



Araştırma Makalesi

Examining the Impact of Leader–Member Exchange on Organizational Citizenship Behaviour in Healthcare Sector

Sağlık Sektöründe Lider-Üye Etkileşiminin Örgütsel Vatandaşlık Davranışı Üzerindeki Etkisinin İncelenmesi

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ABSTRACT

This study aims to show whether health professionals' perceptions regarding leader–member exchange dimensions have any impact on their organizational citizenship behaviour and its dimensions. To this end, surveys were distributed to health professionals (doctors, nurses, other medical officials and administrative staff) working in a public and private hospital located in Turkey's Ankara province through face-to-face meetings and the data obtained from 423 health professionals were evaluated with multiple linear regression analysis. The results indicated that the health professionals had a medium level of leader-member exchange and high level of organizational citizenship behaviour. The regression analysis results show that the health professionals' perceptions regarding leader-member exchange had positive impacts on organizational citizenship behaviour and its dimensions. The findings suggest that healthcare organizations can enhance healthcare professionals' organizational citizenship behaviours through high level of leader-member exchange.

ÖZ

Bu çalışmanın amacı; sağlık çalışanlarının lider-üye etkileşim düzeyleri alt boyutları ile ilgili değerlendirmelerinin örgütsel vatandaşlık davranışı ve alt boyutları üzerinde etki gösterip göstermediğini ortaya koymaktır. Bu kapsamda; Türkiye'nin Ankara ilinde faaliyet gösteren bir kamu hastanesi ve bir özel hastanede görev yapan sağlık çalışanlarıyla (doktor, hemşire, diğer sağlık personeli ve idari personel) yüz yüze görüşülerek anket formu dağıtılmış ve toplam 423 sağlık çalışanından elde edilen veriler çoklu doğrusal regresyon analizi ile değerlendirilmiştir. Analizler sonucunda; sağlık çalışanlarının lider-üye etkileşim düzeyinin orta, sergiledikleri örgütsel vatandaşlık davranışının ise yüksek seviyede olduğu saptanmıştır. Yapılan regresyon analizi sonuçları; çalışanların lider-üye etkileşim düzeyiyle ilgili değerlendirmelerinin örgütsel vatandaşlık davranışı ve alt boyutlarını pozitif yönde etkilediğini göstermektedir. Elde edilen bulgular, sağlık kuruluşlarının yüksek seviyede lider-üye etkileşimi yoluyla çalışanların örgütsel vatandaşlık davranışlarını geliştirebileceğini göstermektedir.

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1. INTRODUCTION

In today's business climate, organizations are engaged in intense competition due to globalization, and economic, social, political, technological and international factors are considerably fluctuating and uncertain. This situation forces health care organizations to continuously upgrade themselves. Health care organizations interact with a great number of different people and other entities, and they need to provide effective and quality service, manage technology and human resources successfully, produce rapid and permanent solutions to the problems they experience and achieve continuous development so that they can survive in the rapidly changing health sector. To accomplish these goals, they must have strong leaders. In addition to these characteristics of healthcare leadership, the interactions between leaders and their subordinates also deserve careful examination. The unique interaction that occurs between a leader and a subordinate over time is referred to as *leader-member exchange (LMX)* (Harris, Harris & Eplion, 2007: 92; Yukl, 2010: 146).

LMX can impact many individual and organizational outcome variables by affecting the atmosphere in an organization (Dulebohn, Bommer, Liden, Brouer, & Ferris, 2012: 1717; Kang & Stewart, 2007: 533). One of these variables is *organizational citizenship behaviour (OCB)*, which is defined as an employee's willingness to go beyond the formal requirements of an organization and do more than what is expected from him/her (Greenberg & Baron, 2000: 372). Organ, who first used OCB as a concept in 1983, defined it as an 'individual behaviour that is discretionary, not directly or explicitly recognized by the formal reward system, and that in the aggregate promotes the effective functioning of the organization' (Organ, 1988: 4).

OCB refers to behaviours such as getting along well with colleagues, helping them voluntarily, enabling newcomers to adapt to their job and the organization, taking one's job seriously and giving suggestions to improve the organization. Due to the specificity and sensitivity of the service offered in healthcare organizations, there is a greater need for such extra behaviours to be exhibited and encouraged. Because the inadequacies of the employees' OCBs may lead to a decrease in individual and total performance, and consequently inadequacies in the provision of health services. Understanding and encouraging OCBs of healthcare professionals will contribute to better management

of organizational behaviour in the hospital environment and thus to organizational performance (Bahrami, Montazeralfaraj, Gazar, & Tafti, 2013: 172-173; Kolade, Oluysse, & Omotayo, 2014: 37).

Especially healthcare leaders have an important role in facilitating and encouraging the performance of OCB by health professionals who are trying to provide service under stressful conditions. The interaction level or interaction quality between a leader and a subordinate, which refers to as LMX, can impact subordinate's OCB level. In the literature, there are many studies conducted in different sectors (information technology (IT), banking, hospitality, manufacturing etc.), indicating that high-quality LMX may positively impact employees' OCB (Estiri, Amiri, Khajeheian, & Rayej, 2017; Ishak & Alam, 2009; Truckenbrodt, 2000; Zhong, Lam, & Chen, 2011), few such studies have been carried out in the healthcare sector (Ali, 2009; Chen, Wang, Chang, & Hu, 2008; Wayne & Green, 1993). In this respect, this study aims to show whether health professionals' perceptions regarding LMX dimensions have any impact on their OCB and its dimensions. In this context, it is thought that this research will contribute to the gap in the related literature.

2. THEORETICAL FRAMEWORK

2.1. Leader–Member Exchange Theory

The LMX Theory, which was initially called the Vertical Dyad Linkage Model (Danserau, Graen, & Haga, 1975: 46) and is one of the most investigated leadership theories (Goertzen & Fritz, 2004: 3), was developed to explain the dynamic relationship between leaders and members and has been used by researchers to investigate the impact of leader-member relationships on the behavioural and affective responses of members. The theory tries to explain how leaders develop different relationships with members over time (Varma, Srinivas, & Stroh, 2005: 84; Yukl, 2010: 146).

According to this theory, a leader does not have sufficient time and energy to maintain equal and high-quality relationships with all members. Thus, he/she tends to expend those resources primarily on specific members in the in-group, known as the *trusted cadre*, in return for loyalty, trust and support from those members. There is more social distance between the leader and other members, so they are called the out-group or the *hired hands* (Danserau et al., 1975: 70; Graen & Uhl-Bien, 1995: 227; Rofcanin & Mehtap, 2010: 86-87).

More recent studies have used the concept of *relationship quality* (i.e. high and low quality) instead of the terms ‘in-group’ and ‘out-group’ in the LMX theory. This is consistent with the basic premise that each relationship is unique (Brower, Schoorman, & Tan, 2000: 229; Liden & Graen, 1980: 451-452). In high-quality LMX, leaders give members more support than what would normally be expected and members fulfil more autonomous and high-powered work activities. However, in low-quality LMX, there is less interaction between the two sides. Leaders provide members only with what they need to do their work and members fulfil only their formal role requirements such as completing required tasks, obeying rules and following standard procedures. In this case, members gain only the standard benefits (e.g. salary) (Rowe & Guerrero, 2011: 239; Yukl, 2010: 123).

LMX is theoretically based on Social Exchange Theory (Blau, 1964) and Role Theory (Katz & Kahn, 1978). Because of these theories, LMX is considered multidimensional. These dimensions are contribution, loyalty, affect and professional respect. *Contribution* refers to perceptions regarding the amount, direction and quality of work activities performed by each side for the mutual goals of the leader–member dyad; *loyalty* refers to the general support of each person in the dyad for the other’s goals and personal characteristics; *affect* refers to the interaction of the leader–member dyad on the basis of mutual interest rather than work or professional concerns and *professional respect* refers to perceptions regarding the respect gained by each side of the dyad, both inside and outside the organization, through succeeding in his or her work (Dienesch & Liden, 1986: 624-625; Liden & Maslyn, 1998: 50).

LMX can impact many individual and organizational outcome variables. For example; in a study conducted on 585 employees in USA, a negative relationship was found between LMX quality and turnover intentions (Harris, Kacmar, & Witt, 2005: 372). Another study carried out with the participation of 79 psychiatric rehabilitation workers in USA, it was found that LMX is significantly and negatively correlated with burnout (Larson & Gouwens, 2008: 5). In a study conducted on 168 teachers in Izmir, it was found that LMX and its dimensions have positive and significant effects on the job satisfaction and general, emotional and normative commitment of teacher (Cekmecelioglu & Ulker, 2014: 35). Another study carried out with the participation of 134 doctors in Konya, a negative and statistically significant relationship was found between the LMX and turnover intention (Ozturk & Eryesil, 2016: 123). In a study conducted on 420 hotel managers and 640

hotel employees in Turkey, it was found that LMX have negative and significant effect on the organizational silence (Cop & Ozturk, 2017: 37). In Ankara, it was found that LMX affected employees’ organizational identification and job commitment significantly and positively, in a study conducted on 152 people working in a bank (Goksel & Ekmekcioglu, 2016: 721). Based on these results, it can be said that LMX is one of the important variables for organizations.

2.2. Organizational Citizenship Behaviour

In today’s rapidly changing and developing business climate, organizations seeking to attain or maintain success cannot be satisfied with employees who fulfil only the tasks and responsibilities included in their formal job descriptions. It is important to motivate employees to perform extra activities on a voluntary basis when needed. As noted above, this willingness to do more than the required minimum in the work setting is the essence of OCB.

OCB refers to behaviours and actions that go beyond traditional business behaviours, are not based on obligation and contribute to long-term organizational success. *Organizational Citizenship Behaviour-Organization (OCBO)* and *Organizational Citizenship Behaviour-Individuals (OCBI)*. OCBO refers to behaviours that provide benefits for the organization as a whole, whereas OCBI involves behaviours that provide benefits directly for specific individuals and thus indirectly for the organization (Williams & Anderson, 1991: 601-602; Zhu, 2013: 24).

Although the literature contains no consensus on the dimensions of this concept, Organ (1988) deals with OCB in five categories: altruism, conscientiousness, courtesy, civic virtue and sportsmanship. *Altruism* covers all voluntary behaviours related to helping a specific person with regard to an organizational issue or problem (Organ, 1988: 8). *Conscientiousness* refers to organizational members’ fulfilment of some roles by going beyond minimum requirements (George & Brief, 1992: 312). *Courtesy* means conducting negotiations about the work of parties who will be affected by one’s decisions and promises (Organ, 1988: 11). *Civic virtue* represents staff members’ willingness to participate in addressing routine and non-routine issues so that an organization can achieve a good image (Bukhari, 2008: 110). *Sportsmanship* involves giving up trivial complaints and not making mountains out of molehills (Organ, 1988: 11).

It is generally believed that the OCB will have positive effects on employees and on the organizations as they are exhibited voluntarily. For example; in a study conducted on 162 production workers in the same organization within Malaysia, Germany, and England, OCB was found to negatively relate to turnover intention (Coyne & Ong, 2007: 1085). In a study carried out with the participation of 432 employees working in five-star hotels and first-class holiday villages in Turkey, it was found that OCB affects job performance positively, turnover intention and work overload negatively (Celik & Cira, 2013: 11). In a study conducted on 91 people from aviation industry, it was found that OCB had a positive impact on perceived performance (Ulufur, 2016: 53).

2.3. Relationship between Leader-Member Exchange and Organizational Citizenship Behaviour

The LMX theory has been posited to interpret the process of exchange between leaders and employees, and the effects of the nature and quality of this process on organizations. The quality of relationships between leaders and employees increases harmony in a job environment and is likely to influence many of the employees' attitudes and behaviours (Wan, 2011: 74-76), including OCB.

Previous studies have demonstrated a significant correlation between LMX and employees' OCB (Burton, Sablynski, & Sekiguchi, 2008; Liden & Graen, 1980; Van Yperen, Van Den Berg, & Willering, 1999; Wan, 2011; Zhong et al., 2011). The Social Exchange Theory is a fundamental framework for understanding and interpreting the relationship between LMX and OCB. From the perspective of social exchange, employees who feel well treated in their organizations tend to be more inclined to extra role behaviours. According to this theory; OCB is a starting point for positive emotions. If a leader helps an employee in any matter, the employee will be liable to provide the leader with the benefit of this assistance in order for this interaction to be mutually beneficial. Employees, in this context, will deal with OCBs, such as providing further assistance to his leader or to colleagues, working overtime etc. (Ishak and Alam, 2009: 54; Piccolo, Bardes, Mayer, & Judge, 2008: 275; Waismel-Manor, Tziner, Berger, & Dikstein, 2010: 170).

When Social Exchange Theory principles and reciprocity norms are taken as a basis, displaying OCB is regarded as a means of maintaining balance in the relationship between the employee and the leader or the organization. Employees with a high

LMX level go beyond their formal roles and responsibilities by spending more time and making a greater effort to reciprocate for the leader's interest; they also display high commitment, OCB and performance (Duarte, Goodson, & Klich, 1993: 239; Van Yperen et al., 1999: 379). Employees with a low level of LMX do not exert much effort to improve performance and are not willing to help the leader or colleagues (Burton et al., 2008: 53-54).

The more valuable resources, knowledge and support employees feel they receive from their leaders, the more likely they are to display behaviours that exceed what is indicated in their job descriptions to help their leaders and be engaged in high-quality work behaviours that result in high job performance (Podsakoff, MacKenzie, Paine & Bachrach, 2000: 552; Vidyarthi, Liden, Anand, Erdogan & Ghosh, 2010: 852). The national and international literature contains many studies conducted in other sectors (IT, banking, hospitality, manufacturing etc.), indicating that high-quality LMX may positively impact employees' OCB (Estiri et al., 2017; Ishak & Alam, 2009; Truckenbrodt, 2000; Zhong et al., 2011;). However, few such studies have been conducted in the healthcare sector (Ali, 2009; Chen et al., 2008; Wayne & Green, 1993). Filling this gap in the literature is the starting point of this research.

3. METHODOLOGY

3.1. Aim and Hypotheses

This study aims to show whether health professionals' perceptions regarding LMX dimensions (contribution, loyalty, affect and professional respect) have an impact on their OCB and its dimensions (altruism, conscientiousness, courtesy, sportsmanship and civic virtue). The hypotheses established in this direction are as follows:

H₁: Health professionals' perceptions regarding LMX dimensions affect altruism, which is one of the dimensions of OCB.

H₂: Health professionals' perceptions regarding LMX dimensions affect conscientiousness, which is one of the dimensions of OCB.

H₃: Health professionals' perceptions regarding LMX dimensions affect courtesy, which is one of the dimensions of OCB.

H₄: Health professionals' perceptions regarding LMX dimensions affect sportsmanship, which is one of the dimensions of OCB.

H₅: Health professionals' perceptions regarding LMX dimensions affect civic virtue, which is one of the dimensions of OCB.

H₆: Health professionals' perceptions regarding LMX dimensions affect overall OCB.

3.2. Population and Sample

The research population comprised doctors, nurses, other medical officials and administrative staff working in two hospitals (one public and one private hospital) in Ankara province between January and April 2014. These hospitals were selected because of their similarity to one another in terms of total number of beds and the number and distribution of staff.

The private hospital had 620 employees and the public hospital had 600 employees at the time when the study was conducted. No sampling was done and an attempt was made to reach the entire employee population. Only 212 private hospital employees and 211 public hospital employees responded, because some employees were on leave for various reasons, some were not working on the shifts when the survey was administered and some declined to participate. All 423 collected survey forms contained complete responses, representing a return rate of 34.67% when compared to the hospitals' total number of employees. With regard to the sufficiency of sample size, according to Saunders, Lewis and Thornhill (2009: 219), approximately 27,8% response rate is sufficient in a population of 1,000 people for business and management research.

3.3. Data Collection Method

The research data were collected via a survey form with three parts: personal and demographic information, a LMX scale and an OCB scale. A five-point Likert-type scale (1 = Strongly Disagree, 5 = Strongly Agree) was used in the survey, except for the questions on personal and demographic information. The survey was administered through face-to-face meetings. The participants were asked to answer the questions related to leaders by considering their immediate supervisors.

LMX Scale: The Multidimensionality of Leader-Member Exchange/LMX-MDM-12 scale, developed by Liden and Maslyn (1998), was used to measure LMX levels. This scale assesses the four dimensions of LMX (i.e. contribution, loyalty, affect and professional respect) and comprises 12 items. The validity and reliability of the Turkish scale was verified by Bas, Keskin and Mert (2010).

In this study, the Cronbach's alpha coefficients calculated from the 423 responses on the four LMX dimensions varied between 0.81 and 0.92, and the coefficient was 0.96 for the entire scale (see Table 1).

OCB Scale: This scale, which assesses employees' tendency to display OCB, was developed from Vey and Campbell (2004) and Williams and Shiaw (1999). It was adapted into the Turkish language by Basim and Sesen (2006). The survey comprises five dimensions (i.e. altruism, conscientiousness, courtesy, civic virtue and sportsmanship), which are consistent with the OCB dimensions identified by Organ (1988) and 19 items. In this study, the Cronbach's alpha coefficients on the five OCB dimensions varied between 0.71 and 0.88, and the coefficient was 0.91 for the entire scale. (See Table 1)

The scales were assessed by Confirmatory Factor Analyses (CFA) as shown in Table 2. The root mean square error of approximation (RMSEA), the comparative fit index (CFI), the normed fit index (NFI), the Tucker-Lewis index, and the goodness-of-fit index (GFI) were examined to assess the adequacy of model fit in the study (Schumacher & Lomax, 2010: 76).

The RMSEA was found as 0.076 for LMX Scale and 0.068 for OCB Scale. The value is acceptable between 0.05 and 0.08 (Schumacher & Lomax, 2010: 76). CFI was found as 0.978 for LMX Scale and 0.938 for OCB Scale. NFI was found as 0.969 for LMX Scale and 0.909 for OCB Scale. TLI was found as 0.968 for LMX Scale and 0.923 for OCB Scale. GFI was found as 0.942 for LMX Scale and 0.902 for OCB Scale. CFI, NFI, TLI and GFI reflects a good fit when it is close to 0.90 to 0.95 (Lomax, 2013: 248; Schumacher & Lomax, 2010: 76).

CFA of the scales was validated for each scale dimensions. Based on the results, this study shows that the data set obtained from the scales is valid and the model has revealed a good fit to the data. In other words, the model provides the necessary conditions for analysis.

3.4. Data Analysis

In the study, Structural Equation Model (SEM) was used for CFAs and multiple linear regression analyses were conducted to determine the impact of employees' perceptions regarding LMX dimensions on OCB and its dimensions. The Durbin-Watson and VIF (Variation Inflation Factor) coefficients were calculated to determine if there was autocorrelation and multicollinearity in the

Table 1: Descriptive Statistics, Reliability Results and Intercorrelations between Variables

	Mean	SD	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1.Contribution	3.47	1.10	(0.81)										
2.Loyalty	3.47	1.17	0.732**	(0.92)									
3.Affect	3.61	1.17	0.759**	0.852**	(0.92)								
4.ProfessionalRespect	3.61	1.11	0.744**	0.804**	0.849**	(0.91)							
5.Overall LMX	3.54	1.04	0.879**	0.925**	0.944**	0.924**	(0.96)						
6.Altruism	4.31	0.64	0.209**	0.137**	0.188**	0.175**	0.192**	(0.84)					
7.Conscientiousness	3.96	0.80	0.378**	0.298**	0.311**	0.315**	0.354**	0.158**	(0.71)				
8.Courtesy	4.44	0.71	0.147**	0.122**	0.147**	0.167**	0.158**	0.715**	0.499**	(0.88)			
9.Sportsmanship	3.83	0.75	0.391**	0.337**	0.351**	0.344**	0.387**	0.447**	0.576**	0.521**	(0.72)		
10.Civic Virtue	3.86	0.84	0.465**	0.400**	0.379**	0.421**	0.452**	0.374**	0.606**	0.396**	0.629**	(0.83)	
11.Overall OCB	4.08	0.58	0.416**	0.339**	0.358**	0.370**	0.403**	0.772**	0.800**	0.767**	0.813**	0.786**	(0.91)

Cronbach alpha coefficients were given on the diagonal in parentheses.

** Correlation is significant at the 0.01 level (two-tailed).

established regression models. All statistical analyses were made using SPSS v21.0 and AMOS v21.0.

4. RESULTS

Of the research participants; 71.9% were female and 69% were married; 51.3% were 34 years old or younger; 32.2% had a primary school or high school education level, 24.1% indicated an associate's degree, 24.3% said a bachelor's degree and 19.4% had earned graduate degrees; 50.1% worked in the private hospital; 41.8% were administrative staff, 26.2% nurses, 16.3% doctors and 15.7% other medical officials; 56.3% had 10 years or fewer of work experience in the health sector; 83.7% stated that they currently did not have any administrative position in their hospital and 65.7% stated that they had undergone leadership training.

The data on the health professionals' LMX levels indicated that the health professionals yielded the highest means in professional respect (3.61 ± 1.11) and affect (3.61 ± 1.17) among LMX dimensions and the lowest means in loyalty (3.47 ± 1.17) and contribution (3.47 ± 1.10). The mean score for overall LMX was 3.54 ± 1.04 . As for the OCB dimensions, the respondents yielded the highest mean in courtesy (4.44 ± 0.71) and the lowest mean in sportsmanship (3.83 ± 0.75), with an overall mean

score of 4.08 ± 0.58 . Thus, it can be said that the participants had medium overall LMX and high overall OCB (see Table 1).

According to the correlation analysis results in Table 1, there were significant and positive correlations between LMX dimensions and OCB dimensions ($0.122 \leq r \leq 0.465$, $p < 0.01$) and these correlations were low and average. The results of previous research also found similarly significant and positive relationship between the two variables (Ibrahim, Ghani, Hashim, & Amin, 2017: 220; Ishak & Alam, 2009: 330; Truckenbrodt, 2000: 240; Waismel-Manor et al., 2010: 174).

In the multiple linear regression analyses (see Table 3), the Durbin-Watson coefficients and VIF coefficients concerning the established regression models were respectively below 2.5 and 10, indicating that there was no autocorrelation and multicollinearity (Hair, Black, Babin & Anderson, 2010: 201).

The multiple linear regression analysis demonstrated that contribution dimension, which is one of the four dimensions of LMX, had a statistically significant positive impact on OCB dimensions (altruism ($t=2.289$, $p < 0.05$), conscientiousness ($t=4.335$, $p < 0.05$), sportsmanship ($t=3.756$, $p < 0.05$), civic virtue ($t=4.987$, $p < 0.05$)) and overall OCB ($t=4.317$, $p < 0.05$). Besides, professional respect dimension, which is also one of the four dimensions of LMX, had a statistically significant positive impact on civic virtue

Table 2: The Goodness-of-Fit Index Results of Scales

Scales	CMIN	df	p	RMSEA	CFI	NFI	TLI	AGFI	GFI
<i>Four-Factor LMX</i>	157.083	46	0.000	0.076	0.978	0.969	0.968	0.901	0.942
<i>Five-Factor OCB</i>	405.611	138	0.000	0.068	0.938	0.909	0.923	0.866	0.902

dimension of OCB ($t=2.255, p<0.05$). These results indicated that hypothesis H_1, H_2, H_4, H_5 and H_6 was only partially confirmed. On the other hand, it was found that none of the LMX dimensions had a significant effect on the courtesy dimension, which is one of the OCB dimensions. Due to this reason, H_3 was rejected.

5. DISCUSSION AND CONCLUSION

The literature contains many studies conducted in other sectors, indicating that high-quality LMX may positively impact employees' OCB, but there are limited number of researches in the healthcare sector, which is the focus of the present study. It is also important to examine whether health professionals' perceptions regarding LMX dimensions have any impact on their OCB and its dimensions. In the current study carried out for this purpose, results firstly showed that health professionals' perceptions of the contribution dimension had an impact on their altruism behaviours. Contribution relates to employees' readiness to exert efforts beyond what is expected from them, performing work for which they are not responsible to serve their leaders and give extra effort to achieve the work-related targets set by leaders. In this sense, it can be expected that contribution should have a positive impact on altruism, which is basically associated with helpfulness. This finding is consistent with the results of previous research. For example, in a study of 73 nurses and 25 nurse managers in USA, it was determined that there was a significant effect for LMX ranking on altruism (Wayne & Green, 1993: 1436). In a study of 126 dyads in an IT solutions company, it was found that there was a significant relationship between quality of LMX and altruistic citizenship behaviour (Truckenbrodt, 2000: 240). Also, a study of 330 non-supervisory employees and supervisors in the banking organizations in Malaysia, concluded that LMX showed significant relationship with altruism (Ishak & Alam, 2009: 330). Similarly, in another study of 94 people in Malaysia, LMX dimensions explained 20% of the total variance in altruism behaviours and the only significant correlation was with contribution (Lo, Ramayah & Hui, 2006: 15). Likewise, a study conducted on 156 civil servants in Turkey concluded that LMX dimensions had a significant impact on altruism (Yildiz, 2011: 327). Also, it was found that LMX had a significant effect on altruism, in a study of 380 employees in five Iranian public hotels (Estiri et al., 2017: 8).

Secondly, it was found that health professionals' perceptions regarding the dimension of contribution had an impact on their conscientiousness behaviours. It can be said that contribution enables employees to spend more of their time on work-related activities, become more involved in activities that may give their organization a positive image and not spend time on personal affairs during working hours, thus making them more conscientious. This result is also consistent with national and international literature. For instance, research involving 86 students who both attended evening classes in a university and worked at a job, as well as their superiors, concluded that LMX dimensions have a significant impact on conscientiousness (Deluga, 1994: 321). Yildiz (2011: 327) similarly reported that LMX dimensions had a significant impact on the conscientiousness.

Thirdly, it was found that none of the LMX dimensions had a significant effect on the courtesy dimension. This result is inconsistent with the literature (Deluga, 1994: 321; Yildiz, 2011: 327). It is an unexpected result for the current study. Furthermore, results showed that that health professionals' perceptions regarding the dimension of contribution had an impact on their sportsmanship behaviours. It can be said that professionals who have high perceptions regarding contribution try not to waste their time by complaining about trivial issues, see the positive sides of events rather than focusing on problems in the hospital environment, do not take offence at or become angry about situations that they confront in the hospital and actively participate in conflict resolution. This result is also consistent with national and international literature (Deluga, 1994: 321; Ishak & Alam, 2009: 330; Yildiz, 2011: 327).

Additionally, it was found that health professionals' perceptions regarding the dimensions of contribution and professional respect had an impact on their civic virtue behaviours. It can be said that when professionals have high perceptions regarding these dimensions, they are more likely to be attentive to announcements and messages from top management, to participate in social events at the hospital, to remain abreast of changes in the hospital structure and to participate in research projects or committees involved in improving the hospital. This result is consistent with prior literature. For example, Lo et al. (2006: 16) found that LMX dimensions explained 21% of the total variance in civic virtue behaviours, and there were significant correlations only with contribution and professional respect. Similarly, Yildiz (2011: 327)

Table 3: Multiple Regression Analysis Results

Predicted Variable	Predictive Variables	B	Std. Error	β	t	p
Altruism	(Constant)	3.864	0.110		35.090	0.000
	Contribution	0.104	0.045	0.178	2.289*	0.023
	Loyalty	-0.082	0.053	-0.149	-1.541	0.124
	Affect	0.082	0.060	0.150	1.362	0.174
	Professional Respect	0.021	0.056	0.035	0.364	0.716
	$R=0.226$ $R^2=0.051$ $F=5.613$ $p=0.000$ <i>Durbin Watson=1.864</i>					
Conscientiousness	(Constant)	2.949	0.130		22.736	0.000
	Contribution	0.232	0.053	0.320	4.335*	0.000
	Loyalty	0.002	0.063	0.003	0.036	0.972
	Affect	0.005	0.071	0.007	0.071	0.943
	Professional Respect	0.049	0.066	0.068	0.737	0.462
	$R=0.382$ $R^2=0.146$ $F=17.808$ $p=0.000$ <i>Durbin Watson=1.824</i>					
Courtesy	(Constant)	4.028	0.124		32.592	0.000
	Contribution	0.041	0.051	0.064	0.810	0.418
	Loyalty	-0.047	0.060	-0.077	-0.790	0.430
	Affect	0.023	0.068	0.038	0.344	0.731
	Professional Respect	0.096	0.063	0.149	1.524	0.128
	$R=0.175$ $R^2=0.030$ $F=3.286$ $p=0.011$ <i>Durbin Watson=1.829</i>					
Sportsman Ship	(Constant)	2.818	0.121		23.387	0.000
	Contribution	0.187	0.050	0.275	3.756*	0.000
	Loyalty	0.024	0.058	0.038	0.419	0.676
	Affect	0.040	0.066	0.062	0.599	0.550
	Professional Respect	0.038	0.062	0.056	0.619	0.536
	$R=0.402$ $R^2=0.161$ $F=20.111$ $p=0.000$ <i>Durbin Watson=1.896</i>					
Civic Virtue	(Constant)	2.511	0.129		19.495	0.000
	Contribution	0.265	0.053	0.349	4.987*	0.000
	Loyalty	0.083	0.062	0.116	1.338	0.181
	Affect	-0.108	0.070	-0.152	-1.538	0.125
	Professional Respect	0.149	0.066	0.196	2.255*	0.025
	$R=0.483$ $R^2=0.234$ $F=31.844$ $p=0.000$ <i>Durbin Watson=1.795</i>					
Overall OCB	(Constant)	3.240	0.093		34.851	0.000
	Contribution	0.166	0.038	0.312	4.317*	0.000
	Loyalty	-0.006	0.045	-0.012	-0.133	0.894
	Affect	0.012	0.051	0.023	0.227	0.820
	Professional Respect	0.068	0.048	0.128	1.422	0.156
	$R=0.426$ $R^2=0.181$ $F=23.141$ $p=0.000$ <i>Durbin Watson=1.831</i>					

*p<0.05

determined that LMX dimensions explained 46.9% of the total variance in civic virtue behaviours. Also, Estiri et al. (2017: 9) found that LMX had a positive significant effect on civic virtue.

Finally, results showed that participants' perceptions regarding the dimensions of contribution had an impact on their overall OCB. The literature also reports that contribution has a significant impact on OCB. For instance, in a study of 306 software experts in India, it was determined that only contribution had a significant impact on OCB (Bhal, Gulati & Ansari, 2009: 115). In the literature, Truckenbrodt (2000: 240) found also a significant relationship between quality of LMX and OCB. Similarly, a significant positive relationship was found between LMX and OCB, in a study conducted in Israel (Waismel-Manor et al., 2010: 174). Likewise, it was found that LMX is positively related to OCB in a sample of 214 supervisor-subordinate dyads from indigenous family business in China (Wang, Chu & Ni, 2010: 148). In a study conducted on 238 supervisor-subordinate dyads from manufacturing industry in China, a significant positive relationship was found between LMX and OCB (Zhong et al., 2011: 609). Similarly, it was found that LMX was positively related to OCB, in another study conducted in China (Sun, Chow, Chiu & Pan, 2013: 215). In a sample of 222 local government employees working in Southern Malaysia, it was found that LMX dimensions (excluding loyalty dimension) were positively related to OCB, too (Ibrahim et al., 2017: 220).

Summarily, the regression analysis results show that the health professionals' perceptions regarding LMX dimensions (especially contribution and professional respect) had positive impacts on OCB and its dimensions. In this sense, it is thought that the results of the research contribute to the literature of healthcare management and organizational behaviour. Based on these results, it can be said that employees who have a stronger communication with their leaders, receive more support and consultation from them, care about them and are committed to them are more likely to engage in behaviours that will provide benefits for their leaders, departments and organizations and contribute to their success. Such employees voluntarily serve beyond the requirements of their formal roles and responsibilities to maintain good relationships with their leaders. The first implication of these findings is that health care organizations should endeavour to increase the amount and quality of exchange between leaders and employees. Increasing LMX and encouraging employees to display OCB depends in part on

properly designing and implementing recruitment and evaluation processes and introducing employees to desired behaviours during the orientation process. In this regard, important roles belong to the human resources and training departments of health care organizations.

Since employees are more likely to display OCB when they have more favourable interaction with their leaders, leaders should improve working environments and conditions, be fair in giving tasks and rewards to employees, develop relationships built upon mutual support, show trust, respect and understanding to employees and adopt modern leadership styles (in contrast to traditional approaches) that are more effective in satisfying and motivating employees. Training events (e.g. seminars, meetings, job rotations) could be used to increase employees' LMX and enable them to display OCB more strongly. In addition, special activities such as New Year and bairam (feast) celebrations, dinners, picnics, parties and kermises (outdoor fairs) could encourage leaders and employees to share time together outside the job environment and get to know each other better.

This study has some limitations. Firstly, the study was conducted in a public hospital and a private hospital in Ankara. The results of this research are therefore cannot be generalized to other hospital or sector employees. In the study, physicians, nurses, other medical officials and administrative personnel who work in two hospitals were recruited and security and cleaning personnel were not included because they were temporary employees. This situation is thought to create a limitation in the evaluation of the employees in the hospital as a whole.

This study has also some suggestions for future research. Firstly, future research can be designed where hospital employees are evaluated as a whole. Also, researchers who want to study on this subject in the future can search and identify other variables that are likely to play a mediating role in the relationship between LMX and OCB.

REFERENCES

- Ali, N. (2009). Effects of perceived organizational support and leader-member exchange on organizational citizenship behaviour. *Journal of Managerial Sciences*, 3(1), 63-71.
- Bahrami, M. A., Montazeralfaraj, R., Gazar, S. H. & Tafti, A. D. (2013). Demographic determinants of organizational citizenship behavior among hospital employees. *Global Business and Management Research: An International Journal*, 5(4), 171-178.
- Basim, H. N. & Sesen, H. (2006). An adaptation and comparison of organizational citizenship behavior scale. *Ankara University The Journal of the Faculty of Political Sciences*, 64(1), 83-101.
- Bas, T., Keskin, N. & Mert, I. S. (2010). Leader member exchange (LMX) model and validity and reliability of its instrument in Turkish. *Ege Academic Review*, 10(3), 1013-1039.
- Bhal, K. T., Gulati, N. & Ansari, M. A. (2009). Leader-member exchange and subordinate outcomes: Test of a mediation model. *The Leadership & Organization Development Journal*, 30(2), 106-125.
- Blau, P. M. (1964). *Exchange and Power in Social Life*, New York: Wiley.
- Brower, H. H., Schoorman, F. D. & Tan, H. H. (2000). A model of relational leadership: The integration of trust and leader-member exchange. *Leadership Quarterly*, 11(2), 227-250.
- Bukhari, Z. U. (2008). Key antecedents of organizational citizenship behavior (ocb) in the banking sector of Pakistan. *International Journal of Business and Management*, 3(12), 106-115.
- Burton, J. P., Sablinski, C. J. & Sekiguchi, T. (2008). Linking justice, performance, and citizenship via leader-member exchange. *Journal of Business and Psychology*, 23, 51-61.
- Cekmecelioglu, H. G. & Ulker, F. (2014). Leader-member exchange and its impact on employee attitudes: a research on education sector. *Kocaeli University Institute of Social Sciences Journal*, 28, 35-58.
- Celik, M. & Cira, A. (2013). The mediating role of work overload on the effects of organizational citizenship behavior on job performance and turnover intention. *Ege Academic Review*, 13(1), 11-20.
- Chen, C. V., Wang, S., Chang, W. & Hu, C. (2008). The effect of leader-member exchange, trust, supervisor support on organizational citizenship behavior in nurses. *Journal of Nursing Research*, 16(4), 321-328.
- Cop, S. & Ozturk, Y. (2017). The impact of leader-member exchange on organizational silence: A case study on hotel managements. *Journal of Business Research-Turk*, 9(2), 37-68.
- Coyne, I. & Ong, T. (2007). Organizational citizenship behaviour and turnover intention: A cross-cultural study. *The International Journal of Human Resource Management*, 18(6), 1085-1097.
- Danserau, F., Graen, G. & Haga, W. J. (1975). A vertical dyad linkage approach to leadership within formal organizations. *Organizational Behavior and Human Performance*, 13, 46-78.
- Deluga, R. J. (1994). Supervisor trust building, leader-member exchange and organizational citizenship behaviour. *Journal of Occupational and Organizational Psychology*, 67, 315-326.
- Dienesch, R. M. & Liden, R. C. (1986). Leader-member exchange model of leadership: A critique and further development. *Academy of Management Review*, 11(3), 618-634.
- Duarte, N. T., Goodson, J. R. & Klich, N. R. (1993). How do I like thee? Let me appraise the ways. *Journal of Organizational Behavior*, 14, 239-249.
- Dulebohn, J. H., Bommer, W. H., Liden, R. C., Brouer, R. L. & Ferris, G. R. (2012). A meta-analysis of antecedents and consequences of leader-member exchange: Integrating the past with an eye toward the future. *Journal of Management*, 38(6), 1715-1759.
- Estiri, M., Amiri, N. S., Khajeheian, D. & Rayej, H. (2017). Leader-member exchange and organizational citizenship behavior in hospitality industry: A study on effect of gender. *Eurasian Business Review*, 1-18.
- George, J. M. & Brief, A. P. (1992). Feeling good-doing good: A conceptual analysis of the mood at work-organizational spontaneity relationship. *Psychological Bulletin*, 112(2), 310-329.
- Goertzen, B. J. & Fritz, S. (2004). Does sex of dyad members really matter? A review of leader-member exchange. *Journal of Leadership Education*, 3(2), 3-18.
- Goksel, A. & Ekmekcioğlu, E. B. (2016). The mediating role of job involvement in the relationship between leader-member exchange and organizational identification. *Gazi University Journal of Faculty of Economics and Administrative Sciences*, 18(3), 721-747.
- Graen, G. B. & Uhl-Bien, M. (1995). Relationship-based approach to leadership: Development of leader-member exchange (LMX) theory of leadership over 25 years: Applying a multi-level multi-domain perspective. *Leadership Quarterly*, 6(2), 219-247.

- Greenberg, J. & Baron, R. A. (2000). *Behavior in Organizations*, 7th. Edition, New Jersey: Prentice-Hall.
- Hair JR., J. F., Black, W. C., Babin, B. J. & Anderson, R. E. (2010). *Multivariate Data Analysis*, 7th. Edition, New Jersey: Pearson Prentice Hall.
- Harris, K. J., Kacmar, K. M. & Witt, L. A. (2005). An examination of the curvilinear relationship between leader-member exchange and intent to turnover. *Journal of Organizational Behavior*, 26(4), 363-378.
- Harris, K. J., Harris, R. B. & Eplion, D. M. (2007). Personality, leader-member exchanges, and work outcomes. *Journal of Behavioral and Applied Management*, 8(2), 92-107.
- Ibrahim, R. M., Ghani, M. A., Hashim, N. H. & Amin, A. (2017). Does leader-member exchange impact on organizational citizenship behaviour readiness? Evidence from state government agency. *International Review of Management and Marketing*, 7(1), 216-221.
- Ishak, N. A. & Alam, S. S. (2009). The effects of leader-member exchange on organizational justice and organizational citizenship behavior: Empirical study. *European Journal of Social Sciences*, 8(2), 324-334.
- Kang, D. & Stewart, J. (2007). Leader-member exchange (LMX) theory of leadership and HRD: Development of units of theory and laws of interaction. *Leadership & Organization Development Journal*, 28(6), 531-551.
- Katz, D. & Kahn, R. L. (1978). *The Social Psychology of Organizations*, 2nd. Edition, USA: John Wiley & Sons, Inc.
- Kolade, O. J., Oluyese, O. O. & Omotayo A., O. (2014). Organizational citizenship behavior, hospital corporate image and performance. *Journal of Competitiveness*, 6(1), 36-49.
- Larson, J. E. & Gouwens, J. A. (2008). The relationship between leader member exchange and burnout in psychiatric rehabilitation workers. *Journal of Rehabilitation Administration*, 32(1), 5-14.
- Liden, R. C. & Graen, G. (1980). Generalizability of the vertical dyad linkage model of leadership. *Academy of Management Journal*, 23(3), 451-465.
- Liden, R. C. & Maslyn, J. M. (1998). Multidimensionality of leader-member exchange: An empirical assessment through scale development. *Journal of Management*, 24(1), 43-72.
- Lo, M. C., Ramayah, T. & Hui, J. K. S. (2006). An investigation of leader member exchange effects on organizational citizenship behavior in Malaysia. *Journal of Business and Management*, 12(1), 5-23.
- Lomax, R. G. (2013). Introduction to Structural Equation Modeling. In Y. Petscher, C. Schatschneider & D. L. Compton, (Eds.). *Applied Quantitative Analysis in Education and The Social Sciences* (pp. 245-264). New York: Routledge Taylor & Francis Group.
- Organ, D. W. (1988). *Organizational Citizenship Behavior: The Good Soldier Syndrome*, Lexington-Massachusetts: Lexington Books.
- Ozturk, M. & Eryesil, K. (2016). The effect of leader member exchange and perceived organizational support on turnover intention. *Journal of Selçuk University Social Sciences Vocational School*, 19(2), 123-141.
- Rofcanin, Y. & Mehtap, O. (2010). Implications of leader-member exchange relationship (LMX) theory and transformational leadership dimensions on subordinate citizenship behavior: An empirical paper from Turkey with services industry focus. *International Journal of Global Business*, 3(1), 83-101.
- Rowe, W. G. & Guerrero, L. (2011). *Cases in Leadership*, 2nd. Edition, USA: Sage Publications, Inc.
- Piccolo, R. F., Bardes, M., Mayer, D. M. & Judge, T. A. (2008). Does high quality leader-member exchange accentuate the effects of organizational justice?. *European Journal of Work and Organizational Psychology*, 17(2), 273 – 298.
- Podsakoff, P. M., MacKenzie, S. M., Paine, J. B. & Bachrach, D. G. (2000). Organizational citizenship behaviors: A critical review of the theoretical and empirical literature and suggestions for future research. *Journal of Management*, 26(3), 513-563.
- Saunders, M., Lewis, P. & Thornhill, A. (2009). *Research Methods for Business Students*, 5th. Edition, England: Pearson Education.
- Schumacker, R. E. & Lomax, R. G. (2010). *A Beginner's Guide to Structural Equation Modelling*, 3rd. Edition, Taylor and Francis Group, LLC.
- Sun, L. Y., Chow, I. H. S., Chiu, R. K. & Pan, W. (2013). Outcome favorability in the link between leader-member exchange and organizational citizenship behavior: procedural fairness climate matters. *The Leadership Quarterly*, 24(1), 215-226.
- Truckenbrodt, Y. B. (2000). The relationship between leader-member exchange and commitment and organizational citizenship behavior. *Acquisition Review Quarterly*, 7(3), 233-244.

- Ulufer, S. (2016). The effects of organizational citizenship behaviour on perceived performance: A research on airlines. *Balkan and Near Eastern Journal of Social Sciences*, 02(02), 53-57.
- Van Yperen, N. W., Van Den Berg, A. E. & Willering, M. C. (1999). Towards a better understanding of the link between participation in decision-making and organizational citizenship behaviour: A multilevel analysis. *Journal of Occupational and Organizational Psychology*, 72, 377-392.
- Varma, A., Srinivas, E. S. & Stroh, L. K. (2005). A comparative study of the impact of leader member exchange in US and Indian samples. *Cross Cultural Management*, 12(1), 84-95.
- Vey, M. A. & Campbell, J. P. (2004). In-Role or extra-role organizational citizenship behavior: Which are we measuring? *Human Performance*, 17(1), 119-135.
- Vidyarathi, P. R., Liden, R. C., Anand, S., Erdogan, B. & Ghosh, S. (2010). Where do I stand? examining the effects of leader-member exchange social comparison on employee work behaviors. *Journal of Applied Psychology*, 95(5), 849-861.
- Waismel-Manor, R., Tziner, A., Berger, E. & Dikstein, E. (2010). Two of a kind? Leader-member exchange and organizational citizenship behaviors: The moderating role of leader-member similarity. *Journal of Applied Social Psychology*, 40(1), 167-181.
- Wan, H. L. (2011). The role of leader-member exchange in organisational justice: Organisational citizenship behaviour relationship. *Research and Practice in Human Resource Management*, 19(2), 71-91.
- Wang, L., Chu, X. & Ni, J. (2010). Leader-member exchange and organizational citizenship behavior: A new perspective from perceived insider status and Chinese Traditionality. *Frontiers of Business Research in China*, 4(1), 148-169.
- Wayne, S. J. & Green, S. A. (1993). The effects of leader-member exchange on employee citizenship and impression management behavior. *Human relations*, 46(12), 1431-1440.
- Williams, L. J. & Anderson, S. E. (1991). Job satisfaction and organizational commitment as predictors of organizational citizenship and in-role behaviors. *Journal of Management*, 17(3), 601-617.
- Williams, S. & Shiaw, W. T. (1999). Mood and organizational citizenship behavior: The effects of positive affect on employee organizational citizenship behavior intentions. *The Journal of Psychology*, 133(6), 656-668.
- Yildiz, S. (2011). The relationship between leader member exchange and organizational citizenship behavior in public organizations providing sports services. *Selcuk University Journal of Physical Education and Sport Science*, 13(3), 323-329.
- Yukl, G. (2010). *Leadership in Organizations*, 7th Edition, Upper Saddle River, NJ: Pearson Education, Inc.
- Zhong, J. A., Lam, W. & Chen, Z. (2011). Relationship between leader-member exchange and organizational citizenship behaviors: Examining the moderating role of empowerment. *Asia Pacific Journal of Management*, 28, 609-626.
- Zhu, Y. (2013). Individual Behavior: In-role and extra-role. *International Journal of Business Administration*, 4(1), 23-27.