

Affective-Social Competencies, Satisfaction of Quality of Work and Organizational Citizenship Behavior of Iranian Nurses

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Abstract: This study examines the relationship between affective-social competencies, satisfaction from quality of work and organizational citizenship behavior of Iranian nurses as a structural equation model. The population included all Iranian nurses in the public and private hospitals. By random cluster sampling method 152 nurses were selected. The instruments included affective-social competencies scale, quality of researching life scale and organizational citizenship behavior scale. The results of statistical evaluations in exploration showed that: There was a significant and positive relationship between nurses affective-social competencies and their organizational citizenship behavior. There was a significant and positive relationship between nurses affective-social competencies and their satisfaction from quality of work. Nurses affective-social competencies via their satisfaction from quality of work has a significant and positive relationship with their organizational citizenship behavior.

Key words: Affective-social competencies, satisfaction, quality of work, organizational citizenship behavior, Iran

INTRODUCTION

There are 2 related work forces of emotional and social competencies which are difficult to be described separately from each other (Sarampote, 2007). Emotional competency is a learned and acquired ability that is ingrained in emotional intelligence and it has a major impact in a successful work performance (Vieira, 2008). Emotional competency is the ability of understanding and interpretation of data in order to use it for evaluating strategic positions and to apply appropriate measures or emotional responses in social situations (Amundson, 2003). Individual's emotional competencies could also be described as the individual's special model on how to manage dealing with different individuals emotionally the best way possible (Verbeke *et al.*, 2004). The emotional merit include skills such as awareness of the self-emotional state, others sentiment interpretation, posing successful ability to comprehend the others and express sympathy with them (Sarampote, 2007).

In the first place the social competency is defined as the ability to organize and reserve the human and environmental resources. However, the social competency also indicates the ability to work with others in an impressive way, i.e., it includes the recognition and

management of others sentiments (Dhaya, 2007). Moreover, the social competency express the individual's ability to achieve personal goals in social interactions through maintaining impressive representation in society and positive relations with other people (Sarampote, 2007). Additionally, the social competency refers to the ability of working with the colleagues in an effective manner where it includes skills in bilateral communication, social consciousness, resolving conflict and create a skill to motivate (Dhaya, 2007). The 4 key aspects of social competency are effective and positive bilateral relation with the others, precise social recognition, evade from conflicts and effective social behavior. Generally, affective-social competencies could be described as the ability to manage and coordinate effective emotional, social and cognitive behavior in order to attain the social maturity.

Affective-social competencies is a complicated concept with different aspects where it covers skills, attitudes, the related values to the ability of recognition and management of emotions and sentiments, understanding viewpoints of others to establish the social positive goals to solve the problems and to use of various kinds of interactional skills to manage growing duties effectively (Wallander, 2000). The one of the most

important variables that is influenced by affective-social competencies is the quality of work life. The quality of work life in both industrial and developing countries has become much more important and getting more attention nowadays (Kaila, 2006). There is no public accepted definition for this term but there have been efforts to describe the so-called quality of work life as follow:

Quality of work life in general is all material and spiritual values a person has gained throughout his/her lifetime career. Quality of work life includes some aspects of life regarding to work such as wages and work hours, work environment, benefits and services, job prospects and human relations that probably would be related with satisfaction and incitement of employees. In fact, quality of work life is closely associated to the concept of quality of work life. The similar concepts such as humanize working also could be used. In Europe, the conventional expressions such as improving working condition, work environment and the prevalence of democracy in the workplace is used in this regard whereas in socialist countries, the common term is support for the workers (Beh, 2006). Jain interpret the quality of work life, as a collection of terms and concepts like: Industrial effectiveness, the development of human resources, organizational effectiveness, work reorganization, job enrichment, social-technical systems, humanize working, work group concepts, cooperation, working with each other, the participation of personnel, conflicts among employees, the management of manpower and the work structures. (Kondalkar, 2009). According to Saeidi and Sousaraie (2011), quality of work life refers to the organizational culture or management style which based on that employees have the sense of responsibility and self-respect. They also state that the quality of work life plans includes every type of development in the organizational culture supporting the maximum satisfaction and growth of the staff.

According to Rethinam and Ismail (2008), quality of work life is the effectiveness of work environment and it is an urgent organizational and individual necessity. It could also lead to the formation of other values supporting better health and welfare, job security, job satisfaction, the work force competency development and balance in individual and work life. Additionally, the quality of work life emphasizes the humanize workplace where the employees are cooperating to achieve the defined aims. However, the nurses would decide on the manner of citizenship organizational behavior based on the amount of satisfaction with the quality of work life. Organ (1997) describes the citizenship organizational behavior as a kind of performance in the social and psychological environment where the organization duties

occurs. Citizenship organizational behavior includes the arbitrary behaviors (voluntary and consciously) of employees which directly leads to promoting efficiency of the organizational goals although its effects might be independent of employees benefits (Podsakoff *et al.*, 1997).

Citizenship organizational behavior initially aim to identify the organizational responsibilities and behaviors of the employees which are often ignored by the organizational systems. This behaviors are totally or partially being ignored by the traditional evaluations of work performance although they improve the organizational effectiveness significantly. Some researchers define citizenship behavior as: Collection of voluntary and arbitrary behavior of individual which may not be part of their official duties, however are done by them and may improve the roles and duties of the organization effectively (Appelbaum *et al.*, 2004). The researchers introduce various components about citizenship behavior where the most prestigious classification is mentioned by Organ (1988). He includes organizational citizenship behavior in five aspects, types of friendship, work conscience (self-responsibilities), generosity, social manners (civil virtue) and courtesy (respect and honor). Based on the mentioned research (Organ, 1988) in this study researchers investigate the relationship between Affective-Social competencies and satisfaction from quality of work and organizational citizenship behavior of Iranian nurses as a structural equation model.

Literature review: Kappagoda (2012) studied the impact of affective-social competencies of managers on their employee's task and contextual performance at the banking sector in Sri Lanka. The investigation resulted in a positive and meaningful relationship between manager's affective-social competencies and the employee's task performance. It also illustrated a meaningful and positive relationship between the affective-social of managers and employees contextual performance. Furthermore, it has indicated that power of anticipation of the manager's affective-social competencies in the contextual performance is more than the task performance. Saxe (2011) researched in order to figure out the relationship between the school leader's social and emotional competence and transformational leadership. Educational managers and their staff were selected in this investigation. The results considered relations management, social consciousness and self management as the emotional and social skills which are closely associated to the transformational leadership of the group of managers within the study. The results of

this research considers the leader abilities in relations management, comprehension of others thoughts, feelings and views, being realistic, the destructive impulse control and flexibility in confrontation with behavior changes, as key factors to create the important reforms and positive consequences.

Kirkland (2011) also studied the effect of emotional intelligence on the affective-social competencies and transformational leadership. In his study, he investigated meaningful influence of emotional intelligence on transformational leadership based on leaders ability emotional intelligence effect on affective-social competencies based on their ability and determine whether the affective-social competencies could be modified or not as mediate variable between emotional intelligence relationship and transformational leadership with controlling other variables, i.e., ability to know, personality, social acceptance, positive emotions and intellectual and managing competency. The results did not confirm the modification of affective-social competencies by emotional intelligence, however it displayed a meaningful relationship between the emotional intelligence, affective-social competencies and transformational leadership. Ling (2011) started a research aimed at studying the relationship between affective-social competency and job satisfaction of the senior managers of producing computer chips companies in Malaysia. In this case, the concentration was on the self-consciousness, self-management and social consciousness as key factors to predict the job satisfaction.

Kapagoda (2012) researched the impact of the principals affective-social competencies on the teachers job satisfaction in the national schools of Sri Lanka. In this research, affective-social competencies emerge as the predictor variable for teachers job satisfaction. Besides relationship management was the most important factor to predict the teachers job satisfaction. Roberson investigated the relation between affective-social competencies and administrative advancement of educational principals in Virginia educational regions. This research conducted based on self-assessment and outside evaluation and results in: The affective-social competencies is reported earlier the national norm. In self-assessments, the lowest average of the affective-social competencies belongs to the self-management and the highest 1 refers to self-consciousness. The outside evaluation showed principals possess the lowest amount of competency in self-consciousness and the highest in social awareness. There was no meaningful relation reported among general affective-social competencies and management advancement. However, a meaningful relation between affective-social competencies and position was reported in subscales.

Gerald (2010) studied the impact of the principals affective-social competencies on maintain the new teachers in the state of Louisiana. The results did not show a meaningful correlation between the total score of principals affective-social competency and the rate of teachers replacement. It also did not find a meaningful statistic relationship between principals affective-social competency and retaining the staff. Brickle (2010) in a qualitative case research investigated the direct-care professionals perception of the impact of supervisors emotional intelligence on practice. The partially structured interviews implied that social consciousness, ability of emotional comprehension, self-consciousness and the guardian's social skills would help to apply the experts knowledge. Stevens (2010) studied in regard to the impacts of affective-social competencies, role overload, psychological strain and rational-cognitive coping on personal-career turnover among Nursing Home Administrators (NHAs) in Pennsylvania. The manager's affective-social competencies were at the average level and among the researched variables only the role overload, age and location were the meaningful predictor variables for the personal-career turnover. Lagomarsino and Cardona (2003) researched the relationship between Organizational Citizenship Behavior (OCB), leadership and organizational commitment in health institutions of Uruguay. This research expressed that organizational commitment mediates in the relationship among leadership and OCB which means organizational commitment directly impacts organizational citizenship behavior.

Research objectives:

- Determining the relationship between nurses affective-social competencies and their organizational citizenship behavior
- Determining the relationship between nurses affective-social competencies and their satisfaction from quality of work
- Determining the indirect relationship between nurses affective-social competencies and organizational citizenship behavior via the mediating role of their satisfaction from quality of work

Hypotheses:

- There is a significant positive relationship between nurses affective-social competencies and their organizational citizenship behavior
- There is a significant positive relationship between nurses affective-social competencies and their satisfaction from quality of work
- There is an indirect relationship between nurses affective-social competencies and organizational citizenship behavior via the mediating of their satisfaction from quality of work

MATERIALS AND METHODS

Participants: The population included all Iranian nurses in the public and private sections. By random cluster sampling method, 300 nurses were selected including 59.3% female and 40.7% male.

Instruments: The 3 instruments were adopted and used in this study: Affective-social competencies scale (Goleman *et al.*, 2007), quality of working lifescale (Fourie, 2004) and researchers made on organizational citizenship behavior scale. The affective-social competencies scale developed by Goleman *et al.* (2007) and was used to measure nurses affective-social competencies. This scale contains 72 items that utilizes a Likert-type 5 point scale with anchored responses on either end of the continuum. Cronbach's alpha internal consistency reliability estimate for affective-social competencies scale was 0.89. An item analyses showed the validity of 0.72. This scale developed by Fourie (2004) and was used to measure nurses satisfaction from quality of working life. This scale contains 81 items that utilizes a Likert-type 5 point scale with anchored responses on either end of the continuum. Cronbach's alpha internal consistency reliability estimate for the quality of working lifescale was 0.98. An item analyses showed the validity of 0.81 for the scale. Personal Style Inventory (PSI) developed by Podsakoff *et al.* (2000) and was used to measure nurses organizational behavior. This scale contains 24 items that utilizes a Likert-type 5 point scale with anchored responses on either end of the continuum. Cronbach's alpha internal consistency reliability estimates for this scale was 0.86 for organizational citizenship behavior scale. An item analyses showed the validity coefficient of 0.78 for the scale.

Data collection and procedure: The researchers distributed the instruments among the participants with necessary instructions and enough information about the current study. Each administration required about 35 min.

Data analyses: Using path analysis based on Baron and Kenny (1986) steps in the current article theses steps were as follow:

- The relationship between nurses affective-social competencies and organizational citizenship behavior
- The relationship between nurses affective-social competencies and their satisfaction from quality of work

- The relationship between nurse's satisfaction from quality of work and their organizational citizenship behavior with control of their affective-social competencies
- The relationship between nurses affective-social competencies, their satisfaction from quality of work and organizational citizenship behavior

If all four of these steps are met then the data are consistent with the hypothesis that nurses satisfaction from quality of work mediates their affective-social competencies and if the first three steps are met but the is not then partial mediation in indicated. Meeting these steps does not however, conclusively establish that mediation has occurred because there are other (perhaps less plausible) models that are consistent with the data.

RESULTS AND DISCUSSION

Step 1: Is there significant relationship between affective-social competencies and organizational citizenship behavior? According to Fig. 1, this is a positive and significant relationship between nurses affective-social competencies and their organization citizenship behavior.

Step 2: Is there significant relationship between affective-social competencies and satisfaction from quality of work? According to Fig. 2, this is a positive and significant relationship between nurses affective-social competencies and their satisfaction from quality of work.

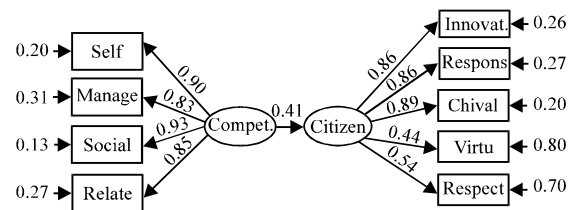


Fig. 1: Relationship between affective-social competencies and organizational citizenship

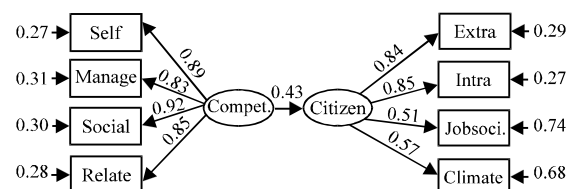


Fig. 2: Relationship between affective-social competencies and satisfaction from quality of work

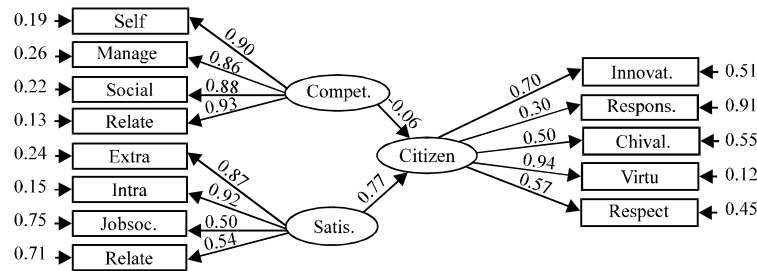


Fig. 3: The relationship of satisfaction from quality of work and organizational citizenship by control of affective-social competencies

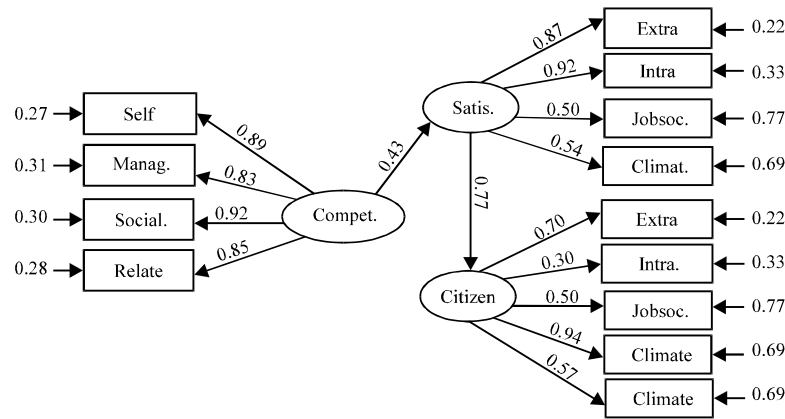


Fig. 4: The final model of nurses affective-social competencies, their satisfaction from quality of work and organizational citizenship of Iranian nurses; $\chi^2 = 123.97$; $df = 63$; $p\text{-value} = 0.00001$; $RMSEA = 0.099$

Step 3: Is there significant relationship between satisfaction from quality of work and organizational citizenship behavior by control of affective-social competencies? According to Fig. 3, this is a positive and significant relationship between nurses satisfaction from quality of work and their organizational citizenship behavior but there is not significant relationship between nurses affective-social competencies and their organization citizenship behavior.

Step 4: Is satisfaction from quality of work a significant mediator in relationship of affective-social competencies and organizational citizenship behavior? By omitting the non significant path in final model, nurses satisfaction from quality of work is the significant mediator in relationship of affective-social competencies and organizational citizenship behavior (Fig. 4).

Normed fit index (0.89), comparative fit index (0.93), incremental fit index (0.93), goodness of fit index (0.84) and standardized RMR (0.09) confirm the fitness of final model. Calculating the mediation role of satisfaction from quality of work by following formula:

$$\alpha\beta = \text{Indirect effect} \tau' = \text{Direct effect}$$

$$\text{Mediation} = \frac{\Sigma\alpha\beta}{\Sigma\alpha\beta + \tau'}$$

According to formula, mediation role of satisfaction from quality of work is 0.84.

CONCLUSION

The proper working environment due to its affective-social aspects is humanized environment where within all the material and emotional needs of employees are met. Affective-social competencies for each member of the organization is necessary, however having such skills and abilities is vital for nurses due to their higher impact on the organizational processes and affairs and also their relation with a vast multitude of work forces.

Competent nurses due to being emotional and social not only have the ability to recognize, predict and cope with their own and their patients emotions and feelings but also they are able to regulate their own and their patients emotions and feelings and orient it in a positive direction. The nurses viewpoints concerning their patients emotionally and socially and also their emotions and

feelings in interactions with the patients have a significant role in their self-satisfaction and appearance of desirable behaviors in the society.

The nurses having higher emotional intelligence are capable to establish more constructive relationship with the others using regulating their own emotions and feelings and controlling them. Additionally, they are equipped with knowledge and comprehension of others emotions and also expressing positive and sympathetic emotions to enhance their social relations. Therefore, they will take advantage of more social acceptance and acquire more desirable bilateral relations (one of the elements in assessing job performance). This positive relations have a considerable effect on others evaluation from the performance of such nurses where such people would be able to develop their relations with others and create a vast social networks. By depending on these positive relationships they will be able to gain necessary information when they have problems regarding their duties and specialties. They can also prevent performance failures and improve their performance by the help of their supervisors or the colleagues. Moreover, receiving constructive and positive feedbacks in non-official process is more probable for such employees. These feedbacks ultimately will lead to successfulness and effectiveness in job performance.

The results of this research and other researches related to emotional intelligence demonstrates the importance of emotional intelligence and its role as an organizational behavior improving job performance of individuals and finally improves the organization effectiveness. It would be useful for the officials and managers of the organization to consider it as a vital factor to enhance the organizational effectiveness. In the current research no meaningful relation between job satisfaction and emotional intelligence has been reported, although other researchers covers it. Therefore, according to the role and the importance of job satisfaction and the effect of emotional intelligence on that it is recommended to university directors to pay more attention to this category in order to evaluate and come to decisions to improve it.

Attentions and viewpoint of nurses to behaviors such as generosity, providing helps, loyalty and self-presenting could be due to the competencies of managers having social consciousness competencies and relationship management. Attention of nurses to behaviors such as organizational participation, duties participation, supporting participation and self-presenting could be also due to their competencies in different dimensions such as social consciousness and self-management. The predicting results in most

demographic variables of managers shows the high predicting power of managers in social awareness aspect which forms the attention and viewpoint of nurses to the behaviors, such as generosity, organizational participation, partnership and organization assistant.

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