Organizational Citizenship Behavior during the COVID-19 Pandemic in Saudi Arabia

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## ABSTRACT

**Context:** Outbreaks of epidemics have destroyed civilizations throughout history, wiping out entire peoples. The rapidly evolving needs of patients during the pandemic have led to drastic changes in the organizations and delivery of services, which have placed enormous pressure on hospitals around the globe. One of the most studied phenomena is organizational performance, particularly organizational citizenship behavior (OCB).

**Aim:** To assess the organizational citizenship behavior level from the nurses' perspective during the COVID-19 pandemic.

**Methods:** In this quantitative cross-sectional descriptive study, a stratified random sample of 315 nurses was selected from two large governmental hospitals in Jeddah City, Saudi Arabia. Data were collected using two self-report questionnaires: Demographic information and an OCB questionnaire.

**Results:** Nurses had an overall high level of OCB ( $3.86 \pm 0.35$ ) and high mean scores for all dimensions. However, the highest weighted mean was for courtesy ( $4.13 \pm 0.54$ ), with a mean percentage of 82.63%, while the lowest was for civic virtue ( $3.54 \pm 0.67$ ), with a mean percentage of 70.86%. Furthermore, nurses' OCB levels differ significantly according to their nationalities ( $p=0.006$ ) and years of experience ( $p=0.013$ ).

**Conclusion:** This study found that the nurses had a high level of OCB during the COVID-19 pandemic. Furthermore, this study shows that nurses' OCB levels differ according to their nationalities, years of experience, and the hospital. This study recommends assigning nurses with the expertise to formal administrative positions and responsibilities and allowing competent staff nurses to engage in educational programs.

**Keywords:** Organizational citizenship behaviors, nurses' perspectives, pandemic, COVID-19

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## 1. Introduction

Outbreaks of epidemics have destroyed civilizations throughout history, wiping out entire peoples. On March 11, 2020, the World Health Organization (WHO) confirmed the outbreak of the COVID-19 pandemic that could destroy the health and lives of billions of people around the world and infect them with serious diseases (Kwuimy et al., 2020; Garnica & Maiolino, 2020; World Health Organization, 2021). The World Health Organization (WHO) defines the meaning of epidemics as the global spread of a new disease, and the dictionary of epidemiology describes epidemics as a pandemic that occurs worldwide or in a wide area that crosses international borders and usually affects many individuals (Al-Qahtani, 2017; De Campos, 2020).

In COVID-19, pandemic attention to the rapidly evolving needs of patients has led to drastic changes in the organization and delivery of services, which have placed enormous pressures on hospitals around the globe. As a result, rapid shifts in care delivery models have been observed, including increased workload, redeployment of staff to new clinical settings, cancellation of routine services, and requirements to

treat patients with an unknown disease, which affect organizational performance (Wu et al., 2020; Denning et al., 2020).

One of the most studied organizational performance research subjects in recent years and one of the fundamental issues in organizational behavior is organizational citizenship behavior (OCB) which enhances efficiency, increases productivity, reinforces teamwork, and cooperation within the organization, decreases the costs of errors, and, in general, maintains a good environment in the workplace (Chib, 2016).

An employee with a high OCB level will support his/her co-workers and work to his/her maximum potential to achieve organizational goals and help the organization deal with change and unexpected circumstances, which is one reason for the organization's success (Sinha & Negi, 2019).

OCB is defined as something that workers want to do independently and without their employer's requirement, which sometimes falls outside their contractual obligations. Participants' ability to go above and beyond their jobs' contractual obligations has long been recognized as a vital component of successful organizational performance and efficiency (Indarti et al., 2017; Jafarpanah & Rezaei, 2020;

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Qiu et al., 2020). OCB may not always be expressly acknowledged or rewarded by the organization, such as wage increases or bonuses, incentives, and promotions. However, it can be expressed in better performance appraisals and favorable manager or co-worker reviews. In this manner, it can facilitate incentive gain indirectly in the future. Thus, employees demonstrate high OCB levels because they want to engage in it rather than because it is a question of obligation (Thiruvankadam et al., 2019).

Organ (1988) suggested five dimensions to conceptualize and categorize OCBs systematically. Researchers nowadays mostly use these dimensions to assess these behaviors. They involve conscientiousness, courtesy, altruism, sportsmanship, and civic virtue (Ocampo et al., 2018).

Altruism refers to volunteering assistance to co-workers, which leads to positive working relationships. Conscientiousness is discretionary behavior that leads employees to exceed minimum job requirements, such as working extra hours and not taking extra breaks. Civic virtue is described by actions that demonstrate nurses' deep concerns, active involvement, and engagement in the organization's existence, giving one's growth ideas in a meeting. Courtesy defines how nurses communicate with their co-workers, managers, and patients, involving discretionary behaviors. Finally, sportsmanship identifies employees' ability to endure inconvenient circumstances, work long hours without complaining, and put one's interests (Mete, 2019; Tamunomiebi & Onah, 2019; Thiruvankadam & Durairaj, 2019).

Many researchers showed that OCB was the leading solution to enhanced organizational performance and improved employees' attitude, participation, productivity, creativity, and efficiency. Also, it maintains teamwork and cooperation, reducing error and costs, decreases the need for supervision and the time consumed to solve problems, and, in general, maintains a good environment in the organization (Alswat et al., 2017; Fathiizadeh et al., 2018; Mahooti et al., 2018; Yaakobi & Weisberg, 2020).

## 2. Significance of the study

Coronavirus is considered one of the most significant severe health crises of our time and the most critical threat facing humanity since World War II. However, providing high organizational performance should always be a fundamental goal of a healthcare system, even during emergencies, natural disasters, or pandemics (Jafarpanah & Rezaei, 2020; Denning et al., 2020).

Therefore, the National Transformation Program in the Health Sector's strategic objectives contributes to Kingdom Vision 2030 targeting high organizational performance. To instill a high level of organizational performance in a Saudi healthcare organization, the attitude of the health workers needs to be positive. One Saudi study by Al Ahmadi and Mahran (2022) stated that nurses' overall organizational citizenship behaviors were high. The study also reported a statistically significant positive relationship between overall organizational citizenship behavior and overall job satisfaction among nurses.

Nurses are the most significant healthcare staff responsible for quality in healthcare organizations.

Therefore, evaluating the status of organizational citizenship behavior among nurses is one of the top concerns of nursing management. Assessing organizational citizenship behaviors will help nursing managers formulate plans and take management actions to improve these behaviors. However, the organizational citizenship behavioral level from the nurses' perspective during the COVID-19 pandemic has not been assessed so far in Saudi Arabia, so it was necessary to conduct the current search and generate relevant evidence.

## 3. Aim of the study

To assess the organizational citizenship behavior level from the nurses' perspective during the COVID-19 pandemic.

### 3.1. Research Question

What is the organizational citizenship behavior level from the nurses' perspective during the COVID-19 pandemic?

## 4. Subjects & Methods

### 4.1. Research Design

The current study used a quantitative cross-sectional descriptive design. The cross-sectional design is a type of observational study design. In a cross-sectional study, the investigator measures the outcome and the exposures in the study participants at the same time. The participants in a cross-sectional study are just selected based on the inclusion and exclusion criteria set for the study. Cross-sectional designs are used for population-based surveys and to assess the prevalence of phenomena in a specific sample (Setia, 2016).

### 4.2. Study setting

The current study was conducted in the western region of Saudi Arabia in two general hospitals in Jeddah city affiliated to the Ministry of Health (MOH). King Fahd General Hospital (KFGH) and East Jeddah General Hospital (EJGH) were those hospitals. King Fahd General Hospital in Jeddah is considered one of the largest hospitals affiliated to the Ministry of Health in and around this region. It is characterized by about 800 male and female nurses with national and international experiences. The nursing staff is from the Philippines, India, Egypt, KSA, and other countries.

East Jeddah Hospital is one of the most extensive and modern medical facilities in the Jeddah Governorate. It is characterized by about 950 male and female nurses with national and international experiences. The nursing staff is from the Philippines, India, Egypt, Bangladesh, KSA, and other countries.

The reasons for selecting those two hospitals, in short, are as follows: First, it has some unique characteristics, for example, a government hospital with many nurses. Second, they are characterized by high bed capacity and different cultures. Third, they were the largest hospitals in the Ministry of Health and the most extensive specialties that received many patients during COVID-19.

### 4.3. Subjects

Stratified random sampling techniques have been used from the two most prominent and extensive hospitals in Jeddah city. The total number of registered nurses (RNs) at East Jeddah General Hospital (EJGH) and King Fahd General Hospital (KFGH) was 1750. So first, they were divided into various sub-groups (strata), sharing common characteristics like age, gender, marital status, nationality, educational level, overall nursing experience, and work-related information, including working unit and name of the hospital. Then the samples were chosen by simple random sampling in each hospital ward.

#### *Inclusion and exclusion criteria*

The inclusion criteria in this research were: All registered nurses working at (EJGH) and (KFGH) who provide direct care with at least one year of experience. At the same time, the new nurses were excluded because they did not have complete adaptation or enough participation in their organizations. Also, they are not yet influenced by employees' attitudes and managerial factors, which may affect OCB levels and play a significant role in promoting healthy and constructive behaviors among employees or vice versa. Furthermore, all managerial-level nurses were excluded because the researcher aimed to address the OCB level among only staff nurses who provide direct care. The most important inclusion criterion was that all the nurses were recruited one year at least before the COVID-19 pandemic and were on the job; nurses who were on maternity leave or alike at that time were excluded.

#### *Sample Size*

The studied sample size was calculated using (<https://www.surveysystem.com/sscalc.htm>) with a 5% Confidence Interval (margin of error), a confidence level of 95%, and the final sample size was 315.

### 4.4. Data Collection Tool

#### 4.4.1. Organizational Citizenship Behavior Scale

The tool used in this study was an electronic self-report questionnaire that consisted of two parts.

Part I is concerned with socio-demographic data. The information was obtained through a questionnaire developed by the researcher and consists of eight questions to assess general socio-demographic characteristics, including age, gender, marital status, nationality, education level, years of work as a nurse, working unit, and name of the hospital.

Part II: Organizational Citizenship Behavior Scale (OCB). It pertains to assessing the nurses' organizational citizenship behavior level using the OCB Scale, validated and reliably tested in many languages. The OCB scale was adopted from *Podsakoff and colleagues (1990)*.

This scale contains 24 items and is most widely used in studies that aim to measure the five dimensions of OCB based on *Organ's (1988)* five-dimensional taxonomy. Each dimension consists of 4 to 5 items, rated on a five-point Likert scale, ranging from 5 strongly agree to 1 disagree strongly. Thus, the overall score of the tool ranges from 24 to 120. The five dimensions are conscientiousness (5 statements), altruism (5 statements), sportsmanship (5

statements), courtesy (5 statements), and civic virtue (4 statements) (*Podsakoff et al., 2006; Eyupoglu, 2016; Jafarpanah & Rezaei, 2020*).

Two sub-item questionnaires about sportsmanship were modified to be consistent with the current culture, which was American idioms. More specifically, the researcher modified those statements:

- "I tend to make mountains out of molehills" to "I tend to exaggerate things."
- "I am the classic 'squeaky wheel' that always needs greasing" to "I complain and protest loudly."

#### *Scoring system*

The responses to the organizational citizenship behavior statement were five scaled by Likert's measure. The calculation of the weighted mean was used to give each response a specific weight reflecting its importance. Thus, responses to each statement take a weighted mean. A range calculated for scales that could be used as a criteria method to classify the agreement and disagreement through the following table 1.

**Table (1); Criteria to classify the agreement and disagreement in five-point Likert scale OCB.**

Weight Mean Score	Weight	Response
From 1.00 to less than 1.80	1	Strongly disagree
From 1.81 to less than 2.60	2	Disagree
From 2.61 to less than 3.40	3	Neither agree nor disagree
From 3.41 to less than 4.20	4	Agree
From 4.21 to less than 5	5	Strongly agree

Table 1 illustrates the weight mean score and weight for each response on a five-point Likert scale used in the study. So, the agreeing degree to any item in the 5-point Likert scale can be specified by computing the weighted arithmetic mean. In other words, if the weighted mean value from table 1 ranges between 1.00-<1.80 represents a very low level. If the weighted mean value range between 1.81-<2.60 represents a low level. If the weighted mean value range between 2.61-<3.40 represents a medium level. If the weighted mean value range between 3.41-<4.20 represents a high level. If the weighted mean value range between 4.21-<5, represents a very high level.

### 4.5. Procedures

For the current study instrument, the researcher tested both content and face validity to judge the accuracy of the questionnaire. A jury of five academic experts from nursing college at King Abdul-Aziz University, their specialty in administration and leadership field, and a statistician to assess the content and face validity, completeness, and clarity of items before distributing the questionnaire to the participants.

The feedback made by the jury members was that the questionnaire statements about organizational citizenship behavior were suitable, congruent, and relevant to the research aim and objectives. On the other hand, before the pilot study, two sub-item questions about organizational citizenship behavior need modification to be consistent with the current culture. Therefore, the researcher modified those two items.

Additionally, some nurses studied nursing sciences in Arabic, and others studied nursing sciences in English. So, those who studied nursing science in Arabic needed help understanding English. Therefore, the original English format of the questionnaire was translated by an expert translator into Arabic to be consistent with the current setting. The expert translator used a translating and back-translating technique to maintain the instrument's validity and ensured that the instrument measured what needed to be measured.

Reliability: OCB is psychometrically robust and had validated in numerous settings or countries, including Turkey, Saudi Arabia, Iran, and the United States of America. Reliability coefficients ranged from 0.74 to 0.85 (Fathiizadeh et al., 2018; AL-Ahmadi et al., 2020; Jafarpanah & Rezaei, 2020), and Cronbach's alpha test tested the established reliability of this scale in this study for English was 0.89, and in Arabic was 0.93. They indicated that the reliability and credibility of the questionnaire were high.

Ethical considerations for this research were strictly adhered to at all stages of the study. First, approval was obtained from the Faculty of Nursing Ethical Committee at King Abdul-Aziz University. Second, approval was obtained from the Ministry of Health (MOH). Then, permissions were obtained from East Jeddah General Hospital (EJGH) and King Fahd General Hospital (KFGH) after receiving the facilitation letter from MOH.

The study has no potential or actual harm to the participants. Conducting this study has the advantage for the targeted hospitals by providing new information regarding OCB. The respondents were fully informed, and their consent for participation was obtained through an explicit consent form before completing the questionnaire. Furthermore, the electronic questionnaire contained a clear statement on the confidentiality of the information obtained, and the participants (nurses) were not asked to disclose their names, thus ensuring anonymity. Also, the electronic questionnaire contains explanations of their right to withdraw from the study at any time. Data on the participants were coded and available only to the research team.

A pilot study with 10% of the sample size ( $n=315$ ) equals 31 participants from the same study population. The pilot study participants were asked to complete the questionnaire and comment on the principles of clarity, appearance, layout, legibility, and relevance of questions/statements to determine the time needed to complete the questionnaire. There were no apparent problems while filling out the questionnaire. The time required to complete the questionnaire was 20 to 25 minutes. Nurses who participated in the pilot study were not excluded from the research because no modifications were performed in the questionnaire after the pilot study, indicating that the tool was understandable and easy to answer.

Data collection process/procedure: The researcher used Google Drive to establish the English and Arabic electronic links due to the critical situation of COVID-19. Both hospitals refused the hard copy of questionnaires to avoid transmitting the infection of the COVID-19 virus. However, the researcher's information (an email and phone number)

was available in the questionnaire link to allow the participants to contact the researcher as needed.

Then the researcher went to the two hospitals after obtaining ethical approvals and communicated with the nursing directors, supervisors, and heads of nurses to explain the electronic questionnaire and urge them to send it to their staff nurses via email. The overwork load in King Fahd General Hospital (KFGH) due to the pandemic condition caused by COVID-19 affected the hospital's response rate negatively, which was only 27%. The response rate from East Jeddah General Hospital (EJGH) was 73%. The total response rate for the study sample was 100%.

#### 4.6. Limitation of the study

This study has two limitations. First, it was conducted in only two government hospitals in Jeddah city. Second, Saudi Arabia is a large country with many cities with varying healthcare systems and work conditions. Subsequently, it is not easy to generalize the present study findings. So, Future studies with a larger sample size at multiple organizations are recommended to confirm the findings of this research. If this finding is confirmed in future research, nursing managers should develop organizational citizenship behaviors as managerial approaches.

#### 6.7. Data Analysis

The statistical analysis utilizes the social science SPSS version 25. First, a descriptive statistical analysis, such as percentages and frequencies, was used for socio-demographic data. Also, descriptive statistics such as percentages, frequencies, means, standard deviations, and weighted means were used to determine the level of organizational citizenship behavior and its dimensions.

An independent samples t-test assessed whether the two groups' means differed statistically. It is used to determine if there is a significant difference between the means of two groups based on their sample's characteristics (gender, nationality, and hospital) and the level of OCB by presenting the mean and standard deviation. F-test is used to compare the variances of two or more groups. The statistical significance of the correlation was tested at the 0.05 level.

### 5. Results

The study results are presented in three main sections: socio-demographic data, the level of organizational citizenship behavior among nurses, and the correlation between nurses' socio-demographic data and the level of OCB.

Table 2 reveals that slightly above half of the nurses (53.3%) were between 30 to less than 40 years old, while only 10.2% were 40 years and more. Most (94.9%) were female, and slightly above two-thirds (68.9%) were Saudi nurses. As for marital status, more than half of the nurses (58.4%) were married, while only 6.3% were divorced.

Besides, less than two-thirds of the nurses (62.5%) had a baccalaureate degree in nursing, while only 3.8% had a master's degree and above. In terms of years of work experience, slightly above three-quarters of nurses, 77.4%, had more than five to ten years of work experience, while

only 22.6% had work experience of one to less than five years.

Moreover, one-third (34%) worked in ICUs, while only 2.5% worked in an isolation unit. Considering the hospital, less than one-third (27%) worked at King Fahad General Hospital, whereas nearly three-quarters of the nurses (73.0%) worked at the East Jeddah General Hospital.

Table 3 reveals the level of organizational citizenship behavior among nurses. In the altruism dimension, the highest weighted mean was  $4.37 \pm 0.73$ , which indicated that nurses strongly agreed with the statement, "I am always ready to lend a helping hand to those around me." While the lowest weighted mean was  $3.61 \pm 0.93$ , which indicated that nurses agreed with the statement, "I help others who have been absent."

As shown in the sportsmanship dimension, the highest weighted mean,  $4.23 \pm 0.91$ , was reported by nurses who strongly agreed with the statement, "I tend to exaggerate things." While the lowest weighted mean was  $2.81 \pm 1.20$ , which declared that nurses were neutral with the statement, "I always find fault with what the organization is doing."

As the conscientiousness dimension indicates, the nurses agreed with the statement "I am one of the most conscientious employees," with the highest weighted mean of  $4.19 \pm 0.76$ . The lowest weighted mean was  $3.42 \pm 1.37$  as nurses agreed with the statement, "I believe in giving an honest day's work for an honest day's pay."

The highest weighted mean in the courtesy dimension was  $4.44 \pm 0.82$ , which reveals that nurses strongly agreed with the statement "I do not abuse the rights of others." However, the lowest weighted mean was  $3.86 \pm 0.99$ , which shows that nurses agreed with the statement, "I consider the impact of my actions on co-workers."

Regarding the dimension of civic virtue, the highest weighted mean was  $3.89 \pm 0.87$ , which disclosed that nurses agreed with the statement, "I read and keep up with organizational announcements and memos." While the lowest weighted mean was  $3.35 \pm 1.10$ ,  $3.35 \pm 1.07$  for two items, which reported that nurses were neutral with the statements "I attend functions that are not required but help the hospital's image" and "I attend meetings that are not mandatory but are considered important."

Table 4 shows the descriptive statistics for the nurse's responses regarding the overall level of organizational citizenship behavior and its dimensions. As reported by the nurses, the overall level of OCB was high, with a weighted mean of  $3.86 \pm 0.35$  and a relative weight of 77.26%.

Also, all of OCB's dimensions had a high level. For example, the highest weighted mean for the courtesy dimension was  $4.13 \pm 0.54$ , with a relative weight of 82.63%. Meanwhile, the lowest weighted mean for Civic virtue was  $3.54 \pm 0.67$ , with a relative weight of 70.86%.

Table 5 displays the frequency and percentages of the nurses' responses regarding the levels of organizational citizenship behavior. Near to three-quarters of the nurses, 74.29%, had a weighted mean from 3.41 to less than 4.20, which means they had a high level of OCB, while only

8.25% of the nurses had a weighted mean from 2.61 to less than 3.40, which means they had a medium level of OCB.

Table 6 demonstrates the relation between nurses' demographic data and the level of OCB using the t-test and one-way ANOVA test. The results demonstrate a statistically significant relationship between OCB level and the nurses' nationality ( $t = -2.735$ ,  $p\text{-value} = 0.006$ ) and the years of work experience ( $F = 4.408$ ,  $p\text{-value} = 0.013$ ).

These results indicate that Saudi nurses had higher OCB levels ( $3.94 \pm 0.33$ ) than non-Saudi nurses ( $3.82 \pm 0.34$ ). The nurses with ten or more years of experience had higher OCB levels than the others ( $3.93 \pm 0.34$ ).

In contrast, the level of OCB of the nurses had no statistically significant relation with their gender ( $t = 0.828$ ,  $p\text{-value} = 0.408$ ), hospital ( $t = 1.409$ ,  $p\text{-value} = 0.160$ ), age ( $F = 1.064$ ,  $p\text{-value} = 0.346$ ), marital status ( $F = 0.937$ ,  $p\text{-value} = 0.393$ ), educational level ( $F = 0.633$ ,  $p\text{-value} = 0.532$ ), and working unit ( $F = 1.594$ ,  $p\text{-value} = 0.116$ ).

**Table (2): The frequency and percentage distribution of the studied nurses' socio-demographic characteristics (n= 315).**

Variables	No.	%
<b>Age</b>		
20 - < 30 years.	115	36.5
30 - < 40 years.	168	53.3
40 years and more	32	10.2
<b>Gender</b>	16	5.1
Male	299	94.9
Female		
<b>Marital status</b>	111	35.3
Single	184	58.4
Married	20	6.3
Divorced		
<b>Nationality</b>	217	68.9
Saudi	98	31.1
Non- Saudi		
<b>Education level</b>	106	33.7
Diploma	197	62.5
Bachelor	12	3.8
Master and above		
<b>Years of experience</b>	71	22.6
1 -<5 years	245	77.4
5 - <10 years	122	38.7
Ten years and more		
<b>Workings units</b>	50	15.9
Medical	18	5.7
Surgical	8	2.5
Isolation unit	107	34.0
Intensive care unit	34	10.8
Emergency room	23	7.3
Outpatient department	32	10.2
Delivery room	11	3.5
Antenatal room	13	4.1
Operation room	19	6.0
Postnatal care		
<b>Hospital</b>		
King Fahad General Hospital.	85	27
East Jeddah General Hospital	230	73.0

**Table (3): Weighted Mean of OCB dimensions from the nurses' perspective (n= 315).**

Statements	Weighted Mean±SD	Nurses Response
<b>Altruism</b>		
I help others who have heavy workloads.	4.16±0.82	Agree
I am always ready to lend a helping hand to those around me.	4.37±0.73	Strongly Agree
I help others who have been absent.	3.61±0.93	Agree
I willingly help others who have work-related problems.	4.18±0.75	Agree
I help orient new people even though it is not required.	4.17±0.69	Agree
<b>Sportsmanship</b>		
I am complaining and protesting loudly.	3.35±1.07	Neutral
I consume much time complaining about trivial matters.	3.76±1.13	agree
I tend to exaggerate things.	4.23±0.91	Strongly agree
I always focus on what is wrong rather than the positive side.	3.68±1.12	agree
I always find fault in what the organization is doing.	2.81±1.20	Neutral
<b>Conscientiousness</b>		
I believe in giving an honest day's work for an honest day's pay.	3.42±1.37	Agree
Attendance at work is above the norm for me	3.82±0.97	Agree
I do not take extra breaks.	3.91±1.04	Agree
I obey the hospital's rules and regulations even when no one is watching.	4.16±0.79	Agree
I am one of the most conscientious employees.	4.19±0.76	Agree
<b>Courtesy</b>		
I try to avoid creating problems for workers.	4.27±1.03	Strongly Agree
I consider the impact of my actions on co-workers.	3.86±0.99	Agree
I do not abuse the rights of others.	4.44±0.82	Strongly Agree
I take steps to try to prevent problems with other workers.	4.14±0.79	Agree
I am mindful of how my behavior affects other people's jobs.	3.95±0.79	Agree
<b>Civic virtue</b>		
I keep abreast of changes in the organization.	3.59±0.97	Agree
I attend meetings that are not mandatory but are considered. important	3.35±1.07	Neutral
I attend functions that are not required but help the hospital's image.	3.35±1.10	Neutral
I read and keep up with organizational announcements and memos.	3.89±0.87	Agree

**Table (4): The descriptive statistics for the nurses' responses regarding the overall level of organizational citizenship behavior and its dimensions (n=315).**

Organizational Citizenship Behavior dimensions	Mean	Weighted Mean	Relative weights	Level
Altruism	20.61	4.12±0.48	82.43%	High
Sportsmanship	17.83	3.57±0.67	71.34%	High
Conscientiousness	19.45	3.89±0.55	77.79%	High
Courtesy	20.66	4.13±0.54	82.63%	High
Civic virtue	14.17	3.54±0.67	70.86%	High
<b>Overall Organizational Citizenship Behavior</b>	<b>92.72</b>	<b>3.86±0.35</b>	<b>77.26%</b>	<b>High</b>

**Table (5): The frequency and percentages of the nurses' responses regarding the levels of organizational citizenship behavior (n=315).**

Overall OCB level	Mean Range	Weighted Mean Range	No	%
Very Low	24 to less than 43.2	1 to less than 1.80	0	0.00%
Low	43.3 to less than 62.4	1.81 to less than 2.60	0	0.00%
Medium	62.5 to less than 81.6	2.61 to less than 3.40	26	8.25%
High	81.7 to less than 100.8	3.41 to less than 4.20	234	74.29%
Very high	100.9 to 120	4.21 to 5	55	17.46%
Total			315	100.00%

**Table (6): Relation between nurses' demographic data and the level of organizational citizenship behavior (n=315).**

Variables	Mean ± SD	T/F value	p-value
<b>Gender <math>\alpha^*</math></b>	3.93±0.34		
Male	3.86±0.34	0.828	0.408
Female			
<b>Nationality<math>\alpha</math></b>	3.94±0.33		
Saudi	3.82±0.34	- 2.735	0.006
Non- Saudi			
<b>Hospital <math>\alpha^{**}</math></b>	3.85±0.34		
King Fahad General Hospital.	3.91±0.36	1.409	0.160
East Jeddah General Hospital.			
<b>Age <math>b</math></b>	3.84 ±0.33		
20 - < 30 years.	3.86±0.36		
30 - < 40 years.	3.94±0.30	1.064	0.346
40 years and more			
<b>Marital status <math>b</math></b>	3.86±0.36		
Single	3.86±0.33	0.937	0.393
Married	3.96±0.34		
Divorced			
<b>Education level <math>b</math></b>	3.86±0.32		
Diploma	3.86±0.35		
Bachelor	3.97±0.50	0.633	0.532
Master and above			
<b>Years of experience <math>b</math></b>	3.80±0.36		
1-<5 years	3.83±0.32		
5-<10 years	3.93±0.34	4.408	0.013
Ten years and more			
<b>Workings units <math>b</math></b>			
Medical	3.82±0.36		
Surgical	3.91±0.32		
Isolation unit	4.18±0.26		
Intensive care unit	3.88±0.33		
Emergency room	3.82±0.41	1.594	0.116
Outpatient department	3.97±0.30		
Delivery room	3.80±0.33		
Antenatal room	3.66±0.30		
Operation room	3.92±0.30		
Postnatal care	3.84±0.33		

$\alpha$  Independent t-test,  $\alpha^{**}$  One-way ANOVA test.

## 6. Discussion

Organizational citizenship promotes employee attitude, participation, productivity, creativity, and efficiency. Also, it maintains teamwork and cooperation, reducing error and costs, decreasing the need for supervision and time to solve problems, and generally maintaining a good workplace environment. Therefore, nurses with a high level of OCB can enhance healthcare quality and help patients with behaviors that meet their needs (Alswat, 2017; Fathiizadeh et al., 2018; Mahooti et al., 2018; Yaakobi & Weisberg, 2020). So, this study aimed to assess the organizational citizenship behavior level from the nurses' perspective during the COVID-19 pandemic.

The current study findings indicated that OCB was at a high level. Based on the staff nurses' perspectives on the total mean score of organizational citizenship behavior, this study demonstrates that nurses had an overall high level of OCB with high scores for all dimensions. This result is supported by research showing OCB and its dimensions at a high level among nurses (Biagioli et al., 2018). The

researcher's point is that these results are due to most hospitals following the Magnet model, which focuses on transformational leadership and structural empowerment, encouraging innovation and accountability in professional practices, and fostering these organizational behaviors among nurses.

According to Yu and colleagues (2018), the nurses' OCB was moderate. Nevertheless, Fathiizadeh and colleagues (2018) reported that the nurses' OCB was satisfactory. The discrepancy between the results is probably due to differences in personal and organizational factors affecting OCB. A study in Iran was inconsistent with the current study regarding OCB dimensions. It found low sportsmanship, civic virtue, and courtesy dimensions (Jafarpanah & Rezaei, 2020).

Based on past studies, OCB leads to better individual and organizational performance. These behaviors can be improved through managerial measures, especially appropriate leadership style (Jelani & Prentice, 2019; Fathiizadehet et al., 2018; ko et al., 2017; Yu et al., 2018). Therefore, considering that nurses are the most significant healthcare staff responsible for quality healthcare in

organizations, evaluating the status of these behaviors in nurses is one of the top concerns of nursing management. Furthermore, assessing organizational citizenship behaviors will help nursing managers formulate plans and take management actions to improve these behaviors.

The current study found the highest weighted mean for courtesy, whereas the lowest was for civic virtue. This finding might be due to the Covid pandemic as most nurses are highly engaged in communication with each other, with managers, and with patients and patients' families due to the crisis, which comes at the expense of their active involvement and engagement in the organization's existence. Similar results were conducted among nurses in Egypt. These findings were congruent with the current finding regarding the lowest score being for civic virtue but are inconsistent with the present results regarding the highest score. The altruism dimension scored highest (Metwally et al., 2018; Elsayed et al., 2019).

Regarding analyzing the relationship between socio-demographic data and nurses' organizational citizenship behavior, the present study shows that nurses with more work experience had a statistically significantly higher level of OCB than those with less work experience. From the researcher's perspective, having more work experience may allow nurses to engage more in organizational activities, deal efficiently with problems, and help and provide advice based on their experiences to those with less expertise.

Likewise, a study was implemented in Taiwan by Yu and colleagues (2018) and found that male nurses with two or fewer years of practical experience had the lowest OCB. In contrast, two studies reported that OCB did not have statistically significant differences based on years of experience (Soo Young, 2017; Lim et al., 2018).

Regarding nationality, the current study reveals that Saudi nationals had higher OCB than non-Saudi nurses. The current result may be due to the low percentage of non-Saudi nurses who participated in the current study compared to Saudi nurses. However, the researcher expected this result and believes that Saudi nurses have additional factors to influence their OCB positively. One of these factors is that the Saudization system implemented according to the vision of the Kingdom 2030 increased the number of Saudi nurses in hospitals, which decreased cultural and language barriers and communication difficulties with the patient and their families.

The present study reveals that the OCB level did not statistically relate to nurses' ages, gender, marital status, educational level, hospital, and working unit. Thus, the result of the present study was consistent with the study indicating that OCB levels did not have statistically significant differences with the nurses' gender (Agheli et al., 2017). In contrast, the result of the present study was inconsistent with a study conducted in South Korea which found that nurses who are single, older, and who holds a master's degree had OCB levels higher than those who were married, younger, and had a bachelor's degree (Lim et al., 2018).

## 7. Conclusion

This study found that the nurses had a high level of OCB. Furthermore, this study shows that nurses' OCB levels differ according to their nationalities and years of experience.

## 8. Recommendations

### *Recommendations for nursing administration*

- Evaluate the organizational citizenship behavior of nurses, allowing nursing administration to set plans to enhance the weak item in these behaviors and strengthen it.
- Create a work environment supporting trusting relationships between colleagues, supervisors, and managers to increase nurses' OCB. This environment is achieved when the nurse managers encourage staff nurses to participate in decision-making, foster informal communication with them, and deal with grievances and complaints justly.
- Assign nurses with the expertise to formal administrative positions and responsibilities because leadership and management functions are essential factors that foster or inherit organizational citizenship behavior. Also, allowing competent staff nurses to engage in educational programs could stimulate their OCB.
- The administrative personnel in the health care organizations should observe the nurses' leader's role in enhancing OCB.

### *Recommendations for nursing practice*

- Maintain a collaborative environment in nursing, such as the staff nurses helping other colleagues with work-related problems.
- Empower the staff nurses to provide innovative solutions for the healthcare delivery system and participate actively in the issues of healthcare organizations.
- Encourage the patient to participate in their care plan and provide lectures for the Saudi population regarding this valuable profession's importance and role. Those interventions could improve the perspective of the community towards the nursing practice. Hence, OCB will be increased among nurses, particularly Saudi nurses.

### *Recommendations in nursing education*

- Provide lecture courses and workshops regarding OCB and its importance. Encourage nurses to obtain further education and stay up to date with the current research to raise awareness and disseminate knowledge regarding these concepts.
- Add courses to the nursing administration curriculum for both undergraduate and postgraduate students. These courses help healthcare organizations recruit nurses with high OCB.

### *Recommendations for future research*

- There is a dearth of literature on OCB among nurses. Therefore, further research, nationally and internationally, is needed in this field.
- Examine factors that affect organizational citizenship behavior, such as job satisfaction, organizational commitment, transformational leadership, and emotional intelligence, need to be adequately studied.



- OCB outcomes, such as improved nursing productivity, performance, and patient safety, should be investigated further.

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