

## Investigation of organizational citizenship behavior, organizational silence and employee performance at physicians and nurses, and the relationship among them

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### Abstract

*Background: Organizational citizenship behavior and organizational silence are among the factors which affect employee performance in organizations.*

*Purpose: The purpose of this study is to determine organizational citizenship behavior, organizational silence, employee performance among physicians and nurses, and the evaluation of the relationship between them.*

*Methods: The population of this cross-sectional study comprised doctors and nurses (N = 742) working in Cumhuriyet University, Health Services Research and Application Hospital, and the number of the participants in the sample was determined to be 317 people (43%). The study data were collected between July 2011 and December 2011 using the personal information form, Organizational Citizenship Behavior Scale, Organizational Silence Scale and Employee Performance Scale. Of the participants in the study, 52.4% were physicians and 47.6% were nurses. In the study, it was determined that the nurses exhibited more altruism, courtesy, conscientiousness and total Organizational Citizenship Behavior ( $p < 0.01$ ), and greater performance ( $p < 0.05$ ) than did the faculty physicians. It was also determined that assistant physicians displayed acquiescent silence, defensive silence and total organizational silence ( $p < 0.01$ ) more than did the nurses.*

*Findings: In the study, the relationship between the organizational citizenship behavior, organizational silence and employee performance was tested and the relationship was considered to be statistically significant.*

*Implications: While there was a positive significant relationship between the employee performance and the conscientiousness, civic virtue and altruism dimensions of organizational citizenship behavior, the relationship between the employee performance and the courtesy dimension of organizational citizenship was not significant. While a positive significant relationship was observed between the employee performance and prosocial silence, it was determined that acquiescent silence or defensive silence did not significantly contribute to the employee performance.*

**Key words:** Organizational citizenship behavior, organizational silence, employee performance, physician, nurse



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### INTRODUCTION

The concept of organizational citizenship behavior (OCB) was first articulated in the 1930s by Barnard, and in addition to the formal role behavior concept, the "extra role behavior" concept was used for the first time (Ortiz, 1997; Çetin, 2004). In this sense, Barnard's "positive and negative willingness" proposal forms the basis of OCB (Sabuncuoğlu and Tüz, 2003). OCB was first used as a concept in the literature as a result of works of Dennis Organ (1983) who expanded both these works of Barnard and Katz's works on the distinction between "credible role in the performance" and "innovative and spontaneous behavior" started in 1964 (Sabuncuoğlu and Tüz, 2003).

Organ defined OCB as the voluntary individual behaviors which are performed for the efficient development of the functions of the organization and not recognized by the formal reward system (Podsakoff et al., 2000; Organ, 1997). According to Organ, there are three basic conditions for a behavior to be called as OCB. First, OCB should not be defined in the job description or contract of employment; second, the behavior should be conducted upon the person's will; and third, there should be neither reward nor punishment whether OCB, which positively contributes to organizational effectiveness, is performed or not performed (Organ, 1997; İplik, 2010, Podsakoff et al., 2000).

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Organ studied OCB in five dimensions: altruism, sportsmanship, courtesy, civic virtue and conscientiousness. Altruism refers to behaviors by which an employee is concerned about his/her colleagues and new entrants to work, helps them on a voluntary basis, supports them, and thus improves their performance (Podsakoff et al, 2000; Dilek, 2005; Cetin, 2004). Sportsmanship refers to an employee's tolerance and willingness to work without complaining about difficulties, inconveniences, workplace impositions and pressures faced in the organization (Podsakoff et al., 2000; Sezgin, 2005; Çetin, 2004; İplik, 2010). Courtesy refers to an employee's behaviors such as informing other employees in advance in order to avoid problems likely to arise in the workplace, warning them against the circumstances likely to affect them negatively and counseling them (Podsakoff et al., 2000). Conscientiousness refers to an employee's voluntary contribution to the organization beyond the requirements of the written rules and expectations in order to perform the duties and tasks he/she undertakes (Podsakoff et al., 2000; Organ, 1988; Sezgin, 2005, İplik, 2010). Finally, civil virtue refers to an employee's behaviors such as being constructive and responsible for the organization and its development, being very much concerned for and supportive of the interests of the organization and participating in organizational activities voluntarily (Podsakoff et al., 2000; Organ, 1988; Sezgin, 2005; Çetin, 2004; İplik, 2010).

Organizational Silence (OS) is a concept which refers to circumstances in which an employee consciously withholds his/her constructive ideas, suggestions and frank thoughts about the organization and can positively or negatively affect the developments and changes in organizations. It is extremely important for the managers of an organization to encourage their employees to express their concerns, ideas and different views and to create an appropriate environment for them (Brinsfield, C., 2009, Morrison and Milliken, 2000; Erenler, 2010). According to Dyne et al. (2003), organizational silence is classified into three groups: acquiescent silence, defensive silence and Pro-social silence. In acquiescent silence, the employee is aware of his/her silence and knows that there are various options on the current situation but still remains silent due to a feeling of being unable to make a difference. This kind of silence which expresses limited awareness and acceptance without questioning is also part of the employee compliance (Şehitoğlu and Zehir, 2010). Defensive silence refers to the employee's passive but conscious behavior displayed for self-defense and preventive purposes due to the fear of consequences of speaking out. Defensive silence is intended to protect oneself against external threats. It is an intentional, defensive, forward-looking behavior (Dyne et al., 2003). Silence for the benefit of the organization (positive social silence) is the absence of voice in the employees regarding dedication and cooperation due the motive to protect the organization and / or colleagues (Şehitoğlu and Zehir, 2010). Like OCB, positive pro-social silence (silence for the benefit of the organization), is the conscious, noncompulsory behaviors conducted for the benefit of the organization (Dyne et al., 2003, 1362; Erenler, 2011).

Performance refers to a concept defined as the total amount of quantitative and qualitative contribution of an individual, a group or an organization to a task which is used to find out what has been reached or achieved during the fulfillment of the target of that task. Performance is the degree of the achievement of the work\_in terms of the targets determined (Çöl, 2008;; Şehitoğlu and Zehir, 2010; Yorgun, 2010; Tengilimoğlu et al., 2009; Uygur, 2007). The first thing to be remembered related to employee performance is that employee performance does not occur itself or in a vacuum. Therefore, managers and organizations should establish a point of view on this issue, find out in which situations and environment their employees work better and more efficiently, and provide that environment for them. At the same time, it should be tried to reveal individual and organizational behaviors which contribute to better performance (Ripley, 2002). Therefore, one of the important objectives of managers in organizations is the creation, preservation and development of human resources who have a high satisfaction level and work effectively and efficiently in line with the organizational purposes. In order to achieve organizational objectives and to increase employee motivation and performance, it is vital for managers to deal with organizational and personal goals and interests as a whole and to establish a balance between them (Vural and Coşkun, 2007; Özdevecioğlu, 2003).

Although they are new concepts in the literature, OCB and OS are among the topics of interest to researchers. A lot many international studies have been conducted on OCB and OS. In our country, studies examining the relationships between OCB, OS and other organizational variables are mostly post graduate or doctoral theses and were generally carried out on samples taken from the such fields of the service sector as education, tourism and human resources. In our country, in the health sector, there are very few studies conducted on OCB. These studies have been intended to assess OCB and

intra-organizational conflict among all hospital employees (Güler, 2009), the level of OCB among nurses (Geçer, 2008) and the relationship between OCB and 'levels of organizational trust and personal and professional characteristics' (Altuntaş, 2008). On the other hand, there is no study conducted on health care workers' attitudes towards OS. There is only one study investigating OCB and OS concepts together (Şehitoğlu and Zehir, 2010). This study was carried out on the employees working in the state-owned industrial sector.

An increase in OCB displayed by employees and expansion of these behaviors among the other employees, understanding the definition and dimensions of consciously displayed OS and producing true solutions to the adverse impacts of OS will prevent the occurrence of undesired situations in organizations and will make a positive contribution to them. Therefore, it is important to investigate OCB and OS concepts both of which affect employee performance and thus organizational performance.

In the efficient and uninterrupted fulfillment of health services, physicians' and nurses' performance at the workplace is an important factor. In this respect, investigation of organizational, individual and social factors affecting physicians' and nurses' job performances with a holistic approach is of importance. The purpose of this study is to determine organizational citizenship behavior, organizational silence and employee performance in physicians and nurses, and the relationship between these concepts. The present study is of importance, since it is the first study conducted in our country in order to investigate OS levels among physicians and nurses who play the most important part in providing health services and to examine the relationship between OCB, OS and employee performance.

## METHODS

### Data and Sample

The population of this cross-sectional study comprised the physicians and nurses working in Sivas Cumhuriyet University Hospital (N = 742). Of these people who comprised the population of the study, 317 people (42.72%, nurses n = 151, physicians n = 166) were determined as the study sample and while determining the sample, the formula  $n = 742 \times 6.64 \times 2.1904 \div 741 \times 0.0144 + 6.64 \times 2.1904$  was used with 0.01 error and 0.12 deviation levels.

Data of the study were collected from July 2011 to December 2011 with the personal information form, "Organizational Citizenship Behavior Scale", "Organizational Silence Scale" and "Employee Performance Scale". The information about the scales is given below. All of the scales are 5-point Likert type scales. Scoring is as follows: (1) Strongly agree (2) Agree (3) Undecided (4) Disagree (5) Strongly disagree.

### Measures

**1.Organizational Citizenship Behavior (OCB) scale:** The Turkish version of the scale was prepared based on Podsakoff, MacKenzie, Paine and Bachrach's (2000) article. The Turkish reliability and validity study of the scale was conducted by Beşiktaş (2009). The OCB scale which was also studied by Şehitoğlu and Zehir (2010) includes 24 questions and 5 sub-dimensions Altruism, Courtesy, Conscientiousness, Sportsmanship and Civil virtue. After they conducted the reliability of the Turkish version of the scale, Şehitoğlu and Zehir (2010) reduced the number of the items to 14, based on the factor analysis. Low scores given to the items of the OCB scale suggest that the employee displays higher citizenship behavior towards the organization.

**2.Organizational Silence (OS) Scale:** Based on Van Dyne, Ang and Botero's (2003) article, Şehitoğlu and Zehir (2010) developed the Turkish version of the OS scale and conducted the reliability and validity study of the scale. The scale is composed of 14 questions and 3 sub-dimensions: acquiescent silence, defensive silence and pro-social silence. Low scores given to acquiescent silence and defensive silence sub-dimensions of the OS scale indicate that the silence in organizations is more negative, whereas low scores given to the pro-social silence sub-dimension indicate the silence in organizations is more positive.

**3.Employee Performance Scale:** The Turkish version of the scale was developed based on Rahman and Bullock's (2004) study. The validity and reliability study of the scale was conducted by Göktaş (2004) and Şehitoğlu and Zehir (2010). The scale consists of 6 questions and 1 factor. Low scores on the employee performance scale suggest that the employee's performance is high.

According to the data obtained from the Organizational Citizenship Behavior Scale, Organizational Silence Scale and Employee Performance Scale, Cronbach's alpha coefficients were determined as follows: 0.852 for the OCB; 0.835 for the altruism, 0.834 for the courtesy, 0.782 for the civic virtue, 0.506

for the conscientiousness sub-dimensions of the OCB and 0.869 for the OS, and 0.814 the acquiescent silence, 0.885 for the defensive silence and 0.899 for the pro-social silence sub-dimensions of the OS scale and 0.759 for the employee performance scale. These values were considered highly reliable.

In order to conduct the study, the written permissions were received from Cumhuriyet University Presidency and the hospital administration. The implementation of the data collection forms was performed by the first author of the article. Before the data collection forms were implemented, the doctors and the nurses were provided with necessary explanation about the study, and their verbal informed consents were obtained.

Statistical Analysis: For the analysis of the data, SPSS 14.0 software was used. The data were assessed with the significance of the difference between two means test, analysis of variance, correlation analysis and regression analysis. The following hypotheses stating that the relationship between organizational citizenship behavior, organizational silence and employee performance is formative were tested, and this relationship was found to be statistically significant. The findings were discussed in the light of the literature.

### Hypotheses

H1: In physicians and nurses, there is a significant relationship between the OCB and employee performance.

H2: In physicians and nurses, there is a significant relationship between the OS and employee performance.

H3: In physicians and nurses, there is a significant relationship between “the OCB and OS” and employee performance.

### FINDINGS

**Table 1. Distribution of Socio-Demographic Characteristics of the Participants**

Socio- demographic characteristics	N	Percentage (%)
<b>Gender</b>		
Female	184	<b>58.0</b>
Male	133	42.0
<b>Age groups</b>		
Between 21 and 30 years	166	<b>52.4</b>
Between 31 and 40 years	113	35.6
Between 41 and 60 years	38	12.0
<b>Marital status</b>		
Single (unmarried)	132	41.6
Married	185	<b>58.4</b>
<b>Educational status</b>		
Associate degree	12	3.8
Undergraduate	130	<b>41.0</b>
Post graduate	117	36.9
Doctorate / specialty in medicine	58	18.3
<b>Working time</b>		
Between 1 and 5 years	141	<b>44.5</b>
Between 6 and 10 years	74	23.3
Between 11 and 15 years	48	15.1
Between 16 and 20 years	30	9.5
More than 21 years	24	7.6
<b>Title</b>		
Physician (academic staff: assistant professor, associate professor, professor)	58	18.3
Physician (research assistant)	108	34.1
Nurse	151	<b>47.6</b>

<b>Monthly income</b>		
Between 1500 and 2499 TL (Turkish Lira)	164	<b>51.7</b>
Between 2500 and 3499 TL	86	27.1
Between 3500 and 4499 TL	30	9.5
More than 4500 TL	37	11.7
TOTAL	317	100

Of the 317 employees participated in the study, 58% were women, 58.4% were married, 52.4% aged between 21 and 30 years, 41% were undergraduates, 51.7% had a monthly income of 1500-2499 TL, 44.5% had 1-5 years of working time, 47.6% were nurses and 52.4% were physicians.

**Table 2. Distribution of The Mean Scores Obtained From The OCB Scale, The OS Scale And The Employee Performance Scale by The Participants According to Their Titles**

Dimensions	Title	N	Mean	SS	Result
<b>Altruism</b>	Academic Staff	58	5.19	2.38	F=22.128 p=0.001*
	Research Assistant	108	4.27	1.36	
	<b>Nurse</b>	151	3.67	1.11	
	Total	317	4.16	1.59	
<b>Courtesy</b>	Academic Staff	58	6.57	2.93	F=7.086 p=0.001*
	Research Assistant	108	5.66	1.86	
	<b>Nurse</b>	151	5.38	1.75	
	Total	317	5.69	2.09	
<b>Conscientiousness</b>	Academic Staff	58	4.00	1.69	F=8.303 p=0.001*
	Research Assistant	108	3.61	1.43	
	<b>Nurse</b>	151	3.15	1.39	
	Total	317	3.46	1.47	
<b>Total citizenship</b>	Academic Staff	58	26.86	8.8	F=6.771 p=0.001*
	Research Assistant	108	24.98	5.41	
	<b>Nurse</b>	151	23.28	6.16	
	Total	317	24.51	6.63	
<b>Acquiescent silence</b>	Academic Staff	58	17.16	4.24	F=16.597 p=0.001*
	<b>Research Assistant</b>	108	15.94	4.24	
	Nurse	151	18.95	4.15	
	Total	317	17.59	4.40	
<b>Defensive silence</b>	Academic Staff	58	14.09	3.97	F=12.271 p=0.001*
	<b>Research Assistant</b>	108	13.12	3.80	
	Nurse	151	15.54	3.98	
	Total	317	14.45	4.06	
<b>Total silence</b>	Academic Staff	58	41.53	8.59	F=16.853 p=0.001*
	<b>Research Assistant</b>	108	39.23	9.37	
	Nurse	151	45.90	9.52	
	Total	317	42.83	9.76	
<b>Employee performance</b>	Academic Staff	58	12.60	4.63	F=4.655 p=0.010*
	Research Assistant	108	11.97	3.78	
	<b>Nurse</b>	151	10.95	3.51	
	Total	317	11.60	3.87	

As seen in Table 2, evaluation of the study participants' OCB, OS and Employee Performance scores according to their titles revealed that the nurses displayed more altruism, courtesy, conscientiousness and total OCB than did the physician academic staff ( $p < 0.01$ ), that the physician research assistants displayed more acquiescent silence, defensive silence and total OS than did the nurses, and that the nurses displayed more performance than did physician academic staff ( $p < 0.05$ ). No statistically significant differences were determined between the physicians and the nurses in terms of the scores they obtained from the civic virtue sub-dimension of the OCB scale and from the pro-social silence sub-dimension of the OS scale.

**Table 3. Correlations between Organizational Citizenship Behavior, Organizational Silence and Employee Performance Variables**

Variables	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Altruism (1)		<b>0.665(**)</b>	0.417(**)	0.310(**)	-0.246(**)	-0.277(**)	0.106	0.354(**)
Courtesy (2)	<b>0.665(**)</b>		<b>0.510(**)</b>	0.286(**)	-0.285(**)	-0.309(**)	0.170(**)	0.329(**)
Conscientiousness (3)	0.417(**)	<b>0.510(**)</b>		0.232(**)	-0.114(*)	-0.189(**)	0.081	0.407(**)
Civil virtue (4)	0.310(**)	0.286(**)	0.232(**)		-0.094	-0.154(**)	0.153(**)	0.361(**)
Acquiescent silence (5)	-0.246(**)	-0.285(**)	-0.114(*)	-0.094		<b>0.739(**)</b>	0.150(**)	<b>-0.079</b>
Defensive silence (6)	-0.277(**)	-0.309(**)	-0.189(**)	-0.154(**)	<b>0.739(**)</b>		0.132(*)	-0.103
Pro-social silence (7)	0.106	0.170(**)	0.081	0.153(**)	0.150(**)	0.132(*)		0.224(**)
Employee Performance (8)	0.354(**)	0.329(**)	0.407(**)	0.361(**)	-0.079	-0.103	0.224(**)	

\*\* Correlation at level 0.01 (2-tailed) is also important.

\* Correlation at level 0.05 (2-tailed) is also important.

According to Table 3, evaluation of the relationship between OCB, OS and Employee Performance variables reveals that the lowest correlation was between the acquiescent silence dimension of the OS and employee performance ( $r = -0.079$ ), while the highest correlation was between the acquiescent silence and the defensive silence dimensions ( $r = 0.739^{**}$ ). According to these results, there was a very weak relationship between the acquiescent silence dimension of the OS and the employee performance ( $0.00 < r < 0.25$ ) and a strong relationship between the acquiescent silence and the defensive silence dimensions of the OS ( $0.70 < r < 0.89$ ). In addition, the relationship between the courtesy and altruism ( $r = 0.665^{**}$ ) and between the altruism and conscientiousness ( $r = 0.510^{**}$ ) was found to be moderate ( $0.50 < r < 0.69$ ).

**Table 4. Regression Analysis Related to The Relationship Between The Organizational Citizenship Behavior, Organizational Silence and Employee Performance**

Model	R	R square	Adjusted R square	Estimated standard error		
I	0.532 (a)	0.283	0.267	3.31537		
Model	Sum of the squares	df	Mean square	F	Sign.	
I	Regression	1341.498	7	191.643	17.435	0.000(a)
	Residual	4413.862	313	14.102		
	Total	4737.918	316			
Model	Non-standard coefficients		Standard coefficients	t	Sig.	
	B	Stand.error	Bata			
I	Constant	3.708	1.235		3.002	0.003
	Altruism	0.378	0.160	0.156	2.356	0.019

	Courtesy	-0.019	0.131	-0.010	-0.148	0.882
	Conscientiousness	0.748	0.150	0.284	4.995	0.000
	Civil virtue	0.232	0.053	0.228	4.413	0.000
	Acquiescent silence	-0.032	0.064	-0.036	-0.500	0.617
	Defensive silence	-0.031	0.070	0.032	0.442	0.659
	Pro-social silence	0.126	0.042	0.152	3.011	0.003

a. Constant: altruism, courtesy, conscientiousness, civil virtue, acquiescent silence, defensive silence, pro-social silence

b Dependent variable: employee performance

When the contribution of the OCB and OS to the employee performance given in Table 4 is evaluated, it is seen that the relationship between altruism, courtesy, conscientiousness and civil virtue dimensions of the independent variable OCB and the acquiescent silence, defensive silence and pro-social silence dimensions of OS and the dependent employee performance was statistically significant ( $p = 0.001 < 0.01$ ) ( $R = .532$ ,  $R^2 = .283$ ,  $F = 17,435$ ,  $p < 0.01$ ). Altruism ( $\beta = 0.156$ ), courtesy ( $\beta = -0.010$ ), conscientiousness ( $\beta = 0.284$ ), civic virtue ( $\beta = 0.228$ ), acquiescent silence ( $\beta = -0.036$ ), defensive silence ( $\beta = 0.032$ ), pro-social silence ( $\beta = .152$ ). Based on this, the equation can be formed as  $F(7, 309) = 17.435$ ,  $p < 0.01$ .

There was a significant relationship between the employee performance and the conscientiousness and civic virtue dimensions of the OCB and pro-social silence dimension of the OS ( $p < 0.05$ ) and between the employee performance and the altruism dimension of the OCB ( $p < 0.05$ ). However, the relationship between the employee performance and the acquiescent silence and defensive silence dimensions of the OS and the courtesy dimension of the OCB was not statistically significant ( $p > 0.05$ ).

Therefore, it was determined that OCB contributed to the employee performance with its three dimensions whereas OS contributed to the employee performance with only one dimension, and that OS and OCB variables, when evaluated together, accounted for 28.3% of the employee performance.

When the data obtained from the scales used in this study are compared with the independent variables of the study, the results considered statistically significant can be summarized as follows: When the study sample is taken into consideration as a whole, it is seen that the vast majority of physicians and nurses (84.3%) displayed OCB. While 92.8% of them displayed the altruism, courtesy and conscientiousness sub-dimensions of OCB, which can be considered a very high level, 66.8% of them displayed the civic virtue behavior, which is also high but lower than the others.

The percentages of the participants displaying acquiescent silence and defensive silence, regarded as the negative sub-dimensions of OS, were low and close to each other (21.95%). On the other hand, pro-social silence was displayed by 73.70% of the participants.

When the responses given to the employee performance scale by the participants were evaluated, it was determined that 77.4% of the respondents considered their employee performance as positive.

## PRACTICE IMPLICATIONS

### Discussion

In the literature, there are a limited number of sources and studies about OCB and OS conducted among health professionals particularly among physicians and nurses, which led to limitations on the discussion of the study findings. According to socio-demographic characteristics, comparisons between the findings of our study and those of other studies are given in the table below.

### Discussion on the findings related to physicians' and nurses' attitudes towards OCB

When the results of other studies on OCB are looked over, it is seen that the results of OCB researches carried out on health care professionals support our study findings.

In brief, in our study, the nurses displayed OCB more than did the physicians, and of the OCB dimensions they displayed most were altruism, courtesy and conscientiousness.

In OCB studies conducted in the health sector, it was observed that nurses displayed high levels of OCB, that strain and job insecurity in hospitals did not affect nurses' attitudes towards OCBs and that such factors as emotional commitment to the profession (career), job commitment, procedural justice, job satisfaction, patient-centered perception, organizational ethical climate, organizational trust and

organizational commitment positively affected their attitudes towards OCBs (Aslan, 2008; Altuntas, 2008; Boerner et al., 2005; Chang et al., 2011; Chu et al., 2005; Huang et al., 2012).

#### **Discussion on the findings related to physicians and nurses' attitudes towards OS**

According to the OS results of our study, physician research assistants displayed acquiescent silence, defensive silence and total OS more than did nurses ( $p < 0.01$ ). Therefore, it can be said that physician research assistant cannot change the current situation and do not raise their voice for defense purposes. Among the other reasons why physician research assistants displayed acquiescent silence and defensive silence more than did nurses are the lack of fair working environment and the anxiety caused by high-ranking inspectors both of which are also indicated as the causes of silence among nurses by Tangirala and Ramanujam (2008), preferring to remain silent [(70% of the academic staff) (Çakıcı, 2008)], the fear of isolation (Bayram, 2010), experiencing anxiety for not being able to realize personal expectations due to inequities (Demir, 2010).

In addition, according to Çakıcı (2008), the fact that assistant teaching staff (research assistants, etc.) remain silent about such topics as ethical issues and responsibilities, management problems, employee performance, suggestions for improvement and study opportunities, which negatively affects their performance, gives a clue about attitudes displayed by physician research assistants working as academicians towards OS.

Since there are no studies conducted on OS in the health sector in our country, we compared our study findings with findings of OS studies conducted in other sectors, and we considered that the findings of those studies generally supported ours.

#### **Discussion on the findings related to the physicians and nurses' employee performance**

Evaluation of the responses given to the performance scale with which the study participants evaluated their performance indicated that nurses displayed more performance than did the physician academic staff ( $p < 0.05$ ). Similarly, the undergraduates displayed more performance than did the doctoral graduates ( $p < 0.05$ ). In terms of monthly income, those with a monthly income of 1500-2499 TL displayed more performance than did those with a monthly income of 4500 TL or more ( $p < 0.05$ ).

In our study, underlying causes why the nurses displayed more performance than did the physician academic staff could be job satisfaction, organizational commitment, total quality management (TQM), empowerment perception (competence and autonomy dimensions), in-service training, work participation, commitment to work (Gül et al., 2008; Çöl, 2008; Aydın et al., 2008; Gedik and Uyanık, 2008; Chughtai, 2008). In addition, the findings of our study suggest that the nurses' displaying more OCB than the physician academic staff' and less OS than the physician research assistants' affected nurses' job performance positively.

#### **Discussion on the correlation and regression analysis of the study findings related to the physicians and nurses' OCB, OS and employee performance**

When the correlation and regression analysis of the study findings were compared to those of Şehitoğlu and Zehir' study (2010), it was determined that the relationship between the altruism, conscientiousness and civic virtue dimensions of OCB, the acquiescent silence dimension of OS and the employee performance in our study was significant ( $R = 0.687$ ,  $R^2 = 0.473$ ,  $F = 44.030$ ,  $p < 0.001$ ), and that OS and OCB variables accounted for 47% of the employee performance. In Şehitoğlu and Zehir's (2010) study of the state-owned industrial sector, the relationship between the conscientiousness, civic virtue and pro-social silence dimensions of OCB and the employee performance was found to be significant ( $p < 0.01$ ) ( $R = 0.532$ ,  $R^2 = 0.283$ ,  $F = 17.435$ ,  $p < 0.001$ ), and OS and OCB variables accounted for 28.3% of the employee performance.

## **RESULTS**

According to the results of our study, it was established that nurses displayed more altruism, courtesy, conscientiousness and total OCB than did physician academic staff ( $p < 0.01$ ), and the physician research assistants displayed more acquiescent silence, defensive silence and OS than did the nurses, and the nurses displayed more performance than did physician academic staff ( $p < 0.05$ ). No statistically significant differences were found between the physicians and nurses in terms of their attitudes towards the civic virtue dimension of OCB and the pro-social silence dimension of OS.

According to the responses given by the participants of the study, nurses were determined to display more performance than did the academic staff ( $p < 0.05$ ). Similarly, the undergraduates (mostly nurses) were determined to display more performance than did the doctoral graduates (academic staff) ( $p$

<0.05). In terms of monthly income, those with a monthly income of 1500-2499 TL were determined to display more performance than did those with a monthly income of 4500 TL or more ( $p < 0.05$ ). There was a significantly positive relationship between the employee performance and the conscientiousness and civic virtue dimensions of OCB. On the other hand, although the relationship between the employee performance and the altruism dimension of OCB was also positive, it was considered less significant. The relationship between the employee performance and the courtesy dimension of OCB is not statistically significant either. Whereas the relationship between the employee performance and the pro-social dimension of OS was significantly positive, it can be said that acquiescent silence and defensive silence did not contribute to the employee performance significantly. When OCB and OS are considered together, conscientiousness and civic virtue dimensions of OCB and pro-social silence dimension of OS contributed to the employee performance significantly ( $p < 0.01$ ). However, altruism dimension of OCB contributed to the employee performance less significantly ( $p < 0.05$ ). It was also observed that the acquiescent silence and defensive silence dimensions of OS and the courtesy dimension of OCB made no significant contribution to the employee performance ( $p > 0.05$ ). Consequently, according to the findings of our study, there appears to be significant differences between the OCB, OS and employee performance levels of the physicians (research assistants and academic staff) and those of the nurses. Therefore, it becomes necessary to conduct other studies to investigate the causes of these differences between the OCB, OS and employee performance levels of physicians and those of nurses who work in the healthcare services where the service is supposed to be patient- and employee-focused and be given in team spirit and mutual understanding. These studies should be performed in different health care institutions (providing primary care, secondary care or tertiary care), larger samples, cities and regions, and it would be of importance to compare the results to be obtained in these studies with our results. In this sense, it can be said that our study could serve as a basis for the studies to be conducted in the future.

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