

Workplace Empowerment, Perceived Organizational Support and Their Impact on Organizational Citizenship Behavior: A Study of Garhwal Region in Uttarakhand State of India

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ABSTRACT

This paper tries to address some fundamentally important questions regarding health workforce. Organizational citizenship behavior, a distinct feature of the workforce assumes greater importance in case of health workers because the health workforce needs to have a missionary zeal – selfless service even in the harshest conditions, to serve the people and for this a conducive workplace is also required. Psychological Empowerment and Perceived Organization Support play a key role in motivating employees and influencing their attitudes and behavior towards the organization. The paper addresses the relationship between organizational citizenship behavior, psychological empowerment and perceived organization support and the differences in urban and rural regions. The study is set in the Garhwal region of Uttarakhand state which is one of the most difficult terrains in the country and working in such difficult terrain with a high level of organizational citizenship behavior is fundamentally significant. High level of organizational citizenship behavior translated into missionary zeal is the panacea to those who are suffering in the hilly region.

Keywords: *Psychological Empowerment, Perceived Organization Support, Organizational Citizenship Behavior, Health Workers*

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INTRODUCTION

Organizational Citizenship Behavior

Organizational Citizenship Behavior (OCB) has been defined as an employee's discretionary commitment for organizational duties which normally is not a part of formal job description (Organ, 1988). It is discretionary extra role behavior performed by an employee by his choice, which is not formally rewarded but driven by a sense of belongingness and willingness to go that extra mile for the sake of the organization. OCB allows employees to feel more significant and it creates a healthy work place. An employee having high OCB will not only be supportive to his colleagues, but also work to his maximum potential to achieve organizational goals. This makes an impact on the quality and quantity of his performance as well as the reputation and overall efficiency of the organization. High OCB is an indication of high level of employee motivation and commitment. OCB makes a positive impact on several aspects of the organization such as reduced absenteeism, reduced turnover, employee satisfaction and loyalty, organizational performance and efficiency (Smith et al, 1983). Several studies have been done on OCB in the past and OCB has been linked to overall organizational effectiveness (Kumari & Thapliyal, 2017). Thus every organization values and desires OCB and tries to inculcate OCB among its employees. For this it is necessary to understand the dimensions of OCB and create a conducive workplace to enhance OCB.

The concept of OCB was introduced by Dennis Organ in 1988 and he defined OCB as voluntary behavior normally outside job description. OCB go beyond the task and duty as required in the job. OCB contributes to the overall efficiency and effectiveness in the organization.

The construct of OCB is multidimensional and Organ (1988) has grouped OCB into five dimensions, namely 'Altruism', 'Civic Virtue', 'Courtesy', 'Conscientiousness' and 'Sportsmanship'. These are described below:

- 'Altruism' is behavior in which employees help each other with on the job and off the job problems without any personal motive. This includes helping newly hired employees or employees having problems in their tasks or having heavy workloads or health problems etc. Employees' feeling of helping each other lies at the bottom of this behavior.

- ‘Civic Virtue’ is behavior that is aimed at enhancing employee participation within the organization. This type of behavior shows participation, commitment and interest of employees in political life of the organization. Employees follow organizational agenda, share organizational issues and keep track of what is going on with the organization in general.
- ‘Courtesy’ is behavior aimed at helping each other through mutual respect. It is a form of helping behavior aimed at preventing work related conflicts. Behaviors that fall within the courtesy dimension include taking opinions beforehand of those who may be affected by a decision, informing other employees about important matters within the organization, respecting the rights and privileges of colleagues, and exhibiting reminding and consulting behaviors regarding the general issues.
- ‘Conscientiousness’ means highly focused role behavior. This constitutes voluntary behaviors and attitudes for the benefit of the organization, and always adhering to organization’s rules and procedures.
- ‘Sportsmanship’ refers to behaviors of tolerance and sacrifice in non-ideal conditions of organization without complaining and protesting. Sportsmanship is the act of employees to solve their problems tolerantly with employees, managers and other persons directly/indirectly related with the organization, without complaining.

These five dimensions or types of organizational citizenship behavior are grouped into two types i) behaviors that are aimed at other individuals in the workplace and ii) behaviors that are directed at the organization as a whole. Altruism and Courtesy are of the first type while Conscientiousness, Civic virtue and Sportsmanship benefit the organization and are of the second type.

Factors Contributing to OCB – POS and PE

While OCB is visible even in the corporate sector, its visibility in health sector assumes greater importance. But for employees to put in extra effort, organizational support is also required. This factor is known as Perceived Organizational Support (POS). Perceived organizational support has been defined as an individual’s perception that the firm values his contribution and is concerned about his welfare. The definition of POS includes two aspects - valuation of employees’ contribution and care about employees’

well-being. Based on the norm of reciprocity POS obligates both employee and organization to fulfill each other's requirements. Research on perceived organizational support (POS) began in 1986 by Eisenberger et al., (1986) when it was observed that if employers do care about employees and support the employee's commitment to the organization, then employees get highly focussed. The supportive behavior of employers, assistance provided by them for enhancing the performance of employees, caring for the welfare of employees, and valuing their efforts, builds a climate of trust. Employees who have faith in their organization are inclined to reciprocate the same by putting in extra effort thus showing a high degree of OCB.

According to Rhoades and Eisenberger (2002), POS enhances employee's emotional commitment to the organization, their obligation to achieve objectives and the employee's expectation that enhanced commitment shall lead to greater rewards. Behavioural outcomes of POS include increase in in-role and extra-role performance leading to high OCB.

Another factor which is equally important for OCB is Psychological Empowerment (PE). Empowerment refers to a situation in which employees perceive that they can take decisions and initiatives to do their work to achieve their goals and organizational objectives. Human resource capital is one of the most important resources of any organization and if employees are empowered to take decisions regarding their work and organizational objectives, they can bring about a positive change in the organization. If there is not sufficient autonomy in the work place, it leads to lack of motivation and low efficiency. Empowerment leads to motivation, commitment and job satisfaction and ultimately a high degree of OCB. Psychological empowerment exists when employees have a definite perception that their work life is largely controlled by them. perceive that they exercise some control over their work life (Spreitzer, 1995). According to Spreitzer the four dimensions of psychological empowerment, namely 'Meaning', 'Competence', 'Self-determination' and 'Impact', combine additively to create an overall construct of psychological empowerment and are briefly described as i) 'Meaning' reflects a sense of purpose or personal connection to work (Mishra & Spreitzer, 1998), empowered people care about their work; ii) 'Competence' indicates that individuals believe that they have the skills and abilities necessary to perform their work well (Mishra & Spreitzer,

1998); iii) 'Self-determination' reflects a sense of freedom about how individuals do their own work (Mishra & Spreitzer, 1998); and iv) 'Impact' describes a belief that individuals can influence the system in which they are embedded (Mishra & Spreitzer, 1998), this describes an individual's ability to influence outcomes at work.

HEALTH SECTOR

Over the world health workers, be it doctors, paramedics or nursing professionals, face a decision of going an extra mile or going beyond the call of duty (chakraborty, 2018) which once taken almost becomes a natural instinct in majority of these health workers. It is virtually like crossing the Rubicon. Some individuals may remain reserved and selective in choosing situations in which they want to go beyond the duty, but for the majority, it becomes a perennial habit which gets converted into behavior, and this behavior is what is referred to as organizational citizenship behavior. Working in harsh conditions, long hours of working, attending to patients even on weekly offs and official holidays, sympathy for those who are suffering especially the poor, a care which does not fall below the standard norms of their profession and a smile on their face, can alleviate the worst of suffering (Arora & Rao, 2013). One needs a high degree of organizational citizenship behavior for all this. Technically organizational citizenship behavior can be deconstructed into various dimensions which can be seen in the paper but the spirit of organizational citizenship behavior is what has been described above. Health workers are today deployed in one of the worst conditions - war torn Somalia, Northern Africa, others parts of Africa which are extremely poor or Afghanistan or northern west part of Pakistan (Rubenstein, 2016) and saving lives every day is a passion for them.

The health care sector is also facing challenges similar to other sectors and being directly associated with human life, this is where OCB is of utmost importance. The specific nature of work requires health care employees to be highly committed, positive and courteous. Professional knowledge and skills are not sufficient; the attitude, behavior and sensitivity towards patients even in stressful working conditions are of great importance. Conflicts, negligence of duty and strikes in hospitals are becoming a common affair.

LITERATURE REVIEW

OCB is a voluntary initiative taken by the employee by his choice, but it benefits the organization in several ways including increase in productivity, efficiency, customer satisfaction and effectiveness. It also helps reduce costs, and rates of turnover and absenteeism. That is why organizations are striving to promote organizational citizenship behaviour amongst its employees. For this, a conducive work environment has to be created. OCB, being multi-dimensional, is affected by several factors like affective commitment, job characteristics, job satisfaction, organizational justice, perceived organizational support and psychological empowerment. A lot of work has been done in this field in the last three decades.

In a study of six different types of occupations, Eisenberger et al. (1990) found a highly consistent positive relationship between POS and employee attendance and job performance. Further, perceived support was also found to be positively related to innovation, affective attachment and innovation. Employees with high perceived support had higher performance levels in discharging their organizational duties, had emotional involvement in the organization and were highly self-motivated to innovate even in the absence of any formal recognition or reward. POS promotes trust in the organization and results in OCB. Wayne et al., (1997), in a study on Perceived Organizational Support and leader member exchange, found POS to be related to OCB and other variables. Randall et al (1999) investigated the relationship of organizational politics and organizational support to various work attitudes and behavior including OCB. Due to perceived organizational support employees feel obliged and responsible for the organization and work sincerely to achieve their objectives. This sense of obligation makes employees reciprocate in behavioral ways leading to OCB (Eisenberger et al. 2001). It is also observed that those employees who are having the high level of POS had strong social values or connections which turn into an increased level of OCB (Cardona et al. 2004).

In a study of hotel industry in Taiwan, Chiang (2012) indicated that POS and PE both positively affected OCB. Jebeli (2015) studied the relationship between Perceived organizational support and Organizational citizenship behavior among employees working in a large public institution in Iran, and found a positive significant relation between POS and OCB and also between POS and its components of politeness and courtesy, civic virtue and work consciousness. Nisar (2014) investigated the influence of POS

on OCB in banking and education sector in Pakistan and illustrated that POS has positive and strong influence and positive correlation with OCB. Pohl et al. (2013) examined the relationships between Job characteristics, perceived organizational support and organizational citizenship behaviors of nurses in Belgium and results show that nurses with a high POS felt that they are duty bound to reciprocate the organization's commitment with high performance. The study demonstrated that skill variety and intrinsic motivation are veritable predictors of OCB. Leadership styles that promote task variety are bound to induce intrinsic motivation and consequentially civic virtue and altruism among nursing staff.

Joy and Sidhique (2016) studied the impact of perceived organizational support on organizational citizenship behaviors in software industry and results showed that there is a strong positive relationship between POS and OCB and a strong positive correlation between perceived organizational support and the altruism, courtesy and civic virtue dimensions of organizational citizenship behaviors.

It has already been seen that organizational citizenship behaviors of employees enhance the performance of the organization and employee empowerment also plays an important role in achieving this. Empowerment leads to behaviors that promote organizational effectiveness. It is perceived that, if there is a higher level of Psychological Empowerment (PE) among the employees of the organization then there will be a higher level of organization citizenship behavior also. Managers who perceive PE in their occupational environment exhibit OCB (J Bhatnagar, 2005). Sumi Jha (2014) found that in case of managers from the hotel industry, the effect of transformational leadership on OCB was significant and positive. The moderating effect of psychological empowerment on OCB was also found significant. Anshul Garg (2013), in a study of public banking sector in India, found a significant impact of all the variables of PE on OCB. In another study of banking sector employees of Iran by Nayebi (2014), results showed a positive correlation of PE and its components with OCB. A study by Kosar (2017) on the impact of PE on OCB and Knowledge sharing behaviour of employees working in a variety of jobs and organizations indicated that PE positively influenced OCB and knowledge sharing behavior. Employee engagement to an extent mediates the relationship between PE and OCB. This mediating effect is much stronger in the case of PE and knowledge sharing behavior. Naderi (2013) in a study of teachers in Iran, showed that there was a significant and positive relation between total PE and OCB. Salim (2017) in a study

of Organization citizenship behaviour, psychological empowerment and demographic characteristics of teachers in Pakistan found that psychological empowerment is significantly and strongly related to OCB. Furthermore, demographics are also found to be important to promote the OCB in university teachers, whereas tenure of the job is found to be significant predictor of employee empowerment.

The above literature survey suggests a relationship between OCB and POS and OCB and PE. This study is done to test it empirically in the Indian health sector context.

RESEARCH METHODOLOGY

This study was done for Garhwal region of Uttarakhand. Both urban and rural areas were covered. The region comprises mostly of hilly and mountain terrain. Infrastructure position is not very good in this area. Habitation facilities like sanitation, drinking water and sewage are also not in a proper shape. There are places which are connected with motor able roads but most of the villages are best connected by trails. The public health set up primarily consists of Community Health Centers (CHC) and Primary Health Centers (PHC) and district hospitals. While the CHC and PHC cover rural areas, district hospitals are meant for the urban areas. There are negligible private medical facilities in this area hence the rural and urban public has to largely rely upon government medical facilities.

The broad objectives of this paper are to estimate the levels of variables in study i.e. Psychological Empowerment (PE), Perceived Organization Support (POS) and Organizational Citizenship Behavior (OCB), and empirically determine the impact of POS and PE on OCB. Also comparison of these variables among rural and urban areas is done to see if there is any geographical impact on their values.

The 24 item Podsakoff scale used to measure OCB includes items for the above five dimensions.

A 36 item scale based on the recommendation of Rhoades and Eisenberger (2002) is used to measure POS. Because the original scale is uni-dimensional and has high internal reliability, a shorter version of 16 or 8 items is also used.

Spreitzer's Psychological empowerment scale uses these four dimensions to measure PE.

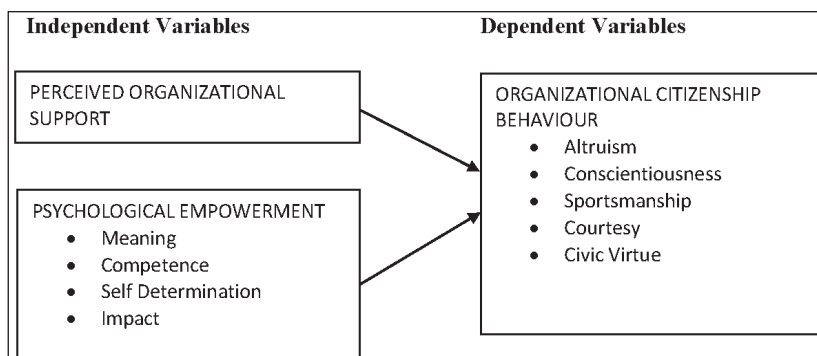


Fig. 1: Theoretical Framework

A 30% stratified sampling was done in hospitals i.e 30% of doctors, nursing staff and paramedics were included in the sample i.e. if the staff in question was 150 a sample of 45 was taken. In the case of rural areas since PHC and CHCs were already having very meager staff generally 8-10, complete census was done. In all there were 65 urban respondents and 145 rural respondents. OCB was measured using Podsakoff scale, POS through Eisenberger's scale and PE through Spreitzer's scale. All the three questionnaires were translated into Hindi as well so that language does not become a barrier.

Likert 7 point scale was used to rate each item of the scale used for measuring POS, PE and OCB. The values of Total OCB, Total POS and Total PE obtained by summing up the scores of all items used to represent those variables, have been converted to percentages after normalization of data for the sake of parity. The values shown in all tables are in percentages. SPSS was used to analyze the data. Cronbach's alpha was used to estimate the reliability of each scale. Since the scale used to measure POS is uni-dimensional, Cronbach's alpha was determined by taking all the 8 items together, and comes out to be 0.734. In case of the OCB scale, Cronbach's alpha for the five dimensions namely Altruism, Conscientiousness, Sportsmanship, Courtesy and Civic virtue, comes out to be 0.683, 0.772, 0.766, 0.837 and 0.683 respectively. Similarly Cronbach's alpha for the four factors of PE scale, namely Meaningfulness, Competence, Self-determination and Impact, is 0.790, 0.759, 0.773 and 0.685 respectively. It can be seen that Cronbach's alpha is more than 0.7 in most of the cases,

hence internal consistency of data is satisfactory. Descriptive statistics were used to estimate the levels of POS, PE and OCB in the health sector of Garhwal region. Correlation and Multiple linear regression analysis was done to estimate the relationship between variables OCB, POS and PE, assuming OCB to be the dependent variable, and POS and PE, the independent variables. Correlations were also calculated between POS and different dimensions of OCB to see which dimension is highly affected by POS. Also correlation tables were prepared between different dimensions of PE and OCB to determine which dimension of PE is most effective in increasing OCB. Comparison of means of POS, PE and OCB and their dimensions for Rural and Urban data were also done to see if there is any difference in the two cases.

FINDINGS

Level of POS, PE and OCB in the Entire Garhwal Region

The results show that for the entire Garhwal region, the values of POS, PE and OCB are 63.07%, 79.49% and 76.15% respectively. PE is much higher than POS, but OCB is also not of very high level in the health sector of entire Garhwal region. There is a lot of variation in the values of POS. As POS is uni-dimensional, item wise analysis is not of much use. However, dimension wise analysis of PE and OCB was done and results show that 'Sportsmanship' dimension of OCB is lowest, having a mean value of 60.78%. All other dimensions are above 78%, the highest being 'Courtesy', having a score of 81.3%. Amongst the four dimensions of PE, 'Impact' has the lowest mean of 68.12%, while 'Meaning' has highest mean of 86.56%.

Impact of POS and PE on OCB

Pearson Correlation analysis was done to determine the relationship between the variables. The results are given in Table 1 below and show that OCB variable correlates significantly with POS and PE, the correlation coefficient between OCB and PE being higher.

Table 1: Correlations

		OCB	POS	PE
OCB	Pearson Correlation	1	.566**	.599**
	Sig. (2-tailed)		.000	.000
	N	210	210	210
POS	Pearson Correlation	.566**	1	.364**
	Sig. (2-tailed)	.000		.000
	N	210	210	210
PE	Pearson Correlation	.599**	.364**	1
	Sig. (2-tailed)	.000	.000	
	N	210	210	210

** . Correlation is significant at the 0.01 level (2-tailed).

Step wise regression analysis was done to find the impact of POS and PE on OCB. In the first case only one independent variable PE was used, and in the second case both PE and POS were used to predict OCB.

The F test output is shown in the Table 2 below. The linear regression's F-test has the null hypothesis that the model explains zero variance in the dependent variable (or $R^2 = 0$). In testing the null hypothesis, the total variation of the response variable is divided into two components. One part of the variation is explained by the explanatory variables in the regression model, while the other part is not explained, which is called the residual. Thus the F ratio $F(1, 208) = 116.398$, $p < .05$ for first model and $F(2,207)=102.844$, $p < 0.05$ for second model. Because the significance level is less than alpha, in this case assumed to be .05, the null hypothesis is rejected and the regression model is a good fit with variables POS and PER significantly predicting OCB. In the second model the sum of squares of residual is lower than in the first model, so the second model seems more appropriate.

Table 2: ANOVA^c

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	6972.231	1	6972.231	116.398	.000 ^a
	Residual	12459.190	208	59.900		
	Total	19431.421	209			
2	Regression	9684.811	2	4842.405	102.844	.000 ^b
	Residual	9746.610	207	47.085		
	Total	19431.421	209			

a. Predictors: (Constant), PE

b. Predictors: (Constant), PE, POS

c. Dependent Variable: OCB

The value of the multiple correlation coefficient R between the observed values and the predicted values, the coefficient of determination R^2 , Adjusted R^2 , and Standard Error of the Estimate are given in the Model Summary Table 3. The value of R for both models is 0.599 and 0.706 respectively which indicates the second model to be a better predictive model.

R Square also called the coefficient of determination, shows that in case of first model, 35.9% of the variation in OCB is explained by the two explanatory variables whereas in case of second model 49.8% of the variation is explained, so it can be deduced that both POS and PE have an impact on OCB, and can be used to predict OCB also.

The Durbin-Watson $d = 1.87$, which is between the two critical values of $1.5 < d < 2.5$. Therefore, we can assume that there is no first order linear auto-correlation in our multiple linear regression data.

Table 3: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.599 ^a	.359	.356	7.7395059	
2	.706 ^b	.498	.494	6.8618565	1.871

a. Predictors: (Constant), PE

b. Predictors: (Constant), PE, POS

c. Dependent Variable: OCB

Table 4 gives the estimates of the regression coefficients, their standard errors, the standardized coefficients and the values of the t statistics to test the regression coefficients with the corresponding two-sided p-values for both models.

Recalling the prediction equation, $Y'_i = b_0 + b_1X_{1i} + b_2X_{2i}$, the regression equations appear as:

$$OCB_1 = 35.732 + 0.509PE$$

$$OCB_2 = 30.921 + 0.385PE + 0.232POS$$

Both coefficients of POS and PE are positive indicating that the predicted value of the response variable increases when the values of the explanatory variables increase. Thus according to the above equation, a unit increase in PE will increase OCB 0.385 times and a unit increase in POS will increase OCB 0.232 times. The standardized beta coefficients also show that an unit increase in PE will increase OCB 0.453 times and an unit increase in POS will increase OCB 0.401 times.

Since the p-value is smaller than $\alpha=0.05$, the independent variable coefficients are statistically significantly different from 0 (zero). Also as tolerance is greater than 0.1 and VIF < 10 for all variables, there is no multicollinearity.

From all the results obtained as above we can conclude that the second model is a better predictor of OCB implying that OCB is dependent on the variables POS and PE. But the higher the sense of PE, the higher will be OCB.

Table 4: Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	35.732	3.785		9.442	.000		
	PE	.509	.047	.599	10.789	.000	1.000	1.000
2	(Constant)	30.921	3.415		9.055	.000		
	PE	.385	.045	.453	8.573	.000	.868	1.153
	POS	.232	.031	.401	7.590	.000	.868	1.153

a. Dependent Variable: OCB

Table 5 below gives the Correlation between POS and different dimensions of OCB

Table 5: Correlations between POS and Dimensions of OCB

		POS	ALT	CONS	SPORT	CRTY	CIVIC
POS	Pearson Correlation	1	.422**	.385**	.243**	.331**	.417**
	Sig. (2-tailed)		.000	.000	.000	.000	.000
	N	210	210	210	210	210	210
ALT	Pearson Correlation	.422**	1	.551**	-.094	.300**	.580**
	Sig. (2-tailed)	.000		.000	.173	.000	.000
	N	210	210	210	210	210	210
CONS	Pearson Correlation	.385**	.551**	1	-.031	.424**	.443**
	Sig. (2-tailed)	.000	.000		.654	.000	.000
	N	210	210	210	210	210	210

		POS	ALT	CONS	SPORT	CRTY	CIVIC
SPORT	Pearson Correlation	.243**	-.094	-.031	1	.018	.035
	Sig. (2-tailed)	.000	.173	.654		.799	.614
	N	210	210	210	210	210	210
CRTY	Pearson Correlation	.331**	.300**	.424**	.018	1	.379**
	Sig. (2-tailed)	.000	.000	.000	.799		.000
	N	210	210	210	210	210	210
CIVIC	Pearson Correlation	.417**	.580**	.443**	.035	.379**	1
	Sig. (2-tailed)	.000	.000	.000	.614	.000	
	N	210	210	210	210	210	210

** . Correlation is significant at the 0.01 level (2-tailed).

From the above table it can be seen that ‘Sportsmanship’ has the lowest correlation with POS as well as with other dimensions of OCB. Table 6 below gives the correlations between OCB and different dimension of PE. It can be seen that ‘Competence’ has the highest correlation coefficient while ‘Impact’ has the lowest.

Table 6: Correlations between OCB and Different Dimensions of PE

		OCB	MEAN	COMP	SELF	IMPACT
OCB	Pearson Correlation	1	.481**	.525**	.407**	.344**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	210	210	210	210	210
MEAN	Pearson Correlation	.481**	1	.602**	.332**	.219**
	Sig. (2-tailed)	.000		.000	.000	.001
	N	210	210	210	210	210
COMP	Pearson Correlation	.525**	.602**	1	.323**	.225**
	Sig. (2-tailed)	.000	.000		.000	.001
	N	210	210	210	210	210

		OCB	MEAN	COMP	SELF	IMPACT
SELF	Pearson Correlation	.407**	.332**	.323**	1	.432**
	Sig. (2-tailed)	.000	.000	.000		.000
	N	210	210	210	210	210
IM-PACT	Pearson Correlation	.344**	.219**	.225**	.432**	1
	Sig. (2-tailed)	.000	.001	.001	.000	
	N	210	210	210	210	210

a) Comparison of Means of POS, PE and OCB for Rural and Urban Data

The Urban region comprises of 30.95% of the total responses, while the rest of 69.05% responses are from Rural region. The mean values of POS, PE and OCB for the Rural and Urban regions are almost of the same order and show the same trend i.e. PE is much higher than POS. Independent Samples T test were also done and results are shown in Table 7 below.

Since the Significance levels are >0.05 in all cases, equal variances are assumed. Also the Sig. (2-tailed) >0.05 for all three cases, it is concluded that there is no difference in the means of POS, PE and OCB of Rural and Urban areas.

DISCUSSION

Psychological empowerment, as a variable contributing to OCB, holds greater importance than POS and hence there should be a greater emphasis on enhancing Psychological empowerment in human capital development interventions especially when dealing with the health workforce. 'Competence' has the highest correlation with OCB, so with further skill development it can be enhanced. 'Meaning' has the highest score implying that people have a personal connection with their work, but 'Impact' has the lowest score, thereby implying that more empowerment is required to enable employees to influence the system.

POS is overall low and management must make efforts to support the staff, if OCB is desired from them. People are willing to work but their efforts must be valued and their performance rewarded. A conducive work environment needs to be created by improving working conditions, equipments, infrastructure and other resources. This will lead to greater job satisfaction and will enhance the performance of employees as well.

Table 7: Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
POS	.000	.994	-1.185	208	.237	-2.941	2.481	-7.833	1.951
			-1.197	126.189	.234	-2.941	2.457	-7.803	1.921
PE	2.245	.136	.732	208	.465	1.243	1.697	-2.103	4.589
			.689	107.205	.493	1.243	1.805	-2.336	4.822
OCB	1.413	.236	-.558	208	.578	-.804	1.442	-3.646	2.038
			-.602	148.816	.548	-.804	1.336	-3.444	1.836

As measured from the sample data, OCB has an average value of 76.15% and this certainly needs to be increased. 'Courtesy', an individual behavior, has been rated as the highest factor of OCB, indicating that employees are cooperative and do have a positive attitude towards individual problems. However, 'Sportsmanship' behavior is lowest among five dimensions of OCB implying that the work climate has to be changed so that employees are able to accommodate to working arrangements and accept new challenges without complaining or fault finding with their colleagues. The other three dimensions viz. 'Altruism', 'Conscientiousness' and 'Civic virtue' also need to be strengthened by encouraging employees to help each other, share work load and work related problems in times of need, perform their duties as required from them, and work in coordination with management for enhancing the overall performance of their organization. This will contribute to enhance their own satisfaction as well as patient satisfaction, which is the primary aim of any health setup. Altruism and conscientiousness also create an element of high morale and team spirit and help in reducing unnecessary absence of employees from the job which subsequently leads to improved organizational performance.

CONCLUSION

Human resource in health is an emerging area and need a lot of emphasis because of the intricate nature of health workforce. So, if the exact interventions which can catapult the morale of the workforce can be identified, this shall be a bar raiser in the existing body of knowledge.

In the current study of Garhwal region, the values of OCB, POS and PE taken through a comprehensive sample of this region, fall short of the excellent mark. POS and PE are veritable predictors of OCB in the case of health workers. There is no variation in the urban and rural areas. Health workforce has the same predispositions in any region. Health workers generally do not want to work in hills because of absence of amenities. Moreover, they feel that working in hills shall make them isolated. It is at the disposal of public policy makers to augment the infrastructure situation in Uttarakhand. Not much stress is laid on HRM/HRD in health care settings in India. Health care organizations should focus on the needs of the health care professionals and the patients as well. Only then the health infrastructure shall move and the state shall have a highly enthused health workforce.

MANAGERIAL IMPLICATIONS

From the above findings, since POS and PE have proved to be predictors of OCB, they need to be augmented. This is akin to raising the morale of the health workforce. Health managers have to keep in mind that a new strategy for developing a conducive workplace with voluntary collaboration of health workers is required. Health managers shall have to make systemic changes in HR policies so as to attract and retain health workers especially doctors and paramedics in the Government sector. At present they join the private sector or start their private practice at the first opportunity. Sportsmanship is the lowest component in OCB. This is an organization directed behavior. This points to a nagging need for enhancing motivational efforts directed towards the workforce. Impact is the lowest component in PE. This again points out to a nagging need for increasing training efforts so that self-efficacy which seems to be low can be augmented. Management should work towards enhancing as well as encouraging OCB. Patient satisfaction must be evaluated and kept on top priority of any health organization.

LIMITATIONS

The study was confined to a region which has hilly and mountainous terrain making the overall nature of working conditions quite different and special from other regions with different geography and topology such as plains. Opinion of public policymakers in the area of health can also be elicited and incorporated.

SCOPE FOR FUTURE RESEARCH

In India, public health care sector is very much lagging behind the private health care sector in terms of quality, skilled staff, infrastructure, equipments and other resources. Improvement in the public health care sector is very much required to enhance employee satisfaction as well as patient satisfaction. Employees with high OCB are more committed towards their organization and are always willing to accept more responsibility, which may contribute to their satisfaction and patient satisfaction. Factors such as understanding of individual traits, introspection of role clarity and fairness perception, leadership and motivational practices help in strengthening OCB and inculcating OCB attitude among employees.

A two factor predictor model of OCB has been proposed and tested. A model comprising of more variables as mentioned can be proposed and tested.

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