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Organisational Citizenship Behaviour and the Performance of Government-Owned Medical Centres in Nigeria: The Case of Edo State

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Abstract

Over the years, there have been hues and cries by those who seek medical care and attention from government-owned health-care centres in Nigeria. The health-care givers in these institutions, particularly in Edo State, have been accused of failure to exhibit certain internationally acceptable discretionary behaviours towards their patients/clients outside their core job descriptions and responsibility. The failure of these health givers to demonstrate such discretionary behaviour has been reported to negatively impact the performance level of such organisations in relation to their core duties and responsibilities to the general public. To ascertain the veracity of such claims and join in the debate to determine the likelihood that such discretionary behaviour could impact the level of organisational performance, this study examines the nature of relationship that exists between organisational citizenship behaviour and the performance of government-owned medical centres in Edo State of Nigeria. The study used a survey research design. 356 respondents were surveyed. Krejcie and Morgan (1970) sampling technique was used for the study. Using the Pearson product moment correlation coefficient analysis, the study finds that there exist a strong positive relationship between conscientiousness to duty (as a measure for discretionary behaviour) and competitive advantage (as a proxy for performance) of government-owned medical centres. The study recommends, that the employees of the government-owned medical institutions should inter alia: work for extra hours when necessary, learn to give their colleagues a helping hand when needed, and be punctual to work because all these could positively impact the performance level of their organisations in health care delivery.

Keywords: Healthcare delivery, discretionary citizenship behaviour, competitive advantage, organisational performance.

1. Introduction

The debate on the concept of organisational citizenship behaviour (OCB) in the field of management (industrial and organisational psychology) started since 1970s but gained momentum around the 1980s (Torlak & Koc, 2007) following reports of several research work by the organisational human relation researchers. Organisational behaviour has been associated with the overall organisational performance. Hence, it can be inferred that employee behaviours could have important consequences in the workplace (Jiang & Cheng,

2003). Discretionary behaviour contributes positively to overall organisational effectiveness as it contributes to both the operational and organisational outcomes (Berry, 2015).

Given the above discussion, what then does organisational citizenship behaviour mean? To start with, what is behaviour? Behaviour, according to Berry (2015), “sits between motivation and performance”. This means that our behaviour is underpinned by motivation and hence, behaviour causes performance. From the practical point of view, job description defines the horizon of the work to be performed and achieved following the day-to-day instructions and day-to-day objectives jointly agreed between the employees and their managers. However, if employees are to do the work only as defined, they may not exhibit high performance as may be needed or required to raise the organisational effectiveness. Thus, organisations need discretionary behaviours from their employees to achieve exceptional performance and effectiveness. There is more to achieving high performance than just sticking to defined roles and behaviours.

Discretionary behaviour can therefore be defined as all those other activities beneficial to the organisation that are not so defined (Berry, 2015). According to Berry, discretionary behaviour primarily defines the organisational citizenship behaviours (OCBs) that make organisations function and more effectively too. So, OCBs fasten all the defined behaviours of employees. Employees are indeed inclined to demonstrate discretionary behaviour when they feel happy and engaged with the job they are performing showing commitment to the organisation they are working for. Engagement and commitment can instigate an employee to be motivated so much as to offer more effort into performing their tasks. However, employees quite often than not, cease to exhibit discretionary behaviour when the psychological contract with the organisation seems to be breached.

Organisational citizenship behaviour, a product of discretionary behaviour, refers to that extra soothing behaviour outside of the routine employee task put up by an employee in the course of performing an assigned or defined task in the workplace (Daniels, Joireman, Falvy & Kamdar, 2006). According to Todd (2003), organisational citizenship behaviour entails an application of maximum knowledge, skills and abilities in workplace by employees. An application of this maximum knowledge and skills aids the attainment of an organisation's set objective. Today, the occurring changes in the organisational environments, the resulting innovations and the flexibility and sophistication of consumers' demands and tastes require that employees necessarily should exhibit voluntary discretionary behaviour in their organisations.

There are several benefits associated with OCB the reasons of which organisations especially government-owned health centres should ensure that their employees demonstrate OCB. Some of such benefits include the protection of organizations against destructive and undesirable behaviours, protection of organisation's healthy operations, improvement of incumbents' skills and their abilities, and increase in the performance and productivity of the organisation through effective co-ordination (Desimone, 2002). The reason of performance is very pertinent to ensure that these government-owned health centres compete favourably within the healthcare industry. Given the characterisation of OCB into altruism, conscientiousness, sportsmanship, civic virtue and courtesy (Bateman & Organ, 1983; Podsakoff, Mackenzie, Paine & Bachraeh, 2000), it is clear that any organisation that has employees that demonstrate or exhibit OCB can boast of competitive advantage within the industry. The attitudes of employees, who are key stakeholders in their

organisations, can impact the performance level of their organisation (Poncheri, 2006). Therefore, the performance level of any organisation is dependent upon the behaviour of her employees. Richard (2009) classifies organisational performance into three specific areas of firm outcomes: financial performance (profits, return on assets, return on investment, etc.); competitive advantage; and shareholders' returns (total shareholder return, economic value added). Therefore, an organisation is regarded as effective when and only when it has a high performance level (Upadhaya, Munir & Blount, 2014).

Despite the benefits of OCB, the field survey of the researchers shows that most employees of government-owned medical centres in Edo State, Nigeria have been reported to exhibit certain non-rational behaviours such as failing to help patients with the needed assistance, coming late to work, unwillingness to put in extra hours and most times yelling at and intimidating patients at any given opportunity. Such impolite and unethical behaviours can negatively impact the performance level and competitiveness of their organisations. Indeed, research shows that organisations that observe organisational citizenship behaviour exhibit signs of organisational success which, to a large extent, ensures high performance and sustained existence (Turnipseed & Rassuli, 2005). It is against this backdrop that this study seeks to ascertain the nature of relationship that exists between the performance level of government-owned medical centres in Edo State, Nigeria and the organisational citizenship behaviour (OCB) of the healthcare employees in these institutions. The study examines in specific terms the extent of relationship that exists between conscientiousness as proxy for OCB and competitive advantage as a proxy for organisational performance of government-owned medical centres in Edo State of Nigeria.

In pursuant to this objective, we pose the question "What is the extent of relationship that exists between conscientiousness and competitive advantage of government-owned medical centres in Edo State of Nigeria"? We also hypothesise that "the relationship between conscientiousness and competitive advantage of government-owned medical centres in Edo State of Nigeria is significant and positive.

2. Review of Related Literature

2.1. Conceptual Review

2.1.1. Organisational Citizenship Behaviour

The concept of organisational citizenship behaviour (OCB) emerged in the field of organisational behaviour and has gained much attention over the past four decades (Torlak & Koc, 2007). OCB explains how an employee of an organisation determines his/her role and behaviour in line with the expectation or anticipation of the organisation (Jiang & Cheng, 2003). Robbins (2001) asserts that OCB is the discretionary behaviour that members of an organisation exhibit in the organisation and a demonstration of their allegiance to the organisation.

Prajogo and McDermott (2011) see organisational citizenship behaviour (OCB) as a kind of behaviour which is beyond the officially assigned duties of a worker in an organisation. It represents a kind of behaviour which is formed by the employee voluntarily based on the individual's personal intentions. OCB depicts a kind of behaviour which neither follows a direct reward system nor is it officially appreciated by the organisation but which nonetheless is very important for upgrading an organisation's efficiency and effectiveness given its impact on the performance level of the organisation (Koys, 2001; Prajogo & McDermott, 2011).

Employee's attitude significantly impacts the competitive position of an organisation. In principle, OCB can be exhibited by employees no matter the type of organisation in four different trajectories. The first way an employee can demonstrate OCB is when he/she shows willingness to identify with the organisation; the second is when an employee shows the readiness and willingness to render assistance to colleagues when needed; the third is when a worker does not show any parochial or selfish pursuit of profits in the course of performing his/her duty; the final demonstration of OCB by an employee is when such an employee exhibits total dedication to one's work (Hsieh, Lang & Chen, 2010). Also, Podsakoff, Mackenzie, Paine and Bachraeh (2000) assert that OCB can be characterised into civic virtue, altruism, conscientiousness, sportsmanship and courtesy. This means that employees who demonstrate any of these various characters invariably exhibit OCB.

However, as the saying goes, "nothing goes for nothing". For an employee to go beyond his job description and assignment for the good of the organisation depicts an incredible level of motivation. Thus, there must be such inherent personal traits and organisational conditions that encourage individuals to contribute beyond their formal job requirements. For example, what is that innate property within an individual that compels him/her to lift a colleague to the office to assume duty or from office after closing? Research has shown that organisational conditions especially supervisor's support tended to increase individual's OCB (Vanyperen, Berg & Willering, 1999). It is concluded that individual OCB occurs based on the social exchange principles or reciprocity otherwise known as social exchange theory (SET) (Pickford & Joy, 2016). In this regard, organisations that need to benefit from OCB should have in place policies and programmes that will encourage and foster manager-subordinate relationship and other such organisational policies.

2.1.2. Conscientiousness

Some writers (see for example Podsakoff *et. al.*, 2000) opined that OCB can be demonstrated through conscientiousness. For example, Joo and Soonkwan, (2008) argued that conscientiousness indicates a discretionary extra-role behaviours that exceed the requirements of the task, job, and work ethics puts up by an employee. When an organisation member carries out some of his/her role requirements far beyond the minimum requirement like being punctual, not taking extra breaks, doing one's duties sincerely even when no one is watching and maintaining and conserving resources, such an employee is exhibiting conscientiousness. This conscientiousness behaviour also entails appreciating constructive ideas from sub-ordinates, helping colleagues and acting proactively on behalf of the organisation (Podsakoff, MacKenzie, Paine & Bachraeh, 2000).

2.1.3. Organisational Efficiency

Research shows that the practice of OCB helps organisations to improve the efficiency of their employees and managers, ensures that there is effective utilisation of resources needed for more productive activities and objectives in the organisation, reduces the wastages of scarce resources that would be needed to run the organisation more efficiently and effectively, assists the organisation in the coordination between work groups and other groups within the organisation, positively impacts the competitive position of the organisation, enhances the stability of the organisation, makes the organisation more responsive to the changes occurring in the environment and lastly makes the relationship between an organisation and its customers more cordial (Podsakoff *et. al.*, 2000).

2.1.4. Organisational Performance

OCB can also be demonstrated through organisational performance (OP). OP is a socially constructed phenomenon that is subjective, complex, and particularly hard to measure in most business organisations (Au 1996; Anspach, 1991). Notwithstanding, organisational performance can be measured by comparing the organisational actual output against its inputs. Furthermore, OP can be said to involve three specific areas of firm outcomes: (a) financial performance (profits, return on assets, return on investment, etc.); (b) product (service) market performance (sales, market share, competitive advantage etc.); and (c) shareholder return which involves total shareholder return, economic value added, and so on (Richard, 2009). Therefore, an organisation is regarded as effective when it has a high performance level (Upadhaya, Munir & Blount, 2014).

2.1.5. Competitive Advantage

Firms that earn persistently higher levels of profit than competitors have a competitive advantage (Grant, 2008). A variety of theories within the strategy domain address competitive advantage as a way of explaining how management decisions or market factors lead to superior economic performance. According to Rayport and Jaworski (2004) to have a competitive advantage a firm must create superior value for buyers by offering lower prices than competitors for equivalent services or by providing unique services that a buyer is willing to pay for at a premium price. Using this definition, a given firm must devise a competitive strategy that is able to establish a profitable and sustainable position relative to competitors. Grant (2008) asserts that building unique and valued know-how and capabilities that rivals cannot easily imitate entails having a competitive advantage. Rayport and Jaworski (2004) assert that an organisation's interface with its customer is its sole aim of striving to gain a competitive advantage over its competitors. Walsh, Enz, and Canina (2008) assert that when an organization has a competitive advantage over its competitors, it could positively affect the profitability of the organization.

2.2. Theoretical Framework

This study is anchored on social exchange theory (SET) propounded by Thorndike (1935). The theory sees social exchange as a process of interactive exchanges between different people. The theory views human interactions and exchanges as a kind of results-driven social behaviour. The fundamental concept of the theory is centred on cost and reward believing that human decisions and behaviour are driven by the comparison of cost and rewards. In brief, the pillars of social exchange theory (SET) can be put into five central elements:

- i. Behaviour is predicated upon the notion of rationality: That is, the more a particular behaviour results in a reward, the more individuals will behave that way;
- ii. Relationship is based on reciprocation: That is, each individual in the relationship will provide benefits to the other so long as the exchange is equitable and the units of exchange are important to the respective parties. An exchange between two individuals must be seen as fair by both parties for the relationship to continue;
- iii. Social exchange is based on a justice principle: In each exchange, there should be a norm of fairness governing behaviour. The exchange must be viewed as fair when compared in the context of a wider network to third and fourth parties. This

notion of distributive justice goes beyond the equity between the two principals' contribution. It involves each person comparing his or her reward to that of others who have dealt with this individual (the employee's superior) and what they received for the same or a similar contribution;

- iv. Individuals will seek to maximize their gains and minimize their costs in the exchange relation: It is important to understand that the notion of costs does not relate exclusively to financial issues; rather, costs can be incurred through the time and energy invested in a relationship; and
- v. Individuals participate in a relationship out of a sense of mutual benefit rather than coercion

This theory completely rules out the possibility of coercion as employees tend to view the work sphere as fair and just in cases where social ties can support their interests and ambitions. This theory is uniquely relevant to this research as the behaviour of employees' acts as relationship marketing for organisations. From our perspective, the patients are the investment that must be properly managed and cultivated. Thus, if the behaviours of the employees of the five selected case studies are seen from the perspective of cost and rewards by the patients, in which case, if the reward is judged to be great, the possibility that the patients will want to repeat their experience by patronising these health centres many more times as the needs arise will be very strong.

2.3. Empirical Review

There are several empirical studies relating to how organisational citizenship behaviour (OCB) can impact organisations. Some studies have tested for organisational efficiency, others tested for comparative advantage while others have tested for productivity and performance.

For example, Obamiro, Ogunnaike and Osibanjo, (2014) examined the relationship between organisational citizenship behaviour, hospital corporate image and performance in selected hospitals in Lagos State, Nigeria. With a sample size of 298 patients and employing the structural equation model (SEM), the study revealed that hospitals can increase their performance level through organisational citizenship behaviour and corporate image because such behaviours help to enhance customer loyalty.

In their study, Chang, Tsai and Tsai, (2010) examined the influence of organisational citizenship behaviours and organisational commitment on organisational performance in selected Taiwan manufacturing companies. 12 companies were investigated with a response rate of 52.5% (105/200). The study used the structural equation modelling (SEM) for its analysis. The result shows that organisational citizenship behaviour and organisational commitment could positively influence organisational performance. It also found that organisational citizenship behaviours can positively influence organisational commitment.

Mohammad and Saima, (2015) examined the factors affecting organisational citizenship behaviour in selected business organisations in Bangladesh. With a sample size of 150 respondents and employing factor analysis, the study identified organisational loyalty, altruism, civic virtue, sportsmanship, courtesy, conscientiousness, organisational

compliance, problem concern, individual initiatives and self-development as dimensions of organisational citizenship behaviour which do impact organisational performance.

In the same vein, Ahmedu, (2011) examined the impact of OCB on the performance of some selected manufacturing companies in Ibadan, Oyo State of Nigeria. Although this study used the regression analysis, it found that civic virtue and conscientiousness as dimensions of OCB do impact customer retention which is similar to earlier study.

Yu-Je, Chao and Chin-Lang, (2012) also examined how OCB can impact organisational performance of Taiwan-Listed family businesses. The study used the interview method to collect data from chiefs and managers of Taiwan-listed family businesses. Using the structural equation modelling (SEM), the study found that employee loyalty has a direct positive but no significant effect on organisational performance whereas OCB has a significant effect on organisational performance.

Another study on Nigerian context is the one by Uzonwanne (2014) who investigated the effect of OCB on the service delivery of oil workers in Nigeria. The Nigerian National Petroleum Corporation (NNPC) was the case study. Using T-test and ANOVA for the data analysis, the study found that the exhibition of OCB by NNPC employees very strongly impacts the service delivery capacity and efficiency of the NNPC as an organisation.

In all of these examined empirical studies, none of them relates to the performance of government-owned medical centres in Nigeria or Edo State. It is in order to bridge this gap in knowledge that this study is being undertaken.

3. Research Methods

3.1. About the Case Study

The University of Benin Teaching Hospital (UBTH), Benin-City, Edo State is one of our case studies. It is a federal government-owned tertiary health facility established in 1973. It was established to compliment her sister institution, the University of Benin, to provide secondary and tertiary healthcare to the then mid-western region (now Edo and Delta) and its environs. Another case study is the Federal Neuro-Psychiatric Hospital, Benin City, Edo State established in July 1963. It was established to provide friendly, specialised, qualitative psychiatry and rehabilitative care for the mentally ill. Irrua Specialist Teaching Hospital, Irrua is another case study. Formerly known as Otibhor-Okhae Teaching Hospital, this medical health centre was established in 1993 at Irrua in Edo State to provide secondary and tertiary health care to the people of Edo North and Edo Central. Our fourth case study is the Central Hospital/Specialist Hospital, Benin-City. This is a full-fledged hospital offering affordable treatment, rehabilitation and preventive health care programmes to the good people of Edo State in particular and Nigeria in general. The last but not the least case study is the Stella Obasanjo Women and Children Hospital, Benin-City, Edo State, established in March 2007 by the Edo State government in honour of the former first lady of Nigeria, Stella Obasanjo. It is located along country home road, Sapele road, Benin-city, Edo state.

3.2. Population of Study

There are five institutions under study. The population of interest are the medical personnel of the five institutions highlighted in Table 1.

Table 1: Population of Medical Personnel of the Institutions under Study

Selected Government-Owned Healthcare Centres in Edo State	Population
University of Benin Teaching Hospital (UBTH) , Benin City, Edo State	1,532
Federal Neuro-Psychiatric Hospital, Benin City, Edo State	775
Irrua Specialist Teaching Hospital, Irrua, Edo State	1,144
Central Hospital/Specialist Hospital, Benin-City, Edo State	746
Stella Obasanjo Women and Children Hospital, Benin-City, Edo State	614
Total	4,811

Source: Personnel Departments of the Institutions under Study (2017)

3.3. Sample Size and Sampling Technique

The Krejcie and Morgan (1970) sampling technique was used for this study. The formula is denoted as:

$$S = \frac{x^2NP(1-P)}{d^2 (N-1) + x^2P(1-P)} \tag{1}$$

Where:

S= Sample Size

X²= Table value of chi-square for 1 degree of freedom 0.05 confidence level (3.84)

N= population Size (4,811)

P= Population proportion (0.5)

D = Degree of accuracy (0.005)

S= 3.84(4,811) (0.5) (1-0.5) / 0.05² (4,811-1) + 3.84 (0.5) (1-0.5)

S= (9237.12)(0.5)/ 12.025 + 0.96

S= 4,618.56/ 12.985

S=355.68= 356

Based on the above, 356 copies of the questionnaire were randomly distributed to the sampled respondents in the five institutions under study. The data collection tool employed by the researchers was the questionnaire (see appendix). It was designed based on a five point Likert Scale. Strongly Agreed (SD), Agreed (A), Strongly Disagreed (SD), Disagreed (D) and Undecided (U). It was used because it enables the collection of data from a primary source.

The Bowley's (1926) allocation formula was used to determine the institutional sample size and therefore the number of copies of the questionnaire to be distributed to each of the five institutions under investigation. The Bowley's formula is denoted thus:

$$N_h = n(n_h)/N \tag{2}$$

where:

N_h= Number of units to be distributed to each group.

n_h = Number of respondents in each group.

N = Total Sample Size.

N= Total Population Size.

Applying the Bowley's formula, 113 copies of the questionnaire were distributed to the randomly chosen health personnel at the University of Benin Teaching Hospital (UBTH), Benin City, 57 copies to those at the Federal Neuro-Psychiatric Hospital, Benin City while 85 copies were randomly distributed to those at the Irrua Specialist Teaching Hospital, Irrua, Edo State. Also, 55 copies and 46 copies were respectively distributed to those at the Central Specialist Hospital and Stella Obasanjo Women and Children Hospital both in Benin-City, Edo State.

Bowley's allocation formula was used to determine the copies of the questionnaire to be distributed to each institution. This was randomly distributed to only medical doctors and nurses.

3.4. Validity and Reliability of Instrument

The instrument used for data collection had both content and face validity. The instrument was also found to be reliable as the Cronbach's Alpha reliability test showed .742 for OCB and .721 for Performance (see tables 2 and 3) relying on the suggestions of Suwannoppharat and Kaewsa (2015).

Table 2: Reliability Statistics for Organizational Citizenship Behaviour

Cronbach's Alpha	N of Items
.742	5

Source: Field Survey, (2017)

Since the Cronbach's Alpha score of the reliability statistics for organisational citizenship behaviour $0.74 > 0.696$, it shows that the instrument is reliable.

Table 3: Reliability Statistics for Performance

Cronbach's Alpha	N of Items
.721	5

Source: Field Survey, (2017)

Since the Cronbach's Alpha score of the reliability statistics for performance $0.72 > 0.696$, it shows that the instrument is reliable, the results of the reliability test are indications that there is internal consistency of the instruments.

3.5. Method of Data Analysis

Pearson's Product Moment Correlation Coefficient was the inferential statistics used to analyse the data in order to ascertain the nature of relationship that exists between the dependent and independent variable. The level of significance was 5% while 95% confidence interval reliability was adopted.

4. Data Presentation, Test of Hypothesis and Discussion

4.1. Data Presentation

Table 4: Table of Returned and Unreturned Questionnaire

	Frequency	Percentage (%)
Returned Questionnaire (Valid)	272	76.40
Returned Questionnaire (Invalid)	31	8.71
Unreturned Questionnaire	53	14.89
Total Questionnaire Administered	356	100

Source: Field Survey, (2017)

Table 4 showed that 272 (76.4%) questionnaires were correctly filled and returned out of the 356 questionnaires administered. However, 23.6% of the questionnaires were either not returned or incorrectly filled.

4.2. Research Question

What is the extent of relationship that exists between conscientiousness and competitive advantage of government owned medical centres in Edo State, Nigeria?

Table 5: Range of scores on Conscientiousness

Range of Score	N	%	Remarks
5-14	55	20.22	Poor scores on Conscientiousness
15-25	217	79.78	Good scores on Conscientiousness

Source: Field Survey, (2017).

Table 5 shows that 217 (79.78%) of the respondents with scores ranging from 15 to 25 scored high on conscientiousness, while 55 (20.22%) who scored between 5 and 14 had low scores on conscientiousness.

Table 6: Range of scores on Competitive Advantage

Range of Score	N	%	Remarks
5-14	42	15.44	Poor scores on competitive advantage
15-25	230	84.56	Good scores on competitive advantage

Source: Field Survey, (2017)

Table 6 showed that 230 (84.56%) of the respondents with scores ranging from 15 to 25 scored high on competitive advantage while 42 (15.44%) who scored between 5 and 14 had low scores on competitive advantage.

Table 7: Pearson (r) on Relationship between Conscientiousness and Competitive Advantage

		Correlations	
		Conscientiousness	Competitive Advantage
Conscientiousness	Pearson Correlation	1	.807**
	Sig. (2-tailed)		.000
	N	272	272
Competitive Advantage	Pearson Correlation	.807**	1
	Sig. (2-tailed)	.000	
	N	272	272

** . Correlation is significant at the 0.01 level (2-tailed).

Table 7 showed that the relationship between conscientiousness and competitive advantage of government owned medical centres in Edo State is significant and positive.

4.3. Test of Hypothesis

HA: The relationship between conscientiousness and competitive advantage of government owned medical centres in Edo State, Nigeria is significant and positive.

Table 8: Significance of Pearson (r) on conscientiousness and competitive advantage using probability table of (r)

N	cal. r	df	crit. r	Remark
272	0.81	270	0.12	S

S = Significant

Source: Field Survey, (2017).

Table 8 indicated that at 0.05 level of significance and 270df, the calculated r0.81 is greater than the critical r0.12. Therefore the formulated hypothesis is accepted. It shows that the relationship between conscientiousness and the competitive advantage of selected medical centres in Edo State, Nigeria is significant and positive.

4.4. Discussion of Findings

This study finds a significant and positive relationship between conscientiousness and the competitive advantage of all the government-owned medical centres investigated in Edo State of Nigeria. This finding corroborates the findings of Ahmedu, (2011) who examined the impact of organisational citizenship behaviour on the performance of selected manufacturing companies in Ibadan, Oyo State of Nigeria. In this study, it was found that both civic virtue (CV) and conscientiousness impact the competitive advantage of government-owned medical centres. This result is also in line with the work of Obamiro, Ogunnaike and Osibanjo (2014) who examined the relationship between organisational citizenship behaviour, hospital corporate image and performance in selected hospitals in Lagos State of Nigeria. They found in their study that hospitals can increase performance level through the

exhibition of OCB by employees. This present study's result also corroborates the finding of Yu-Je, Chao and Chin-Lang (2012) who examined the effect of employee loyalty and OCB on organisational performance of Taiwan-listed family businesses.

5. Summary of Findings, Conclusion and Recommendations

5.1. Summary of Findings

Based on the analysis, our findings show that the relationship between conscientiousness and competitive advantage of government-owned medical centres in Edo State of Nigeria is significant and positive as illustrated by the result of the hypothesis (since $r = 0.81$ and r is greater than 0.12)

5.2. Conclusion

Based on the findings, the researchers conclude that there exists a strong positive relationship between organisational citizenship behaviour(OCB) and the performance level of government-owned medical centres in Edo State of Nigeria. This implies that when organisation members carry out some of the role or task requirements far beyond the minimum prescribed requirements, it could impact the competitive advantage of that organisation, and in this study, it was found to have impacted on the competitive advantage of the five medical centres in Edo state of Nigeria investigated.

5.3. Recommendations

The researchers made the following recommendations based on the findings of the study:

1. That the employees of the five medical institutions should work for extra hours when there is pressing need because it could directly impact the competitive position of their organisations.
2. That the employees of the five medical institutions should learn to give colleagues a helping hand when needed as it has the likelihood to positively impact the overall operations of these institutions.
3. That the medical workers of these five medical institutions should learn to be punctual to work at all time because it could earn their institutions good public image as well as impact the overall competitive position of these institutions in comparison with the privately-owned medical centres in Edo State.

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Appendix

QUESTIONNAIRE ITEMS ON ORGANIZATIONAL CITIZENSHIP BEHAVIOUR AND PERFORMANCE OF GOVERNMENT OWNED MEDICAL CENTRES IN EDO STATE, NIGERIA.

Instruction: Strongly Agree = SA; Agree = A; Strongly Disagree = SD; Disagree = D; Undecided = UD. Please, tick (☐) as it represents your view)

No	Questionnaire Item for Independent Variable Organizational Citizenship Behaviour (Conscientiousness)	SA 5	A 4	SD 3	D 2	UD 1	Mean
1	You are always punctual to work.						
2	In a bid to complete certain tasks, you spend extra hours at work.						
3	You sincerely perform your task even when your superior is not watching you.						
4	You listen to good suggestions from your colleagues.						
5	You give your colleagues a helping hand when necessary.						

No	Questionnaire Item for Dependent Variable Performance (Competitive Advantage)	SA 5	A 4	SD 3	D 2	UD 1	MEAN
1	Your organisation has more facilities than private medical centres in Edo State.						
2	The number of patients that visit your hospital is on the increase.						
3	Patients are referred from private medical centres to your organisation.						
4	The medical personnel in your organisation are qualified.						
5	There is an increase in the revenue generated by your organisation for the past two years.						