



# Organisational trust and job satisfaction as predictors of healthcare professionals' organisational citizenship behaviour in Obafemi Awolowo University Teaching Hospital, Ile-Ife, Nigeria.

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## ABSTRACT

This study investigated the role of organisational trust and job satisfaction in Organisational Citizenship Behaviour (OCB) among healthcare professionals (HCPs) in Obafemi Awolowo University Teaching Hospital (OAUTH), Osun state, Nigeria. The study adopted a descriptive survey design. Participants were 612 HCPs (aged 21 to 51 years,  $M = 45.50$  years,  $SD = 1.25$  years) drawn from OAUTH. With the aid of four research instruments - Socio-demographic questionnaires, OCB Checklist (OCB-C), Organisational Trust Inventory (OTI) and Job Satisfaction Scale (JSS), data were collected using a multistage sampling technique. Data analysed was done by hierarchical multiple regression. Results indicated organisational trust positively predicted OCB but could only explain a 1% variation in HCPs' OCB. Job satisfaction negatively predicted OCB, indicating that increased job satisfaction was associated with reductions in OCB. Both organizational trust and job satisfaction explained 2% variation in OCB. The study concluded that although organisational trust and job satisfaction may not have substantially explained the variation in HCPs' OCB, the two factors may still play a significant role in their OCB.

## Introduction

The healthcare sector, globally recognised for its pivotal role in sustaining societal well-being, stands at an intersection where professional commitment meets individual motivation. In such a dynamic environment, the performance of healthcare professionals often extends beyond their formal role requirements. This discretionary effort, labelled as organisational citizenship behaviour (OCB), encompasses voluntary actions that, while not directly rewarded or recognised, contribute significantly to the overall organisational performance and health (Organ, 1988; 2015). For the last three decades, OCB has been a significant construct in the fields of psychology and management, as shown by the great deal of attention it has received in the literature (Organ & Ryan, 1995; Podsakoff et al., 2000; Tharikh et al., 2016; Djaelani et al., 2021). No specific law or rule determines OCB; they are done through one's effort and not by working to a specifically prescribed duty (Kim, 2021). Employees are not compelled to exhibit OCB as part of their work duties or contractual obligations.

Bateman and Organ (1983) first coined OCB as 'innovative and spontaneous activity that goes beyond role prescriptions' and a distinction between dependable role performances. Terminologies such as willingness to cooperate (Barnard, 2019), organisational loyalty (Hirschman, 1970; Allen, 2014), organisational commitment (Mowday et al., 1982), extra-role behaviours (Van Dyne et al., 1995), contextual performance (Borman & Motowidlo, 1993), and prosocial organisational behaviour (Brief & Motowidlo, 1986) are used to conceptualise such cooperative behaviours.

OCB is an important factor that can either break (through neglect or disregard) or make (contribute to the survival) of an organisation. It expresses all the admirable and fruitful employee behavioural patterns and acts that do not fall under an employee's official job description (Podsakoff et al., 2000; Malekar, 2020; Subha, 2018). Everything that employees do, out of their own free will, supports their colleagues and improves the firm (Barnard, 2019). OCB is deliberate, voluntary, without coercion or threats, and without expecting payment or advantages (Podsakoff et al., 2009; Bolino et al., 2015).

The changing nature of all organisations, at a micro level with respect to individual organisations, has also influenced the health sector. According to Ng et al. (2021), healthcare professionals' (HCPs) OCB is important because it can improve patient outcomes, increase job satisfaction, and increase organisational effectiveness. According to the WHO (2018), HCPs refer to individuals who work in the healthcare industry and provide care and support to patients, including doctors, nurses, therapists, and other healthcare providers. For instance, a nurse or any other healthcare professional who goes out of their way to assist a coworker with a difficult patient may help to prevent medical errors and improve patient satisfaction (Kaihatu & Djati, 2016). HCPs who engage in OCB may feel a sense of pride and fulfilment in their work and may be more likely to remain with the organisation over the long term (Akpan et al., 2021; Baranik & Eby, 2016; Kolade & Ogunnaiké, 2014). Those who engage in OCB are committed to the organisation and willing to go above and beyond their job duties to contribute to its success (Mohammed et al., 2021).

There are multiple challenges facing healthcare systems in Nigeria, such as inadequate resources and staffing (World Health Organisation - WHO, 2011; Oleribe et al., 2019). Obafemi Awolowo University Teaching Hospital (OAUTH), a renowned institution in Nigeria, is a microcosm of the more extensive healthcare system, grappling with challenges intrinsic to medical institutions in developing nations. Amidst resource constraints and varied patient demographics, healthcare professionals' dedication and above-and-beyond efforts are paramount. For several reasons, Obafemi Awolowo University Teaching Hospital (OAUTH) is a distinctive and strategic study location. As one of Nigeria's leading teaching hospitals, OAUTH is a nexus for medical education and healthcare delivery. This dual role offers a unique environment where healthcare professionals are not just caregivers but also mentors, immersed in a culture of continual learning and knowledge transfer. The dynamics of such an environment can create nuanced variations in organisational behaviours compared to non-teaching medical institutions.

The geographical and cultural positioning of OAUTH in the southwestern region of Nigeria offers an intricate blend of traditional and modern medical practices. Understanding organisational behaviour in such a context, where professionals often navigate the crossovers and challenges of diverse medical paradigms, adds a richer dimension to the study. Given its prominence, findings from OAUTH can serve as a benchmark for other teaching hospitals in Nigeria and potentially across West Africa. The purpose of studying OCB on healthcare workers at the OAUTH is to help provide information for improved interaction between people and the group or organisation in which they are members while also carrying out their organisational tasks. Two factors are of interest in the present study in relation to OCB – organisational trust and job satisfaction.

For an organisation to retain continuity, it is critical to have staff members who have trust in the organisation, exhibit self-reliance, choose to stay with the organisation freely, and

make an effort to contribute to its success (Altunbaş & Baykal, 2010). According to Rawlins (2008), organisational trust is the conviction that the organisation will conduct all its activities and interactions with stakeholders with honesty, fairness, and integrity. Trust in an organisation is based on the belief that the organisation will fulfil its commitments, act transparently, and make beneficial decisions for all parties involved (Demirkaya & Kandemir, 2014). For instance, if an individual feels their rights and interests are protected in organisational relationships and not harmed, they will trust the organisation. This level of trust leads to employees feeling valued and essential within the organisation, resulting in a willingness to work (Tekingündüz et al., 2015).

Singh and Srivastava (2016) suggested that employees who trust their managers, coworkers, and organisations exhibit higher OCB and improve relationships by increasing cooperation across all levels. Trust in an organisation allows employees to share the risks created by the organisation and understand its dangers (Schoorman et al., 2007; Costa, 2003; Eckel & Wilson, 2014). Trust reduces the perceived risk of engaging in behavioural patterns beyond the exact job requirements, such as providing emotional support to patients, sharing knowledge, and helping colleagues. In contrast, HCPs without trust exhibit limited OCB (Altunbaş & Baykal, 2010). Additionally, studies have confirmed that organisational trust promotes organisational identification, resulting in more positive behavioural patterns (Jones, 2010; Gnanarajan et al., 2020).

It has been further established that organisational trust contributes to positive workplace behaviour, like motivating employees to work hard, complete tasks, and cooperate with others (Knippenberg & Schie, 2015). This, in turn, encourages the free exchange of ideas and inspires creativity in the workplace (Aryee et al., 2018). When HCPs and workers trust their organisation, they tend to hold positive attitudes towards their job, colleagues, and the organisation as a whole (Babiker et al., 2014). Organisational trust also promotes a culture of fairness, respect, and open communication, which can further encourage HCPs and workers to engage in OCB (Moloney et al., 2020). When employees feel valued and fairly treated by their organisation, they are more likely to exceed their formal job requirements and contribute to some level of job satisfaction.

The second independent variable in this study is job satisfaction. Okoli (2018) describes job satisfaction as an individual's positive orientation towards all aspects of the work situation. Satisfied HCPs are better equipped to provide effective and efficient services (Kundak et al., 2015; Tekir et al., 2016). Conversely, those who are satisfied with their jobs tend to perform at lower efficiency levels. Every organisation's primary objective is to maximise employee performance and benefit from it as much as possible (Çeler et al., 2016; Bala & Gawuna, 2021).

Notwithstanding, the level of OCB exhibited by an employee is acknowledged to be closely linked to job satisfaction (Yeşilyurt & Koçak, 2014). Healthcare

professionals who are content with their job will likely have a more favourable attitude towards the organisation, provide greater support to colleagues, and improve their overall performance (Najafi et al., 2011). Podsakoff et al. (2009) analysed empirical data and found that job satisfaction accounted for a significant portion (42.9%) of the variation in OCB. Podsakoff et al. (2009) also demonstrated a positive relationship between job satisfaction and OCB. Job satisfaction can promote a sense of ownership and pride in one's work, encouraging HCPs and workers to engage in OCB (Chiboiwa et al., 2011). Employees who feel their work is valued and meaningful are more likely to take a proactive approach to their job and contribute to the organisation's success.

Nigeria faces a severe 'brain drain' issue, with many healthcare professionals seeking opportunities abroad due to better remuneration and working conditions. Analysing the role of organisational trust and job satisfaction in OCB within OAUTH as a flagship institution can provide valuable insights into the broader healthcare landscape, making the results more generalisable and influential in shaping policies across similar institutions. This study addressed a notable gap in current research by investigating the interplay of organisational trust, job satisfaction, and HCPs OCB within the specific context of OAUTH. While previous studies have established the importance of trust and job satisfaction in predicting OCB in general workplace settings, there needs to be more empirical evidence examining these relationships in the unique and critical environment of healthcare, particularly within a teaching hospital. Understanding these dynamics is essential, as OCB plays a crucial role in healthcare organisations, influencing patient care and overall performance. Additionally, this research seeks to provide practical insights to guide healthcare management and leadership in fostering a positive work environment and enhancing healthcare professionals' contributions to the organisation.

We hypothesised that: (1) Organisational trust will significantly predict OCB. (2) Job satisfaction will significantly predict OCB.

## Method

### Participants

Participants (N = 612) were HCPs in OAUTH Complex, Ile-Ife, Osun State, Nigeria. Taro Yamane sample size formula was used to determine the total number of study participants ( $n = N / (1 + N(e)^2)$ ), including a 10-percent attrition rate. Participants' age range was 21 to 51 years (M=45.50, SD=1.25). Majority of the participants were female (n=403, 65.8%), married (n=456, 74.5%), Christians (n=374, 61.1%), and had had at least 16 years of work experience (n=435, 71%). Their departments consisted of Radiology (n=70, 11.4%), Morbid Anatomy and Histopathology (n=139, 22.7%), paediatric and child health (n=222, 36.3%) and community health/primary health care (n=181, 29.6%). By occupational groups, they included radiologists (n=46, 7.5%), Xray technicians (n=61, 10%), physiotherapists (n=80, 13.1%), nurses (n=136, 22.2%), anatomy/Mortician (n=65, 10.6%),

10.6%), paediatricians (n=43, 7.0%), resident physicians (n=50, 8.2%), health information scientists (n=31, 5.1%), administrators (n=32, 5.2%), dentists (n=25, 4.1%), pathologists (n=28, 4.6%), and environmental health officers (n=15, 2.5%).

### Measures

**Socio-demographic questionnaire:** The section of the research instrument entails the personal characteristics of the participants, such as age, gender, marital status, religion, educational qualification, and years of working experience.

**Organisational Citizenship Behaviour:** The 20-item OCB Checklist (OCB-C) by Fox et al. (2009) was used to measure OCB in this study. The scale was specifically designed to gauge the frequency of citizenship activities in the workplace by research participants. Participants were asked to rate how frequently they or others engage in each conduct. The instrument is rated on a 5e-point Likert scale of 1 = Never, 2 = Once or Twice, 3 = Once or Twice per month, 4 = Once or Twice per week and 5 = every day. Sample items were: "Picked up a meal for others at work"; "Helped new employees get oriented to the job". Total scores can range from 20 to 100, and the higher the score, the more the engagement in OCB. Internal consistency reliability for the OCB-C was  $\alpha$  of .94 in the Nigerian population (Nwokolo et al., 2022). The current study found a reliability coefficient of .81 for HCPs.

**Organisational Trust:** The 12-item Organisational Trust Inventory (OTI) (Nyhan & Marlowe, 1997) was used to measure organisational trust in this study. The OTI was designed to assess an individual's level of trust in his or her supervisor and his or her work organisation as a whole. The instrument is rated on a 5-point Likert scoring format, from "strongly disagree to strongly agree". Items were phrased as, "I think the people in the organisation I am employed at tell the truth", and "I feel that the organisation I am employed at takes advantage of its employees' problems." Scores are summed to give a total range of scores from 12 to 60; and higher scores represent greater organisational trust. Nyhan and Marlowe (1997) obtained high  $\alpha$  coefficients ranging from .92 to .96. The OTI has been used in Nigeria by Umoren (2020), and good reliability was reported. The current study found a reliability coefficient of .90 for HCPs.

**Job Satisfaction:** The 10-item Job Satisfaction Scale (JSS) was designed to measure global job satisfaction (Bowling & Zelazny, 2022). It assesses the degree to which a person is satisfied with their current job and the amount of satisfaction they experience in relation to the work they do. The instrument is rated on a 5-point Likert scoring format, from "strongly disagree to strongly agree". Items were phrased as "I receive recognition for a job well done" and "On the whole, I believe work is good for my physical health." Scores are summed to range from 10 to 50; higher scores represent greater job

**Table 1: Hierarchical Multiple Regression Analysis of Predicting Organisational Trust, Job Satisfaction on OCB.**

Predictor variables	<i>B</i>	$\beta$	<i>t</i>	<i>p</i>	Confidence Interval	
					Lower Bound	Upper Bound
<b>Model 1</b>						
Organisational Trust	.14	.10	2.45	.002	.27	.52
<b>Model 2</b>						
Organisational Trust	.18	.06	3.07	.002	.07	.29
Job satisfaction	-.18	.07	-2.5	.01	-.32	-.04

satisfaction. The psychometric properties of the JSS have been well-established in research through good discriminant validity and temporal stability across multiple administrations (Bedoya, 2021). It has been found to have high reliability ( $\alpha = .83$ ) and validity, as shown by significant correlation with other measures of job satisfaction (Bowling & Zelazny, 2022; Bedoya, 2021). The current study found a reliability coefficient of .87 for HCPs.

**Procedure**

The ethical committee of the Faculty of Social Science, Obafemi Awolowo University, gave their approval for this work. This study used multistage sampling technique. Firstly, systematic random sampling was used to select every department that falls on even serial numbers. There are nine departments in the OAUTHC, but Radiology, Morbid Anatomy and Histopathology, paediatric and child health, and community health/primary health care were the selected departments from where respondents were chosen. Secondly, purposive sampling was used to select HCPs within the department. Potential respondents were approached in their offices or work stations for the purpose of completing the survey for the study. Informed consent was obtained from all participants. Prior to data collection, the purpose and nature of the study were explained to potential participants, highlighting their voluntary participation, the confidentiality of their responses, and their right to withdraw from the study at any point without consequences. Participants were allowed to ask questions and seek clarification at any time during the data collection. Upon obtaining their informed consent, data collection proceeded, ensuring that ethical guidelines were strictly followed throughout the research process.

**Design and Statistical Analysis**

Descriptive survey design was employed in this study. A preliminary analysis of the data was conducted to ensure that the underlying assumption for the necessary inferential statistics was met. The data set met the assumption for a normal population since the skewness values were between the range of -.03 to -.25 while the kurtosis of the variables was within -.38 to 1.36. Multicollinearity was tested using the variance of inflation factor (VIF) and tolerance levels to check if the sets of data collected were correlated to each other. The variance inflation

factor (VIF) values and the tolerance values for the study variables varied from .92 to .92, which is within the tolerance threshold of bigger than .1 (tolerance value) (Kim, 2019). There was no multicollinearity. Hence, all the assumptions for the use of hierarchical multiple regression analysis in testing the hypotheses were met. The rationale was to observe how each independent variable (organisational trust and job satisfaction) predicts the dependent variable (OCB).

In **Table 1**, two models are presented. In Model 1, organisational trust positively predicted OCB. The  $R^2$  value of .01 indicated that organisational trust explained 1% of the variance in OCB ( $R^2 = .01, F(1,611) = 5.99, p < .05$ ). In Model 2, job satisfaction was added, and it was negatively associated with OCB,  $F(1, 611) = 2.80, p > .05$ . The combined  $R^2$  value of .02 suggests that both predictors explained 2% of the variance in OCB. While organisational trust had a positive relationship with OCB, job satisfaction had a negative relationship with OCB.

**Discussion**

This study examined the contributions of organisational trust and job satisfaction in OCB. Findings showed that HCPs with high organisational trust reported increased OCB. This finding is consistent with previous findings in other populations indicating that high trust within the organisation results to higher OCB (Duffy & Lilly, 2013; Yesilyurt & Kocak, 2014). The hypothesis which stated that organisational trust would significantly predict OCB was supported. Therefore, organisations should prioritise building and maintaining trust among their employees. This can be achieved through transparent communication, consistent management practices, and honouring commitments.

It was found that job satisfaction was negatively associated with OCB. Some past research (e.g., Yesilyurt & Kocak, 2014; Ozluk & Bayakal, 2020; Mastur et al., 2022) had shown that job satisfaction had a crucial impact on OCB. Our hypothesis which stated that job satisfaction would significantly predict OCB was supported. However, the direction of the finding for job satisfaction was not consistent with the previous findings which reported positive relationship between job satisfaction and OCB. This discrepancy could be associated with the present study having different population characteristics (healthcare professionals vs hotel staff). The

inverse relationship between job satisfaction and OCB warrants a deeper look into the organisation's metrics and qualitative data related to job satisfaction. Possibly, certain elements or perceptions of job satisfaction might be counterproductive to OCB. Furthermore, it is important to explore the intricacies of how job satisfaction interacts with broader organisational goals. Implementing regular feedback mechanisms, such as surveys or open forums, can help monitor organisational trust and job satisfaction levels and ensure that any issues are addressed promptly. It might also be beneficial for the organisation to reassess how employees are rewarded. If increasing job satisfaction leads to decreased OCB, incentive structures might need adjustments.

### ***Limitation of the Study of the study and Suggestions for Future Studies***

There are several limitations to consider in this study. The study captured only a small amount of variance in OCB, which suggests there may be other significant factors influencing OCB that were not included in the analysis or study. The inverse relationship between job satisfaction and OCB was unexpected and raises questions or concerns. This concern was not further exploited as the quantitative approach adopted only provided a snapshot view. There are multifaceted interactions among several variables capable of determining the outcome or relationship among organisational trust, job satisfaction, and OCB. The cross-sectional nature of the data means causality cannot be firmly established. The generalisability of the findings is limited as the sample was not representative of broader populations or other organisational contexts.

Given the limitations identified in the study, future research endeavours can delve deeper to provide a more comprehensive understanding of OCB. It would be valuable to explore other potential factors influencing OCB, considering that the current analysis only captured minimal variance. This exploration can illuminate other significant predictors of OCB, enriching the current knowledge base. Longitudinal studies might offer more clarity on the directional relationships between these variables by tracking the same participants over time. The surprising inverse relationship between job satisfaction and OCB also warrants further investigation too. Future studies might dissect job satisfaction components to identify which elements have a counterintuitive effect on OCB. Diving into this unexpected finding can lead to refined measures or highlight nuanced interactions that were previously overlooked. This broader scope can provide insights into whether the findings hold across different settings or are specific to certain environments.

### **Conclusion**

The study concluded that Organisational trust and job satisfaction were significantly related to HCPs' OCB. However, neither organisational trust nor job satisfaction substantially explained the variation in HCPs' OCB in OAUTHC. The study contributes to the growing knowledge of OCB, particularly in the healthcare sector. It highlights the importance of

organisational trust in promoting OCB while challenging the conventional understanding of the relationship between job satisfaction and OCB. These insights are crucial for organisational leaders and human resource practitioners aiming to foster a productive and positive work environment in healthcare settings. Future research should explore these dynamics further, considering the unique challenges and opportunities in healthcare and other sectors.

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### **References**

- Akpan, A. P., Okwudu, A. A., & Imagha, O. A. (2021). Exploring the Link between Employee Relationship Management and Organisational Citizenship Behaviour. *Saudi Journal of Economics and Finance (SJEF)*, 5(4), 164-172.
- Allen, M. M. (2014). Hirschman and voice. In A. Wilkinson, J. Donaghey, T. Dundon, R. Freeman (Eds.), *Handbook of research on employee voice* (pp. 36-51). Edward Elgar Pres.
- Altuntas, S., & Baykal, U. (2010). Relationship between nurses' organizational trust levels and their organizational citizenship behaviors. *Journal of Nursing Scholarship*, 42(2), 186-194.
- Aryee, S., Budhwar, P.S., & Chen, Z.X. (2018). Trust as a mediator of the relationship between organisational justice and work outcomes: Test of a social exchange model. *Journal of Organisational Behaviour*, 23, 267-285.
- Babiker, A., El Hussein, M., Al Nemri, A., Al Frayh, A., Al Juryyan, N., Faki, M. O., & Al Zamil, F. (2014). Health care professional development: Working as a team to improve patient care. *Sudanese Journal of Paediatrics*, 14(2), 9-16.
- Bala, D., & Gawuna, A. A. (2021). Efficient compensation as a driving factor for enhancing employees performance and productivity in an organization. *Research Journal of Management Practice*, 2(9), 13-34.
- Baranik, L. E., & Eby, L. (2016). Organizational citizenship behaviors and employee depressed mood, burnout, and satisfaction with health and life: The mediating role of positive affect. *Personnel Review*, 45(4), 626-642. <https://doi.org/10.1108/PR-03-2014-0066>
- Barnard, C. (2019). *The functions of the executive*. Harvard University Press.
- Bateman, T. S., & Organ, D. W. (1983). Job satisfaction and the good soldier: The relationship between affect and employee "citizenship". *Academy of Management Journal*, 26(4), 587-595.

- Bedoya, E. (2021). Leadership influence on the relationship between communication satisfaction and job satisfaction in computer-mediated communication environments. *Journal of Business and Retail Management Research*, 15(2), 21-34.
- Bolino, M. C., Hsiung, H. H., Harvey, J., & LePine, J. A. (2015). "Well, I'm tired of tryin'!" Organizational citizenship behavior and citizenship fatigue. *Journal of Applied Psychology*, 100(1), 56, 56–74. <https://doi.org/10.1037/a0037583>.
- Borman, W. C., & Motowidlo, S. M. (1993). Expanding the criterion domain to include elements of contextual performance. In N. Schmitt (Ed.), *Personnel selection in organizations* (71-98). Jossey-Bass.
- Bowling, N., & Zelazny, L. (2022). Measuring general job satisfaction: Which is more construct valid—Global scales or facet-composite scales? *Journal of Business and Psychology*, 37, 91–105.
- Brief, A. P., & Motowidlo, S. J. (1986). Prosocial organizational behaviors. *Academy of Management Review*, 11(4), 710-725.
- Çeler, A., Kara, İ. H, Baltacı, D., & Çeler, H. (2016). Investigation of the relationship of job satisfaction and depression level among medical faculty research assistants. *Konuralp Medical Journal*, 7(3), 125–133.
- Chiboiwa, M. W., Chipunza, C., & Samuel, M. O. (2011). Evaluation of job satisfaction and organisational citizenship behaviour: Case study of selected organisations in Zimbabwe. *African Journal of Business Management*, 5(7), 2910.
- Costa, A. C. (2003). Work team trust and effectiveness. *Personnel Review*, 32(5), 605-622. doi: 10.1108/00483480310488360.
- Demirkaya, H., & Kandemir, A. Ş. (2014). A business application towards the analysis of the relationship between the dimensions of organisational justice and organisational trust. *Journal of Graduate School of Social Sciences*, 18(2), 263279.
- Djaelani, A. K., Sanusi, A., & Triatanto, B. (2021). Spiritual leadership, job Satisfaction, and its effect on organizational commitment and organizational citizenship behavior. *Management Science Letters*, 11(3), 3907-3914.
- Duffy, J. A., & Lilly, J. (2013). Do individual needs moderate the relationships between organizational citizenship behavior, organizational trust and perceived organizational support?. *Journal of Behavioral and Applied Management*, 14(3), 185–197.
- Eckel, C. C., & Wilson, R. K. (2004). Is trust a risky decision? *Journal of Economic Behavior & Organization*, 55(4), 447-465.
- Fox, S., Spector, P. E., Goh, A., Bruursema, K., & Kessler, S. R. (2009). The deviant citizen: Clarifying the measurement of organizational citizenship behavior and its relation to counterproductive work behavior. *Journal of Occupational and Organizational Psychology*, 85(1).
- Gnanarajan, A. H., Kengatharan, N., & Velnampy, T. (2020). Exploring the prevalence of teachers' organizational citizenship behaviour and its determinants: Evidence from an under-researched cultural milieu. *Qualitative Research in Education*, 9(1), 95-123.
- Hirschman, A. O. (1970). Exit, voice, and loyalty. Harvard University Press.
- Hofstede, G. (1980). Motivation, leadership, and organization: Do American theories apply abroad? *Organizational Dynamics*, 16(4), 4–21.
- Jones, D. A. (2010). Does serving the community also serve the company? Using organizational identification and social exchange theories to understand employee responses to a volunteerism programme. *Journal of Occupational and Organizational Psychology*, 83(4), 857-878.
- Kaihatu, T. S., & Djati, S. P. (2016). Organizational citizenship behavior (OCB), service quality, and patient satisfaction: A case study of the nurses in private hospitals of Surabaya. *Mix Jurnal Ilmiah Manajemen*, VI(2), 213-227
- Kim, H. (2021). Can mandating corporate social responsibility backfire?. *Journal of Empirical Legal Studies*, 18(1), 189-251.
- Knippenberg, D., & Schie, E. (2015). Foci and correlates of organisational identification. *Journal of Occupational and Organizational Psychology*, 73(2), 137–147. <https://doi.org/10.1348/096317900166949>
- Kolade, O. & Ogunnaike, O. (2014). Organizational citizenship behaviour, hospital corporate image and performance. *Journal of Competitiveness*, 6(1), 36-49.
- Kundak, Z., Taş, H. Ü., Keleş, A., & Eğicioğlu H. (2015). Job satisfaction and motivation in nursing profession. *Kocatepe Medical Journal*, 16(1), 1-10.
- Malekar, S. S. (2018). Organisational citizenship behaviour: An overview. *International Journal of Work Organisation and Emotion*, 11(2), 1-10. doi:10.1504/IJWOE.2020.10031493
- Mastur, M., Soim, S., Haryanti, N., & Gufron, M. (2022). The Influence of transformational leadership and organizational culture on job satisfaction and organizational citizenship behavior (OCB) in Islamic educational institutions. *Al-Tanzim: Jurnal Manajemen Pendidikan Islam*, 6(3), 948-961.
- Mohammed, Z., Abel-ghani, A., & Zakaria, A. (2021). Organizational Citizenship Behavior among staff Nurses at Dikiris General Hospital. *Mansoura Nursing Journal*, 8(3), 1-9.
- Moloney, W., Fieldes, J., & Jacobs, S. (2020). An Integrative review of how Healthcare Organizations can support hospital nurses to thrive at work. *International Journal of Environmental Research and Public Health*, 17(23), 8757.
- Mowday, R., Porter, L. & Steers, R. (1982). *The psychology of commitment, absenteeism and turnover*. New York, NY: Academy Press.

- Najafi, S., Noruzy, A., Azar, H. K., Nazari-Shirkouhi, S. & Dalvand, M. R. (2011). Investigating the relationship between organisational justice, psychological empowerment, job satisfaction, organisational commitment and organisational citizenship behaviour: An empirical model. *African Journal of Business Management*, 5(13), 5241-5248.
- Ng, L. P., Choong, Y. O., Kuar, L. S., Tan, C. E., & Teoh, S. Y. (2021). Job satisfaction and organizational citizenship behaviour amongst health professionals: The mediating role of work engagement. *International Journal of Healthcare Management*, 14(3), 797-804.
- Nwokolo, E. E., Themba, M. Q., & Achebe, S. C. (2022). Examining psychological empowerment as a moderator of the relationship between job insecurity and organizational citizenship behaviour among the Eastern cape department of health employees. *Nigerian Journal of Social Psychology*, 5(2), 1-18.
- Nyhan, R. C., & Marlowe Jr, H. A. (1997). Development and psychometric properties of the organizational trust inventory. *Evaluation Review*, 21(5), 614-635.
- Okoli, I. E. (2018). Organizational climate and job satisfaction among academic staff: Experience from selected private universities in Southeast Nigeria. *International Journal of Research in Business Studies and Management*, 5(12), 36-48.
- Oleribe, O. O., Momoh, J., Uzochukwu, B. S., Mbofana, F., Adebisi, A., Barbera, T., & TaylorRobinson, S. D. (2019). Identifying key challenges facing healthcare systems in Africa and potential solutions. *International Journal of General Medicine*, 12, 395–403. <https://doi.org/10.2147/IJGM.S223882>.
- Organ, D. W. (1988). *Organizational citizenship behavior: The good soldier syndrome*. Lexington books.
- Organ, D. W. (2015). Organizational citizenship behavior. In J. D. Wright (Ed.), *International encyclopedia of the social & behavioral sciences: second edition* (pp. 317-321). Elsevier <https://doi.org/10.1016/B978-0-08-097086-8.22031-X>
- Organ, D. W., & Ryan, K. (1995). A meta-analytic review of attitudinal and dispositional predictors of organizational citizenship behavior. *Personnel Psychology*, 48(4), 775-802.
- Podsakoff, N. P., Whiting, S. W., Podsakoff, P. M., & Blume, B. D. (2009). Individual and organizational-level consequences of organizational citizenship behaviors: A meta-analysis. *Journal of Applied Psychology*, 94(1), 122–141. <https://doi.org/10.1037/a0013079>
- Podsakoff, P. M., MacKenzie, S. B., Paine, J. B., & Bachrach, D. G. (2000). Organizational citizenship behaviors: A critical review of the theoretical and empirical literature and suggestions for future research. *Journal of Management*, 26(3), 513-563.
- Rawlins, B. (2008). Measuring the relationship between organizational transparency and employee trust. *Public Relations Journal*, 2(2), 1-21.
- Schoorman, F. D., Mayer, R. C., & Davis, J. H. (2007). An integrative model of organizational trust: Past, present, and future. *Academy of Management Review*, 32(2), 344-354.
- Singh, U., & Srivastava, K. B. (2016). Organizational trust and organizational citizenship behaviour. *Global Business Review*, 17(3), 594-609.
- Subha, T. (2018). Organisational citizenship behaviour: An overview. *International Journal of Creative Research Thoughts (IJCRT)*, 6, 415-421.
- Tekingündüz, S., Top, M., Tengilimoğlu, D., & Karabulut, E. (2017). Effect of organisational trust, job satisfaction, individual variables on the organisational commitment in healthcare services. *Total Quality Management & Business Excellence*, 28(5-6), 522-541.
- Tekir, Ö., Çevik, C., Arık, S., & Ceylan, G. (2016). Examining health workers' burnout, job satisfaction levels and life satisfaction. *Kırıkkale University Faculty of Medicine Journal*, 18(2), 51-63.
- Tharikh, S. M., Ying, C. Y., & Saad, Z. M. (2016). Managing job attitudes: The roles of job satisfaction and organizational commitment on organizational citizenship behaviors. *Procedia Economics and Finance*, 35, 604-611.
- Umoren, O. A. (2020). Moderating role of organizational trust in the relationship between perceived job insecurity and proactive behaviour. *Nigerian Journal of Psychological Research*, 16(2), 111-117.
- Vandewalle, D., Van Dyne, L., & Kostova, T. (1995). Psychological ownership: An empirical examination of its consequences. *Group & Organization Management*, 20(2), 210-226.
- World Health Organisation (2018). *Delivering quality health services: A global imperative for universal health coverage*. Retrieved on July 10 2023 from <https://apps.who.int/iris/bitstream/handle/10665/272465/9789241513906-eng.pdf>
- World Health Organization. (2011). *The delivery of essential health service in Africa, realities and people's perceptions and perspectives: Report submitted for the North West site in Nigeria*. Retrieved on July 10 2023 from <https://docplayer.net/186686132-The-delivery-of-essential-health-services-in-africa-realities-and-people-s-perceptions-and-perspectives.html>
- Yeşilyurt, H., & Koçak, N. (2014). The analysis of relationship between job satisfaction and organisational citizenship behaviour in the hotels. *Dokuz Eylül University Journal of Social Sciences Institute*, 16(2), 303-324.