PERCEIVED SOCIAL SUPPORT, ORGANISATIONAL CITIZENSHIP BEHAVIOUR AND WORK MOTIVATION AS PREDICTORS OF PSYCHOLOGICAL WELL-BEING OF PUBLIC HEALTH WORKERS IN IBADAN

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Abstract

This study investigated perceived social support, organisational citizenship behaviour and work motivation as predictors of psychological well-being of public health workers in Ibadan, Oyo State. The study adopted the survey research design of ex-post facto type to select two hundred participants, using multi-stage sampling technique for the study. Four research instruments used in the study were: Multidimensional Scale of Perceived Social Support (MSPSS), Ryff Scales of Psychological Well-Being (SPWB), Organisational Citizenship Behaviour Scale (OCBS), and Work Motivation Inventory (WMI). The method of data analysis adopted for this study was the Pearson Product Moment Correlation (PPMC), multiple regressions analysis and T-test statistics. The results indicate a significant positive relationship between perceived social support, (r= -.587, p< .05), organisational citizenship behaviour (OCB), (r= -.297, p< .05), Work motivation (r= -.132, p< .01), Age (r= 329, p< .05), Gender (r= -.484, p< .05), Marital Status (r= .137, p< .05) and Psychological Well-Being. Parental social support was the most potent predictor of employee's psychological wellbeing. Although the correlations among the variables investigated are low, they showed that employees' psychological well-being in the workplace is influenced by series of factors in the workplace. It was recommended that Job incentives, such as; increased wages and salaries, improved condition of service, promotion as and when due, provision for retirement benefits and other fringe benefits should be adequately provided by the government to facilitate workers' well-being. This would also contribute particularly to the psychological well-being of health workers. Thus, these variables can also be used to further enhance adequate psychological well-being of workers.

Keywords : *Psychological well-being, Perceived social support, Organisational citizenship behaviour, Work-motivation. Public health workers*

Introduction

Delivering quality service is one of the priorities of individuals and employees who are professionals in the work place. This, however, is dependent on the level of motivation that workers get in performing their duties. With increase in the growth of the service, the health sector at present struggles for employees possessing the

capabilities of quality service (Shields, & Price, 2005). However, research had it that the health sector plays important role globally in health and their employees are the best sources of delivering good services to the citizens, (e.g., By offering services for health promotion, healthy living and encouraging its citizens to embrace a friendly healthy environment as well as dramatically improvement in productivity and well-being). Excellent services provided and offered by employees can create a positive perception and ever lasting impression on the citizens. The motivation and well-being of health employees' play a major role in achieving high level satisfaction of health workers (Stroh, 2001).

Psychological well-being reflects an individual's emotional relationship with his or her environment and qualities like happiness, personal satisfaction, optimism and morale (Taylor & Brown, 1994). It has multiple impacts such as positive effect, subjective well-being, and emotional well-being. Psychological well-being is often operationalised as a mood, affect, trait, or experience which may last few moments or a few days. In comparison with mood, psychological well-being consists of changeable components which could dynamically influence the actual mental state (Hasmenn, 2000; Martin and Newell, 2005). The well-being of employees is in the best interest of communities and organisations. The workplace is a significant part of an individual's life that affects his or her life and the well-being of the organisation. The average employee spends much of his or her life time, as much as a quarter of perhaps, a third of his working life in the workplace. As much as the fifth quarter of the variation in employees' life satisfaction can be accounted for by satisfaction with work (Campbell, Converse and Rogers 1976). The nature of work such as its re-utilisation, supervision, and complexity, has been linked casually to an individual's sense of control and depression (Kohn and Spector, 1982). It is now recognised that depression is second only to ischemic heart disease which contributes to reductions in productive and healthy years of life (Murray Lopez, 1996). The ability of the workplace to prevent mental illness and to promote well-being is compatible with the mission of the public's heath, as outlined by the Surgeon General (U. S. Department of Health and Human Service, 1999).

The construct of Organisational Citizen Behaviour (OCB) is derived from the need to encourage cooperation between organisation members in order to help organisations run more smoothly (Borman, 2004). Organisational Citizenship Behaviours have an important impact on the effectiveness and efficiency of teams work and organisations, therefore contributing to the overall productivity of the organization. Katz (1964) indicated that behaviours which are helpful and cooperative are essential for organisational operations. However, the most widely used definition of OCB is from Organ (1988) who defined OCB as "individual behaviour that is discretionary, not directly or explicitly recognised by the formal reward system, and that in the aggregate, promotes the effective functioning of the organization." In general, organisational citizenship includes a variety of behaviours, such as helping a new employee get through his or her first day on the job; versus a group of individuals or an impersonal collective behaviour (presenting the organisation in a positive light to outsiders) (Podsakoff, MacKenzie, Paine and Bachrach, 2000).

Perceived social support can, generally, be thought of as the giving and receiving of

goods and services among people in a social network. Dunkel-Schetter and Skokan (1990) refer to social support as an interaction between dyads in which one person recognises the distress of another and actively seeks to provide support in response to the distress. Received social support can be defined as the naturally occurring helping behaviours that are being provided while perceived social support can be defined as the belief that such helping behaviours would be provided when needed (Norris and Kaniasty, 1996). It can also be described as "individuals drawing upon others or resources from the whole (received social support) or even the mere perception that one can do so (perceived social support)," (Moren-Cross and Lin, 2006).

Motivation is the set of reasons that determine one to engage in a particular behaviour. The term is generally used for human motivation but theoretically, it can be used to describe the causes for animals' behaviour as well. According to various theories, motivation may be rooted in the basic needs to minimise physical pain and minimize pleasure; it may include specific needs, such as eating and resting; it may a desired object, hobby, goal, state of being, ideal; it may be attributed to less-apparent reasons such as altruism, morality, or avoiding mortality (Staw, McKechnie and Puffer, 1983).

Research Questions

The following research questions were answered:

1. What relationship exists between perceived social supports, organisational citizenship behaviour, work motivation and psychological well-being?
2 What is the joint contribution of social supports, Organisational citizenship behaviour and work motivation on psychological well-being?
3 What is the relative contribution of perceived social supports, organisational citizenship behaviour and work motivation on psychological well-being?
4 Which of the independent variables would predict psychological well-being of public health workers?

Methodology

This study adopted a descriptive survey research design of the *ex-post facto type*.

Population and Sample

The population for this study is made up of all public health workers in Ibadan. Two hundred (200) public health workers were purposively selected from a total of 2,500 within the metropolis for the study. The selection was based on the willingness to participate by respondents. Among the sample, one hundred and fifty (150) were junior staff and fifty (50) were senior staff. Also, about one hundred and four (104) were males and ninety six were females. The participants were aged between 22 and 46 years with a mean of 21.5 and a standard deviation of 10.4.

Instruments

For the purpose of this study, perception of social support was measured using the Multidimensional Scale of Perceived Social Support (Zimet, 1988). The MSPSS is designed to measure the individual's subjective assessment of social support adequacy from three specific sources: family, friends and significant others. This instrument is a 12-item paper and pencil scale. Participants completing the MSPSS were asked to indicate their agreement with items on a 5-point Likert-type scale, ranging from very Strongly disagree to Very strongly agree. Total and subscale scores range from

1 to 7, with higher scores suggesting greater levels of perceived social support. Canty-Mitchell and Zimet (2000) assessed the readability of the MSPSS items and found them to be at a fourth-grade reading level.

Adequate psychometric properties have been found with the MSPSS in several studies with young adults and adults in the United States and in Europe (Kazarian and McCabe, 1991; Zimet *et al*., 1988, 1990). Canty-Mitchell and Zimet (2000) investigated the MSPSS with a sample of urban adolescents and found internal reliability estimates of .93 for the total score and .91, .89, and .91 for the Family, Friends, and Significant Others subscales. Factor analysis of the MSPSS with their sample confirmed the three-factor structure of the measure. The total MSPSS demonstrated high internal consistency with an alpha of .86.

Ryff Scales of Psychological Well-Being (SPWB) were used to assess the criterion variable on employees' well-being (Ryff, 1989b). The 54-item questionnaire (Appendix C) is composed of six dimensions: (a) self-acceptance, (b) positive relations with others, (c) autonomy, (d) environmental mastery, (e) purpose in life, and (f) personal growth (Ryff, 1989b). Each subscale contains nine randomly distributed items that participants responded to using a 5-point Likert-type scale (i.e., 5 = Strongly Agree, 4= Agree, 3 = Undecided, 2 = disagree, and 1 = Strongly Disagree) for rating. In the development of the six-factor model, Ryff (1989b) reported the following internal consistency reliability coefficients: Self-acceptance (α = .93); Positive Relations with Others (α = 91); Autonomy (α = 86); Environmental Mastery (α = 90); Purpose in Life (α = 90); and Personal Growth (α = 87). For the current study, the overall Cronbach Alpha coefficient was (α = .96).

The scale was adopted from Lee and Allen's, (2002) scale that measures Organizational Citizenship Behaviour-Organisation **(**OCBO) and Organisational Citizenship Behaviour-Individual **(**OCBI) was used to measure the type of OCB intention. Items were presented in a random order. A random number generator was used to determine the order of the items. The scale is on a 5-point scale (1 = *never*, 5 = *always*) how frequently they would participate in the identified behaviours. Of the 16 items on the scale, eight represent OCBI behaviours and eight represent OCBO behaviours. Lee and Allen (2002) estimated the reliability for the OCBI scale to be .83 and the reliability for the OCBO scale to be .88, while the overall composite score reliability is .91. The type of the reliability was not reported, but likely is internal consistency.

This scale was adopted from Akinboye's (1998) work motivation inventory. It is an instrument with 21 items constructed on 5 point Likert Scale ranging from (1) Strongly Disagree to (5) Strongly Agree. The intrinsic and extrinsic items were separated and scored differently. A typical item of the inventory reads ''Availability of adequate welfare for retiring staff. '' Work motivation has reliability co-efficient ranging from 0.78 to 0.82 with a convergent construct validity a= 0.69.

The researcher personally administered the instruments, following the approval granted by relevant authorities in the Ministry of Health. The heads of each of the units visited at the state secretariat as well as the Local Government Council assisted the researcher by imploring the staff to cooperate and respond positively to the questionnaire. The researcher explained step by step on how each section of the questionnaire should be filled. However, some of the health workers responded to the

questionnaire immediately, while others complained of lack of adequate time for the completion of the questionnaire. The researcher waited for the questionnaire to be completed by those members of staff who could fill it immediately and rescheduled an agreed time to collect the filled questionnaire from others. A total of two hundred (200) questionnaires were distributed, filled and returned accordingly for the study.

Data collected were analysed using, the Pearson Product Moment Correlation (PPMC), and Multiple Regression Analysis at 0.05 level of significance.

Results

1. Research Question 1: What relationship exists between perceived social supports, organisational citizenship behaviour, work motivation and psychological well-being?

Table 4.1: Correlations matrix between Independent Variables and Psychological well-being of public health workers

	1	2	3	4	5	6	7
1 Psychological Well-being	1.000						
2 Perceived Social Support	.0.587	1.000					
3 OCB	-.0.297**	-0.342*	1.000				
4 Work Motivation	0.132**	0.186**	-0.128	1.000			
Mean	74.18	37.58	61.77	44.17	21.59	1.48	1.63
SD	10.50	10.90	14.1412.77	10.49	. 500	.484	

Significant at P<0.05

From the above table, there is a (positive) significant relationship between perceived social support, (r= -.587, p< .05), organisational citizenship behaviour (OCB), (r= -.297*, p< .05), work motivation (r= -.132**, p< .01), and psychological well-being.

Research Question 2: What is the joint contribution of work motivation, organisational citizenship behaviour (OCB), perceived social support on the psychological well-being?

Table 4.2: Summary of Regression Analysis of the combined prediction of Psychological Well-Being of public health workers

Model	Sum of Squares	DF	Mean Square	F	P	Remark
Regression	45678.65	3	14226.21	29.076	.000[a]	Sig.
Residual	95896.98	196	498.28			
Total	141575.63	199				

R = .0.649
R2 = 0.421
Adj. R2 = 0.413

The table above shows that the joint effect of work motivation, organisational citizenship behaviour (OCB) and perceived social support on employees' psychological well-being was significant (F (3,196) = 29.076; R = .649, R2 = .421, Adj. R^2 = .413; P <. 05). The independent/predictor variables jointly accounted for a variation of about 41.3% while other extraneous variables accounted for about 58.7%. The significant result would not have been due to chance.

Research Question 3: What is the relative contribution of motivation, organisational citizenship behaviour (OCB) and perceived social support to the prediction of psychological well-being of public health workers?

Table 4.3: Relative contribution of the independent variables to the dependent variables (Test of significance of the regression coefficients)

Model	Unstandardized Coefficient		Standardized Coefficient	t	P	Remark
	B	Std. Error	Beta			
(Constant)	159.526	18.712		7.833	.000	Sig.
Perceived Social Support	-.412	.079	-.463	-5.474	.000	Sig.
Organisational	.336	.118	.312	3.370	.006	Sig.
Citizenship Behaviour.	-.285	.175	.175	-2.684	.015	Sig.
Work motivation						

The results revealed the following levels of significance of the independent variables on psychological well-being: Perceived Social Support (β = -.463, $p<0.05$), Organisational Citizenship Behaviour (OCB) (β = .312, $p<0.05$), and Work motivation, (β = -.175, $p<0.05$), respectively.

Discussions

The results on the pattern of relationship among perceived social support, organisational citizenship behaviour, work-motivation, age, gender, marital status and psychological well-being as shown in the correlation matrix table (1) indicate that there is a positive and significant correlation among the variables (perceived social support, organisational citizenship behaviour, work-motivation, age, gender and marital status with psychological well-being). This suggests that perceived social support, organisational citizenship behaviour, work-motivation, age, gender and marital status could predict psychological well-being of the health workers.

The multiple regression analysis in table (2) shows that perceived social support, organisational citizenship behaviour, work-motivation, age, gender and marital status when put together are strong predictors of employees' psychological well-being. The magnitude of this relationship in predicting the employees' psychological well-being is reflected in the values of the co-efficient of multiple R^2 (0.421) and in multiple R^2 adjusted (0.413) as shown in table 2. Thus, it can be said that 41.3% of the total variance in the psychological well being of public health workers in Ibadan metropolis is accounted for by the combination of perceived social support, organisational citizenship behaviour, work-motivation, age, gender and marital status. The F-ratio value of 29.076 is significant at 0.05 levels. This further affirms the fact that the predictive

capacity of the independent variables are not due to chance factor.

Furthermore, with regards to the extent to which each of the three independent variables contributes to the prediction of workers' psychological well-being, this could be ascertained from Table 3. The table indicates the beta weights which represented the relative contribution of the independent variables, and it could be ascertained that perceived social support is the best potent predictor of workers' psychological well-being, despite the predictive strength of organisational citizenship behaviour and work-motivation.

By the nature of the construct social support, it is the strength of an individual's desire to be involved in the beneficial receipt of provisions in relationships, including informational, emotional, or tangible aid. Support is often assessed subjectively as an individual's perception of the support available to him. It is said to be the interpersonal transactions that include one or more of the following: the expression of positive affect (feeling liked or loved) of one person towards another; the affirmation (feeling appreciated or admired) or supporting and respecting another person's perceptions, behaviours, or expressed views and the giving of material such as money or symbolic aid to another. This finding is in congruence with the theoretical and empirical postulations by Harris, Winskowski and Engdahl, (2007)**.** Perceived social support has been shown to influence health in two different ways: through stress-buffering and main effects. The stress-buffering model asserts that social support is most protective in times of elevated stress exposure and that support benefits health by providing individuals with resources that help to alleviate the deleterious impact of stress exposure.

The second mechanism by which social support is thought to influence health is through main-effects. The main-effects model maintains that the perception of support from others in social activities and close social relationships have positive influence on health irrespective of exposure to stress. The "main-effects" model is supported by research that finds a relationship between social support and psychological distress that is independent of stress level. Positive effects of social support on health and well-being have been consistently demonstrated in the literature. Hogan, Linden, & Najarian, (2002); Helgeson, MacMahon and Lip, (2002) also lend support to the present that individuals with high levels of support may be less likely to appraise stressors as threatening than those with low levels of support. Social support may also increase the ability to cope with stressors through receiving informational and emotional support and improved coping may result in fewer physiological and psychological symptoms of illness. Consistent with the social exchange theory, when employees feel that their organization is considering financial and material rewards or advantages for their well-being (e.g., pay, security, fair treatment, promotion and others), they find themselves psychologically acquitted with their work and are more willing to reciprocate by expressing and displaying positive attitudes and behaviours. Eventually, this will be directed to benefit the organisation rather than any specific individual within the organisation.

It has been well established in the social psychological pro-social literature that positive workers' psychological well-being (mood) is associated with helping behaviour. This is in association with empirical postulations by Baron, (1996), Penner,

Midili and Kegelmeyer, (1997) who in their studies revealed that if an individual believes that helping will induce negative emotion (e.g., depression), it might inhibit helping. Thus, expectation of future emotion can be an important element of behaviour. It should be kept in mind, however, that most of these studies involve induced moods and helping a stranger, rather than someone with whom the subject had an ongoing relationship. These studies reflect immediate responses rather than future behaviours. The range of emotion-related variables studied by organisational citizenship behaviour (OCB) researchers has been quite limited, with most focusing on general mood rather than specific emotional states. However, this result is in-line with the works of George (1991), and Piccolo and Ilies (2004) who showed that positive mood was associated with organizational citizenship behaviour. An empirical submission by Gardner and Schermerhorn, (2004) and Eagly (2005) also provided support that employees who are experiencing poor well-being are likely to withdraw from their work and not be as affected by the actions of their organizations-even if those actions do coincide with considerate and initiating behaviours. These findings indicate that when employees' well-being is high, behaviours that display consideration, value and structure initiation are, especially, predictive of performance in the workplace. An employee who is experiencing low wellbeing may be less receptive to these citizenship behaviours and withdraw from his/her work.

Work-motivation also made significant contributions to the prediction of psychological well-being. Self-determination theory defines these needs as nutriments that are essential for peoples' survival, growth, and integrity (Kasser and Ryan, 1996). This view, which assumes that needs are innate rather than learned, suggests that a desire or goal (e.g., wanting more money or wanting a primary relationship) represents a true need only if its level of satisfaction relates directly to people's level of well-being. Several studies have provided evidence that is consistent with the postulation that competence, autonomy, and relatedness are in fact true needs. This study is in line with the theoretical and empirical studies of Ryan and Deci, (2000), who believed employee's motivations as universal, and fulfilment of those motivations leads to psychological well-being, whereas thwarting of needs leads to psychological distress. Individuals lacking in motivation fulfilment may seek out inappropriate ways to fulfil their motivations. Psychological needs suggest that humans will be motivated and display well-being in organisations to the extent that they experience psychological need satisfaction within those organisations.

This result is supported by the theoretical and empirical studies of Ryff and Singer, (2008). Despite this picture of age-related declines in psychological well-being, several theories have suggested that older people develop ways of combating possible negative outcomes related to the aging process, and in turn, protect their sense of well-being. The correlation between age and well-being is recently studied by those who considered happiness as an indicator and concluded that well-being displays a U-shaped change as the age changes and well-being degrades to the lowest level in middle ages.

The result shows that there is a significant relationship between psychological well-being of health workers and their gender. However, gender differences on psychological well-being are a common topic studied generally in terms of

gender roles. These findings are incongruence with the theoretical and empirical postulations by Roothman, Kirsten and Wissing (2003), Mills, Grasmick, Morgan and Wenk (1992). The finding revealed that men scored significantly higher on cognitive, physical and self aspects, whereas women scored significantly higher on somatic symptoms, expressing affect and spiritual aspects but there was no difference between men and women regarding social dimension.

The results show that there is a significant relationship between psychological well-being of single and married health workers. Research suggests that marital status and psychological well-being are closely associated. Research conducted to date reveals variant findings regarding marital status and psychological well-being. This finding is in association with the empirical works by Lorenz, Simons, Conger, Green and Rodgers (2001) who found that married individuals are able to experience lower levels of psychological distress because of the benefits of marriage. Specifically, individuals who are married are happier than those who are single, divorced, or widowed. A mixed result is found in the works by Laakso and Paunonen-Illmonen (2002) that married people possess higher levels of distress and that marriage can be a source of conflict. These studies suggest that marriage can be a source of stress with the positive associations between marital status and psychological health related only to happy marriages.

Conclusion

The study has clearly shown that organisational structure of the state health sector is a great concern for employees, government as well as the citizens. One consequence of this workplace is the employees' well-being. A review of literature found multiple sources identifying the psychological well-being of health workers as consisting of deviant workplace behaviours with greater influence in the area of reduced organisational performance. However, several other important factors, such as perceived social support, organisational citizenship behaviour, work motivation, as well as age, gender and marital status of the workforce were addressed in both the literature review and the survey results. This problem has provided impetus for additional research that examines the implications of this challenging working environment on the health and well-being of the individuals who occupy them. Results from this study support the notion that work motivation, organizational citizenship behaviour and perceived social support (age, gender and marital status) as well as context formed within the household are important factors in psychological well-being.

Recommendation

Based on the findings of the study, it is recommended that job incentives, such as; increased wages and salaries, improved condition of service, promotion as and when due, provision for retirement benefits and other fringe benefits should be adequately provided by the employers. This will definitely motivate the workers towards coping and adjustment to work environment and effective management of work-family role conflict *vis-a-vis* increasing workers' well-being with corresponding effects on organisational goal achievement.

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