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Investigation of the Relationship Between Organizational Learning and Organizational Citizen Behavior Among the Staff of Teaching Hospital

Mohammad Zakaria Kiaei¹, Edris Hasanpoor², Mobin Sokhanvar³, Mohammad Mohseni^{4,5}, Hajarbib Ziaifar⁶ & Mahin Moradi⁷

School of Health, Qazvin University of Medical Sciences, Qazvin, Iran¹

Research Center for Modeling in Health, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran²

Research Center for Health Services Management, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran³

Health Management and Economics Research Center, Iran university of Medical Sciences, Tehran, Iran⁴

School of Health Management and Information Sciences, Iran University of Medical Sciences, Tehran, Iran⁵

School of Public Health, Tehran University of Medical Sciences, Tehran, Iran⁶

Qazvin University of Medical Sciences, Qazvin, Iran⁷

Corresponding author: Edris Hasanpoor, Ph.D Student, Research Center for Modeling in Health, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran. Phone: +989375504406; Email: edihasanpoor@yahoo.com

ABSTRACT

Background: Today, the concept of organizational learning has attracted the attention of many managers and researchers in scientific and research circles as well as those in the organization-related studies. Taking the organizational learning into account might offer a means of organizational effectiveness that has gone unnoticed. Thus the present study aimed at investigating the relationship between the organizational learning in each of its four aspects as independent variables and organizational citizen behavior of the staff as constituting the dependent variable of the study.

Methods: This was a descriptive-analytical study with a practical approach conducted in 2010. The sample included 167 staff members working in educational health centers affiliated with Qazvin University of Medical Sciences. The data were collected via both the organizational learning questionnaire and organizational citizen behavior questionnaire and analyzed by using SPSS software and Spearman test. **Results:** The results indicated that the mean of organizational learning indicator was 2.9 ± 0.648 and that of organizational citizen behavior 3.78 ± 0.413 . In addition, the spearman correlation coefficient ranging from 0.058 to 0.129 between the elements of the organizational learning and the organizational citizen behavior was not statistically significant ($p > 0.05$). The findings also indicated that the correlation between them was average among the staff of Shahid Rajaee Educational health center (0.319), thus the relationship between the two sets of variables proved significant ($p = 0.031$). However, the same was not true in other centers. **Conclusion:** It was concluded that management commitment, open space, transfer of knowledge, and systemic vision could all enhance the level of organizational learning in hospitals which calls for focus on the elements of organizational citizen behavior.

Key words: organizational learning, organizational citizen behavior, hospital, staff.

1. INTRODUCTION

As the intense competition between organizations continues to cut across the old borders and impose new rules on them where many of them face the challenge of failure, learning is counted on as an impetus for success of various organizations and institutions around the globe (1). Amid this, the learner organization model that employs the organizational learning procedures fits those establishments in search of rational structures and processes to facilitate management accountability, effectiveness, and efficiency (2). Apparently, the academic circles' interest in the learning mechanism traces back to 1950s (3).

Irrespective of the time when the debate first took off, it did not attract much attention until late 1970s (4-6). Thus, the organizational learning is defined as creating circumstances in an organization so that every individual comes to terms with the change and welcomes it as an ongoing process (7). Senge observed that organizational learning embraced both cognitive and behavioral change (8). The cognitive aspects of change mostly deal with concepts like acquisition of knowledge, understanding, and new insights whereas the behavioral aspects of change refer to producing either real or potential change in the learner's behavior (9). Sinkula thought of organizational learning as a

means through which knowledge was protected, so that those involved (besides its creators) could utilize it (10-12).

It might be argued that organizational learning is neither a stable nor a limited goal but an ongoing process of adaptation to environmental conditions and evolution whereby intraorganizational groups are encouraged to advance the skills, knowledge, and consensus on the organization's goals (3, 13). The issues related to organizational learning have been recently investigated from the standpoint of knowledge acquisition based on which Gomez and colleagues identified three major organizational learning processes as knowledge acquisition/creation, transfer, and integration. Therefore, they specified the organizational learning capability as the ability to create, acquire, transfer, and integrate the knowledge as well as modification of organizational behavior to reflect the new circumstances with a view to improve the organization's performance. However, one key concept routinely adopted by the organizations is organizational citizen behavior as initially proposed by Organ and his colleagues (1983). It regards to those behaviors that, although not prescribed by the organizations, will benefit them if manifested by the staff. Since it is not part of the formal function of the individuals, it is seen as a behavioral indicator in response to relationship with colleagues. For Organ, it is one of those behaviors not part of formal organizational functions, yet having influence on the organizations' performance. So, they are some sort of extra-functional behavior standing against the intra-functional behaviors. Examples of the former behavior are avoidance of unnecessary conflicts, professional assistance in the business setting, tolerance of circumstances imposed on the organization, and involvement in the organizational activities (14, 15) Scott Bradley

Organizational citizen behavior, as a multifaceted concept, ought to involve all the rather positive behaviors of individuals within the organization (16), including modesty and altruism (i.e. assisting other members of the organization grappling with the problems and responsibilities), conscientiousness (voluntary behaviors going beyond the least requirements of one's role as observed in the case of overtime), magnanimity (willingness to endure hard conditions without expressing anger or discontent), pardon (i.e. showing patience and forgiveness in the face of unideal conditions in the organization without expressing discontent), and civil behavior (willingness to be cooperative and responsible in the organizational life while presenting an appropriate picture of the organization) (17, 18).

With respect to the above accounts and the importance and function of organizational learning within the organizations, particularly, medical institutions, and also because few studies have been conducted so far in the field on the concept and its probable relationship with the organizational citizen behavior, the researcher attempted to investigate the issue via the proposed model by Gomez and colleagues incorporating four requirements, namely management commitment, systemic vision, open space, experimentation, and finally, knowledge transfer and integration (19). so that a further significant step would be taken in order to lay the ground for its application in health and treatment sector, especially in hospitals as the major source

for providing health services. Moreover, in view of the fact that studies carried out to date in that respect were in the domain of production companies (20-23). and no due attention had been paid to this concept in hospitals as the service institutions and its possible connection with organizational citizen behavior with beneficial outcomes that on the one hand might lead to an increase in staff creativity, professional involvement, job satisfaction, extra-social behavior, and on the other hand less leave and quitting the job, the necessity to conduct such a study was even redoubled. Therefore, by application of the newly developed phenomenon of the organizational learning in the modern age to the needs of modern organizations, in particular the hospitals, the author's main focus was to investigate its relationship with organizational citizen behavior and the possible consequences arising out of such relationship in educational health centers affiliated with Qazvin University of Medical Sciences.

2. PATIENTS AND METHODS

The present study was a practical research conducted through a descriptive-analytical method. Shahid Raja'ie, Bu Alisina, Kowsar, and Qods educational health centers all affiliated with Qazvin University of Medical Sciences, Qazvin constituted the research environment for the study. The statistical population of the study consisted of the diagnostic, medical, service, and office personnel of the above centers while on service in 2011. The diagnostic section embraced the lab, radiology, and CT scan personnel. The medical section referred to the doctors, nurses, the surgical staff, and anesthesiologists. And the office and financial section was composed of clerks and financial personnel as well as those in logistics units e.g. security and warehouse.

3. STATISTICAL ANALYSIS

By conducting a preliminary study a sample of 25 was collected from the members of the population where through feeding the data in SPSS software and the application of statistical methods the final sample volume equal to 167 subjects was obtained via the sampling volume equation below.

Subsequent to inserting the data into SPSS statistical software, ensuring the data normality, and employing the Spearman test where $\alpha = 0.01$ and $\beta = 0.05$, the correlation coefficient was obtained between the variables of the organizational learning and organizational citizen behavior so that the minimum quantity belonged to the correlation coefficient between knowledge transfer and integration elements and the organizational citizen behavior, being equal to 0.323. By replacement of that number in the following equation the sample volume was obtained equal to 167.

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As mentioned earlier, in each of the four centers affiliated with Qazvin University of Medical Sciences the active personnel in four sections, namely diagnostic, medical, service, and office were randomly sampled in a process carried out proportionate to the number of the personnel. So to speak, the calculated volume was distributed in each center corresponding to the staff volume in each of the intended sections. And each section, in turn, was sampled with respect to the staff number in the relevant center, and the samples were handed over questionnaires.

To examine the organizational learning level, the questionnaire developed by Gomez and colleagues (19) was used and to examine the citizen behavior the one by Williams and Anderson

(24) was employed. Furthermore, following the determination of the questionnaires reliability by means of the content validity method, doing numerous interviews, and seeking comments by experts and professors, it was ensured that either of the questionnaires was actually assessing the characteristic specified by the researcher. Also, to establish their validity, the Cronbach's alpha method was employed. It was measured for the organizational learning questionnaire to be 80.3% and for citizen behavior 83%. The data was personally collected by the researcher and, subsequently, analyzed by means of SPSS statistical software. To calculate the correlation between the variables, the Spearman correlation test was applied. In addition, for the sake of descriptive analysis of the data, use was made of such statistics as absolute frequency, relative frequency, mean, and standard deviation.

4. RESULTS

The results indicated that 72.5% of the subjects were women and the remaining 27.5% were men. 20.9% of the subjects were single and 79.1% were married. Table 1 demonstrates the distribution of the subjects' age groups in the educational health centers affiliated with Qazvin University of Medical sciences.

Age Group	Number	Percentage
Below 30	52	31.1
30-39	60	35.9
40-49	51	30.5
Over 50	4	2.5
Sum Total	167	100
Years of Service	Number	Percentage
Below 5	43	25.7
5-10	26	15.6
10-15	32	19.1
15-20	40	24
Over 20	26	15.6
Sum Total	167	100

Table 1. Distribution of Subjects' Age Groups and Work Experience in Educational health centers Affiliated with Qazvin University of Medical Sciences

The maximum and minimum age of the subjects was 22 and 51, respectively with a mean of 35 years and a standard deviation of 7.98. The findings of the study indicated that 64.1% of the personnel had BA, constituting the majority in the study. Also, those with higher diploma constituted 18.6%, and still those with diploma and lower degrees were 13.2%.

The minimum percentage, however, belonged to the holders of MA and higher degrees, being equal to 4.2%. Moreover, 52.1% of the personnel were officially employed; the project personnel were 15%, and those contractual and treaty personnel were 16.2% and 16.8%, respectively. 53% of the personnel were listed in the medical section, thereby accounting for the highest percentage of the sample. The diagnostic section constituted 7.8% and service and office sections 28.7% and 10.2%, respectively.

The Work Experience distribution of the individuals under study in the affiliated centers was given in Table 1.

Center	Organizational Learning		Organizational Citizen Behavior	
	Mean	Standard Deviation	Mean	Standard Deviation
Shahid Raja'ie	2.93	0.817	3.63	0.392
Bu Alisina	2.86	0.675	3.74	0.382
Kowsar	3.13	0.631	3.92	0.432
Qods	2.77	0.604	3.72	0.432
SumTotal	2.92	0.684	3.74	0.413

Table 2. Statistical Indicators of Organizational Citizen Behavior and Organizational Learning for the Centers in Question

The statistical indicators of the organizational learning and the organizational citizen behavior in these affiliated centers were tabulated as follows. It was evident from the table that Kowsar hospital stood above the other three in terms of the mean of organizational learning (i.e. 3.13 ± 0.631); the same was true in the case of organizational citizen behavior.

Aspect of Organizational Learning	Mean	Standard Deviation
Managerial commitment	2.86	0.813
Systems perspective	3.02	0.801
Openness and experimentation	2.78	0.999
Knowledge transfer and integration	2.02	0.684
Organizational Learning	2.92	0.684

Table 3. Statistical Indicators of Organizational Learning Dimensions in the Sample in Question

Table 3, separately demonstrates the statistical indicators of organizational learning along with its dimensions. As shown in the table, the systemic vision comprised the largest aspect of the organizational learning, with 3.02 ± 0.801 ; the knowledge transfer and integration made up the smallest aspect.

Dimensions of Organizational Learning	Spearman Correlation	P-value
Managerial commitment	0.129	0.096
Systems perspective	0.058	0.456
Openness and experimentation	0.116	0.135
Knowledge transfer and integration	0.082	0.290
Organizational Learning	0.128	0.100

Table 4. Spearman Correlation Coefficient between the Organizational Learning and its dimension with the Organizational Citizen Behavior among the Subjects

In order to examine the significance and correlation between the independent variable, Organizational learning, with its quartet dimensions and the dependent variable of the citizen behavior in the study, after ensuring normality of the data the Spearman correlation test was carried out where $\alpha=0.01$. To help us gain a clear picture, Table 4 demonstrates the results as to the relationship between the organizational learning along with its aspects and the organizational citizen behavior among the subjects. the Spearman Correlation Coefficients ranging from 0.058 to 0.129 were not statistically significant between the accessible elements of the two sets of variables ($p>0.05$).

Table 5, too, deals with the Spearman correlation coefficients between the organizational learning and organizational citizen behavior of the personnel separated according to the centers in question. The table indicates that the correlation between the

Center	Spearman Correlation Coefficient	P value
Shahid Raja'ie	0.319	0.031
Bu Alisina	0.037	0.786
Kowsar	0.175	0.331
Qods	0.081	0.663

Table 5. Spearman Correlation Coefficient between Organizational Learning and Organizational Citizen Behavior among the personnel of the Centers in Question

two sets of variables among the personnel working in Shahid Raja'ie educational health center was average (0.319), thus their relationship was significant ($p=0.031$); such as not the case in other centers under scrutiny.

5. DISCUSSION

A great many of companies and organizations would not make it more than a couple of years of efficient life as they usually fail to expose to the public view all their capabilities and fully exploit their resources. As a consequence, learning deficiency is cited as the major cause of their failure in optimal application of the resources and advancing their efficiency. The fact that organizations are deficient in that case is not a coincidence. Rather, it derives from their management techniques, organizational structure design, occupation design, communication, incapability of human resources, and so on. Creativity, innovation, and in fact, all the behaviors of the personnel are affected by learning in such a manner that, nowadays, knowing the way to expand learning in the organization constitutes one of the fundamental organizational skills worldwide (25). Therefore, due to their service to and close relationship with their customers (here, patients) and the significance they bear in enhancing the social health as a result of their technically crucial service, healthcare organizations have secured an outstanding position in terms of organizational learning.

Consequently, the results of Spearman correlation test indicated that there was no significant difference between organizational learning together with its four aspects (i.e. management commitment, systemic vision, open space and experimentation, and knowledge transfer and integration) and organizational citizen behavior in the sample under scrutiny. Of all the aspects of the former variable, the highest correlation coefficient was observed between the management commitment and the organizational citizen behavior ($r=0.129$, $p=0.096$), while the lowest existed between the systemic vision and the organizational citizen behavior ($r=0.058$, $p=0.096$), with the findings pointing to the fact that no significant relationship exists between the two sets of variables. In the centers at issue the spearman correlation coefficient ranged from 0.037 (where $p=0.786$) (in Bu Alisina center) to 0.319 (where $p=0.031$) (in Shahid Raja'ie center) between the organizational learning and citizen behavior of the personnel where the relationship was significant in the latter center. The findings of the study highlight the nonexistence of any relationship between the management commitment and the organizational citizen behavior among the personnel. That said, Yaghoubi and the colleagues concluded in their study that the relationship was significant between management commitment and enabling the personnel (26). The findings of another study by Aghdasi and Befruei demonstrated that the level of management commitment in private hospitals was greater compared to the state-run hospitals (27). These findings also indicated that

no relationship of significance existed between the open space and experimentation and, of course, the organizational citizen behavior of the staff. On the contrary, Yaghoubi and the colleagues concluded that, actually, there was such a relationship between the former and empowering the personnel (26). Also found in the study by Aghdasi and Befruei was the observation that the level of open space and experimentation in the private hospitals was higher than the state-run hospitals (27). One study conducted by Orthner and colleagues suggested that a positive relationship existed between the organizational learning and job satisfaction, on the one hand, and the level of personnel authority, on the other hand (13). Therefore, it has been a widely recognized fact that organizational learning stands as a crucial component for success in the global markets (19).

In a study by Templeton and colleagues intended to measure the organizational learning by means of factor analysis in four areas of knowledge acquisition, information distribution, information interpretation, and organizational memory, eight factors were recognized: awareness, dialogue, performance evaluation, the ground for creativity development, adaptability to the environment, social learning, knowledge development management, and the organization's link with the outside world (28).

6. CONCLUSION

The result indicated that there was no significant difference between organizational learning and organizational citizen behavior in the sample under scrutiny. Thus we come to say that four preliminary conditions required for creating and developing the organizational learning are as follows (19):

- The organization's management must act as a strong support for the organizational learning;
- A collective intelligence and the presence of a common outlook shared by the personnel are needed for the systemic view to the organization.
- The organization demands the development of organizational knowledge on the basis of the transfer and integration of individually obtained knowledge.
- For the learning to ripen, adaptation to the changes made to the environment does not exclusively suffice as the right source for creating competitive advantage, hence one must go beyond adaptive learning to creative learning.
- Besides, to improve the citizen behavior, the key elements of organizational citizen behavior need to be emphasized and intervened. They include (29):
- The type of behavior that goes beyond that which was officially defined by the organization;
- A certain type of unspecified behavior;
- Those behaviors not rewarded and, thus, going unnoticed by the official structures of the organization;
- And those behaviors very much essential for performance, effectiveness, and accomplishment of the organizational operation.

CONFLICT OF INTEREST: NONE DECLARED.

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