



การมีส่วนร่วมในการตัดสินใจและพฤติกรรมการเป็นสมาชิกที่ดีขององค์กรของพยาบาลในโรงพยาบาลวิทยาลัยการแพทย์ ธากา สาธารณรัฐประชาชนบังกลาเทศ

Participation in Decision Making and Organizational Citizenship Behavior among Nurses in Medical College Hospitals, Dhaka, The People's Republic of Bangladesh

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บทคัดย่อ

การมีส่วนร่วมในการตัดสินใจและพฤติกรรมการเป็นสมาชิกที่ดีขององค์กรของพยาบาลมีความสำคัญอย่างยิ่งสำหรับวิชาชีพการพยาบาลซึ่งจะนำไปสู่การเพิ่มคุณภาพการให้บริการและการพัฒนาวิชาชีพ วัตถุประสงค์ของการศึกษาแบบพรรณานาคือความสัมพันธ์นี้เพื่อหาระดับการมีส่วนร่วมในการตัดสินใจและพฤติกรรมการเป็นสมาชิกที่ดีขององค์กรของพยาบาลและเพื่อหาความสัมพันธ์ระหว่างการมีส่วนร่วมในการตัดสินใจและพฤติกรรมการเป็นสมาชิกที่ดีขององค์กรของพยาบาลในโรงพยาบาลวิทยาลัยการแพทย์ธากา สาธารณรัฐประชาชนบังกลาเทศ กลุ่มตัวอย่างประกอบด้วยพยาบาลจากโรงพยาบาลวิทยาลัยการแพทย์ 3 แห่งในธากา จำนวน 293 คน เครื่องมือวิจัยประกอบด้วยแบบวัดการมีส่วนร่วมในการตัดสินใจพัฒนาโดย พร็อบส์ (2005) และแบบวัดพฤติกรรมการเป็นสมาชิกที่ดีขององค์กรพัฒนาโดย ลีและอัลเลน (2002) ค่าสัมประสิทธิ์ความเชื่อมั่นของแบบวัดการมีส่วนร่วมในการตัดสินใจและแบบวัดพฤติกรรมการเป็นสมาชิกที่ดีขององค์กรของพยาบาล เท่ากับ .80, .81 และ .80 ตามลำดับ วิเคราะห์ข้อมูลด้วยสถิติเชิงพรรณนาและสถิติ สัมประสิทธิ์สหสัมพันธ์แบบอันดับที่ของสเปียร์แมน

ผลการศึกษาพบว่าวาระระดับของการมีส่วนร่วมในการตัดสินใจและระดับของพฤติกรรมการเป็นสมาชิกที่ดีขององค์กรทั้งในภาพรวมและด้านบุคคลรวมถึงด้านองค์กรของพยาบาลอยู่ที่ระดับปานกลาง ( $\bar{x}$  = 20.96, SD = 5.55,  $\bar{x}$  = 54.92, SD = 1.57,  $\bar{x}$  = 28.40, SD = 7.31 และ  $\bar{x}$  = 26.51, SD = 8.69)ตามลำดับการมีส่วนร่วมในการตัดสินใจมีความสัมพันธ์เชิงบวกในระดับสูงกับพฤติกรรมการเป็นสมาชิกที่ดีขององค์กรทั้งด้าน องค์กรและด้านบุคคลของพยาบาลอย่างมีนัยสำคัญทางสถิติ ( $r = 0.994, p = 0.000; r = 0.987, p = 0.000;$

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$r = 0.980, p = 0.000$ ) ตามลำดับผู้บริหารทางการแพทย์สามารถนำผลการศึกษาไปใช้ในการพัฒนากลยุทธ์ในการเพิ่มการมีส่วนร่วมในการตัดสินใจและพฤติกรรมการเป็นสมาชิกที่ดีขององค์กรของพยาบาลต่อไป

**คำสำคัญ** การมีส่วนร่วมในการตัดสินใจ พฤติกรรมการเป็นสมาชิกที่ดีขององค์กรของพยาบาล พยาบาล

### Abstract

Participation in decision making and organizational citizenship behavior is very important in the nursing profession leading to enhanced quality of services and professional development. The purposes of this descriptive correlational study were to identify the level of participation in decision making and organizational citizenship behavior among nurses, and to identify the relationship between participation in decision making (PDM) and organizational citizenship behavior (OCB) among nurses in Medical College Hospitals, Dhaka, the People's Republic of Bangladesh. The sample consisted of 293 nurses who worked in the medical hospitals in Dhaka. Research instruments included the PDM Scale developed by Probst (2005) and the OCB Scale developed by Lee and Allen (2002). The reliability coefficient of the PDM scale and OCB scale for individual and OCB Scale for organization were .80, .81 and .80, respectively. Descriptive and Spearman's Rank-Order coefficient statistics were used for data analysis.

The results of this study indicated that the level of overall PDM and overall OCB and OCB for individual and OCB for organization among nurses were at a moderate level ("X"  $\bar{x} = 20.96, SD = 5.55$ ; "X"  $\bar{x} = 54.92, SD = 1.57$ ; "X"  $\bar{x} = 28.40, SD = 7.31$ ; and "X"  $\bar{x} = 26.51, SD = 8.69$ ), respectively. There was a statistically significant strong positive correlation between PDM and overall OCB, OCB for individual and OCB for organization among nurses ( $r = .994, p=0.000$ ;  $r = .987, p=0.000$ ;  $r = .980, p=0.000$ ), respectively. Nurse administrators may use these results to develop strategies to improve participation in decision making and organizational citizenship behavior.

**Key words:** Participation in decision making, Organizational citizenship behavior, Staff nurse.

### Background and significance

The delivery of health care services is changing dramatically due to the increasing number of health care customers and advanced technology which may affect the behaviors of employees in organizations (Bartlett & Ghoshal, 1987). Organizational citizenship behavior (OCB)

is an important factor to achieve organizational goals. Interestingly, it helps to establish successful behaviors, usefulness, and efficiency of organizations (Podsakoff, Ahearne, & MacKenzie, 1997). Researchers have studied that the value of organizations is likely to increase when employees go beyond the call of duty to



aid fellow workers in order to achieve organizational goals (Organ, 1988). Therefore, the concept of OCB has generated a considerable amount of attention in today's studies. Organ, Podsakoff, and MacKenzie (2006) defined OCB as individual behavior, that is discretionary, not directly or clearly recognized by the formal reward system, in order to promote the efficient and effective functioning of the organization. According to Podsakoff, MacKenzie, Paine, and Bachrach (2000), OCB consists of seven dimensions: 1) helping behavior; 2) sportsmanship; 3) organizational loyalty; 4) organizational compliance; 5) individual initiative; 6) civic virtue; and 7) self-development. Many factors influencing OCB are included in the participation of decision making (PDM).

PDM is an important modern organizational related factor (Siong, 2012). It has become strategically important in health care organizations since it maintains the role of generating positive work outcomes for organizations and driving other organizational-related factors or variables. Somech (2010) claimed that PDM is associated with positive effects on employees' attitudes and behaviors. It creates important opportunities in one such path that organizations can believably practice within the organization (Probst, 2005). For instance, employees with low PDM reported more negative outcomes, such as low output, job conflicts, and low work satisfaction (Probst, 2005). PDM is defined as the extent to which an organization and managers encourage an employee to give input into organizational decision making (Miller & Monge, 1986, as cited in Probst, 2005). They indicated that PDM

satisfies high-order needs of the employee, such as a sense of achievement, respect, self-esteem, and voice. Therefore, PDM motivates employees to work harder and significantly boosts their productivity. Probst (2005) derived the concept of PDM from the demand-control model (Karasek, 1979). Probst focused only on decision authority. If nurses can make decisions about their jobs, they actively participate in decision making and have found a relationship between PDM and OCB.

In summary, based on the literature, participation in decision making and organizational citizenship behaviors are important for the improvement of health organizations. It is therefore beneficial to study participation in decision making and organizational citizenship behavior among nurses. Although, there were some studies of PDM and OCB done in various countries among other professions that have shown a positive relationship between these two variables, the results of previous studies may not explain the situation of Bangladesh, which is significantly different in terms of health care delivery systems, personal characteristics and socio-cultural context. Therefore, the researcher wanted to further explore this by conducting a study to examine PDM and OCB, and the relationship between these two variables among staff nurses in medical college hospitals, in The People's Republic of Bangladesh. The results of this study were anticipated to reveal evidence in support of PDM and OCB among staff nurses and encourage nurse managers to develop appropriate strategies to improve PDM, which will result in a positive outcome in OCB.



## **Objectives**

This descriptive correlational study aimed to identify the level of participation in decision making, to identify the level of organizational citizenship behavior and to identify the relationships between participation in decision making and organizational citizenship behavior among nurses in Medical College Hospitals, Dhaka, in the People's Republic of Bangladesh.

## **Conceptual framework**

The conceptual framework of the study is based on the seven dimensions of organizational citizenship behavior by Podsakoff et al., (2000). Organizational citizenship behavior refers to nurses' performance that is discretionary not directly or explicitly recognized by the formal reward system and promotes the efficient and effective functioning of the hospital. It includes seven dimensions which are helping behavior, sportsmanship, organizational loyalty, organizational compliance, individual initiative, civic virtue, and self-development. Participation in decision making refers to the activities in which nurse managers encourage giving input into the hospital decisions as perceived by staff nurses (Miller & Monge, 1986, as cited in Probst, 2005). It has two dimensions which are decision latitude and psychological demands. Nurses perceived themselves as engaging in more PDM was more likely to exhibit more OCB. The relationship between participation in decision making and organizational citizenship behavior was identified in this study.

## **Methodology**

A descriptive correlational research design

was used to the level of participation in decision making, the levels of organizational citizenship behavior, and the relationship between participation in decision making and organizational citizenship behavior among nurses in medical college hospitals, Dhaka, The People's Republic of Bangladesh. This study methodology includes a description of the research design, setting, population and sample, research instruments, protection of human rights, data collection procedures, and data analysis procedures.

### **Population and sampling**

The target population of the study included staff nurses who had been working in the three medical college hospitals located in the Dhaka Medical College Hospital, Sir Salimullah Medical College Mitford Hospital, and Shaheed Suhrawardy Medical College Hospital in Dhaka, the People's Republic of Bangladesh. The total number of the research population was 1,001 staff nurses.

The sample of this study included staff nurses who had been working for at least one year in the Dhaka Medical College Hospital, Sir Salimullah Medical College, and Mitford Hospital, and were willing to participate in this study. According to the Yamane formula (Yamane, 1967), the sample size was 286 nurses. Considering the occurrence of a loss of up to 20 percent of the sample size (Israel, 2003), 57 participants were added. Therefore, the final number of sample size was 343 staff nurses from three medical college hospitals that were willing to participate in this study. The samples were collected from three of each Medical College Hospital (193, 51 and 99 nurses). The stratified random sampling method was used to select



staff nurses from the staff nurses' name list in each unit of three medical college hospitals.

### Research instruments

The researcher obtained permission to use the original instruments of Participation in Decision Making Scale and the Organizational Citizenship Behavior Scale. The research instrument included 1) Demographic Data Form. 2) Participation in Decision Making Scale. Which was developed by Probst (2005). It is a six-item scale that rates employees' agreement on a 5-point rating scale ranging from 1= Strongly Disagree, 2 = Disagree, 3 = Neutral/Undecided, 4 = Agree, and 5 = Strongly Agree. Higher scores indicated more participation in decision making. Total sum of scores ranged from 6 to 30. 3) Organizational Citizenship Behavior Scale. This scale was developed by Lee and Allen (2002). The OCB Scale consists of 16 items; eight items were considered organizational citizenship behavior for individual, and the other eight items were considered organizational (OCB-I and OCB-O). OCB-I includes items 1 to 8, and OCB-O includes items 9 to 16. All these items were rated on a 5-point rating scale ranging from 1 = Never to 5 = Always with each component having a total sum score range from 16 to 80 of overall OCB and both of these (OCB-O and OCB-I) total sum of score range from 8 to 40 in each component. Higher numbers reflect more OCB (Lee & Allen, 2002). The Participation in Decision Making Scale and the OCB Scale were translated to Bangla by the researcher without any modification. The reliability of the instruments was tested on 20 nurses in one of the three medical college hospitals whom were not a part of this study. In this study the Cronbach's alpha

reliability of the two instruments on overall PDM and overall OCB were PDM, OCB-I, and OCB-O were .80, .81, and .80, respectively.

### Ethical consideration

The research proposal was submitted to the Research Ethics Review Committee, the Faculty of Nursing, Chiang Mai University, Thailand, to obtain approval for the study before data collection. Then approval was obtained from the Medical College Hospitals Ethics Review Committee (MCHREC) Dhaka. Next, approval was obtained from the three medical college hospital nursing superintendents. Participants were selected from the staff nurse population of all three medical college hospitals, the People's Republic of Bangladesh. A research consent form was given to the participants who were free to refuse participation or to withdraw from the study at any time without losing any benefits and without affecting their performance evaluations. Confidentiality and anonymity of individual responses were guaranteed by a statement which was included in the cover letter information that was provided to each of the participants.

### Data collection

Data were collected from April to May 2014. After getting permission from the director of DMCH, Shaheed Suhrawardy Medical College Hospital (SSMCH) and the Nursing Superintendent of DMCH, Shaheed Suhrawardy Medical College Hospital (SSMCH), the researcher met with the director of nursing of each hospital and informed them of the purpose and objectives of the study followed by a request to distribute and collect the research questionnaires by one coordinator. A total of 343 questionnaires were distributed



to the samples by coordinators of each hospital. After two weeks, 308 questionnaires (89.79%) were returned. Among these 308 questionnaires, 293 (85.42%) of the questionnaires were completed and used for data analysis.

### Data analysis

Before analysis, the researcher checked the data for individual. Descriptive and inferential statistics were performed for data analysis in this study using a computer software program. Significance level alpha was set at 0.05. The data did not meet the assumption for normality, PDM and OCB correlation tests therefore followed the non-parametric (Spearman's Rank-Order) correlation test.

## Results

### Demographic data of the participants

The majority ( 89.08%) of the staff nurses

were more than 30 years old ( $\bar{x}$  = 41.05, SD = 8.57). About 90% (92.83%) of the participants were female and 80.89% were married, and 53.92% held bachelor degrees in nursing. In the sample, 46.76% of the participants had been working between 1-5 years. About 40% (40.62%) of the participants had a salary between 8,400 to 10,000 Taka per month. Over half of the participants (50.17%) did not attend any training in 2013.

### Participation in decision making

Table 1 shows the overall mean score of participation in decision making as perceived by the participants was at a moderate level ( $\bar{x}$ =20.96, SD = 5.55).

**Table 1** Range, mean, standard deviation, and level of participation in decision making among the participants (n = 293)

Participation in decision making	Range	$\bar{x}$	SD	Level
Overall participation in decision making	8.00-30.00	20.96	5.55	Moderate

### Organizational citizenship behavior

Table 2 shows that the level of overall organizational citizenship behavior was at a moderate level ( $\bar{x}$  = 54.92, SD = 1.57). Also each component of OCB with organizational citizenship behavior

directed to individuals and the organizational citizenship behaviors directed to organization as perceived by nurses was at a moderate level ( $\bar{x}$  = 28.40, SD = 7.31; and = 26.51, SD = 8.69, respectively).



**Table 2** Range, mean, standard deviation, and level of organizational citizenship behavior among the participants (n = 293)

Types of organizational citizenship behaviors	Range	$\bar{x}$	SD	Level
Overall organizational citizenship behavior	22.00-80.00	54.92	1.57	Moderate
Organizational citizenship behavior directed to individual	10.00-40.00	28.40	7.31	Moderate
Organizational citizenship behavior directed to organization	12.00-40.00	26.51	8.69	Moderate

**Relationship between participation in decision making and organizational citizenship behavior**

In Table 3, the results of Spearman's Rank-Order coefficient showed that the overall organizational citizenship behavior had a significant strong positive correlation with

participation in decision making ( $r = .994, p = 0.000$ ) a strong positive correlation between organizational citizenship behaviors directed to individual and to organization with participation in decision-making ( $r = .987, p = 0.000$ ; and  $r = .980, p = 0.000$ , respectively).

**Table 3** Relationship between participation in decision making and organizational citizenship behavior as perceived by the participants (n = 293)

Types of organizational citizenship behaviors	Participation in decision making	
	r	p
Overall organizational citizenship behavior	.994	0.000
Organizational citizenship behaviors directed to individual	.987	0.000
Organizational citizenship behaviors directed to organization	.980	0.000

**Discussion**

The results of this study were discussed based on the research objectives of the study.

**1. Participation in decision making**

The study results indicated that the participants perceived overall participation in decision making at a moderate level ( $\bar{x} = 20.96, SD = 5.55$ ). This finding is inconsistent with the results in the previous study by Probst (2005) in

the U.S. and China ( $\bar{x} = 3.20, SD = 0.94$ ), where overall participation in decision making was at a high level. The staff nurses perceived participation in decision making at a moderate level to which their organization and the managers encourage the employees' input to achieve organizational goals. Nowadays many international and national organizations like the government, non-government, and private



organizations take different strategies to develop health care organizations and also initiate different training programs with orientation program from urban to rural in Bangladesh. Mangold et al. (2006) claimed that staff nurses who are motivated to participate in decision making and are supported to share the organizational goals create chances for personal achievements. According to nurse supervisors who involved staff nurses in the participation of decision making to improve patient care, positive patient outcomes, and to enhance the inter-relationship between nurse and supervisors, it was found that staff nurses were inspired to participate in decision making (Akter, 2010).

## **2. Organizational citizenship behavior**

The results of this study indicated that the participants perceived the overall organizational citizenship behavior was at a moderate level ( $\bar{x}$  = 54.92, SD = 1.57). Also, each component of OCB directed to individuals and to organization as perceived by nurses was at a moderate level ( $\bar{x}$  = 28.40, SD = 7.31; and  $\bar{x}$  = 26.51, SD = 8.69, respectively). Organizational citizenship behavior comes in a variety of forms, such as locality, helping others, and organizational compliance (Podsakoff et al., 2000), and the organizations benefit from the employees who are willing to contribute their efforts and abilities to the organizations even though it is not officially required of them. Helping co-workers is included in OCB, as well as attending functions that are not required. Even though there is many training and orientation program but there is less practice on organizational citizenship behavior toward organization. Just they practice on organizational citizenship behavior toward

individual. Also, the one most important thing is lack of cooperation and coordination. In addition to helping behaviors, George and Brief (1992) suggested that a positive mood can also lead to such extra-role behaviors as protecting the organization, making constructive suggestions, developing oneself, and spreading goodwill.

## **3. Relationship between participation in decision making and organizational citizenship behavior**

The results of this study found that there were statistically significant relationships between each component of organizational citizenship behavior. The overall OCB had a significant strong positive correlation with participation in decision making ( $r$  = .994,  $p$  = 0.000). There were strong positive correlations between organizational citizenship behaviors directed to individual and to organization with participation in decision making ( $r$  = .987,  $p$  = 0.000; and  $r$  = .980,  $p$  = 0.000, respectively). In general, participation in decision making is associated with perceived support from the supervisor, possibly because the opportunity to participate in decision-making implies respect for the rights of individual employees and a full-status relationship with the immediate supervisor. In Dhaka, nurse supervisors reported that they support their staff nurses by providing resources such as organizing workshops, training, and in service education as well as helping them build their educational qualifications in tertiary level hospitals. LePine, Erez, and Johnson (2002) claimed that helping behavior is a positive feeling that can guide to further role behaviors such as protecting the organization, making constructing suggestions, developing oneself,





and spreading goodwill.

This descriptive correlational study aimed to identify the level of participation in decision making and organizational citizenship behavior, and the relationship between participation in decision making and organizational citizenship behavior as perceived by nurses in Medical College Hospitals, Dhaka, the People's Republic of Bangladesh. The instruments used for data collection were a set of questionnaires consisting of three parts, which included the Demographic Data Form, Participation in Decision Making Scale (PDM Scale), and Organizational Citizenship Behavior Scale (OCB Scale). The reliability of PDM Scale and OCB-I, and OCB-O scale were .80, .81 and .80, respectively. The results are presented as follows: The level of participation in decision making as perceived by nurses was at a moderate level ( $\bar{x}$  = 20.96, SD = 5.55). The level of overall organizational citizenship behavior was at a moderate level ( $\bar{x}$  = 54.92, SD = 1.57). Also, each item of OCB with organizational citizenship behavior directed to individuals and the organizational citizenship behaviors directed to organization as perceived by nurses were at a moderate level ( $\bar{x}$  = 28.40, SD = 7.31;  $\bar{x}$  = 26.51, SD = 8.69, respectively). Overall organizational citizenship behavior had a significant strong positive correlation with participation in decision making ( $r$  = .994,  $p$  = 0.000) followed by a strong positive correlation between organizational citizenship behavior directed to individual and to organization with participation in decision

making ( $r$  = .987,  $p$  = 0.000,  $r$  = .980,  $p$  = 0.000).

The results provide useful information about participation in decision making and organizational citizenship behavior as perceived by nurses. It is intended that the outcomes of this study are beneficial in the following ways: The results of this study provide valuable information to nurse administrators in order to understand or adapt participation in decision making in medical college hospitals. Nurse administrators should create a hospital culture that encourages staff nurses to participate in decision making which is relevant to their positions or professional responsibilities. Nurse educators should develop effective strategies for nursing students to take part in decision making processes to understand how to achieve organizational goals and to create more organizational citizenship behavior in hospital settings.

### Recommendations

This should be replicated in other different types of hospitals in Bangladesh. Factors can be identified that improve or impede participation in decision making and organizational citizenship behaviors among nurses, such as leadership style, organizational structures, and demographic variables.

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