

# STRUCTURAL EMPOWERMENT AS ANTECEDENT OF ORGANISATIONAL CITIZENSHIP BEHAVIOUR: AN EMPIRICAL ANALYSIS OF AUXILIARY NURSE AND MIDWIVES

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## Abstract:

*The present study aims at investigating effect of structural empowerment on organisational citizenship behaviour of auxiliary nurse and midwives. The study was conducted using standardised questionnaires. Responses were gathered from 178 auxiliary nurse and midwives working in primary healthcare centres in Chirang and Kokrajhar districts of Assam. The relationship between structural empowerment and organisational citizenship behaviour was assessed using structural equation modeling. The proposed research model was able to explain 11.9% of variation in organisational citizenship behaviour. The result is important to understand the role of structural empowerment in predicting organisational citizenship behaviour of auxiliary nurse and midwives. This is very essential as higher degree of organisational citizenship behaviour leads to improved attraction and retention of auxiliary nurse and midwives, which may ultimately serve to improve patient outcomes.*

**Keywords:** *Structural Empowerment, Organisational Citizenship Behaviour, Auxiliary Nurse and Midwives*

## INTRODUCTION

Communicable diseases continue to be dominant and constitute major public health problem in India (Kumar & Sharma, 2013). Communicable diseases such as tuberculosis, leprosy, vector borne diseases (malaria, kala-azar, dengue fever, chikungunya, filariasis and Japanese encephalitis), water-borne diseases (cholera, diarrhoeal diseases, viral hepatitis A & E and typhoid fever) are regularly found in India (Ministry of Health and Family Welfare, 2011). Outburst of these diseases has consequences such as high morbidity, mortality, and adverse socio-economic impact (Ministry of Health and Family Welfare, 2011). Therefore, keeping in view of constitutional obligation and socio economic condition of people, Government of India (GOI) is providing affordable health services through community health centres, primary health centres and sub centres to prevent communicable diseases (Yeravdekar, Yeravdekar, Tutakne, Bhatia, & Tambe, 2013). There are total of 4,833 community health centres, 24,049 primary health centres and 1,48,366 sub-centres functioning with employee figuring 28,984 medical officers, 2,07,578 auxiliary nurse and midwives and 66,424 staff nurse in India (Ministry of Health and Family Welfare, 2012). Total of 109 community health centres, 975 primary health centres, 239 state dispensaries and 4,604 sub-centres are functioning and employing 1,478 medical officers, 8,723 auxiliary nurse and midwives and

2,795 staff nurse in Assam (Ministry of Health and Family Welfare, 2012; National Health Mission, Assam, 2008).

Among all health workers, data show that auxiliary nurse and midwives are in maximum number and play a vital role in reaching out rural people for healthcare services. Auxiliary nurse and midwives are engaged in maternal health, child health and family planning services, nutrition and health education, collaborative services for improvement of environmental sanitation, immunisation, control for communicable diseases, treatment of minor ailments and first aid in emergencies and disasters (Malik, 2009). As a result of insistent efforts by Government of India (GOI), World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF) and health workers such as medical officers, auxiliary nurse and midwives and staff nurse, communicable disease like yaws was declared as eliminated in 2006 in India (Asiedu, Fitzpatrick, & Jannin, 2014). In 2005, India achieved elimination of leprosy as a public health problem at national level (Ministry of Health and Family Welfare, 2014). Malaria death was dropped from 754 in 2011 to 440 in 2013 in India (Ministry of Statistics and Programme Implementation, 2015). These elimination and improvement reports have prompted us to interact with medical officers, auxiliary nurse and midwives, district community mobilisers and district programme managers to find out behavioural factor that might be contributing

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towards it.

## RESEARCH CONTEXT

During the initial phase of the current research, we interacted with 5 medical officers, 20 auxiliary nurse and midwives, 2 district community mobilisers and 2 district programme managers in the state of Assam. Interactions revealed that auxiliary nurse and midwives play a vital role in health care settings in the state. Many of them are deeply engaged in helping behaviour, also called the organisational citizenship behaviour, particularly towards patients whenever they encounter serious health challenges. This revelation prompted us to investigate factors that contribute to organisational citizenship behaviour of auxiliary nurse and midwives and explore ways to promote helpful discretionary behaviours in healthcare settings. From the literature review we also could confirm that the effect of structural empowerment on organisational citizenship behaviour was not analysed in the context of primary healthcare providers in India, particularly in the north eastern part of the country. Accordingly this study aimed and examined effect of structural empowerment on organisational citizenship behaviour of auxiliary nurse and midwives in Assam.

## OVERVIEW OF LITERATURE AND HYPOTHESES DEVELOPMENT

Employees are empowered when they have access to information, support, resources, opportunity to learn and grow and formal and informal power in the work setting (Kanter, 1993; Laschinger, Finegan, Shamian, & Wilk, 2001 & 2004). Nurse perceiving that their work environment is empowering are more dedicated to the organisation, and observed high quality of nursing care in their units (Armstrong & Laschinger, 2006). Karavardar (2014) conducted study on the relationship between psychological empowerment, perceived organisational support and organisational citizenship behaviour of employees in fast food industry in Istanbul, Turkey. His study found strong positive relationship between psychological empowerment, perceived organisational support and organisational citizenship behaviour. Organ (1988) defined organisational citizenship behaviour as an employee voluntary behaviour, not recognised by the official reward system and in aggregate helps the organisation to function successfully. An employee is not held responsible for not exhibiting behaviour as it is not the absolute demand of job description. Gilbert, Laschinger and Leiter (2010) conducted a study on healthcare professionals using Kanter's structural empowerment theory. They found empowerment significantly linked to organisational citizenship behaviour. So we have hypothesized as:

**Hypothesis 1:** Structural empowerment has a significant and positive relationship with organisational citizenship behaviour.

The following are sub-hypotheses of the relationship between structural empowerment and organisational citizenship behaviour:

**H1 (a):** Access to information has a significant and positive relationship with organisational citizenship behaviour.

**H1 (b):** Access to support has a significant and positive relationship with organisational citizenship behaviour.

**H1 (c):** Opportunity to learn and grow has a significant and positive relationship with organisational citizenship behaviour.

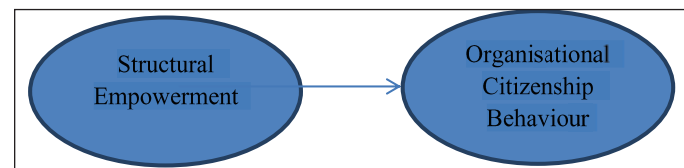
**H1 (d):** Access to resources has a significant and positive relationship with organisational citizenship behaviour.

**H1 (e):** Formal power has a significant and positive relationship with organisational citizenship behaviour.

**H1 (f):** Informal power has a significant and positive relationship with organisational citizenship behaviour.

Based on these hypotheses, the research model as shown in Fig. 1 was developed for testing during the research.

**Fig. 1: Proposed Research Model**



## METHODOLOGY

### Research Design and Participants

Our hypothesized model was tested using primary data collected from regular auxiliary nurse and midwives from Chirang and Kokrajhar districts, Assam. There are 6 state dispensaries, 2 community health centres, 25 primary health centres and 76 sub-centres located in different parts of Chirang District. Similarly in Kokrajhar, there are 24 state dispensaries, 4 community health centres, 45 primary health centres and 159 sub-centres located in different parts of the district (Ministry of Health and Family Welfare, 2012; Office of the Deputy Commissioner, 2012-13). Census method of data collection was adopted to obtain more accurate and reliable information. Data were collected from the entire population of regular auxiliary nurse and midwives (178) employed in community health centres, primary health centres, state dispensaries and sub-centres in both

districts. Approval for data collection was obtained from Joint Directors of Health Services, Chirang and Kokrajhar districts, Assam. Pledge was given verbally as well as in writing regarding confidentiality of information gathered. All study participants were female, having a minimum of 3 to maximum 32 years of experiences, and ranging from 26 to 60 years of age.

## Instrumentation

Two standardized scales were adopted to measure the relationship between variables in this study. Standardised scales adopted to measure structural empowerment and organisational citizenship behaviour are: The 19 Conditions for Work Effectiveness Questionnaire-II (Laschinger, Finegan, Shamian, & Wilk, 2001) and The 41 Organisational Citizenship Behaviour Questionnaires (Podsakoff, Mackenzie, Moorman, & Fetter, 1990). These two instruments were modified to certain extent to meet auxiliary nurse and midwives working context specifically in Chirang and Kokrajhar district, Assam. Final questionnaires were distributed to 178 regular auxiliary nurse and midwives directly at the conference halls/meeting rooms of the respective blocks primary health centres.

## Statistical Analysis

The Statistical Package for the Social Sciences (SPSS) Version 20.0 for Windows (IBM Incorporation) and Smart PLS (Partial Least Square) Version 3 software were used for data analysis. We first reverse coded the negatively stated items to simplify the interpretation of the relationship between variables and replaced missing values in SPSS before calculating reliability and validity. Cronbach's alpha was calculated and found that some of the constructs reliability value was very low. For example, under structural empowerment, opportunity to learn and grow, access to resources, formal power and informal power reliability values were 0.49, 0.23, 0.42 and 0.51 respectively. Under organisational citizenship behaviour, role behaviour, conscientiousness, and civic virtue reliability values were 0.36, 0.59 and 0.42. So Kaiser-Meyer-Olkin and Bartlett's test of sphericity was conducted to determine the appropriateness of factor analysis. The Kaiser Meyer-Olkin statistics values vary between 0 and 1. Kaiser (1974) recommends that values greater than 0.50 are acceptable, between 0.50 and 0.70 are mediocre, between 0.70 and 0.80 are good, between 0.80 and 0.90 are superb (Field, 2000). In this study, the value of Kaiser Meyer-Olkin for structural empowerment and organisational citizenship behaviour were 0.72 and 0.79 respectively, thereby indicating that the population taken to process factor analysis was statistically significant. For factor analysis to be recommended suitable,

Bartlett's test of sphericity must be less than 0.05. In this study, Bartlett's test of sphericity result showed that approx. Chi-Square for structural empowerment and organisational citizenship behaviour were 973.23 and 2947.99 respectively. The degree of freedom of structural empowerment and organisational citizenship behaviour were 171 and 741. Structural empowerment and organisational citizenship behaviour both were significant at 0.00. This signified the scope for items or dimension reduction.

According to Kaiser-Meyer-Olkin and Bartlett's Test of Sphericity result, data reduction was carried out to reduce irrelevant items and improve reliability. Total of 16 items were deleted under structural empowerment and organisational citizenship behaviour. Based on all relevant items structural equation modeling was drawn for the path analysis with the help of Smart PLS 3 software. After running partial least square algorithms, some items were still found to have very low loadings. Under structural empowerment one more item and under organisational citizenship behaviour, six more items were deleted as their deletion improved regression values. After data reduction, opportunity to learn & grow and formal power left only with one item each. Deleting these two construct reduced regression values substantially. So both constructs were retained. Remaining all items have acceptable reliability, with their loadings in between 0.69 to 1.00 (Hulland, 1999). Structural empowerment as well as organisational citizenship behaviour scale exhibit a Cronbach's alpha value of more than 0.70. Among subscales, except civic virtue (0.32), all other sub scales Cronbach's alpha value ranged from 0.50 to 0.90. Cronbach's alpha coefficient ranging from 0.50 to 0.60 is the minimum acceptable level of reliability for preliminary research (Nunnally, 1967). Composite reliability score ranged from 0.75 (altruism) to 1.00 (opportunity to learn and grow and formal power) which are acceptable in social science research. Average variance extracted ranged from 0.52 to 1.00. As per Fornell and Larcker (1981) recommendation threshold, 0.60 for composite reliability and 0.50 for average variance extracted, scales used for measuring structural empowerment and organisational citizenship behaviour possessed convergent validity. Constructs of the present study share larger variance among its own measures than with other measures. The structural equation modeling report also revealed that each constructs the square root of the average value was larger than the correlation coefficient values with any other constructs. This verifies the discriminant validity of the present study.

## RESULTS

### Descriptive Statistics

To obtain a holistic overview and summarize research data,

**Table 1: Descriptive Statistics(N=178)**

Structural empowerment				
Constructs	Minimum	Maximum	Mean	Standard Deviation
Access to information	3.00	5.00	4.21	0.59
Access to resources	1.00	5.00	3.59	0.98
Opportunity to learn and grow	1.00	5.00	2.20	1.25
Access to support	1.00	5.00	3.74	0.88
Formal power	1.00	5.00	1.62	1.25
Informal power	1.33	5.00	3.52	0.95
Structural empowerment	10.39	25.83	15.95	3.16
Organisational citizenship behaviour				
Effort	5.00	7.00	6.50	0.55
Job dedication	3.00	7.00	5.50	0.98
Role behaviour	2.67	7.00	5.82	0.77
Civic virtue	2.50	7.00	5.87	0.76
Conscientiousness	3.50	7.00	6.03	0.90
Altruism	2.67	7.00	6.11	0.76
Organisational citizenship behaviour	21.00	36.17	30.74	2.98

descriptive statistics was calculated. Table shows, minimum, maximum, mean and standard deviation values calculated for 178 auxiliary nurse and midwives. Mean of structural empowerment is 15.95 and organisational citizenship behaviour is 30.74. Mean value varies between 1.62 to 6.50 and standard deviation from 0.55 to 1.25. A cursory look at the mean in Table 1 shows that, in general, auxiliary nurse and midwives revealed similar levels of structural empowerment and organisational citizenship behaviour.

### Hypotheses Verification

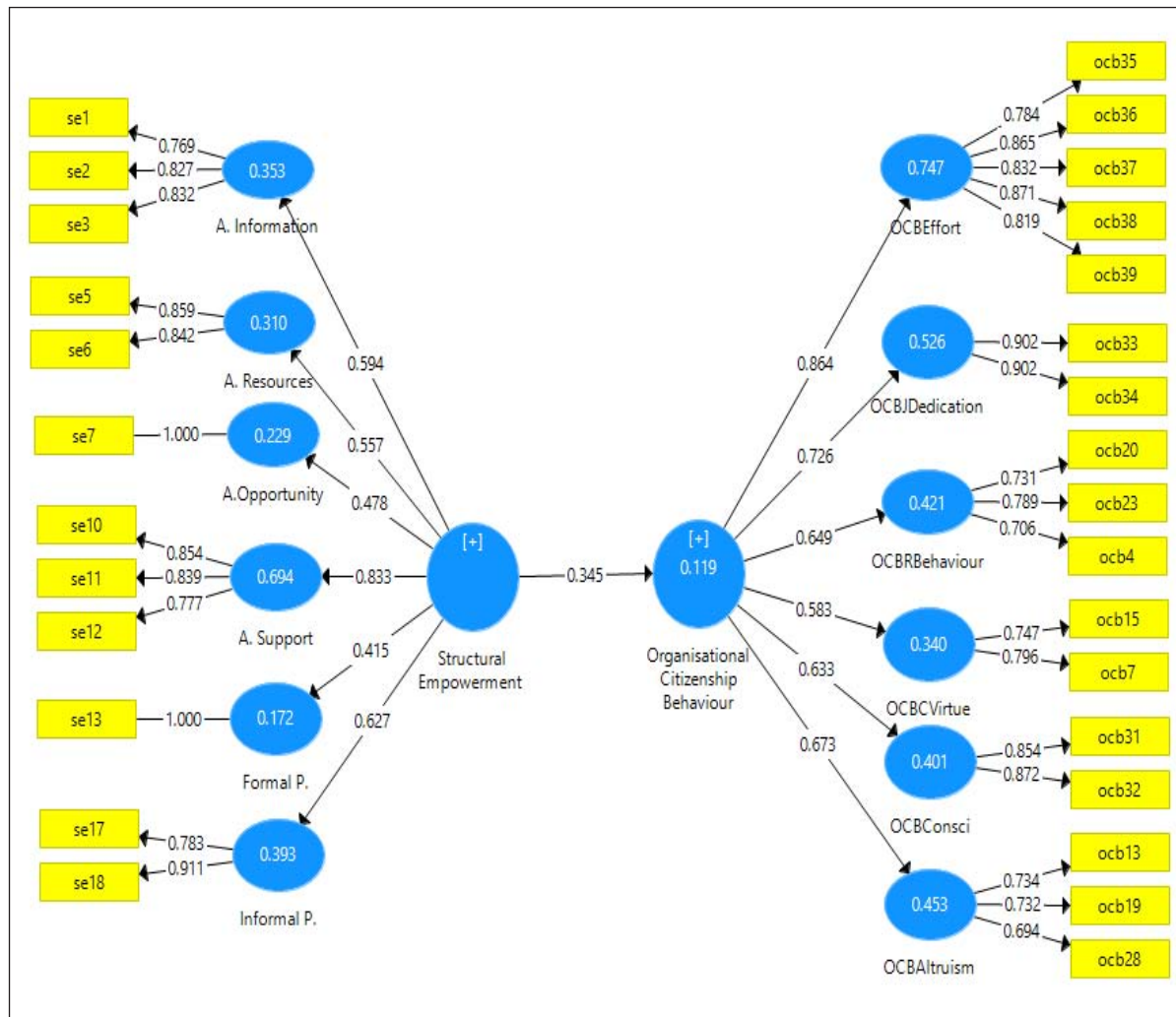
Structural equation modeling result shows that structural

empowerment has a significant and positive (0.35) relationship with organisational citizenship behaviour.  $R^2$  value of organisational citizenship behaviour ( $R^2=0.12$ ) can be described as weak (Chin, 1998). Among sub-hypotheses, hypothesis 1(d) access to resources has a significant and positive relationship with organisational citizenship behaviour is not supported by the result of structural equation modeling. Remaining sub-hypotheses have significant and positive relationship with organisational citizenship behaviour. All supported sub constructs under structural empowerment have weak effect on organisational citizenship behaviour. The final tested hypothetical model result is given in Table 2 and Fig. 2.

**Table 2: The Relationship between Structural Empowerment and Organisational Citizenship Behaviour**

SI No.	Hypotheses	Coefficient	$R^2$	T-values	Result
1	Structural empowerment has a significant and positive relationship with organisational citizenship behaviour.	0.35	0.12	4.75	Supported
1(a)	Access to information has a significant and positive relationship with organisational citizenship behaviour.	0.37	0.14	5.72	Supported
1(b)	Access to support has a significant and positive relationship with organisational citizenship behaviour.	0.19	0.04	2.37	Supported
1(c)	Opportunity to learn and grow has a significant and positive relation with organisational citizenship behaviour.	0.34	0.11	5.54	Supported
1(d)	Access to resources has a significant and positive relationship with organisational citizenship behaviour.	0.06	0.00	0.95	Not supported
1(e)	Formal power has a significant and positive relationship with organisational citizenship behaviour.	0.16	0.03	2.27	Supported
1(f)	Informal power has a significant and positive relationship with organisational citizenship behaviour.	0.15	0.02	2.12	Supported

**Fig. 2: The Relationship between Structural Empowerment and Organisational Citizenship Behaviour**



**Abbreviations:** A. Information = Access to Information, A. Resources = Access to Resources, A. Opportunity = Access to Opportunity to Learn and Grow, A. Support = Access to Support, Formal P. = Formal Power, Informal P. = Informal Power, OCBEffort = Organisational Citizenship Behaviour Effort, OCBJDedication = Organisational Citizenship Behaviour Job Dedication, OCBBehaviour = Organisational Citizenship Behaviour Role Behaviour, OCBVirtue = Organisational Citizenship Behaviour Civic Virtue, OCBConsci = Organisational Citizenship Behaviour Conscientiousness, OCBAtruism = Organisational Citizenship Behaviour Altruism.

**DISCUSSION**

The finding of the present study supports the proposition that there is a significant and positive relationship between structural empowerment and organisational citizenship

behaviour among auxiliary nurse and midwives in Chirang and Kokrajhar districts, Assam. The result also support previous Gilbert *et al.* (2010) finding that empowerment was significantly related to organisational citizenship behaviour. Our model was able to explain 11.9% of variation in organisational citizenship behaviour among auxiliary nurse and midwives, working in Chirang and Kokrajhar districts, Assam. Organ’s (1988) organisational citizenship behaviour and Kanter’s (1977) structural empowerment theory were used as a framework to examine the relationship between structural empowerment and organisational citizenship behaviour. Our finding also provide support for the use of Organ’s (1988) and Kanter’s (1977) theories as a framework for understanding and prediction of organisational citizenship behaviour.

Except access to resources all other structural empowerment constructs predict organisational citizenship behaviour. Access to information is the most important and has highest effect on organisational citizenship behaviour. Laschinger, Almost and Hodes (2003) say access to information is the

most important empowerment for nursing practitioners as they often serve as a coordinator between health care teams and patients. Nurse have to obtain test results from one health care team and communicate regarding patients' need and care to other healthcare team such as physicians, staff nurse and also family members. When information is available on time from different healthcare teams as well as patients, needless treatment delays can be avoided. Auxiliary nurse and midwives feel satisfied and build a positive attitude towards their job in structurally empowered environment. Consequently, they are willing to work harder, better and finally display organisational citizenship behaviour.

According to Gilbert *et al.* (2010), empowering nurse requires huge organisational effort. Auxiliary nurse and midwives when empowered may feel and want to reciprocate by engaging voluntarily in organisational citizenship behaviour which is consistent with social exchange theory (Wat & Shaffer, 2003). According to social exchange theory, organisational citizenship behaviour is an expression of return on behalf of auxiliary nurse and midwives as a response for empowerment by the health care organisation (Gilbert *et al.*, 2010). Promoting structural empowerment in health care centres according to Kanter's theory, Ministry of Health and Family Welfare may be able to actively encourage and engage auxiliary nurse and midwives in organisational citizenship behaviour, as a result facilitating a more quality health services (Gilbert *et al.*, 2010).

## CONCLUSION

The finding of this study, contributed to our understanding that organisational citizenship behaviour in the nursing profession can be anticipated on the foundation of structural empowerment. The finding suggests that structurally empowered auxiliary nurse and midwives may engage more in organisational citizenship behaviour. The result of this study encourages Ministry of Health and Family Welfare to promote structural empowerment among auxiliary nurse and midwives, as this may smoothen positive workplace behaviours and thus strengthen organisational performance. A plan of action such as workplace interventions, in-service training focused to facilitate better access to structural empowerment may foster organisational citizenship behaviour, thus fostering efficiency, performance and ultimately patient care quality of healthcare organisations.

## Implications for Nursing Management

Our study result suggests that higher structural empowerment may lead to higher organisational citizenship behaviour. It indicates that organisational citizenship behaviour is not merely the offshoot of individual traits and attributes. The

organisations can contribute significantly towards it. In the primary healthcare context, structural empowerment constructs such as access to information, access to support and informal power should be emphasised more than any other construct to enhance, facilitate and finally exhibit organisational citizenship behaviour among auxiliary nurse and midwives. Ministry of Health and Family Welfare should ensure that auxiliary nurse and midwives have access to information regarding current state of the centre, goals and values of primary healthcare, how to work in teams, roles and responsibilities for better practice and to avoid needless treatment delays. Access to support such as specific comment about things they do well, suggestions to improve performance and problem solving advices by medical officers are factors that need to be emphasised to improve and smoothen the patient care of auxiliary nurse and midwives. Informal power such as help from colleagues and medical officers whenever problem arises, collaboration by medical officers on patient care should also be emphasised and encouraged for maintaining quality of care. Our result suggests emphasising more on access to information, supervisor support and informal power may result higher levels of organisational citizenship behaviour among auxiliary nurse and midwives. Increased levels of organisational citizenship behaviour within a primary healthcare work environment are likely to accrue benefits such as increased efficiency, employee and patient satisfaction, and organisational performance (Organ, Podsakoff, & MacKenzie, 2006). It may also lead to improved attraction and retention of health professionals which may ultimately serve to improve patient outcomes (Wat & Shaffer, 2003). Therefore, within primary healthcare context, we strongly recommend to promote structural empowerment that will enhance organisational citizenship behaviour.

## LIMITATION

Despite the theoretical contribution made by this study and practical implications, the present study has number of limitations. First, all participants in the survey were from rural region. Nurse from urban areas are not being included in the study. Second, it was beyond the scope of present study to collect data from contractual auxiliary nurse and midwives, those who partake in same facilities and treat same type of patients. Third, in this study all respondents were under the State Government of Assam, North East India and their nature of job was permanent. Fourth, formal power and opportunity to learn and grow constructs under structural empowerment have only single item each which may not be adequate to render the precise intensity of kinship. Fifth, it must likewise be remarked that here all participants were female auxiliary nurse and midwives.

## REFERENCES

- Armstrong, K. J., & Laschinger, H. (2006). Structural empowerment, magnet hospital characteristics, and patient safety culture making the link. *Journal of Nurse Care Quality*, 21(2), 124-134.
- Asiedu, K., Fitzpatrick, C., & Jannin, J. (2014). Eradication of yaws: Historical efforts and achieving WHO's 2020 target. *PLOS Neglected Tropical Diseases*, 8(9), 1-11.
- Chin, W. W. (1998). *The Partial Least Squares Approach to Structural Equation Modeling*. California: Sage Publication Inc.
- Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research*, 18(2), 39-50.
- Field, A. (2000). *Discovering Statistics using SPSS for Windows*. London: Sage Publications.
- Gilbert, S., Laschinger, H. K., & Leiter, M. (2010). The mediating effect of burnout on the relationship between structural empowerment and organizational citizenship behaviours. *Journal of Nursing Management*, 18(3), 339-48.
- Hulland, J. (1999). Use of partial least squares (PLS) in strategic management research: A review of four recent studies. *Strategic Management Journal*, 20, 195-204.
- Kumar, R., & Sharma, S. K. (2013). Trends of communicable and non-communicable morbidities in Uttarakhand State: A systematic review. *Indian Journal of Community Health*, 25(2), 178-187.
- Karavardar, G. (2014). Perceived organizational support, psychological empowerment, organizational citizenship behavior, job performance and job embeddedness: A research on the fast food industry in Istanbul, Turkey. *International Journal of Business and Management*, 9(4), 131-139.
- Kanter, R. M. (1977). *Men and Women of the Corporation*. New York: Basic Books Inc.
- Kaiser, H. F. (1974). An index of factorial simplicity. *Psychometrika*, 39(1), 31-36.
- Laschinger, H. K., Almost, J., & Hodes, D. T. (2003). Workplace empowerment and magnet hospital characteristics. *Journal of Nursing Administration*, 33(7/8), 410-422.
- Laschinger, H. K., Finegan, J. E., Shamian, J., & Wilk, P. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings: Expanding Kanter's model. *Journal of Nursing Administration*, 31(5), 260-272.
- Laschinger, H. K. S., Finegan, J. E., Shamian, J., & Wilk, P. (2004). A longitudinal analysis of the impact of workplace empowerment on work satisfaction. *Journal of Organizational Behavior*, 25(4), 527-545.
- Ministry of Health and Family Welfare. (2011). Annual report to the people on health. Retrieved from mohfw.nic.in/.../6960144509Annual%20Report%20to%20the%20Peopl.
- Ministry of Health and Family Welfare. Rural health statistics in India. (2012). Retrieved from mohfw.nic.in/WriteReadData/1892s/492794502RHS%202012.pdf.
- Ministry of Health and Family Welfare. (2014). Milestones under NLEP. Retrieved from www.mohfw.nic.in/index1.php?lang=1&level=2&sublinkid.
- Malik, G. (2009). Role of auxiliary nurse midwives in national rural health mission. *Nursing Journal of India*, 100(4), 88-90.
- Ministry of Statistics and Programme Implementation. Millennium development goals India country report, 2015. Retrieved July 31, 2015, from mospi.nic.in/Mospi\_New/upload/mdg\_26feb15.pdf.
- National Health Mission, Assam. Demographic profile: Public health infrastructure. Retrieved June 12, 2015, from www.nrhmassam.in/demographic-profile1.php.
- Nunnally, J. C. (1967). *Psychometric Methods*. New York: McGraw Hill.
- Organ, D. W. (1988). *Organizational citizenship behaviour: The good soldier syndrome*. Lexington, MA: Lexington Books.
- Organ, D. W., Podsakoff, P. M., & MacKenzie, S. B. (2006). *Organisational citizenship behaviour: Its nature, antecedents and consequences*. Thousand Oaks, CA: Sage Publications.
- Office of the Deputy Commissioner. Disaster management plan Chirang District 2012-13. Retrieved from June 12, 2015, from chirang.gov.in/docs/disaster/ddmp-chirang.pdf.
- Wat, D., & Shaffer, M. A. (2003). Equity and relationship quality influences on organizational citizenship behaviours: The mediating role of trust in the supervisor and empowerment. *Personnel Review*, 34 (4), 406-422.
- Yeravdekar, R., Yeravdekar, V. R., Tutakne, M. A., Bhatia, N. P., & Tambe, M. (2013). Strengthening of primary health care: Key to deliver inclusive health care. *Indian Journal of Public Health*, 57(2), 59-64