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Organizational citizenship behaviour of men in nursing professions: Career stage perspectives

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ABSTRACT

Background: Women engage in organizational citizenship behaviour more frequently than men. Little research has investigated organizational citizenship behaviour in men and male nurses, especially from a career development stage perspective.

Aim: To investigate work-related factors and organizational citizenship behaviour status as well as predictors of organizational citizenship behaviour of male nurses at different career stages.

Method: A total of 167 male nurses were selected by random sampling to complete a mailed questionnaire. Nurses were divided into the following career stages: exploration (clinical seniority < 2 years), establishment (clinical seniority = 2–5 years), and maintenance (clinical seniority > 5 years).

Findings: Of the 167 male nurses who agreed to participate, 139 returned completed questionnaires, resulting in a response rate of 83.2%. The stage with the highest percentage of male nurses was the establishment stage. Nurses in the maintenance stage had the highest salaries, educational level, hospital position, organizational support, organizational identification, and organizational citizenship behaviour. Organizational identification was the only significant predictor of organizational citizenship behaviour for the three career stages.

Conclusions: Hospital management should promote organizational citizenship behaviour for male nurses by increasing organizational identification, especially during the establishment stage.

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Summary of Relevance

Problem

Although many studies have been conducted on organizational citizenship behaviour, few have focused on nursing and little attention has been given to male nurses.

What is already known

Understanding the status of organizational behaviour and its consequences or antecedent factors in male nurses may be beneficial for retention.

What this paper adds

Organizational identification can be a valuable measure for predicting male nurses' organizational citizenship behaviour for the

career stages of exploration (clinical seniority < 2 years), establishment (clinical seniority = 2–5 years), and maintenance (clinical seniority > 5 years). Nurse managers should focus on advancing male nurses' organizational identification in order to increase their organizational citizenship behaviour, which could decrease male nurses' intention to leave nursing.

1. Introduction

The nursing shortage is a global public health concern. A report by the U.S. Department of Health and Human Services (2014) indicated the U.S. expects a shortage of 260,000 registered nurses by 2025. Taiwan expects a similar shortage; currently the nurse vacancy rate is 9.9% (Yu et al., 2016). Male nurses have greater intention to leave the profession (Flinkman, Leino-Kilpi, & Salanterä,

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2010) and the turnover rate is twice as high as for female nurses (Duffin, 2006).

Retaining male nurses is beneficial to the nursing profession for several reasons. The majority of nurses are females; the addition of male nurses is more reflective of society, which has the potential for increasing the acceptance of male nurses in the general population and reducing gender stereotype (Stanley et al., 2016). Not only does the presence of male nurses more accurately reflect the patient population, but it also provides male patients with an opportunity to discuss issues that may be more easily shared with a male nurse (Duffin, 2009). Importantly, male nurses can be role models for other male nurses or nursing students in clinical settings (Duffin, 2009).

The development of a nursing career differs for men and women. Although male nurses have been reported to advance and acquire leadership positions in nursing more quickly than their female counterparts (Abrahamsen, 2004), in Taiwan, male nurses encounter higher social stress than females during career development and are more likely to leave the workplace in the early stage of their career (Lou, Yu, & Chen, 2010). Organizational citizenship behavior (OCB), which is employee interest in and connection to an organization (Huang, Yu, & Tsai, 2012), has been shown to have a positive influence on nurses' overall job satisfaction and job turnover (Chang & Chang, 2010). There is also negative relationship of low OCB and increased turnover (Sharoni, Tziner, Shultz, Shaul, & Ziberman, 2012). Hence, understanding OCB status and its consequences or antecedent factors in male nurses may be one approach to improve retention of male nurses.

In terms of career stages, the career development theory of Super (1957) and Novice to Expert theory of Benner (1982) described different stages during career development. Chang, Chou and Cheng (2007) indicated that nurses have different career needs at different career stages and career stages can moderate the effect between the relationship of organizational commitment and the corresponding outcomes (Cohen, 1991). The current study hypothesized that male nurse's OCB may differ at different career stages. Given the variation in career needs at different career stages, the status of OCB could fluctuate with each career stage. Therefore, the aim of this study was to investigate work-related factors and OCB status as well as predictors of OCB for male nurses at different stages of their careers.

2. Literature review

2.1. Organizational citizenship behaviour and its related factors

OCB is an employee's discretionary behaviour that is not directly or explicitly recognized by the formal reward system and efficiently and effectively promotes the performance of the organization (Organ, Podsakoff, & Mackenzie, 2006). Employees who have a higher level of OCB may express it by showing a personal interest in the work of others, in training new people, in caring for the organization's property, and wishing to remain in their organizations (Organ et al., 2006). Therefore, improving employee OCB is crucial for developing organizations.

Recently, human resource and management professionals have become interested in the concept of OCB (Huang et al., 2012), however only a few studies have focused on nursing (Chang & Chang, 2010). Kazemipour and Amin (2012) investigated 305 Iranian nurses and found that affective organizational commitment mediated the impact of workplace spirituality on OCB. They also indicated that organizational commitment was fortified when nurses exhibited frequent acts of OCB-like behaviour to the benefit their co-workers. Huang et al. (2012) argued that hospitals could increase the levels of OCB for nurses by strengthening their

organization's ethical climate, job satisfaction, and organizational commitment. In addition, strong evidence exists that organizational support and organizational identification positively affect OCB in nursing (Chen, Yu, Hsu, Lin, & Lou, 2013; Chu, Lee, & Hsu, 2006). Chu et al. (2006) investigated 265 public health nurses and found kinship support, role ambiguity, and workload demonstrated direct impacts on OCB. These studies lend support to the importance of the role of nurses' OCB in organizational performance.

Review of the literature indicates studies on OCB in nursing are lacking, especially with regards to male nurses. Several components affect OCB: work-related factors, organizational support, kinship support, and the positive role of organizational identification.

Studies indicate that male nurses in Taiwan receive significant support from supervisors, have a strong desire for personal and professional promotion (Yang, Gau, Shiau, Hu, & Shih, 2004), and their perceived work value is moderate to high (Hsu, Tang, Chang, & Maa, 2013), which should help with retention of male nurses. In addition, clinical observations of male nurses indicate a willingness to understand the organization's mission and participate in organizational activities; however, perception of gender-stereotypes and gender-expectations from both patients and the general public results in male nurses abandoning the profession in the early career stage (Yang et al., 2004). When male nurses continue with a nursing career, they demonstrate strong job performance and are often promoted to leadership positions. Understanding the OCB of male nurses at different career stages could facilitate retention; however, OCB of male nurses has not been investigated in previous studies.

2.2. Career stage in nursing

As individuals enter different career stages, the positions, responsibilities, activities, attitudes, behaviours, and career needs vary (Chang et al., 2007) and age, educational level, work-related factors might differ at different career stages. Currently, factors that determine career stage are not well-defined.

Nursing competence (not time-based) and tenure (time-based) are typically employed as measures of career stage. Employing nursing competence as a measure, Benner (1982) proposed the Novice to Expert Theory as a theory of career nursing, in which nurses undergo five levels of proficiency based on levels of nursing competence: novice, advanced beginner, competent, proficient, and expert. The theory focuses on the maturation process of nursing competence and each level builds on the previous one as abstract principles are refined and expanded by clinical expertise. However, this theory does not incorporate clear-cut time-points or concrete indicators as measures of career stage.

The career development theory of Super (1957) proposes that individual career stages are related to the significance of each stage, which is based on position, attitudes, and responsibility. Meehan (1995) followed Super's career stage classification and divided a nursing career into four stages: exploration, establishment, maintenance, and disengagement. However, the variable of time remained absent. Chang et al. (2007) examined the relationship between career stages and career needs and agreed with the four-stage classifications of careers; however, after a literature review of previous nursing studies, time points were inferred for the different stages. The exploration stage occurs when clinical work experience is <2 years and nurses are still searching for an occupation that best suits them. The establishment stage occurs at approximately 2–5 years of clinical work experience; nurses continue performing at a high level because they have a large amount of professional knowledge. The maintenance stage occurs when nurses have approximately 5–15 years of clinical experience and encounter challenges related to marriage or economic pressures; for the most part, they complete their nursing work as a result of coordination and teamwork. Stage four is disengagement; nurses

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