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Psychological Well-Being of Health Workers: The Role of Psychological Contract Breach and Organizational Citizenship Behaviour

By

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Abstract

This research work is an exploratory study of Psychological Well-being among health workers in Ibadan. The main objective of the study was to assess some predictors of Psychological Well-being among health workers by considering the influence of psychological contract breach and Organizational Citizenship Behaviour. There were a total of 379 selected participants in the study. The Questionnaire used was a 51-item paper and pencil instrument having six sections. The instrument was content validated and each scale (section) had high reliability estimates. Scores obtained from the scales for Psychological contract breach and OCB were correlated with scores on the psychological well-being Scale using Pearson's Product Moment Correlation. Multiple regression analysis was also run to determine their level of influence on psychological well-being. Findings in this study show that both Perceived Psychological Contract Breach and OCB had significant correlations with psychological well-being with the former being the most potent predictor of psychological well-being among health workers in Ibadan. Marital status and Age of the workers also had significant influence on Psychological Well-being. Implications of the results were discussed and suggestions were made towards improving quality of work among health workers in the society.

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Background to the Study

The health of a nation is one of the most important concerns of any society. Human beings are at the centre of concerns for sustainable development, thus they are entitled to a healthy and productive life in harmony with nature. The goals of sustainable development cannot be achieved when there is a high prevalence of debilitating illnesses, and population health cannot be maintained without ecologically sustainable development. Hence, in tackling health issues, one of the major objectives of the government of any society is to ensure the availability of qualified health practitioners while making provision for health care facilities and resources.

However, the popular slogan which states that '*.... a tool is as effective as its handler*' should also be considered in expanding the capacity of health workers in the society. Sometimes, a disgruntled health worker poses the greatest risk to healthcare even with the availability of optimum health facilities and resources. When an employee is mistreated, disagrees with management over something, or just loses some employment benefits like medical insurance, performance bonus and other employment expectations are not met, the employee may become disgruntled towards the management and some of its management members. Many times, employees do not know how to handle such situations and become irrational and less committed to their jobs, resorting to malpractices, violence in the workplace and the society, family abuse, and sabotage or theft of the company assets to name a few (Coyle-Shapiro, 2002). In such cases with health workers, their performance is reduced and effective productivity is hampered leading to a decline in the health status of the society. Thus, in order to ensure that the expectations of both health workers and management are met, the concept of contract of employment is utilized. An employment contract is described as a written agreement between employee and management which states the terms and conditions of work as expected by both parties (Rousseau, 2000).

Samuel, Osinowo and Chipunza (2009), investigated the relationship between bank distress, job satisfaction, perceived stress and psychological wellbeing of employees and depositors in Nigeria's banking sector. The results showed that employees in healthy banks were more satisfied with their jobs than those in distressed banks; but the difference between their mean scores did not reach a significant level thus suggesting that employees in distressed banks equally enjoyed their jobs like their colleagues in healthy banks. Curiously, depositors in healthy banks experienced higher level of stress than depositors in distressed banks; while employees in healthy banks experienced higher job satisfaction than those in distressed banks. Finally, the results also showed that employees in distressed banks did not experience higher stress level than those in healthy banks. Again, Cottini and Lucifora (2009), examined Working conditions, Mental Health and Psychological Well-Being in European countries. They found that there was substantial heterogeneity in mental health incidence at the work place both across countries and different labour market groups. They showed that working in shifts, performing complex and intensive tasks, having restricted job autonomy and poor relations with colleagues and experiencing discrimination leads to a higher probability of reporting mental health problems. They also found significant differences by gender, firm attributes, industry and occupational structure. Finally labour market institutions were relevant in explaining cross country differences.

In the legal literature, it is emphasized that the content of the employer-employee relationship emanates from different sources of norms, such as law, collective agreements between the parties, rules of right emanating from the practice of law, customs dependent on cultural tradition, and personal agreements between employer and employee (Cho & Guchait, 2010). The content of such sources of norms may differ both between and within countries. However, another form of employee-employer agreement which exists, but is often ignored during employment contract is the psychological contract. A psychological contract represents the mutual beliefs, perceptions, and informal obligations between an employer and an employee. It sets the dynamics for the relationship and defines the

detailed practicality of the work to be done. It is distinguishable from the formal written contract of employment which, for the most part, only identifies mutual duties and responsibilities in a generalized form. Unlike formal employment contracts, the psychological contract is inherently perceptual, and thus one party's understanding of the contract may not be shared by the other party. Psychological contract breach is regarded as the employee's perception regarding the extent to which the organization has failed to fulfill its promises or obligations (Robinson & Rousseau, 1994).

Although the term breach and violation is used commonly in psychological contract researches and not easily distinguished, we define the violation as an outcome of breach as researchers thought breach is the cognitive evaluation (Morrison and Robinson, 1997) and then violation is the emotional and affective state that may follow from the breach cognition. In an employment relationship, if employees feel the discrepancy between what they were promised and what they receive, it affects their state of mind and they would reduce their contributions, including Organisational Citizenship Behaviour, to the organization; if employees feel their organization provides more than it promised, they would try to increase their contributions, including Organisational Citizenship Behaviour, to the organization to achieve balance in the relationship with their organization (Turnley, Bolino, Lester & Bloogood, 2003). Psychological contracts, by contrast, entail beliefs about what employees believe they are entitled to receive, or should receive, because they perceive that their employer conveyed promises to provide those things. Thus only those expectations that emanate from perceived implicit or explicit promises by the employer are part of the psychological contract. Yet, a variety of trends (which include restructuring, downsizing, increased reliance on temporary workers, demographic diversity, and foreign competition) are having profound effects on employees' psychological contracts (Kissler, 2005). There are two main types of psychological contracts; transactional contracts and relational contracts (Guzzo & Noonan, 1994). Transactional contracts are short-term exchanges concerning specific benefits and contributions that are primarily monetary or economic (e.g., fair pay, fringe benefits), whereas relational contracts

are more socio-emotional and intrinsic (e.g., loyalty, flexibility, fun work environment, job security, training). Researchers have investigated the impact of each psychological contract type on employee behaviour. For example, Hui, Lee, Rousseau (2004), found that Chinese business employees are more motivated by transactional contracts. In contrast, Turnely et al. (2003) found that a relational psychological contract has a positive impact on OCB.

Organizational Citizenship Behaviour can be described as individual behaviour that is discretionary, not directly or explicitly recognized by the formal reward system, and that in the aggregate promotes the effective functioning of the organization. By discretionary, we mean that the behaviour is not an enforceable requirement of the role or the job description, that is, the clearly specifiable terms of the person's employment contract with the organization; the behaviour is rather a matter of personal choice, such that its omission is not generally understood as punishable (Cho & Johanson, 2008). Many variables have been found to be antecedents of Organisational Citizenship Behaviour, such as job satisfaction (Sharma, 2011., Podsakoff, MacKenzie, & Bommer, 1996), perceived fairness (Organ & Ryan, 1995), psychological well-being (Walker, 2009; Pomaki & Anagnostopoulou, 2003), organizational commitment (Ahmad, Shahzad, Rahmen, Khan, Shad, 2010; Organ & Ryan, 1995; Podsakoff, MacKenzie, & Bommer, 2006), leadership behaviours (Rofcanin, 2010; Podsakoff, MacKenzie, & Bommer, 2006; Chen & Farh, 1999; Wayne, Shore, & Liden, 1997), and psychological contract (Liu, Cho & Seo, 2009; Cantisano, Dominguez, Depolo, 2008; Hui, Lee, & Rousseau, 2004; Coyle-Shapiro, 2002).

For instance, Liu, Cho and Seo (2009), carried out a study on OCB: Investigating the Impact of Psychological Contract and Perceived Supervisor Support in the Hospitality Industry in South Korea. The results of the study showed that when hospitality employees in South Korea perceive greater supervisor support, they would demonstrate more organizational citizenship behaviour. However, transactional psychological contract and relational psychological contracts did not have impact on organizational citizenship behaviour of hospitality employees in South Korea. The

study suggests that factors including those have been studied in western countries need to be reexamined to see the impact on organizational citizenship behaviour in Asian countries.

However, due to the fact that the productivity of the health sector is evaluated by its operational efficiency (such as number of lives saved) rather than profits or revenue accrued, it is paramount to focus on the effects of psychological contract breach on the organizational citizenship behaviour and the psychological well being of health workers, being that the nature of their job is crucial to the survival and health status of the society.

Hypotheses

Based on the review of the existing literature, the following hypotheses below have been formulated for testing during the study.

1. Perceived Psychological contract breach and Organizational Citizenship Behaviour will be significant correlates of Psychological Well-Being of health workers in Ibadan
2. Perceived Psychological contract breach and Organizational Citizenship Behaviour will have significant joint effects on Psychological Well-Being of health workers in Ibadan.
3. Organizational Citizenship Behavior will have significant effect on psychological well-being of health workers in Ibadan.
4. Sex will significantly influence Psychological Well-Being of health workers in Ibadan.
5. Age will significantly influence Psychological Well-Being of health workers in Ibadan.
6. Marital status will significantly influence Psychological Well-Being of health workers in Ibadan.

METHODOLOGY

Research Design

For this study, a cross-sectional survey research design was adopted. This allowed the researcher to make relevant and specific description of the characteristics of the population at a particular point in time. Thus the researcher was able to make valid predictions and inferences based on the correlational survey data.

Population of the Study

The target population of the study comprised all health workers in government hospitals in Ibadan.

Sample and Sampling Technique

The sample size was restricted to 400 participants for the study. Simple random sampling was adopted to select the participants of the study. Two major hospitals in Ibadan were selected for the study; The University College Hospital, Ibadan and Adeoyo State Hospital Ibadan. These hospitals were of interest to the researcher due to their large employee base and popularity within the Ibadan metropolis. Health workers were randomly approached in both hospitals within a period of two weeks.

Research Instruments

Three standardized instruments were utilized in eliciting relevant information relating to the participants of the study. These instruments were adopted for the purpose of this study. The authors and psychometric properties are described below.

Psychological Contract Breach Scale (Robinson and Morrison, 2000)

Perceived PCB was measured using an instrument designed to assess the overall extent to which the organization has lived up to its promises and obligations. This scale was developed by Robinson and Morrison (2000). In many past research studies (Suazo, 2009), it has demonstrated good levels of reliability and constructs validity. This measure consists of five items that are rated using a five-point Likert-type scale anchored by (1) Strongly Disagree and (5) Strongly Agree. Two sample items are: 1) "Almost all the promises made by my employer during recruitment have been kept so far" (reverse scored) and 2) "My employer has broken many of its promises to me even

though I've upheld my side of the deal." A coefficient alpha of .91 was obtained for this measure.

Organizational Citizenship Behaviour Questionnaire (OCBQ; Podsakoff et al, 1990)

OCB was measured with the Organizational Citizenship Behaviour Questionnaire (OCBQ) by Podsakoff, MacKenzie, Paine & Bachrach (2000). The 24 item questionnaire consists of the five factors identified by Organ (1988b): altruism (5 items), courtesy (5 items), civic virtue (4 items), sportsmanship (5 items) and conscientiousness (5 items). The following estimated reliabilities for the OCB dimensions established by Podsakoff, MacKenzie, Moorman, & Fetter (1990) were: altruism ($\alpha = .87$), courtesy ($\alpha = .87$), civic virtue ($\alpha = .83$), sportsmanship ($\alpha = .89$), and conscientiousness ($\alpha = .83$). Sample items include "Helps others who have heavy workloads" (altruism), and "Tries to avoid creating problems for coworkers" (courtesy).

Psychological Well-Being Scales (PWBS; Ryff, 2005)

The Ryff's Psychological Well-Being scale conceptualizes psychological well-being as consisting of 6 dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance. Each item is responded using a 6-point Likert scale (1-strongly disagree, 2-moderately disagree, 3- slightly disagree, 4- slightly agree, 5- moderately agree, 6-strongly agree). The shortest version consists of 18 items (3 per scale) and is used in a variety of large-scale national and international surveys. The multidimensional structure of psychological well-being, as measured by the Ryff inventory, has been tested and validated on a nationally representative sample of English-speaking adults age 25 and older. Ryff (2005) reported internal consistency for each subscale changing between .83 (autonomy) and .91 (self-acceptance). Though, Dierendonck (2005) reported lower values for internal consistency of the subscales; ranging between .77 (environmental mastery) and .90 (self-acceptance).

Administration of Instruments

The administration of the research instruments for this study was accomplished by the following procedure. Upon completion of the administrative arrangements, the researcher made regular visits to the specified hospitals. These visits entailed individual sessions with the participants and included an introduction to the study, instructions (both verbal and printed) for completing the instruments and the actual completion of the instruments. Respondents were encouraged to ask clarification questions during the giving of instructions and completion of the instruments. In cases where respondents preferred to complete the instruments later, during their own convenience, arrangements were made for collection of such completed instruments during subsequent contacts.

Participants were told that there were no right or wrong answers to questionnaire items, and that information supplied would only be useful if they provided sincere responses. They were further assured that responses supplied were strictly for research purposes and a high degree of confidentiality would be maintained. A total of 400 questionnaires were given to employees in the different specified hospitals who were willing to participate in the study. Respondents were asked to fill the questionnaires which were collected upon completion by research assistants recruited for the study. A total of 391 completed questionnaires were successfully retrieved, yielding an initial response of 97.8%. 12 questionnaires which were not properly filled or had missing data on the measures were eliminated, resulting in 379 questionnaires with complete data for analyses. The final response rate was thus 94.8%.

Data Analyses

Following the completion of the data collection, the questionnaires were coded, scored and inputted into an SPSS software programme. Both descriptive and inferential statistics were employed in the data analysis of the study. Tables and charts were used to describe the demographic information of participants while the Multiple Regression Analysis and Pearson's Product Moment Correlation were used for further data analysis and hypotheses testing.

Hypotheses Testing

Hypothesis One

Perceived Psychological contract breach and Organizational Citizenship Behaviour will be significant correlate of Psychological Well-Being of health workers in Ibadan

Table 4.1: Descriptive Statistics and Correlations among the Variables

	Variables	Mean	Std Deviation	N	1	2	3
1	PWB	15.162	2.433	379	1	.205**	-.133**
2	PCB	31.592	5.333	379		1	.144*
3	OCB	25.763	32.956	379			1

Table 4.1 shows the mean, standard deviation and zero order correlation among the variables. It was observed that Psychological Contract Breach ($r=0.205$, $p<.05$) showed a significant relationship with PWB of health workers in Ibadan while OCB ($r=-.133$, $p<.05$) had a negative significant correlation with PWB of health workers in Ibadan.

Hypothesis 2a which states that Perceived Psychological contract breach and Organizational Citizenship Behaviour will have significant joint influence on Psychological Well-being of health workers in Ibadan was tested using multiple regression analysis. This is presented in table 4.2 below.

Hypothesis 2b which states that Perceived Psychological contract breach and Organizational Citizenship Behaviour will have significant independent influence on Psychological Well-being of health workers in Ibadan was tested using multiple regression analysis. This is presented in table 4.2 below.

Table 4.2: Multiple Regression showing Joint and Independent effects of PCB and OCB on psychological well-being of health workers

Variable	Beta	t-value	Sig	R	R ²	F	P
Constant		15.159	<.001				

PCB	0.223	4.454	<.001	0.258	0.067	13.458	<.001
OCB	-0.158	-3.149	<.001				

Table 4.2 shows there was joint effect of the independent variables (PCB and OCB) on psychological well-being of health workers in Ibadan [$R^2=0.067$; $F(2,376)=13.458$, $p<.05$]. Hypothesis 2a was therefore accepted.

Results also show that PCB ($\beta=0.223$, $t=4.454$, $p<.05$ and OCB ($\beta=-0.158$, $t=-3.149$, $p<.05$) had significant independent effects on the psychological well-being of health workers in Ibadan. However, PCB was the most potent predictor of psychological well-being of health workers in Ibadan. Hypothesis 2b was therefore accepted.

Hypothesis 3a which states that there will be joint effects of sex, age, marital status and ethnicity on Psychological Well-being of health workers in Ibadan was tested using multiple regression analysis as depicted in table 4.3.

Hypothesis 3b which states that there will be independent effects of sex, age, marital status and ethnicity on Psychological Well-being of health workers in Ibadan was tested using multiple regression analysis as depicted in table 4.3.

Table 4.3: Multiple Regression showing Joint and Independent effects of sex, age, marital status and ethnicity on psychological well-being of health workers

Variable	Beta	t-value	Sig	R	R ²	F	P
Constant		11.504	<.001				
Sex	-0.060	-1.154	>.05				
Age	-0.159	-2.862	<.004	0.178	0.032	3.042	.017
Marital status	-0.139	-2.450	<.01				
Ethnicity	0.048	0.942	>.05				

Table 4.3 shows there was joint effect of the independent variables (sex, age, marital status and ethnicity) on psychological well-being of health workers in Ibadan [$R^2=0.032$; $F(4,374)= 3.032$, $p<.05$]. Hypothesis 3a was therefore accepted.

Results however show that only age ($\beta=-0.159$, $t=-2.862$, $p<.05$) and marital status ($\beta=-0.139$, $t=-2.450$, $p<.05$) had significant independent effects on the psychological well-being of health workers in Ibadan with age being the most potent predictor of psychological well-being of health workers in Ibadan. Sex and ethnicity did not predict psychological well-being of health workers. Therefore hypothesis 3b was partially accepted.

Discussion of Findings

Psychological Well-being has been regarded as an important concept in Industrial and Organizational Psychology in that it is thought to contribute to effective functioning of employees in the organization, and consequently, its competitiveness and productivity (Krollowicz & Lowery, 1996; Podsakoff & MacKenzie, 1994; Podsakoff, Ahearne & MacKenzie 1997).

The purpose of this study was to investigate the impacts of psychological contract breach and organizational citizenship behaviour on the psychological well being of health workers in Oyo State.

The results showed that Perceived Psychological Contract Breach was positively correlated with Psychological Well-being among health workers in Ibadan. Once the management of the organization fulfils their promises in form of the needs and concerns of the employees, employees feel the support from the organization thereby giving them a sense of emotional and psychological satisfaction. Accordingly, their attitudes toward the organization may become more positive, making them more willing to expend more effort for the organization, as well as motivating employees' proactive behaviour. The study findings echoed previous research (Moorman et al., 1998; Settoon et al., 1996), that with less perception of psychological contract breach among employees, more employees would display a positive psychological well-being, thereby leading to positive organizational behaviour, including Organizational Citizenship Behaviour.

Also, Organizational Citizenship Behaviour of the health workers showed significant correlation with psychological well-being. This finding coincides with previous literatures (Hwang, 2005;

Morrison, 1996; Wat & Shaffer, 2005; Yen et al., 2004). According to Thomas and Velthouse (1990), a positive psychological well-being of employees serves as an internal motivator, which inspires better employee working behaviour. Peccei and Rosenthal (2001) proposed that psychological empowerment comprises work value and self determination of work, so when employees have more control and freedom in their work, they value their work, behave altruistically, thus encouraging employees to have stronger OCB. However these results are contrary to some other findings in which Organizational Citizenship Behaviour and Psychological Well-being did not reflect significant correlations. One important factor that may be responsible for such insignificant correlations of OCB on Psychological well-being may be the influence of cross-cultural differences. The subjective interpretations of OCB and the extent to which it is given priority across different culture may differ considerably. Thus, cross-cultural contexts should be acknowledged in future studies.

Further analysis on the effect of psychological contract breach on the psychological well being of health workers in Oyo State revealed significant joint effect on PWB. This shows that psychological contract breach is a potent factor in determining Psychological well-being among the health workers.

Further analysis on the effect of organizational citizenship behaviour on the psychological well being of health workers in Oyo State revealed a non-significant effect on PWB. This psychological contract breach emerged as the most potent factor in determining Psychological well-being among the health workers.

This finding corroborates the results of recent studies (Bachrach, 2000; Pomaki, & Maes, 2002). Robinson and Morrison (1995) asserted that unfulfilled obligations by management had tremendous impact employee civic virtue and intent to leave of employees.

Analyses of the effects of the demographic variables of the study revealed that only Age and Marital status had significant independent effect on the psychological well-being of health workers in Ibadan with Age being the most potent predictor of the two. It is expected that older employees and married employees would have had more experience in the labour market and are thus in a better position

to understand and react to issues involving management and employees than younger and single employees whose immediate goal is to secure a job and get paid. This is in line with Maslow's hierarchy of needs theory where younger individuals strive to attain Safety needs (e.g. get a job) while older individuals strive to attain Esteem Needs (e.g. respect, achievement).

Conclusion

Notwithstanding these limitations, the results of our study indicate that Psychological Well-being have significant relationships with psychological contract and OCB as well as a variety of individual- and organizational-level outcomes. Generally speaking, these results confirm the importance of these perceptions and behaviours to scholars and managers alike and suggest that future research should be aimed at increasing our understanding of the theoretical mechanisms that explain these relationships. Overall, we see that discrete positive emotions can be effective predictors of workplace performance.

The findings illustrate that there is still more to be done to understand what determines Psychological Well-being at both inter and intra-individual levels, beyond social exchange theory. Thus, we would encourage that future research focus more attention on the reasons why Psychological Well-being have the effects that they do on individual- and organizational-level outcomes.

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