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The influence of Leader Member-Exchange on the Organizational Commitment and Organizational Citizenship Behavior of health professionals at Palestine Medical Complex and Beit Jala hospital

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M.Sc.Thesis

Jerusalem-Palestine

1437/2016

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A thesis Submitted in Partial Fulfillment of Requirements for the Degree of Masters in Health Polices and Management, School of Public Health/ Al-Quds University

1437/2016

Al-Quds University

Deanship of Graduate Studies

School of Public Health

Thesis Approval

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Master thesis submitted and accepted, Date: 25th June,2016

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Jerusalem- Palestine

2016

Declaration

I certify that this thesis submitted for the degree of master is the result of my own research, except where otherwise acknowledged, and that this thesis-or any o the same material-has not been submitted for a higher degree to any other university or institution.

Signed: _____

Ameera Nayef Suliman Abu Shunnar

Date: 25th June, 2016

Dedication

I would like to dedicate my work to my wonderful, supportive family, my mother, father and brothers.

To my best friend Abeer Ghanayem who encouraged me all the long journey of wok.

To my colleagues in the Internal Control unit at the Palestinian Ministry of Health who were supportive and cooperative with me.

To the soaring educational institution, Al-Quds university, that gives admirable knowledge.

Ameera Abu Shunnar

Acknowledgement

After sincerely thanks Allah for all his blessing, I would like to thanks all people who contributed in the success of this work.

I would like to express my deep gratitude to my supervisor, Dr. Asma Imam for her endless help, contribution and patience to complete my work.

Many thanks are given to Dr. Muna Hemeid for her continuous support and encouragement.

I would also extend my deep thanks to all staff in Public Health school at Al-Quds University and all staff at the Ministry of Health who facilitated my wok.

Last, I am grateful for my family, their continuous encouragement gave me the power to continue my study.

Abstract

Background: The quality of Leader-Member Exchange (LMX) which is developed between the leaders and their followers during job activities has a significant effect on employees' attitudes and behaviors including; Organizational Commitment (OC) and Organizational Citizenship Behavior (OCB) (Northouse, 2010).

Organizational Commitment is the employee's attitudes which reflect their concern and loyalty toward their organization, while Organizational Citizenship Behavior is the employee's actions and behaviors which are not stated in their job descriptions.

Aim: This study aimed at assessing the relationships between LMX, OC and OCB of health professionals at Palestine Medical Complex (PMC) and Beit Jala Hospital (BJH).

Methods: A total of 320 self-administered questionnaire were distributed through a combination of proportionate stratified convenience sampling approach in Dec, 2015 to Jan, 2016. 260 of completed questionnaires were entered and analyzed using SPSS V.22.

Findings: The study indicated that there were significant positive relationships between LMX and OC (r=0.873) between LMX and OCB (r=0.700) and between OC and OCB (r=0.846). Also, there is a significant positive relationship between LMX and dyadic duration (r=0.134) ($P< 0.05$). In addition, OC and OCB were positively correlated with years of experience, negatively correlated with educational level and salary and no correlation was found with health professionals' age. Moreover, there were statistically significant differences in the mean scores of OC and OCB in relation to participant's gender (in favor of males), marital status (in favor of married), working place (in favor of PMC), and health professional ($P < 0.05$).

Conclusion: It is recommended to conduct leadership training programs which emphasizes human relation skills and effective interpersonal communications. Also, distribute the resources fairly among employees, provide equal opportunities of career developments to all health professionals, and avoid personal judgments which may harm LMX. Finally, introduction of more promotions opportunities and additive incentives for highly educated health professionals to enhance their OC and OCB.

تبادلية العلاقة بين القائد والعضو وأثرها على الولاء المؤسساتي وسلوك المواطنة المؤسساتي للمهن الطبية في مجمع فلسطين الطبي ومستشفى بيت جالا

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ملخص الدراسة

الخلفية: تؤثر تبادلية العلاقة ما بين القائد والعضو التي تنشأ خلال فعاليات العمل على توجهات الموظف وسلوكه, كالولاء المؤسساتي وسلوك المواطنة المؤسساتي.

يعرف الولاء المؤسساتي على انه توجه الموظف الذي يعكس اهتمامه وإخلاصه تجاه المؤسسة التي يعمل بها, في حين يعرف سلوك المواطنة المؤسساتي على انه مجموعة السلوكيات الايجابية التي يقوم بها الموظف علاوة على ما ورد في وصفه الوظيفي, وتكون من شأنها الرقي بسمعة المؤسسة وزيادة إنتاجيتها والرقي بأدائها.

الهدف: هدفت الدراسة إلى تقييم العلاقة بين تبادلية العلاقة ما بين القائد والعضو والولاء التنظيمي وسلوك المواطنة التنظيمي للمهن الطبية في مجمع فلسطين الطبي ومستشفى بيت جالا.

المنهجية: تم توزيع 320 استبيان من خلال العينة الطبقية الصدفية خلال شهري كانون أول 2015 وكانون ثان 2016, وتم اعتماد 260 استبيان قابل للتحليل الإحصائي بواسطة برنامج الرزم الإحصائية للعلوم الاجتماعية.

النتائج: خلصت الدراسة إلى وجود علاقة ايجابية ذات دلالة إحصائية ما بين ثنائية العلاقة بين القائد والعضو والولاء التنظيمي($r=0.873$), وبين ثنائية العلاقة بين القائد والعضو وسلوك المواطنة التنظيمي($r=0.700$), وبين الولاء التنظيمي وسلوك المواطنة التنظيمي($r=0.846$), بالإضافة إلى وجود علاقة ايجابية ذات دلالة إحصائية ما بين ثنائية العلاقة مابين القائد والعضو وفترة الإشراف($r=0.134$)($P < 0.05$) .

كما وخلصت النتائج إلى وجود علاقة ايجابية ذات دلالة إحصائية بين الولاء التنظيمي وسلوك المواطنة التنظيمي وسنوات الخبرة, ووجود علاقة سلبية ذات دلالة إحصائية مع الراتب الشهري ومستوى التعليم, في حين لا توجد علاقة

ذات علاقة ذات دلالة إحصائية مع العمر. كذلك أشارت الدراسة إلى وجود فروق ذات دلالة إحصائية تعزى لمتغير الجنس (لصالح الذكور), ومتغير الحالة الاجتماعية (لصالح المتزوجين), ومكان العمل(لصالح مجمع فلسطين الطبي), ومتغير المهنة الطبية($P < 0.05$).

الخلاصة: توصي الدراسة بالعمل على عقد برامج تدريبية في القيادة تؤكد على مهارات العلاقات الإنسانية و سبل الاتصال والتواصل الفاعل. كذلك أوصت الدراسة بالعمل على توزيع الموارد بشكل عادل على الموظفين وتقديم فرص تطور مهني متساوية لجميع المهن الطبية, والعمل على تجنب آلية الحكم الشخصي التي تؤثر على نوعية ثنائية العلاقة. وأخيرا, تقديم فرص ترقية وحوافز مادية للموظفين من حملة الدراسات العليا لتعزيز الولاء التنظيمي وسلوك المواطنة التنظيمي.

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List of abbreviations

AACN	American Association of Colleges of Nursing
ANOVA	Analysis of Variance
AOC	Affective Organizational Commitment
BJH	Beit Jala Hospital
COC	Continuance Organizational Commitment
GEC	General Employee Council
HRD	Human Resources Department
ICU	Intensive care unit
ISO	International Organization for Standardization
JCI	Joint Commission International
LMX	Leader -Member Exchange
NOC	Normative Organizational Commitment
OC	Organizational Commitment
OCB	Organizational Citizenship behavior
PHIC	Palestinian Health Information Center
PMC	Palestine Medical Complex
SPSS	Statistical Package for Social Science

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Chapter One

Introduction

1.1 Background

Leadership has gained the researchers' and scholars' attention over the past decades. It is defined as a process in which leaders influence their subordinates toward goal achievement (Northouse, 2010). Researchers described it as a multidimensional process which depends on much other factors than the leaders themselves.

Leadership has a direct impact on organizational effectiveness; it is the leaders responsibility for defining the organization's mission and vision and planning for the provision of high quality of services with efficient use of resources (Schyve, 2009).

In healthcare organization, leadership is the most critical factor which influence the delivery of sustainable healthcare services and high quality of safe patient care. West *et al.*,(2015, p.23) asserted that:

> "Researcher have found a link between the leadership through the provision of health care services and many important outcomes including patient satisfaction, organizational financial performance, staff well-being, engagement, turnover and absenteeism, and overall quality of care".

Over the past three decades, the researchers paid attention about the dyadic relationship between the leaders and their subordinates. That is, how are both interact with each other, how the social interaction between both is developed, and how the mutual interaction play a critical role in the leadership effectiveness. The relational leadership approach which explain these features is known as Leader-Member Exchange (Graen & Uh-Bien, 1995).

Subsequent studies were conducted to explore the effect of the quality of LMX on organizational performance and effectiveness (Northouse, 2010). Jha & Jha (2013, p.6) stated that:

> "The quality of the dyadic relationship has a positive impact on employee retention, innovation and creativity, loyalty and reliability, commitment, job satisfaction, turnover, burnout, organizational citizenship behavior, and empowerment".

Employees who are both committed and engaged in their work have a significant impact on the process of improving their organization's effectiveness. Committed employees have high productivity and low turnover rate (Vance, 2006).

1.2 Problem statement

Nowadays, most organizations are facing a dynamic, competitive, and changing environment as a result of globalization, advanced medical technology, improvements in communication technology, and new governmental regulation (Kotter & Schlesinger, 2008). As organizational change is being inevitable all organizations have to be proactive by re-evaluating their internal polices and structure (Lapierre & Hackett, 2007).

For four years ago, PMC and BJH undergone significant changes, including organizational restructuring, implementing of ISO-based programs in the laboratories, and the WHO patient safety friendly hospitals initiative standards. The changes aimed at keeping a level of competition among other healthcare organizations and lower the referral rate from these two governmental hospitals to other neighborhood countries.

Relevant studies emphasized that effective leadership is critical in encouraging employees to adopt and accept new polices and strategies within their organizations through change (Oakland & Tanner, 2007). Also, LMX supports the successful implementation of

organizational change as the quality of LMX relationship influences employee's resistance to the change (Van Dam *et al.*, 2008). Moreover, many organizational change programs are failed and facing employee's resistance since it is managed with ignoring of the human beings dimension during its implementation, and with more attentions toward technical aspects (Bovey & Hede, 2001).

As first and middle level managers are being the agents of change in any organization, the significance of high LMX is that it will influence the followers' attitudes and behaviors within the organization through the generation of more positive work attitudes and cause engagement in more positive behaviors (Jha & Jha, 2013).

Unfortunately, many supervisors are unconscious about the effect of the dyadic relationship between them and their followers. If they proceed in dealing their followers with different levels of LMX, negative attitudes and behaviors will be adopted by followers including, less of motivation, low job satisfaction, burnout and turnout intentions, absenteeism, arriving late and depart earlier than the official leaving time. All these behaviors will adversely affect the quality of healthcare services provided by healthcare professional at PMC and BJH hospital.

Its known that "OCB strengthens morale and patient's betterment when they treated" (Baghersalimi *et al.*,2011, p.1185). Also, "OCB increases service efficiency, patient satisfaction and patronage, enhancing hospital corporate image as well as result to achievement of organizational performance" (Kolade *et al.*, 2014, p.37).

Consequently, all initiatives and changes will be unsuccessful and will not be achieved if both PMC and BJH hospital have less committed and motivated healthcare providers or even feeling less empowered by their direct supervisors.

Its hoped that this study will help understanding the significance of the quality of LMX in enhancing employee's attitudes and behaviors which are important for organizational change to be successful. Also, paying more attention toward social exchange through the workplace.

1.3 Justification of the study

Nafei (2014) stated that OC is an important attitude through organizational change, a greater level of OC results in more willingness to exercise more effort in change programs and policies. Thus, more positive attitudes toward organizational change. Also, committed individuals raise the reliability of organization, development and growth. In contrast, low level of commitment has a negative consequences through affecting organizational loyalty, quality job, turnover intensions, absence rate, job involvement, and OCB which are costly to the organizations (kargar, 2012).

To date, there are very limited LMX outcomes which have been investigated in the medical context, more effort was concentrated on other field and more attention toward the leadership style effect on employees' attitudes and behaviors. There are no studies to the researcher knowledge have been conducted to assess the relationship between the quality of LMX and the organizational outcomes at PMC and BJH or other hospitals locally or even regionally. Therefore, this study is considered the first one which investigate the relationship between LMX and the healthcare professional's attitudes and behaviors at PMC and BJH from subordinate's perception.

The study is concerned in investigating individual's empowerment and reinforcement of their contribution in the work. Positive behaviors is correlated with performance's improvement and achieving goals with high efficacy. Accordingly, the results of this study

will help in explaining for the supervisors at PMC and BJH some causes of variation of performances and productivity among their followers. The variation in LMX levels affects the follower's job attitudes and behaviors and impact the overall organizational performance.

Understanding the conditions and factors producing positive attitudes and behaviors are useful for designing effective organization development programs and plans. Thus, the findings will enable the management system to realize that PMC and BJH are a social place when they formulating polices and strategies. They have to put specific polices to reinforce the workplace environment of their employees.

In addition, the study will contribute new knowledge for the human resources department to develop training programs for the supervisors to emphasize the importance of LMX relationship and human relations skills.

Moreover, this study will contribute to close the gap in the relevant literature resulting from the scarcity of studies concerning the LMX and its outcomes in the medical context. It seems to the researcher that more attentions were paid toward educational and financial sectors rather than medical.

1.4 Context of the study

The Palestine Medical Complex is a governmental entity which was established in 2010, it provides a comprehensive and high quality of services to its patients. "It has a total of 238 beds, it is consisted of four wings, the Sons of Ramallah Wing with 135 beds, the pediatrics wing with 57 beds, the specialized surgical wing with 46 beds, and the emergency room" (PHIC, p.58).

PMC is a referral hospital to MOH. Therefore, the rate of referred services abroad is decreased as the capacity of PMC increased. "It continues to provide a wide range of specialized medical services including maternity care, neonate care, internal medicine, pediatrics' general surgery, cardiovascular surgery and kidney transplantation" (PHIC, p.58).

To date, PMC is the only semi-autonomous entity among the other public hospitals which are completely centralized. PMC has a separate budget and human resources management system so that the leadership is accountable to meet patient needs with high efficiency and effectiveness. In 2010, PMC undergone some initiatives regarding the implementation of quality culture as a step to improve the quality of provided medical services within PMC. The team started to implement patient safety program which aims to be patient-friendly hospital besides other ISO-based programs in its laboratories (Mansour, 2010).

Beit Jala Hospital is a governmental hospital which was established in 1908. It provides secondary healthcare services to the patients who reside in Bethlahem region and oncology patients from other regions. It provides a training system aims at preparing a medical staff who are able to meet the medical needs of the local society. BJH has a total of 160 beds, 113 out of which are for in patients which distributed among the hospital words including; maternity care, neonate care, internal medicine, pediatrics, general surgery, ICU and oncology unit (BJM, 2013).

Nowadays, BJH undergone some programs to improve the quality of provided medical services, it's quality team started preparing for the accreditation of JCI in its divisions.

1.5 Aim of the study

The purpose of this study is to assess the relationships between Leader-Member Exchange, Organizational Commitment and Organizational Citizenship Behavior of health professionals at Palestine Medical Complex and Beit Jala hospital.

1.6 Specific objectives

1.6.1 To assess health professionals' perceptions of LMX, OC and OCB at PMC and BJH.

1.6.2 To identify the differences between health professionals' OC and OCB levels in relation to sample characteristic (Age, level of education, salary, years of experience at PMC and BJH, gender, marital status, profession and working place).

1.6.3 To assess the relationship between health professionals' perceptions of the quality of LMX in relation to supervision characteristic (dyadic duration and sameness with supervisor's gender).

1.7 Study limitations

1.7.1 The study results are limited to health professionals at PMC and BJH, then cannot be generalized for other governmental hospitals.

1.7.2 Administrative staff are not included in this study since they have a direct contact with patients' relatives only.

1.7.3 Sample frame was not available since it wasn't provided by the head of Human Resources Department (HRD) at PMC.

1.8 Study assumptions

1. All the items in the study questionnaire are clear for the participants.

2. All participants are cooperative and filled in the questionnaire honestly so that reflect the real situation in their organization.
3. The utilized instrument yields reliable and valid data.

1.9 Summary

The introductory chapter gives an overview about the LMX and its importance in generating positive attitudes and behaviors within the organization. It gives an overview about the study purpose, that is to assess the influence of LMX on the OC and OCB of health professionals at PMC and BJH. Also, it represents the specific objectives, hypothesis, limitations and assumptions.

Chapter Two

Literature review

2.1 Introduction

This chapter represents a theoretical background of LMX, OC and OCB. Also, it includes the previous studies which is related to the current study's variables (LMX, OC and OCB), they were clustered into: Local, regional and international studies.

2.2 Background of Leader-Member Exchange theory

Leader-member exchange theory emerged in 1970s by George Graen and his colleagues, it was originally known as vertical dyadic linkage (VDL). It describes how the social interaction is developed between the leaders (supervisors) and each one of their subordinates (followers) (Rowe & Guerrero, 2011).

LMX theory assumes that the same leader interact with his\her subordinates with different levels, as he\she has limited resources and time to be allocated for each subordinate. Consequently, it leads to two different dyadic relationships with different quality based on the classified subordinate: "in-group" and "out-group" subordinates (Lunenburg, 2010).

The "in-group" subordinates have a stronger social relationship with their leaders, they have more responsibilities, respect, trust, autonomy, and communication. In contrast ,"out-group" haven't the same amount of responsibilities, respect, trust, autonomy, and communication with their leaders (Lunenburg, 2010).

LMX is defined as "An exchange relationship that developed between leader and followers over the time during role-making activities" (Lissier & Achua, 2014, p.232). A dyad is defined as "The individualized relationship between the leader and each follower in the

work unit" (Lissier & Achua, 2014, p.232), which means that relationship between the leader and each subordinate is considered independently. Thus, the leader may has poor relationship with specific subordinate and better one with another one within the same supervised group (Lunenburg, 2010).

2.2.1 Development of LMX over time

The theoretical work suggested that the LMX developed through three phases: role taking, role making and role routinization. The role taking phase is the most critical one by which the leader discover the abilities and competence of the member, and through which he decides to assign new responsibilities or not by evaluating follower's performance. Moreover, through this stage the initial attitudes and social interaction begin which influences the future of the quality of relationship, it is usually takes few hours to few months (Bauer & Erdogan, 2015).

Once the role taking ends, the role making starts. Through this stage, the leader and member start to shape the nature of the relationship and how to behave through the different situations. In addition, the resources, support, latitudes and information exchange is developed though this phase. The relationship is developed when the leader and in-group negotiate that subordinates perform extra role which goes beyond what is required in their job descriptions. That so, "in-group" participate more in decision making, have more open communications, more job advancement, more interesting their job assignments than "out-group" whom only do what they have to do (Lunenburg, 2010).

Over time, the relationship become as interlocking behaviors which characterizes the role routinization phase. "Through the last phase the relationship is stabilize and characterized by mutual trust, respect, liking and loyal "(Bauer & Erdogan, 2015, p. 89).

2.2.2 The dimensions of LMX

Earlier studies of LMX focused on the nature of developed relationship in the different groups. However, later researchers focused in their studies on the outcomes of LMX and how it influences the organization's effectiveness and the individual's performance. A multidimensional perspective of LMX theory by Liden & Maslyn (1998) can help in understanding how the nature of social interaction is developed and predicting the outcomes of the exchange. The four dimensions of LMX exchange based on Liden & Maslyn (1998) are:

1. Affect: refers to " Liking and friendship".
2. Loyalty: refers to " Mutual obligation".
3. Contribution: refers to "Performing work beyond what is specified in the job description".
4. Professional Respect: refers to "Respects to the professional capabilities".(Maslyn & Uhl-Bien, 2001, p.699).

2.2.3 The importance of LMX

The quality of the dyadic relationship will directly linked to the organizational outcomes including both employee's attitudes and behaviors. Northouse (2010, p.151) stated that:

> "High quality leader-member exchanges produced less employee turnover, higher frequency of promotions, greater organizational commitment, more desirable work assignments, better job attitudes, more attention and support from the leader and greater participation"

2.3 Organizational Commitment

Individual's attitudes are of great significance in achieving organization mission and objectives. Positive behaviors of the employee are directly influenced by positive attitudes toward employing organization and co-workers (Kargar, 2012). One of the work attitudes

which has an important effect on the individual's behavior is the organizational commitment, its defined in general as the emotional attachment of the employees toward their organization.

The various definitions of OC is mainly depends on the main approaches which conceptualize the term of OC, they are: Attitudinal, Behavioral, Normative and Multidimensional approach.

- Attitudinal approach: Mowday *et al*., (1979, p.225) defined it as "The identity of person(is linked) to the organization". They also identified three major characteristics of OC as:

1. Strong believe in the vision and mission of the organization.
2. Strong desire to stay in the organization.
3. Willingness to give an effort for the organization.

- Behavioral approach: Zangaro (2001) stated that "The employee remains in the organizational as a result of the benefits of his\her investment within the organization such as friendship, salary, training, experience" (Saqer,2009, p.48).

- Normative approach: It occurs when the individual's goals and values are compatible with the employing organization (Mathebula, 2004).

- Multidimensional approach: It is the newest one, it states that OC is developed by the interaction of the three components: emotional, cost and moral obligation (Allen & Meyer,1991). That is, the employees may feel emotionally attached to the organization and has moral obligation to stay in it. Also, they may enjoying working in their employing organization but also realizes that leaving it has an economic cost.

Furthermore, the employees may experience the three components of OC to stay in their organization. Allen and Meyer (1990, p.3) conceptualized the organizational commitment through three dimensions:

1. Affective commitment (desire).
2. Continuance commitment (need).
3. Normative commitment (obligation).

2.3.1 The Dimensions of Organizational Commitment

Affective Organizational Commitment (AOC)

Affective organizational commitment is defined by Allen and Meyer (1991) as a desire of an employees to stay within their organization as they want to be involved in and identified with it.

Continuance Organizational Commitment (COC)

According to Becker's theory (1960) as stated by Mathebula (2004, p.30), the theory posits that:

> "As individuals remain in the employment of an organization for longer periods, they accumulate investments, which become costly to lose the longer an individual stays. These investments include time, job effort, organization specific skills that might not be transferable or greater costs of leaving the organization that discourage them from seeking alternative employment, work friendships and political deals "

Accordingly, the employee remains in his\her organization due to absence in other job opportunities which keep his\her current position and privileges. Allen and Meyer (1991,p.71) stated that the perceived potential cost associated with leaving the organization may include: "The threat of losing attractive benefits, giving up seniority –based privilege,

or having to uproot family or disrupt personal relationship". Thus, any employee has to rationalize cost\benefits in order to decide staying or leaving his\her organization.

Normative Organizational Commitment (NOC)

In accordance to Cheng (2003) the individual remained in the employing organization because he\she felt it is a must rather than he\she needs or desire. NOC rises through the employee feels guilty as how it will be costly when the organization train new employee when he leave it, or due to social norms (Saqer,2009, p.51).

2.3.2 The importance of Organizational Commitment

Organizational commitment expresses the individual's attitudes toward their organization, and their intensions to defense for its reputation due to a strong believe in its values and objectives. Its consequences extend to affect the individual and organizational level, its related to individual's behaviors and activities such as turnover, absenteeism, work efficacy and effectiveness as well as job satisfaction, independency, and work responsibilities, whereas the affective commitment being the most influential one (Al-Hamadani, 2009).

The reasons which have led to growing interest of organizational commitment is that, it is considered an elementary indicator to predict behaviors through work context. Its proposed that committed individuals stay more time in their organization. Thus, more effort toward goal achievement, increasing productivity and decreasing costs and expenditures. Moreover, OC reinforces job performance, maintain good psychological health among workers, and leads to more satisfaction and happiness (Ahmad *et al.,*2014).

We can say that psychological attachment toward one's organization can stimulate his creativity and innovation for more self-development and more efforts to achieve success at individual and organizational level.

2.4 Organizational Citizenship Behavior

OCB is linked to the most critical element in the organization which is the human resources. It is defined in general as the extra-role behaviors that go beyond the employee's job description. All of OCB definitions were depending on the two types of OCB which were stated by Williams & Anderson (1991). The two types are:

1. Behaviors directed toward individuals working with the employee, such as voluntary helping other co-workers.
2. Behaviors directed toward the organization as a whole, which means the compliance toward the organization and adhering to its rules and regulations (Alizadeh *et al.*, 2012).

2.4.1 The Dimensions of Organizational Citizenship Behavior

Organ (1988) identified five dimensions of OCB: conscientiousness, sportsmanship, civic virtue, courtesy, and altruism. The two dimensions courtesy and altruism are classified as type 1 OCB which are directed toward the co-workers, and the three other dimensions conscientiousness, sportsmanship and civic virtue are type 2 OCB which are directed toward the organization.

- Altruism: It is defined as helpfulness. That is, helping other coworkers in their duties when they have specific conditions. For example, helping new employees and guiding them, helping co-workers who have work load and assisting co-workers who were absent in their accumulated tasks (Organ, 1997).

- Sportsmanship: It refers to how the employee avoiding complaining when problems appear at workplace. Podsakoff & MacKenzie (1997) stated that "Good sportsmanship

would enhance the morale of the employees at the workplace and consequently reduce employee turnover" (Tambe & Shanker, 2014, p.69).

- Civic virtue: It refers to the continuous involvement in the dynamic changes of the organization through attending meeting, reading organizational announcement through mails, memos and boards and discussing new issues related to the organization with co-workers and supervisors. This dimension keep the concept of good citizen by being a part of the organization and accepting his\her responsibilities (Podsakoff *et al.,* 2000).

- Conscientiousness: It refers to the behaviors which exceed the role requirements and reflecting responsible and accountable employee who needs less supervision, including : not taking extra breaks, not arriving too late, working extra days, and adhesion to organizational rules (Tambe & Shanker, 2014).

- Courtesy: It refers to the behaviors that the employee tend to exercise in order to prevent interpersonal problems. Podsakoff *et al*., (2000) stated that employees who show courtesy would decrease the conflict among the group then lower the time consumed for on conflict management activities.

2.4.2 The importance of Organizational Citizenship Behavior

When the employee is managed by a supervisor who values OCB, the employee will continue to exercise activities which go beyond his responsibilities. However, other employees whose their extra behaviors are not recognized will just hold their specified role behaviors. Thus, the benefits of OCB; including increased work quality, service delivery, performance, good reputation will not be achieved (Kolade *et al.,* 2014).

Many researchers revealed in their studies that OCB have a positive influence on enhancing employees productivity, good allocation and utilization of resources,

coordination among groups, recruitment of new employees and the ability to adapt to new environmental changes (Tambe & Shanker, 2014).

2.5 Previous Studies

This section represents the previous studies which is related to the study's variable and focused on the relationship between LMX, OC and OCB.

2.5.1 International studies

One relevant study suggested that the organization's leaders can enhance organizational performance and commitment without any monetary expense, just by bridging the members of firm into a communication's chain through leader member exchange. The study surveyed 146 employees of manufacturing sector in Pakistan. It aimed to analyze the impact of LMX on organizational performance and commitment. The results showed that there is a positive and significant relationship between LMX and OC (r = 0.836) (Tariq *et al.*, 2014)**.**

Another study was conducted in the commercial banking industry in Gana, it aimed to assess how OC and OCB impact on employee performance. The study surveyed a total of 200 employees. The results revealed that there is a positive correlation between OC and OCB (r = 0.910). The study suggested that the firms should concentrate more efforts on building OCB in employees, if they are to improve performance significantly (Asiedu *et al.*, 2014)**.**

A study was conducted to address the lack of research on OCB in public libraries by examining the relationship among OCB and LMX among 300 individuals. Analysis of data revealed that OCB shows a statistically significant correlation with LMX (r= 0.288). The study suggested that institutions wishing to encourage OCB must focus not only on the

citizenship behaviors of front-line staff, but also on the skills of the middle managers and other managerial leaders who directly oversee them *(Rubin*, 2013)**.**

A study was performed to investigate relationship between LMX and the OCBs of 158 data-sets of 19 different organizations located in the Netherlands. The significant results found were the relationships between LMX and OCBs, it revealed the existence of a positive and significant relationship between LMX and OCB (ß = 0.258, p< .05). Also, LMX had a positive relationship with OC individual (β = 0.268, p< .05). This means that when the relationship between LMX is of high quality, the employee shows a higher level of OCB aimed at individuals and at the organization (Voorst, 2012).

Another study analyzed the relationship between LMX and OCB of Golfreez food Production Company in Iran. 106 employees participated in the study. Findings showed that high quality LMX has a significant positive influence on employees‘s OCB (path coefficient= 0.65). That so, managers of organizations should pay attention to establish high quality relationship with their employees to achieve competitive advantages through employees (Rastgar *et al*.,2012).

A study was carried out and aimed to study the effect of perceptions of LMX on the OCB of public banks employees in Rasht. About 320 employees were selected through simple random sampling to participate in the study. The result showed that there is a positive relationship between the employee's perceptions of LMX and OCB(r= 0.41). Thus, managers should used various transactions methods in connection and relation with employees, trying to knowing the weaknesses, strengths, abilities and needs of their employees, then planning the distinctive relationships with each of them (Farahbod *et al.,* 2012)**.**

Another study with a purpose to determine the relationship between OCB, organizational and professional commitment depending on the opinions of 320 teachers working at different secondary schools. A positive and significant relationship was observed between organizational commitments and organizational citizenship behavior.(r =0.35) (Ozdem, 2012).

A study examined the relationships between LMX, supervisor support and OC for 370 banks employees in southern Taiwan. It found that the quality of LMX influences employee's OC through supervisor support ($R^2 = 0.525$). Also, it showed that a supervisor's considerations for their subordinates can lead to employees feeling important within the organization and that appropriate encouragement could inspire employees to dedicate more effort towards the organization (Hsieh, 2011).

Another study investigated the relationship between LMX, OC and OCB among junior officers who work in Umeme and Eskom located in Kampala and Jinja Districts in Uganda. The study sample size was 140 employees at both organization. The finding of the study revealed a positive correlation between LMX and self-rated OCB (r = 0.40). Also, it investigated the correlation between LMX and OC (r = 0.48) and OC and OCB (r = 0.44) (Musimenta, 2009).

Soldner (2009) conducted a study to investigate the relationship between subordinate's perceptions of the quality of LMX and OC. The study surveyed a 41 of direct service subordinate staff employed at a large rehabilitation organization in the Midwest. The findings showed that there are a significant correlation between LMX and OC (r =0.34). It is mentioned that the importance of OC to the workplace is evident in employee's identification with and involvement in the organization in terms of values and goals.

Another study was carried out among 1100 junior auditors between one and three years of experience, who were employed by audit firms in the states of Penang, Selangor, and Wilayah Persekutuan in Malaysia to examine the relationship and to test the interaction effects of the dimensions of LMX on organizational commitment. The findings of the study demonstrated a positive correlation between LMX and OC. A likely explanation for the correlation could be that members feel that their leaders do recognize their abilities and contributions, thus increasing their respect for such leaders and leading to a greater increase in organizational commitment (Leow & Khong, 2009).

Another study assessed the impact of LMX on OCB. The subjects of the study were 220 of full-time employees with their managers who working in the educational organization Shiraz city in Iran. The study verified that the LMX behaviors have positive and direct effects on the OCB (ß = 0.300) (Asgari *et al.*,2008)

LMX, OC, OCB specifically in medical context

Konya *et al.*,(2015) investigated the influence of social exchange between leaders and their followers on the OC of employees. The research was conducted in a Central European hospital and surveyed 359 of employees. The study revealed that leader-member communication and OC have positive connectivity in a non-western environment (r=0.539).

Brunetto *et al.(*2015) examined the relationships between LMX, workplace learning options, empowerment and OC for nurses in Australia, England and Brazil. It used self-reported data method for data collection from 1350 nurses in 23 acute-care hospital. The study found significant relationships between key social exchange theory antecedents

(LMX and teamwork) and outcomes (OC) for nurses in Australia and England, but not in Brazil (path coefficients were 0.26 , 0.27 and -.19, respectively).

Bahatti *et al.*(2015) investigated the relationships between LMX, turnover intention and job satisfaction among the nurses working in the Pakistani health-care sector. 280 respondents participated. The findings showed that LMX has positive association with nurses' job satisfaction (β=0.48), while it has a negative association with their intention to leave the organization (β=-0.34). Job satisfaction was found to perform the role of partial mediation between LMX and turnover intention.

Kilinc & Hatice (2014) conducted a study to determine organizational citizenship behavior, organizational silence, employee performance among physicians and nurses, and the evaluation of the relationship between them**.** The study targeted 317 of the physicians and nurses working in Cumhuriyet University, health services research and application hospital. The study revealed that the relationship between OCB and employee performance was considered to be statistically significant (with altruism (r= 0.66), with courtesy (r =0.66) and with Conscientiousness (r=0.51)).

Trinchero *et al.,(*2014) investigated the impact of supervisor–nurse relationships on engagement, wellbeing, affective commitment and turnover intention for Italian private and public sector nurses**.** The results showed that private sector nurses were more committed than public sector. Accordingly, public managers have to do more effort to motivate nurses in public hospitals.

Chen *et al.,(*2008) studied the influence of LMX on the trust of subordinates in their supervisors as well as their perception of support received from their medical organization supervisors and the subsequent effect of such on OCB in subordinates. About 200 of head

nurse-nurse from 3 medical centers participated. The findings revealed that the quality of LMX affects nurse trust in their supervisors as well as their perception of supervisor support, which consequently promotes OCB on the part of nurses. Therefore, it was concluded that high level of LMX enhance commitment, reduce turnover and promote OCB which improve organizational effectiveness**.**

2.5.2 Regional Studies

Al Saqaf & Abu sin (2015) conducted a study that aimed to identify organizational loyalty level among Yemeni business organizations, and examining the relationship between value leadership and organizational loyalty from the perspective of 242 workers. The results showed that the relationship between value leadership and organizational loyalty is high achieving an average of (4.3). The main recommendations was to hold specialized training programs for the development of organizational loyalty.

Saeed & Abedsattar (2014) conducted a study to test the relationship between LMX and OCB among the employees of the immigration center in Iraq. A total of 56 individuals participated in the study. The main result showed that there is an association between OCB and organizational trust(r =0.44). Thus, it is recommended to perform a regular survey to check the perception of the employees regarding their social exchange with their managers to enhance transparency and openness.

Al–Aamiri (2002) conducted a study to explore this concept of OCB and to show its significance to health care organizations**,** and to find out the extent to which such behavior exists among employees in public hospitals in Riyad city, Saudi Arabia**.** 250 managers of hospitals employed by ministry of health in different settings were surveyed. The results showed that OCB existed in these hospitals, but it was low.

2.5.3 Local studies

In Palestine, most previous studies focused on the health worker's motivation level and job satisfaction rather than the determinants of health worker's commitment and their organizational citizenship behaviors within their healthcare institutions.

Saqer (2009) conducted a study aimed to investigate the effect of leadership style on OC among 589 UNRWA local staff. The main finding that there was a positive relationship between the perceived leadership style and OC, it was stronger with transformational (r =0.35) than transactional leadership style (r=0.30), while laissez-faire leadership style showed negative correlation with OC(r = -0.114).

2.6 Summary

The chapter presents a theoretical background and relevant research regarding the study's variable which represent the basis for questionnaire construction. International, regional and local studies were presented too.

Chapter Three

Conceptual Framework

3.1 Introduction

This chapter represents the conceptual framework of the study which was developed after reviewing the theoretical background and previous studies. Definition of LMX dimensions, OC and OCB were identified as well as how these variables were measured in the study.

3.2 The conceptual definition of LMX

LMX is defined as "An exchange relationship that developed between leader and followers over the time during role-making activities" (Lissier & Achua, 2014, p.232). Dienesch and Liden (1986) defined four dimensions of LMX which are :

1. **Affect:** "The mutual affection members of the dyad have for each other based primarily on interpersonal attraction, rather than work or professional values"
2. **Loyalty:** "The expression of public support for the goals and the personal character of the other member of the LMX dyad".
3. **Contribution:** "The extent to which the subordinate member of the dyad handles responsibility and completes tasks that extend beyond the job description and/or employment contract"
4. **Professional Respect:** "Perception of the degree to which each member of the dyad has built a reputation, within and/or outside the organization". (Liden & Maslyn, 1998, p.50)

3.3 Antecedents of LMX

A variety of perspectives were studied regarding LMX, including the determinants and consequences of LMX. In this field, Numerous researchers examined the predictors of the quality of LMX and investigated the role of dyadic duration and demographic similarities between the leaders and their subordinates.

3.3.1 Demographic similarity

Dienesch and Liden (1986) asserted that the mutual affection between the leaders and their subordinates is mainly affected by the interpersonal attraction and liking. Thus, to understand the effect of interpersonal attraction on the dyadic relationship its helpful to examine the demographic similarities between the two parties. Demographic similarities include the age, gender, race, and organizational tenure.

Tsui & O´Reilly (1989) mentioned the similarity attraction framework which stated that people are attracted to others who have similar demographic than who are different. Demographic similarities such as sameness in gender increase the rate and frequencies of interactions, it enhances the development of high LMX by increasing liking and affection (Barrachina & Villegas,2014).

Gender attracted the most attention among the researches as being the most important factor in generating high quality of LMX. It is considered "an important personal characteristic which is memorable, and impact how people categorize each other". (Soldner, 2009, p.41).

3.3.2 Dyadic duration

It refers to the length of supervision. Mossholder *et al*.,(1990) defined it as "The length of time that a subordinate has been supervised by the same person". Also, they stated that the interaction and communication frequencies increase the quality of LMX (Soldner, 2009)**.**

The researchers of LMX theorized that at the early stage of dyadic relationship, each member of LMX form expectations for each other within the first few days of the relationship. This expectations which extend for 6 months later will influence significantly the development of the dyadic relationship (Bauer & Erdogan,2015).

3.4 The conceptual definition of OC

There was no consensus regarding the definition of Organizational Commitment. OC has been defined as "A psychological state that binds an employee to an organization, thereby reducing the incidence of turnover" (Allen & Meyer, 1990, P.1).

Ketchand & Strawser (2001) states that OC is a concept that explains the nature of employees' attachments toward their organizations.

Kargar (2012, p.5017) defined OC as "An attitude toward employees' loyalty to organization and a consistent process in which people's cooperation with organizational decisions depicts their attention to organization and its success"

Allen and Meyer (1990) conceptualized the organizational commitment through three dimensions as stated by Kozak & Decrop (2009, p.169-170) :-

4. **Affective commitment**: refers to "Employees' emotional attachment to, identification with, and involvement in, the organization".
5. **Continuance commitment**: refers to "Commitment based on the costs that employees associate with leaving the organization".
6. **Normative commitment**: refers to "Employees' feelings of obligation to remain with the organization".

3.5 Antecedents of OC

The antecedents of OC that have been studies were divided into individual's and situational factors. Individual's factors including the personal characteristics such as age, gender, level of education, marital status, salary, and years of experience. Whereas situational factors are mainly related to the organizational context such as leader relation and communication (Ketchand & Strawser, 2001).

3.5.1 Antecedents of affective commitment

Its mainly affected by the personal characteristics such as age, gender, level of education, marital status, salary, and years of experience as well as "The individual needs for achievements, autonomy, affiliation, locus of control and personal work ethic" (Meyer and Allen,1991,p.69).

3.5.2 Antecedents of continuance commitment

Meyer and Allen (1991) stated that anything that increases the cost of leaving the organization is considered as an antecedent. Thus, determining the factors is a difficult process as every employee's view of his\her cost of leaving the organization will differ.

3.5.3 Antecedents of normative commitment

It is a result from the internalization of familial, cultural, and organizational experiences. "It is affected by the culture which emphasizes the importance of collective work rather than individual one and the organization which values its committed employees" (Meyer and Allen, 1991, p.77).

3.6 The conceptual definition of OCB

The concept of Organizational Citizenship Behavior is introduced firstly by Organ (1988), he defined it as "Individual behaviors that is discretionary not directly or explicitly by formal reward system" (Organ,1997, p.86). The five dimensions of OCB which are:

1. **Civic virtue**: In accordance to Organ (1988) it refers to "The responsibility of the subordinates to participate in the life of the firm such as attending meetings which are not required by the firm and keeping up with the changes in the organization"(Lo & Ramayah, 2009, p.49).
2. **Sportsmanship:** In accordance to Organ (1988) it is **"**The behavior of warmly tolerating the irritations that are an unavoidable part of nearly every organizational setting"(Lo & Ramayah, 2009, p.49).
3. **Conscientiousness:** MacKenzie *et al*, (1993) defined it as "A discretionary behavior that goes well beyond the minimum role requirement level of the organization, such as obeying rules and regulations, not taking extra breaks, working extra-long days" (Tambe & Shanker, 2014, p.69).
4. **Courtesy:** Organ (1990) defined it as "The gestures that help others to prevent interpersonal problems from occurring, such as giving prior notice of the work schedule to someone who is in need, consulting others before taking any actions that would affect them" (Tambe & Shanker, 2014, p.69).

5. **Altruism:** Smith *et al*., (1983) defined it as "voluntary behaviors where an employee provides assistance to an individual with a particular problem to complete his or her task under unusual circumstances" (Lo & Ramayah, 2009, p.49).

3.7 Antecedents of OCB

Recent studies which concern with the antecedents of OCB focused on individual's attitudes, leadership style and personal characteristics.

3.7.1 LMX

Researchers have found that the leadership style affects the engagement of an employee in OCB. Also, they asserted that the quality of social relationship between individuals and their direct supervisor will strengthen more the process of engagement (Podsakoff *et al*., 2000).

3.7.2 OC

The affective organizational commitment (AOC) is considered the most influential dimension which cause the engagement in OCB. AOC keeps the extra-role even there is no reinforcement of reward system since it reflects the desire to remain as a member at the employing organization (Haq *et al.,* 2004).

3.7.3 Employee's age

Studies revealed that young employees differ from those who are older in their engagement in OCB. Its explained by younger coordinated their need with the need of the organization in more flexible manner than older who are rigid (Haq *et al.,* 2004).

3.7.4 Employee's gender

It is known that males in general are competent, independent, and assertive . On the other hand females are warm, interdependent, and sociable. Accordingly, males are more engaged in civic virtue and females are more engaged in altruism. Moreover, Langford & MacKinnon (2000) stated that males are more engaged in team effectiveness than females due to their interpersonal characteristic differences (Francis, 2014).

3.8 Conceptual framework

The conceptual framework of the study was developed after reviewing the theoretical background and previous studies**.** Figure (3.1) illustrates the conceptual framework which was used in the current study.

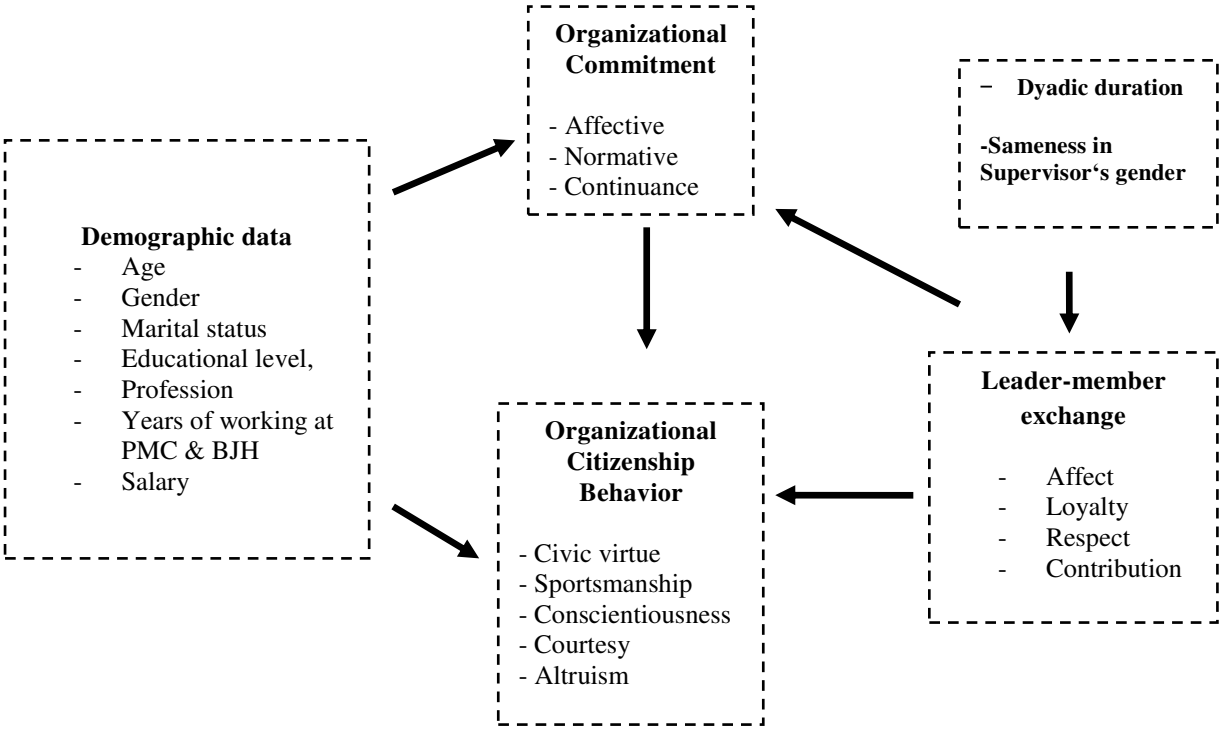

Figure 3.1: Relationships between LMX, OC, OCB, dyadic duration and supervisor‘s gender (Source: Musimenta (2009), Soldner,2009,p.116).

3.9 Operational definitions

1. LMX: The relationship which is developed between the leaders and their followers during job activities**,** LMX was measured by the use of LMX-MDM scale developed by Liden & Maslyn (1998). The instrument contains four subscales that measure the LMX structures of affect, contribution, loyalty, and professional respect**.** Table (3.1) represents how leader-member exchange dimensions were measured.

2. OC: The employee's attitudes which reflect their concern and loyalty toward their organization. OC was measured by the use of the instrument of Meyer *et al.,(*1993).The instrument contains three subscales that measure the OC structures of continuance, normative and affective commitment. Table (3.2) represents how Organizational commitment dimensions were measured.

3. OCB: The employee's actions and behaviors which are not stated in their job descriptions. OCB was measured by the use of the instrument of Podsakoff*, et al.,* (1990). The instrument contains three subscales that measure the OCB structures of conscientiousness, sportsmanship, courtesy, civic virtue and altruism**.** Table (3.3) represents how Organizational citizenship behavior dimensions were measured.

4 . Dyadic duration: The length of time that the employees have been supervised by the same person in their current organizations.

Table 3.1 The dimensions of Leader-Member Exchange

No.	Leader-member exchange dimensions	No. of related items	Content of items
1.	**Affective**	B1	I like my supervisor very much as a person
		B2	My supervisor is the kind of person one would like to have as a friend
		B3	My supervisor is a lot fun to work with
2.	**Loyalty**	B4	My supervisor defends my work actions to a superior, even without complete knowledge of the issue in question
		B5	My supervisor would come to my defense if I were 'attacked' by others
3.	**Contribution**	B6	My supervisor would defend me to others in the organization if I made a serious mistake
		B7	I do work for my supervisor that goes beyond what is specified in my job descriptions
		B8	I am willing to apply extra efforts, beyond those normally required to meet my supervisor's work goals
4.	**Professional respect**	B9	I respect my supervisor's knowledge and competence on the job
		B10	I admire my supervisor's professional skills

Table 3.2 The dimensions of Organizational Commitment

No.	Organizational commitment dimensions	No. of related items	Content of items
1.	**Affective**	Item C1	I would be happy to spend the rest of my career with this organization
		Item C2	I really feel as if this organization's problems are my own
		Item C3	I feel emotionally attached to this organization
		Item C4	This organization has a great deal of personal meaning for me
2.	**Continuance**	Item C5	Right now, staying in this organization is a matter of necessity as much as I desire
		Item C6	It would be very hard for me to leave my organization right now, even if I wanted to.
		Item C7	Too much of my life would be disrupted I decided to leave my organization at this time
		Item C8	One of the few negative consequences of leaving this my organization would be scarcity to available alternatives
3.	**Normative**	Item C9	I feel an obligation to remain with current employer
		Item C10	I would feel guilty if I left this organization now
		Item C11	I owe a great deal to my organization
		Item C12	This organization deserves my loyalty

Table 3.3 The dimensions of Organizational Citizenship Behavior

No.	Organizational citizenship behavior dimensions	No. of related items	Content o items
1	**Altruism**	Item D1	I am always ready to lend a helping hand to those around me
		Item D2	I help others who have been absent and have a workload
		Item D3	I willingly help others who have work related problems.
		Item D13	I help orient new people even though it is not required
2	**Sportsmanship**	Item D 5	I always focus on positive side, rather than the wrong things.
		Item D 6	I offer my apology when I made a mistake with others
		Item D 7	I do extra work without complaining
		Item D4	I don't consume a lot of time complaining about trivial matters.
3	**Civic Virtue**	Item D8	I keep abreast of changes in the organization
		Item D9	I read and keep up with organization announcements, memos, and so on
		Item D10	I attend meetings that are not mandatory, but are considered important
4	**Courtesy**	Item D11	I try to avoid creating problems for co-workers
		Item D12	I am mindful of how my behavior affects other people's jobs.
5	**Conscientiousness**	Item D14	I do not take extra breaks
		Item D15	I adhere to attendance times and leave
		Item D16	I am one of the most conscientious employees.
		Item D17	I believe in giving an honest day's work for an honest day's pay

3.9 Summary

This chapter provides the conceptual framework of the study which was developed after reviewing the theoretical background and previous studies. Accordingly, how the variables were defined and measured.

Chapter Four

Methodology

4.1 Introduction

This chapter outlines the elements of research process which were utilized in the research study. It describes the study design, data collection instrument and its reliability and validity. Also, it identifies the target population, sampling frame and size, data collection procedure, data analysis as well as the ethical consideration.

4.2 Research design

Quantitative research was utilized in the research study as all previous research which tested leadership theories were quantitative in its nature. The quantitative research is defined by Grove & Burns (2010, p.20) as:

> "A formal, objective, rigorous, systematic process for generating numerical information about the world. Quantitative research is conducted to test theory by describing variables, examining relationship between variables, and determining cause-and- effect between variables"

A cross sectional survey design was utilized to assess the relationship between LMX, OC, and OCB among healthcare professionals at PMC and BJH. "A cross-sectional study provides information about the situation that exists at a single time " (Abramson & Abramson, 2008, p.15). A cross-sectional studies have no waiting time for the outcome to occur which make the research quick and cheap. On the other hand, it is not suitable to establish a causal relationships and may be suffered from low response rate may be achieved through its conduction (Dadoniene *et al* ., 2013).

4.3 Target population

As the data was obtained from the field site, a list of the composition of different health professions at PMC and BJH was provided by Human Resources Department (HRD).

The target population consisted of 800 of direct medical service providers at PMC and BJH. PMC has a total of 525 healthcare providers, out of which 176 are physicians, 276 are nurses, 14 are pharmacists, and 59 are paramedical (HRD, August, 2015).

BJH has a total of 275 healthcare providers, 66 out of which are physicians, 155 are nurses, 10 are pharmacists, and 44 are paramedical (HRD, August, 2015).

4.4 Sampling approach

In this study, a combination of proportionate stratified convenience sampling approach were utilized**.** The researcher wish to have independent results for each stratum. Random sampling method cannot be employed due to the restrictions on the list of the employee's information by HDR at PMC.

In first step, the sample is allocated into two strata according to healthcare professions and hospitals, then the number of participants for each stratum is directly proportionate to the size of population in that stratum. Daniel (2012, p.132) described stratified sampling as:

> "A probability sampling procedure in which the target population is first separated into mutually exclusive, homogeneous segments (strata), and then a simple random sample is selected from each segment (stratum), in proportionate stratified sampling, the number of elements allocated to the various strata is proportional to the representation of the strata in the target population"

Proportionate stratified sampling make the comparisons across strata more easier, and gets smaller random errors when compared with simple random sample. However, the analysis of the data is complex, expensive, time consuming, and the selection process of stratified variables may be difficult when the study involves numerous variables (Daniel, 2012).

In this study, the strata were allocated according to healthcare professions and divided into: Physicians, Nurses, Pharmacologist, Laboratory technicians, Radiologists, Physiotherapists and Anesthesia, and according to hospitals into: PMC and BJH.

In the second step, participants in each stratum are selected based on the convenient sampling technique making sure their willingness to participate in the study. A sample of convenience is "A sample in which elements have been selected from the target population on the basis of their accessibility or convenience to the researcher" (Ross, 2005, p.7).

4.5 Target sample size

The total number of target population at PMC and BJH is 800. The sample size of participate in the study was calculated by using Raosoft® sample size calculator according to the following formula:

$$x = Z(^{c}/_{100})^{2} r(100-r)$$

$$n = {}^{N\,x}/_{((N-1)E^{2} + x)}$$

$$E = \mathrm{Sqrt}[{}^{(N - n)x}/_{n(N-1)}]$$

Where N is the population size, r is the fraction of responses, $Z(c/100)$ is the critical value for the confidence level c, n is the sample size, and E is the margin of error.

A sample of 260 as calculated by the previous equation achieves an error level of 5% and 95% of confidence level. 171 out of 260 are from PMC and 89 out of 260 are from BJH . Thus, 33% of the target population participated in the research study.

The number of samples of each stratum is directly proportional to the size of the population in that stratum, 30% of the population are physicians, 54% are nurses, 3% are pharmacists, and 13% are paramedics. The sample frame of the study and the actual sample size which has been allocated for each stratum in each hospital are illustrated by table (4.1) and table (4.2), respectively.

Table 4.1 : Sampling frame of the study

Hospital	Physicians	Nurses	Pharmacists	Paramedics	Total
PMC	176	276	14	59	525
BJH	66	155	10	44	275
Total	242	431	24	103	**800**

Table 4.2 : Actual sample size by hospital and profession

Hospital	Physicians	Nurses	Pharmacists	Paramedics	Total
PMC	57	90	5	19	171
BJH	21	51	3	14	89
Total	78	141	8	33	**260**

4.6 Research instrument

The key variables of this study were measured by self–administered questionnaire (Annexes 1 & 2). Its relied on the existing constructs that were used in the previous studies.

Part A of the instrument included the demographic characteristics of age, gender, educational level, profession, years of working at PMC and BJH and salaries. Also, it included the dyadic duration and direct supervisor's gender.

Part B of the instrument assessed the health professionals' perceptions of the quality of LMX by employing LMX-MDM scale which is developed by Liden & Maslyn (1998) (Day, 2014, p.409)**.** The scale was originally comprised of 12 items then its revised to 10 items to be compatible with the local environment by the experts. The scale was used by (Ben Amin & Salleh, 2014; Michael, 2014; Bitmis & Ergeneli, 2012). The participants responded to each item based on five-point likert-type scale of agreement ranging from 0 "strongly disagree" to 4 "strongly agree".

Part C of the instrument measured the organizational commitment by using Meyer *et al*., (1993) scale to operationalize the three dimensions of commitment (Bearden *et al* ., 2001, p.533-534). It was originally comprised of 18 items, then its revised to 12 items to be compatible with the local environment by the experts. It was used by (Simo *et al*., 2014 Garipagaoglu, 2013; Pittinsky & Shih,2005). The participants responded to each item based on five-point likert-type scale of agreement ranging from 0 "strongly disagree" to 4 "strongly agree".

Part D of the instrument measured the organizational citizenship behavior by using a self-rated scale developed by Podsakoff, *et al.,* (1990) (Ivy, 2014, p.28-29). It is originally

comprised of 24 items then it is revised to 17 items to be compatible with the local environment by the experts. The scale was used by (Ben Amin & Salleh, 2014; Hafid *et al.,2012*; Ishak, 2005). The participants responded to each item based on five-point likert-type scale of frequency ranging from 0 “never ” to 4 “always ”.

4.7 Pre-testing the research instrument

In order to detect any shortcomings through the methodology, the questionnaire was pre-tested before the main study was conducted by the following procedures :

4.7.1 First step: questionnaire translation procedures

The items of the questionnaire were originally developed in English language. Since the current study was conducted in the Arabic context, all of the questionnaire items were translated from English into Arabic. The translation process was made by an English-Arabic specialist translator, then to ensure a level of accuracy the Arabic version of the questionnaire was re-translated into English by another English-Arabic translator to keep the same meaning of each item.

4.7.2 Second step : Checking validity

Validity is "The degree to which an instrument measures what is supposed to measure " (Pilot and Beck, 2004, p.422)**.** Face validity was conducted as the Arabic version was being available, it was reviewed by a panel of 6 experts (Annex 3). They checked the items to ensure that it is clear and simple to be read by the participants and to check if it is related to the variables of the study. They presented some notes and comments regarding specific items, then the number of items became 41 instead of 56 according to their suggestions, some items were deleted, others were modified to be more suitable for the medical context

and workplace conditions at hospitals. In addition, demographic data which is irrelevant to the research objectives were also omitted. Also, the computation of factors analysis resulted that all items has correlation values of more than 70%.

4.7.3 Third step : Pilot study

A pilot study was conducted to detect any problems that might occur. It was launched on October 2015. The researcher distributed a total of 30 questionnaires for the direct medical service providers- other than those who participated in the study- using a convenience technique at PMC, as it represented 65% of the total target population. The participant's notes regarding specific items were taken into consideration and was modified later to be easily read and understood before the last version was prepared.

4.7.4 Fourth step : Reliability of the questionnaire in the pilot study

Reliability is defined as the "Consistency of the instrument with which it measure the target attribute" (Pilot and Beck, 2004, p.416). "Internal consistency is an aspect of reliability which measures the extent to which all the instruments items are measuring the same attribute and assessed most likely by Cronbach's alpha method" (Pilot and Beck, 2004, p.443). The test of inter-item consistency reliability, Cronbach's coefficient alpha (α) was calculated to assess the instruments reliability by using SPSS. The computed Cronbach alpha coefficient for the study instrument was 0.92, this means that it was reliable and could be used. Extremes values of cronbachs' alpha were deleted. Table(4.3) shows the Cronbachs' alpha value for each variable.

Table 4.3: Cronbachs' alpha value for each variable

Variable	No. of items	Cronbachs' alpha value
LMX	10	0.87
OC	12	0.89
OCB	17	0.87

4.8 Data collection procedures

After finalizing the last version of the questionnaire and receiving the approval letter for conducting the study, a total of **320** self-administered questionnaire were distributed at BJH and PMC to overcome non response.

The self-administered questionnaires were hand-delivered to each participant by the researcher herself through convenience sampling approach at their working divisions. The researcher assure their agreement to participate before starting filling the questionnaire out, then they were left to fill it out individually and return it back.

After receiving the filled questionnaire each one was coded by serial number to facilitate it's sorting for completeness. The collection of data was completed within two months December, 2015 and January, 2016.

4.9 Data analysis

Data was entered and analyzed by the using of (SPSS) 22.0 program by the researcher herself in a collaboration with a statistician. The following statistical tool were used:

1. Descriptive analysis to describe the main characteristic of the sample including frequencies and percentages.
2. Cronbachs' alpha to check the reliability of the tool.
3. Pearson-product moment correlation coefficient and Spearman rho correlation coefficient to assess the relationship between the variables of the study.
4. Stepwise regression analysis to check if the independent variables are predictors of the dependent variables.
5. Independent T-test, One-way and Two-way analysis of variance (ANOVA) to figure out statistical significance between various group.

6. Dunnetts' T3 post hoc for multiple comparison of the means.

4.10 Ethical consideration and permission procedure

Ethical approval to conduct this study was obtained by Al-Quds university ethical committee. A permission letter was sent to MoH continuous education department by the Public Health Faculty of Al-Quds university (Annexes 4 & 5). Participants were provided with information regarding the aim and objectives of the study, asked for the voluntary participation and they had the right to refuse and informed of the confidentiality of the study by ensuring that information provided will not be available for their supervisors and no name is required (Annex 6).

4.11 Summary

This chapter describes the methodology that was used in conducting the research study, it includes the sample design, target population and sample size, instrument used, validity and reliability of the instrument, as well as the data collection and analysis.

Chapter Five

Results

5.1 Introduction

This chapter presents the findings of the study including the characteristic of respondents and the respondents' perceptions toward LMX, OC, and OCB. Additionally, the relationships between LMX, OC, and OCB are presented. Moreover, the relationship between the study‘s variables and respondents' characteristics are also covered.

5.2 Characteristics of the Sample

The survey response rate was 81.25%.

Table (5.1) shows the characteristics of the sample. Most of the sample (73.8%) are young (20-29), whereas 26.2% of respondents were of age forty and above. The gender composition reveals that 51.9% of the participants are females. Also, 71.9% of the sample were married.

The Bachelor holders account for 60.4%, 21.9% of respondents held Diploma degree, while 17.3% were postgraduates. Nurses got the highest percentage; 54.3% of the total sample, physicians accounts for 29.6%, where other health professions account for 15.7%. Among the sample 39.2% of the employees had between 11-16 years of experience, while 35.4% of the employees had more than 16 years of experience.

The majority of the respondents had a monthly salary between 3600-4500 which represents 46.9% of the total sample, followed by 30% of them had a salary more than 4500 and 23.1% had a monthly salary between 2500-3500.

Table 5.1 Demographic characteristics of the sample

Characteristic		Count	Percent (%)
Age	20-29	121	46.5
	30-39	71	27.3
	40-49	29	11.2
	More than 50	39	15.0
Gender	Male	125	48.1
	Female	135	51.9
Marital Status	Married	187	71.9
	Single	70	26.9
	Divorced	2	.8
	Widowed	1	.4
	Separated	0	0
Level of education	Diploma	57	21.9
	Bachelor	157	60.4
	High Diploma	17	6.5
	Master	28	10.8
	Others	0	0
	Missing	1	0.4
Profession	Physician	77	29.6
	Nurse	141	54.3
	lab. Tech	12	4.6
	Physiotherapist	4	1.5
	Radiologist	12	4.6
	Pharmacist	8	3.1
	Anesthesia	5	1.9
	Others	0	0
	Missing	1	0.4
Years of experience			
	Less than 5 years	42	16.2
	5-10	24	9.2
	11-16	102	39.2
	More than 16 years	92	35.4
Salary	2500-3500	60	23.1
	3600-4500	122	46.9
	More than 4500	78	30.0

Characteristics of respondents' supervisors

Table (5.2) shows that 66.9% of respondents' supervisors are males. The average length of dyadic duration was (8.24 years) with a standard deviation of (4.04).

Table 5.2 Characteristics of respondents' supervisor gender

Supervisors' gender	Frequency(%)
Male	174 (66.9)
Female	86 (33.1)

5.3 Description of LMX as perceived by respondents

The description of LMX at the two organization is illustrated in table (5.4) according to the mean responses of participants. Table (5.3) illustrate how the items' means and total variables scores are classified.

Table 5.3: Ranges of items' means and total variables' score

Range of items' means	Level of agreement	Range of total variables' score	Level
0-.79	Strongly disagree	0-2.32	Low
0.8-1.59	Agree		
1.6-2.39	Neutral	2.33-3.65	Moderate
2.4-3.19	Disagree	3.66 -5.0	High
3.19-4.0	Strongly agree		

Source: (Al-Farra, 1430 H; Shaheen, 2009)

As shown, the overall LMX has a mean of (1.86) with a standard deviation of (0.55) which considered a low level**.**

Table 5.4 Description of LMX as perceived by participants

Items	N	Agree %	Disagree %	Neutral %	Mean	Std. Deviation
I like my supervisor very much as a person	260	42.7%	18.1%	39.2%	2.19	0.857
I admire my supervisor's professional skills	260	21.5%	59.6%	18.9%	2.00	0.697
My supervisor would come to my defense if I were 'attacked' by others	260	30.4%	33.8%	35.8%	1.91	0.872
My supervisor is the kind of person one would like to have as a friend	260	16.9%	60%	23.1%	1.87	0.756
My supervisor defends my work actions to a superior, even without complete knowledge of the issue in question	260	18.5%	51.9%	29.6%	1.83	0.792
My supervisor would defend me to others in the organization if I made a serious mistake	260	30.8%	28.8%	40.4%	1.83	0.946
I respect my supervisor's knowledge and competence on the job	260	22.3%	45%	22.7%	1.79	0.906
My supervisor is a lot fun to work with	260	16.2%	50.8%	33.1%	1.75	0.815
I do work for my supervisor that goes beyond what is specified in my job descriptions	260	20%	37.7%	42.3%	1.71	0.859
I am willing to apply extra efforts, beyond those normally required to meet my supervisor's work goals	260	14.6%	45.8%	39.6%	1.70	0.765
Overall LMX					**1.86**	**0.554**

5.4 Description of OC as perceived by respondents

The description of OC at the two organization is illustrated in table (5.5) according to the responses of participants.

Table 5.5 Description of OC as perceived by respondents

Items	N	Agree %	Disagree %	Neutral %	Mean	Std. Deviation
This organization has a great deal of personal meaning for me	260	25.4%	25.2%	45.4%	1.87	0.887
It would be very hard for me to leave my organization right now, even if I wanted to	260	22.3%	36.1%	41.5%	1.79	0.867
I owe a great deal to my organization	260	18%	33.1%	48.8%	1.77	0.826
I would be happy to spend the rest of my career with this organization	260	26.2%	38 %	35.8%	1.74	0.992
I really feel as if this organization's problems are my own	260	20%	34.6%	45.4%	1.73	0.919
I feel emotionally attached to this organization	260	14.2%	30.4%	55.4%	1.73	0.830
This organization deserves my loyalty	260	22.3%	40.4%	37.3	1.72	0.912
Too much of my life would be disrupted I decided to leave my organization at this time	260	23.1%	40.7%	36.2%	1.70	0.954
I feel an obligation to remain with current employer	260	21.6%	38.4%	40%	1.66	0.998
I would feel guilty if I left this organization now	260	24.3%	46.5%	29.2%	1.65	0.984
One of the few negative consequences of leaving this my organization would be scarcity to available alternatives	260	17.4%	38.4%	44.2%	1.62	0.956
Right now, staying in this organization is a matter of necessity as much as I desire	260	14.2%	40%	45.8%	1.60	0.901
Overall OC					**1.718**	**0.619**

5.5 Description of OCB as perceived by respondents

The description of OCB at the two organization is illustrated in table (5.6) according to the responses of participants. As shown, the overall OCB has a mean of (1.68) with a standard deviation of (0.62) which considered a low level.

Table 5.6 Description of OCB as perceived by respondents

Items	N	Always %	Never %	Sometimes %	Mean	Std. Deviation
I am one of the most conscientious employees.	260	21.5%	35.4%	43.1%	2.02	1.688
I am always ready to lend a helping hand to those around me	260	45.4%	40.8%	13.8%	1.92	1.108
I read and keep up with organization announcements, memos, and so on	260	10.5%	36.4%	53.1%	1.85	1.178
I do not take extra breaks	260	27%	36.5%	36.5%	1.81	0.937
I try to avoid creating problems for co-workers	260	14.7%	30.7%	54.6%	1.78	1.061
I help orient new people even though it is not required	260	20.4%	38.8%	40.8%	1.69	0.932
I keep abreast of changes in the organization	260	13.5%	33.8%	52.7%	1.68	0.848
I adhere to attendance times and leave	260	20%	39.2	40.8%	1.66	0.959
I always focus on positive side, rather than the wrong things	260	22.7%	44.6%	32.7%	1.65	0.963
I help others who have been absent and have a workload	260	16.2%	40.3%	43.5%	1.64	0.886
I do extra work without complaining	260	17.2%	39.7%	43.1%	1.64	0.921
I attend meetings that are not mandatory, but are considered important	260	14.6%	44.2%	41.2%	1.61	0.841
I believe in giving an honest day's work for an honest day's pay	260	16.2%	46.5%	37.3%	1.60	0.870
I offer my apology when I made a mistake with others	260	16.2%	41.9%	41.9%	1.59	0.927
I don't consume a lot of time complaining about trivial matters.	260	11.5	47%	41.5%	1.51	0.867
I willingly help others who have work related problems	260	10.3%	48.5%	41.2%	1.48	0.854
I am mindful of how my behavior affects other people's jobs	260	19.2%	50%	30.8%	1.48	1.022
Overall OCB					**1.68**	**0.629**

Table (5.7) showed the coefficient of variance which was used to test the relative importance of each dimension of study's variables. For LMX, "Respect" got the first rank with the least variation and the most homogenized, followed by "affective" then "contribution" and finally "loyalty".

For OC, "Affective" got the first rank with the least variation and the most homogenized, followed by "Normative" then "Continuance". For OCB, "Civic virtue" got the first rank with the least variation and the most homogenized, followed by "Conscientiousness" then " Altruism " then " Sportsmanship " and finally " Courtesy".

Table 5.7 The relative importance of the dimensions of study's variables

Variable	Dimensions	Mean	Standard deviation	Coefficient of Variance	Relative importance
LMX	Respect	1.896	.652	0.34	First
	Affective	1.941	.682	0.35	Second
	Contribution	1.751	.647	0.36	Third
	Loyalty	1.871	.737	0.39	Fourth
OC	Affective	1.772	.701	0.39	First
	Normative	1.703	.681	0.40	Second
	Continuance	1.679	.699	0.41	Third
OCB	Civic virtue	1.71	.751	0.43	First
	Conscientiousness	1.77	.814	0.45	Second
	Altruism	1.68	.780	0.464	Third
	Sportsmanship	1.60	.745	0.465	Fourth
	Courtesy	1.63	.848	0.52	Fifth

5.6 The relationships between LMX, OC and OCB.

Table (5.8) shows that there is a significant positive relationships between LMX and OC (r=0.873, $p< 0.001$) between LMX and OCB (r=0.700, $p< 0.001$) and between OC and OCB (r=0.846, $p< 0.001$).

Table 5.8 Pearson-product moment correlation coefficient between study's' variables

	LMX	**OC**
OC	0.873**	
OCB	0.700**	0.846**
** Correlation is significant at the 0.01 level (2-tailed)		

Regression analysis was used to determine how LMX and OC can predict OCB. LMX explains 48.8% of variance in OCB**,** while 71.5% of variance in OCB is explained by OC as shown in table (5.9). Also, 72.1% of variance in OCB is explained by LMX and OC when taken together($\Delta R^{2=}$ 0.233, Sig .F change <0.001).

Table 5.9 Regressions analysis for OC and OCB

Model		Un-standardized Coefficients		Standardized Coefficients	t	Sig.	R	Adjusted R square	F	Sig.
		B	Std. Error	Beta						
1	Constant	-0.127	.076	.873	28.7	.0001	.873[a]	.761	826.2	.0001
	LMX	0.992	.035							
	Constant	0.183	.100	.700	15.7	.0001	.700[b]	.488	247.8	.0001
	LMX	0.808	.051							
2	Constant	0.209	.061	.746	25.5	.0001	.746[c]	.715	625.2	.0001
	OC	0.680	.034							
3	Constant	0.311	.074		4.20	.0001	.850[d]	.721	335.2	.0001
	LMX	-0.189-	.078	-.164-	-2.43	.016				
	OC	1.005	.068	.989	14.70	.0001				

In model 1 : Dependent Variable [a]: OC ; Dependent Variable [b]: OCB.
In model 2 : Dependent Variable [c]: OCB .
In model 3: Dependent Variable [d]: OCB

5.7 The relationships between study's' variable and demographic characteristics

Table (5.10) Shows that there is a significant positive relationship between years of experience and OC(r_o=0.282, p<0.001) and with OCB (r_o =0.351, p<0.001). Results revealed significant negative relationships between both level of education and salary and OC(r_o=-0.306, p<0.001; r_o=-0.282, p<0.001) respectively. Also, significant negative relationships with OCB (r_o=-0.214, p=0.001; r_o=-0.344, p<0.001) respectively. Moreover, there is no significant relationship between Age and both OC and OCB (p=0.534 and p=0.658) respectively.

Table 5.10 The relationships between study's variables and demographic characteristics

	OC		OCB	
Demographic factor	**r_o**	**Sig. (2-tailed)**	**r_o**	**Sig. (2-tailed)**
Age	-0.039	0.534	0.028	0.658
Level of education	-0.306**	0.0001	-0.214**	0.010
Years of experience in current work	0.282**	0.0001	0.351**	0.0001
Salary(NIS)	-0.282**	0.0001	-0.344**	0.0001

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

5.8 Differences in study's variables level in relation to demographic characteristics

The independent t-test in table (5.11) revealed that there were statistically significant differences in the mean scores of OC in relation to participant's gender (t=3.147, P=0.002). The differences in OC are in favor of males with mean (1.84) which is greater than females with mean (1.60). Also, there were statistically differences in the mean scores of OC in

relation to participant's marital status (t=6.181, *P*<0.001). The differences are in favor of married which is greater than singles. Moreover, that there were statistically differences in the mean scores of OC in relation to participant's working place (t=5.98, *P*<0.001). The results of One-Way ANOVA showed that there were statistically significant differences in OC scores in relation to participants' professions (F(6.252)= 4.335, *P*< 0.001).

Table 5.11 OC levels differences in relation to participants' characteristics

No.	variable	N	mean	SE	*P*-value
1	**Gender**				
	Male	125	1.84	0.049	0.002
	Female	135	1.60	0.056	
2	**Marital status**				
	Married	187	1.85	0.037	0.0001
	Single	70	1.35	0.088	
3	**Working place**				
	PMC	171	1.87	0.044	0.0001
	BJH	89	1.41	0.061	
4	**Profession**				
	physician	77	1.49	0.082	0.0001
	Nurse	141	1.81	0.044	
	lab. Tech	12	2.24	0.227	
	Physiotherapist	4	1.37	0.072	
	Radiologist	13	1.61	0.151	
	Pharmacist	8	1.81	0.121	
	Anesthesia	5	1.60	0.100	

Table (5.12) indicated the Dunnetts' T3 post hoc test results for the differences between professions regarding their level of OC, where physicians and physiotherapists were found to be significantly differ from nurses.

Table 5.12 Dunnetts' T3 post hoc test for the differences between professions regarding their level of OC

(I) Health profession	(J) Health profession	Mean Difference (I-J)	Std. Error	Sig.
Physician	**Nurse**	**-.32002***	**.09366**	**0.018**
	lab. Tech	-.75280	.24170	0.120
	Physiotherapist	.11526	.10965	0.996
	Radiologist	-.12780	.17232	1.000
	Pharmacist	-.32224	.14708	0.507
	Anesthesia	-.10974	.12967	1.000
Nurses	lab. Tech	-.43277	.23144	0.717
	Physiotherapist	**.43528***	**.08466**	**0.030**
	Radiologist	.19223	.15760	0.982
	Pharmacist	-.00222	.12953	1.000
	Anesthesia	.21028	.10935	0.684
Lab.Tech	Physiotherapist	.86806	.23836	0.051
	Radiologist	.62500	.27292	0.433
	Pharmacist	.43056	.25773	0.840
	Anesthesia	.64306	.24820	0.288
Physiotherapist	Radiologist	-.24306	.16760	0.932
	Pharmacist	-.43750	.14152	0.157
	Anesthesia	-.22500	.12332	0.737
Radiologist	Pharmacist	-.19444	.19416	0.998
	Anesthesia	.01806	.18133	1.000
Pharmacist	Anesthesia	.21250	.15754	0.954
* The mean difference is significant at the 0.05 level.				

The independent t-test in table (5.13) revealed that there were statistically differences in the mean scores of OCB in relation to participant's gender (t=3.010, *P*=.003). The differences in OC are in favor of males with mean (1.80) which is greater than females with mean (1.57). Also, there were statistically differences in the mean scores of OCB in relation to participant's marital status (t=6.973, *P*<0.001). The differences are in favor of married which is greater than singles. Moreover, that there were statistically differences in the mean scores of OCB in relation to participant's working place (t=4.177, *P*<0.001). The

results of One-Way ANOVA showed that there were statistically significant differences in OCB scores in relation to participants' professions (F(6.252)= 7.770, $P < 0.001$).

Table 5.13 OCB levels differences in relation to participants' characteristics

No.	variable	N	mean	SE	*P*-value
1	**Gender**				
	Male	125	1.80	.045	0.003
	Female	135	1.57	.060	
2	**Marital status**				
	Married	187	1.84	.033	0.0001
	Single	70	1.27	.097	
3	**Working place**				
	PMC	171	1.79	.047	0.0001
	BJH	89	1.47	.062	
4	**Profession**				
	physician	77	1.35	.085	0.0001
	Nurse	141	1.79	.041	
	lab. Tech	12	2.37	.199	
	Physiotherapist	4	1.58	.120	
	Radiologist	13	1.84	.144	
	Pharmacist	8	1.70	.119	
	Anesthesia	5	1.63	.097	

Table (5.14) indicated the Dunnetts' T3 post hoc test results for the differences between professions regarding their level of OCB, where physicians were found to be significantly differ from laboratory technicians ech and nurses by being the least level of OCB of them.

Table 5.14 Dunnetts' T3 post hoc test for the differences between professions regarding their level of OCB

(I) Health profession	(J) Health profession	Mean Difference (I-J)	Std. Error	Sig.
Physician	**Nurse**	**-.43277***	**.09527**	**0.000**
	lab. Tech	**-1.01840***	**.21734**	**0.005**
	Physiotherapist	-.22918	.14759	0.869

	Radiologist	-.48899	.16778	0.144
	Pharmacist	-.34683	.14689	0.400
	Anesthesia	-.27624	.12979	0.553
Nurses	lab. Tech	-.58563	.20391	0.198
	Physiotherapist	.20359	.12700	0.827
	Radiologist	-.05622	.14999	1.000
	Pharmacist	.08594	.12618	1.000
	Anesthesia	.15653	.10579	0.890
Lab.Tech	Physiotherapist	.78922	.23299	0.075
	Radiologist	.52941	.24628	0.525
	Pharmacist	.67157	.23255	0.163
	Anesthesia	.74216	.22215	0.077
Physiotherapist	Radiologist	-.25980	.18762	0.946
	Pharmacist	-.11765	.16920	1.000
	Anesthesia	-.04706	.15459	1.000
Radiologist	Pharmacist	.14216	.18707	1.000
	Anesthesia	.21275	.17397	0.983
Pharmacist	Anesthesia	.07059	.15392	1.000
*. The mean difference is significant at the 0.05 level.				

5.9 The relationship between LMX and supervision characteristics

Table (5.15) shows that there is a significant positive relationship between LMX and dyadic duration (r= 0.134, p = 0.030). This means that when dyadic duration increases LMX is likely to be high.

Table 5.15 Pearson-product moment correlation coefficient between dyadic duration and LMX

	LMX	**Sig. (2-tailed)**
Dyadic duration	0.134*	0.030
** Correlation is significant at the 0.01 level (2-tailed).		

Table (5.16) shows that there are significant differences in the subordinates' perception of the quality of leader member exchange due to Gender of participants (F=5.402, *p*=0.021), the differences are in favor of Gender of participant (Male) with mean (3.94) which is greater than (Female) with mean (3.77), the results of means and Pair-wise Comparisons exhibited in the next table (5.17).

In addition, the table shows that there are no significant differences in the subordinates' perception of the quality of leader member exchange due to Supervisors' gender (F=0.264, *p*=0.608). Also, it shows that there are significant differences in the subordinates' perception of the quality of leader member exchange due to the interaction between Gender of participants and Supervisors' gender (F=6.163, *p*=0.014), the differences are in favor of the group Gender of participant (Male) and Supervisors' gender (Male) with mean (4.01) which is greater than all the other interaction groups, the results of means exhibited in the next table (5.18).

Table 5.16 Two Way ANOVA) comparing the subordinates' perception of the quality of LMX of participants gender in relation to supervisors' gender

Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Corrected Model	5.279[a]	3	1.760	6.087	.001
Gender of participants	1.562	1	1.562	5.402	.021
Supervisor‘s gender	.076	1	.076	.264	.608
Gender of participants * Supervisor‘s gender	1.782	1	1.782	6.163	.014
Error	74.015	256	.289		
Total	3948.560	260			
Corrected Total	79.295	259			

Table 5.17 The levels of LMX according to Gender of participants.

Gender of participants	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Male	3.941	.055	3.833	4.048
Female	3.773	.047	3.680	3.866

Table 5.18 Means and Standard Errors and the confidence intervals according to the interaction between Gender of participants and Supervisors' gender.

Gender of participants	Supervisors gender	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Male	Male	4.012	.056	3.902	4.122
	Female	3.870	.094	3.685	4.054
Female	Male	3.665	.059	3.548	3.782
	Female	3.881	.074	3.736	4.027

5.10 Summary

The chapter represented the main characteristics of the sample. Also, it revealed the relationships between the study's variables, the level of study's variables in relation to sample characteristics and the level of LMX in relation to supervision characteristics.

Chapter Six

Discussion, Conclusions and Recommendations

6.1 Introduction

This study was conducted for the purpose of assessing the influence of the leader member exchange on the organizational commitment and organizational citizenship behavior of health professionals at Palestine Medical Complex and Beit Jala hospital.

The main findings of this study gave a certain knowledge regarding factors affecting the level of LMX, OC and OCB and how these variables are related to each others. Also, it provided insights into new future studies in this field.

6.2 Sample characteristics

Age: About 46.5% of the total sample was lying between (20-29) years old, this indicates that PMC and BJH have near the half of their staff young employees. This high percentage is due to the recruitment polices of annual employment at the Ministry of Health which recruits new graduates as being one of its employment criterion.

Gender: The gender composition shows that 51.9% of the participants were females. The distribution is an indication that both gender have an equal opportunities to be employed. Its noticed that there was more tendency for females to study health professions than males for five years ago. Also, females tend to have higher score than males in the annual employment exams at the Ministry of Health (GEC, 2015).

Marital status: About 71.9% of the sample were married. This percentage indicates that the staff were able to build families regardless of their socioeconomic status.

Educational level: About 60.4 % of the sample is holding a Bachelor degree. This percentages indicates that the Ministry of Health in its new employment polices tends to recruit Bachelor holders degree as being the minimum qualification to be employed in its governmental hospitals. This polices came parallel with the MOH regulations which were imposed on Diploma's holder employees to upgrade themselves to Bachelor degree.

Profession: Nurses got the highest percentage; 54.3%. Nurses internationally comprise the largest single component of the hospitals staff as being the primary providers of hospital patient care (AACN, 2016).

Years of experience: The study revealed that 39.2% of the employees have experience between (11-16) years, while 35.4% of the employees have more than 16 years of experience. It's explained by the benefits and privileges of governmental career which has higher allowance rate than private sector, beside health insurance and the retirement compensation.

Salary: It's not surprising that the majority of the respondents have a monthly salary between (3600-4500) NIS; it's the mean salary for Bachelor holders.

Supervisor's gender: The distribution was 66.9% were males, while 33.1% were females. Although both gender have the same opportunity to be a supervisor in governmental hospitals, this percentages may be related to the years of experience that the employee has worked for, it is one of the most important criterion to be chosen for a supervision positions.

Dyadic duration: The average length of dyadic duration was 8.24 years. This is not a surprise since all supervisors remain in their position until they are retired. limited promotion opportunities for supervisors are available at governmental hospitals.

6.3 The level of study's variables

The overall LMX achieved a low level with a mean of (1.86) and standard deviation of (0.55). Low level of LMX indicates that health professionals at PMC and BJH receive less supervisory attention, less accessibility to organizational resources, fewer rewards and less job empowerment. Researchers characterized the low level of LMX as a function of leaders behaviors; "Low-quality LMX indicates that the leaders emphasize the use of formal authority and power to assign job responsibilities to their subordinates based on their formal job description" (Gerstner & Day, 1997; Graen & Uhl-Bien, 1995).

One possible explanation for using formal authority and power by supervisors may be attributed by the interactive effects of situational variables through workplace at PMC and BJH. Situational variables include; big units size, heavy workload, time-based stress and limited resources. Collectively, these factors may minimize on-job socialization to occur between the supervisors and their followers. It's known that workplace socialization is helpful in understanding others attitudes, skills, work habits and ways of sharing information, which in turn creates high social relationship (Hastings & Grusec, 2015).

Giving the low level of LMX, PMC and BJH should held specific training courses to upgrade supervisors' skill, emphasize human relations and focus on mutual respect. Also, supervisors should use various methods of connection with their followers to explore their needs, weaknesses and abilities to use a distinctive relation with each one individually.

The results also show low level of OC with a mean of (1.71) and a standard deviation of (0.61). Low level of OC indicates that health professionals are not willing to exert more effort to stay with their organizations and lack the acceptance of organization' goals and values. They are disillusioned, dissatisfied and they stay just to satisfy their own needs

within their organization. Accordingly, they have a high probability to quit their organization when they find another job opportunity. Meyer & Allen (1997) stated that the employee who has a low sense of OC may stay since he\she needs to stay. Thus, it is linked to continuance OC.

Similarity, the results show low level of OC were discussed after data collection with some of the participants and the reasons could be: First, inappropriate promotion opportunities for medical staff. Second, no participation in decision-making regarding new developments and changes within their organizations. Third, supervisory relationships are not fair in their practice. Ketchand & Strawser (2001) asserted that "OC influenced by situational factors such as leader behaviors, role ambiguity, role conflict, and the extent of leader communications". Fourth, low rate of monetary compensation regarding overtime working hours. Fifth, limited on-job training, which seems to be the least priority at working place. Sixth, poor safety working conditions; in some circumstances the governmental hospitals face severe shortage in Personal Protective Equipments (PPEs), making health professionals exposed to biohazards.

Giving the previous results, PMC and BJH have to foster and manage their health professionals' commitment to ensure its sustainability through organizational change. Managing organizational changes by communicating values and goals in such way that doesn't prevent creativity, innovation and flexibility is an effective way to foster health professionals' OC. Other techniques could be used including; involving employees in decision-making and emphasize their importance in collective work, implementing a human resources polices and strategies which are fair, and more focus on health professionals' needs fulfillment, support and self-esteem.

Furthermore, the overall OCB have a mean of (1.68) with a standard deviation of (0.62) which is considered a low level. The possible explanation is that health professionals have a low level of affective commitment (mean=1.77) as it enhances discretionary behaviors which don't depend on reinforcement and formal rewards. Allen & Meyer (1996) stated that "Affective organizational commitment maintains behavioral direction when there is little expectation of formal rewards" (Haq *et al.,* 2004, p.80).

In respect to the relative importance of the LMX dimensions, professional respect occupied the first rank in spite of its low level. The reason behind this result is, when health professionals appraise their supervisors as competent on their job, they will expand the means of communication with them to benefit from their experiences and skills. Graen (2002) asserted that professional respect is critical in building work-relationship "For the LMX to develop and maintain, perception of respect must also reinforced through interaction".

The affective dimension of OC occupied the first rank. This results is in line with theoretical literature which asserted that the most prevalent approach of OC is one in which OC is considered affective or psychological attachment to the organization. In accordance to Allen and Herscovitch (2001) "affective OC has been found to correlate with a wide range of outcomes such as turnover, job performance and OCB " (Sadeq, 2009). This result indicate that PMC and BJH should pay more attention to emotional OC by implementing employees' support programs which support their contributions and innovation through workplace. Consequently, employees feel more attached to their organization.

Despite the low level of Civic virtue it occupied the first rank of OCB dimensions. Civic virtue is the dimension of OCB which is directed toward the organization itself, most often through attending meeting, reading memos and announcements. Dependently, health

professionals should be allowed to attend regular meeting and participate in decision making and policy formulation, so that they can build trust, feeling empowered and attached more to their organization to show OCBs.

6.4 The relationship between subordinates' perception of LMX and their OC and OCB.

Positive relationships were found between LMX and OC, LMX and OCB, and OC and OCB. In accordance to the variables' level, the results suggest that low level of LMX will be associated with low level of OC and OCB. Also, when OC is low OCB is likely to be low too, the vice versa is true.

Strong positive relationship between LMX and OC (r = 0.873) is in line with the previous studies which assumed that LMX is a predictor for organizational attitudes (Konya *et al.,*2015; Brunetto *et al*.,2015; Trinchero *et al*.,2014; Tariq *et al*., 2014; Hsieh, 2011; Musimenta, 2009; Soldner , 2009; Leow & Khong, 2009).

Hsieh (2011) showed that supervisors' considerations for their followers lead them to feel important within their employed organization. Thus, they are encouraged and inspired to make more effort to achieve organizational objectives.

Leow and Khong (2009) explain the correlation and stated that followers sense their leader to appraise and recognize their competencies and abilities. That so, increase respect for their leaders and increase their OC.

According to results, LMX explain 76.1% of variance in the perception of OC at PMC and BJH. LMX influences the employees' perception of organizations' supportiveness (Akanbi & Itiola, 2013). That is, as the supervisors at workplace environment value health professionals' output, appreciate their initiatives and respect their competence and

capabilities, they will be motivated to adopt their organizations' objectives, then more engagement in their job responsibilities, more desire to stay working and more OC will be achieved.

Strong positive relationship between LMX and OCB (r =0.700) is consistent with the previous studies (*Rubin*, 2013; Voorst, 2012; Rastgar *et al.,* 2012; Farahbod *et al.,* 2012; Chen *et al.,* 2008). Voorst (2012, p.25) stated that:

> " high-quality supervisor-subordinate relationships are positively related to a desire to help others, as well as a positive regard for the organization as a whole since individuals who are considered to have a good relationship with their supervisor will try to act in a manner to satisfy their leader "

Mahsud, *et al.* (2010) stated that employees who have a high level of LMX relationship become more loyal to their leader and are more willing to exercise more than what is formally required at workplace.

According to results, LMX explain 48.8% of variance in the perception of OCB at PMC and BJH . Health professionals who receive low level of respect, liking, support, trust and attention from their supervisors will be negatively charged to mimic this low quality of relationship with their co-workers. Thus, they may not engaged more in helping behaviors, assistance and accept the organizations' rules and work polices as good citizens. In addition, supervisors tend to be more concerned with health professionals who are showing their dedication, loyalty and commitment toward other co-workers and the organization as a whole. When health professionals are not attempt to adopt such positive behaviors low concerns are faced by their supervisors.

Strong positive correlation between OC and OCB (r = 0.846) is in line with the previous studies (Asiedu *et al.,* 2014; Mehrabi *et al.,* 2013; Ozdem, 2012; Chang *et al.,* 2010;

Musimenta, 2009). According to the results, LMX alone explained the OCB perceptions at the rate of 48.8%. LMX and OC together explained 72.1% of the total variance of the OCB perceptions of medical professionals. This finding may indicates the moderating effect of OC which strengthens the relationship between LMX and OCB.

Jha & Jha (2013) stated that LMX influences the followers' attitudes and behaviors within the organization. LMX impact the generation of more positive work attitudes which in turn cause engagement in more positive behaviors such as OCB.

In conclusion, healthcare professionals who have higher level of LMX will adopt more positive attitudes toward PMC and BJH then have higher sense of commitment. When they adopt their organizational mission they will show their willingness to keep working at and participate more in decision making process, management and other related activates. Having such privileges will increase the employees' morale, making them do more extra voluntary efforts which is expressed as altruism and rules compliance.

6.5 The relationships between study's variable and demographic characteristics (years of experience, salary, level of education , age, gender, marital status, profession and working place)

The results revealed that there is a significant positive relationship between years of experience and OC(r_o= 0.282) and with OCB (r_o =0.351). This means that when the healthcare providers have longer years of experience they will have higher level of OC and engaged more in OCB.

This results are consistent with the previous studies which asserted the correlation between the two variables and the years of experience within the same organization (Mahnaz *et al*., 2013; Hafidz *et al.,* 2012; Iqbal, 2010; Khleifat & Malahmeh, 2009).

In accordance to Meyer and Allen (1997) when the length of employee' service increase, he/she will develop an emotional attachment with his/her employed organization which make it difficult to switch it. Also they suggest that uncommitted employees leave their organizations, while committed one remain.

The result may explained as the longer the employee remains in his/her work the more monetary and morale compensations will be achieved. Consequently, elevated cost of leaving the organization. In local healthcare organizations, as the years of experience increase the monthly salaries also will increase and consequently other allowances will increase too. In addition, professionals whose spent long years of experience are more expert with the medical workplace problems and they are experts in how to solve them when compared with new ones. Thus, they can easily advice their colleagues and present help. Moreover, they have better social relationships and social networks than new employed.

Results revealed significant negative relationships between both level of education and salary and OC (r_o= -0.306; r_o=-0.282) respectively and with OCB (r_o= -0.214; r_o= -0.344). That is, when the level of education and salaries increases the level of OC and intensions to be engaged in OCB decreased. This results is in line with the previous studies (Mahnaz *et al.,* 2013; Iqbal , 2010; Salami, 2008; Al- Zahrani, 2006).

According to Mowday *et al.*,(1982) highly educated employees develope higher expectation from their organizations which may not satisfied (Iqbal *et al.,* 2011, p.9). Lower educated employees show more commitment as they face a difficulty in changing their work. In contrast, highly educated employees have a good job opportunities in other organizations to meet their expectations. That is, low level of OC they will have.

It seems that at PMC and BJH, high level of educational achievements of health professionals will worth nothing in the managements' view and will not be valued. Also, high level of education is not a necessary to have good position at the work where other criteria is considered, all these factors will lead to low level of OC among highly educated employees. Moreover, highly educated professionals are usually easier to use the advanced technology through the work, they have more burden and more full time to accomplish their tasks. Thus, they haven't enough time to show their helping behaviors with their colleagues. That so, they tend to have less engagement in OCB.

In respect to salaries, the results is inconsistent with previous studies which suggested that high compensation will lead to high level of OC and OCB (Mahnaz *et al.,* 2013). In local context, those who have low monthly salaries are the Diploma holders, as mentioned previously this strata will have a higher level of OC as they find it difficult to move into another organizations. Moreover, those who earn higher monthly salaries are the physicians and other highly educated employees who actually have another job in private sector to compensate for their salaries. It seems that their salaries still not enough within the high cost of living and high rate of inflation in Palestine.

In accordance to Ramay and Rammy (2012, p.92) asserted that the level of employee's commitment depends on the financial and personal rewards. Professionals who attend another job are actually not satisfied. Low job satisfaction regarding salaries will lead to low level of OC as working at PMC and BJH as it is not satisfying their employee's needs and desire. Consequently, low performance of OCB. In contrast, employees who are satisfied will have more OC toward their organizations (Malik *et al*., 2010, p.20).

The results also revealed that there is no significant relationship between Age and both OC and OCB. This is consistent with the previous studies which asserted that age is not a good predictor for OC and OCB (Toga, 2014; Khan *et al*,.2013; Bahrami, 2013; Iqbal, 2010)

The possible explanation is that there are few options for employments exists for older health professionals to be moved into, which make them realize that leaving their organization is more costly than staying.

Younger health professionals are willing to stabilize themselves within their works. They tend to build strong social relationships with their colleagues to take advantages form others in how to react positively with the polices of measures through workplace. On the other hand, older are familiar in raising social relationship with others and are more able to pave helps and solve problems. As a result, age is not a predictor for the engagement in OCB or having high level of OC.

The independent t-test revealed that there were statistically differences in the mean scores of OC and OCB between males and females in favor of male. Result is consistent with the previous results (Sankari *et al.,* 2015; Bahrami, 2013; Khleifat & Malahmeh, 2009). This explained by males value their job as a priority more than females, males are the bread winners, so they are more committed. On the other hand, females in governmental hospitals are not satisfied and feeling discomfort regarding the working conditions due to heavy workload and shift schedule, which make them exhausted and tired. This fact is revealed through the reflections which were taken through the process of filling the questionnaire. Moreover, males are more engaged in OCB since helping behaviors may require more effort and time which may not be available for females. Also, social restrictions may minimize the females' role in OCB (Khayyli, 2003). Langford &

MacKinnon (2000) stated that males are more engaged in team effectiveness than females due to their interpersonal characteristic differences (Francis, 2014).

The results showed that there were statistically significant differences in the level of OC and OCB in relation to marital status; married express higher level of OC and OCB than singles. This results analogous with the previous studies (Jena, 2015; khan *et al*,. 2013 Mahnaz *et al*.,2013; Salami,2008). Married employees have more family's responsibilities, attempt to have a social stability and security and tend to have more commitment toward life and work.

The results of One-Way ANOVA comparing the level of OC and OCB regarding the profession of participants showed that there were statistically significant differences in both variables in relation to professions. The lowest levels were among physicians. Physicians tend to seek more to gain intrinsic interest of their job, they are able to work at their private clinic along with their governmental job. That is, less commitment and less engagement in OCB at PMC and BJH.

The results revealed that there were statistically differences in the mean level of OC and OCB between PMC and BJH, which were higher at PMC than BJH. One possible explanation that PMC is a decentralized organization whereas BJH is centralized organization.

In accordance to Griffin *et al.,*(2015, p.499) "Decentralized organization increases organizational commitment through greater involvement in the organization and identification with the organization's vision and mission". Also, Ketchand & Strawser (2001) asserted that situational factors are mainly related to the organizational context such as leader relation and communication, organizational centralization, and job quality.

Professionals at PMC showed higher level of OC and more engagement in OCB as decentralized organization give more authority and autonomy to make decision through workplace. Thus, more positive attitudes of employees and more organizational effectiveness.

6.6 The relationship between LMX and supervision characteristics

The result showed that there is a significant weak positive relationship between LMX and dyadic duration (r=0.134). When the length of supervision increase the quality of LMX is likely to be high. The result is inconsistent with the previous studies (Soldner, 2009; Vecchio, 1998).

In medical context, the supervisors have to be on duty along with their followers even when they are outside they have to be on call to follow up any job related problems. More frequency on interaction make health professionals to acclimate their task's responsibilities, requirements and supervisor's expectations. Also, more frequency of communication will lead to informal contact between the supervisors and their followers, which means higher level of LMX (Mossholder *et al.*,1990).

Although the average dyadic time was 8.24 years, the overall LMX is still low. The result is an indication that supervisors still using formal contact to assign job task to their followers. This may explain why the relationship between dyadic duration an LMX is weak.

The results showed significant differences in the health professional's perception of the quality of LMX due to gender of participants, but not due to supervisor's gender. Also, it showed that there are significant differences in the health professional's perception of the quality of LMX due to the interaction between gender of participants and Supervisor's

gender, the differences are in favor of the group gender of participant (male) and Supervisor's gender (male).

The results is consistent with Milner *et al.* (2007) which indicated that gender is a critical demographic factor which influence the quality of the LMX relationship (Soldner, 2009,p.41). The results revealed that males experienced a more positive LMX relationship under male supervision Also, an interaction was found between gender of supervisor and gender of subordinate. Moreover, the quality of LMX was found to be low when the leader and followers are different in their genders (Green *et al.,* 1996).

One possible explanation for this result may be attributed by the personal characteristics of the health professionals. Dansereau *et al.,* (1975) indicated that personality and the personal characteristics influence the process of communication between supervisors and followers. That is, affecting the quality of LMX which has been developed (Madlock *et al.,* 2007)

The communication trait is one of the personal characteristics which is correlated to the quality of LMX. That is, followers who are communicatively competent (assertive, responsive and flexible) will be engaged more in social exchange with their supervisors then having higher level of LMX. In contrast, followers who have communication apprehension will have lower level of LMX (Wrench *et al.,* 2005; Madlock *et al.,*2007). In other words, assertive and flexible health professionals who are males are friendly, gentle, cooperative and empathic so they can adopt easily the various situations through their workplace. In addition, they have higher ability than females to enhance the dialogue with their supervisors.

6.7 Conclusion

As a result of the study, the low quality of LMX has a negative impact on OC and OCB. The study found that if health professionals receive less support, trust and respect from their supervisor, their OC and OCB at PMC and BJH will be relatively low.

Therefore, it is essential that supervisors have to understand the importance of building positive social exchange with their followers. Supervisors' considerations may cause health professionals to feel more important within their organization. Thus, it will lead to a sense of belonging and positive feeling of identification with their organization then enhancing health professionals' to dedicate more effort to their organizations.

6.8 Recommendations

The study revealed a positive relationship between LMX, OC and OCB. That so, improving high quality of LMX will increase the health professionals' sense of OC and OCB. Thus, some recommendation and polices are to be made:

- Adopting "management by objectives" approach throughout governmental hospitals. This system is described as a process by which supervisors and followers identify their common goals to-gathers, identify each individuals' responsibilities, and assessing each ones' contributions at their divisions.

This approach increase employees' empowerment, job satisfaction and organizational commitment as they participate in goal setting. In addition, better communication between supervisors and followers as frequent of interaction will solve problems arising through goals achievements.

- Conducting "Structured Orientation" program for all new employees; it’s the way by which supervisors can provide vertical collaboration with each followers. Such policy

reinforce employees' sense of empowerment, ensure fairly distribution of the resources among employees, provide equal opportunities of career developments to all health professionals, and break all barriers which may harm LMX.

- Conducting leadership training programs for supervisors at hospitals, which emphasize human relation skills and effective interpersonal communications.
- Maintaining of two-way channels of communications. That so, supervisors have the responsibility to emphasize health professionals' contributions in achieving organization' mission, and improve their intensions to stay at their organizations.
- Regular evaluation of supervisors' abilities to build committed health workers and creating an atmosphere in which health professionals are willing to exert more effort over their job descriptions.
- Introduction of more promotions opportunities and additive incentives for highly educated health professionals to enhance their OC and OCB.

6.9 Future studies

1. Future studies may expand to investigate the supervisors' perceptions of LMX as they may evaluate it in a different manner than what perceived by their followers.

2. Conduct a future studies which investigate the actual effect of interactive situational variables such as unit size, workload, and available resources on the quality of LMX.

3. Further exploration of demographic similarities including; age, education level, company tenure, and job tenure to understand the effect of interpersonal attraction on LMX. In addition, more in-depth examination of personality and personal characteristics' effect on LMX.

4. Conduct a future study which examine the effect of the overall organizational climate on OC and OCB including; organizational structure, leadership style, communication style, technology, reward system.

5. Replicate this study in a comprehensive way, so that other governmental hospitals are involved.

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Annex 1

Study questionnaire (English version)

جامعة القدس
Al-Quds University

School of Public Health

Master Degree in Health Policies and Management

Dear participants:

The researcher is conducting a study titled with " The influence of leader member exchange on the organizational commitment and organizational citizenship behavior of health professionals in Palestine Medical Complex and Beit Jala Hospital " to be submitted in partial fulfillment of requirements for the Degree of Masters in Health Polices and Management, School of Public Health/ Al-Quds University. Accordingly, this questionnaire was prepared for the purpose of collecting data .It contains four main sections , section one contains the personal data (demographic data) which is related to the participants, the second section describes the social relationship between the leader and the member, the third section describes the feelings of participants toward their organizations where they working in, and finally the fourth section is dealing with the occupational behaviors that participants may engage within their organization.

We will appreciate if you respond to the items in this questionnaire with high accuracy, honesty and objectivity. Please be aware that all information will be kept anonymous, treated with confidentiality, and used for the research purpose only as well as it will has no adverse effect on your employment or position in Palestine Medical Complex and Beit Jala hospital .

Thanks for your co-operation

Ameera Abu Shunnar

A : Demographic data

A1: Age (years) **1.** 20-29 **2.** 30-39 **3.** 40-49 **4.** More than 50

A2: Gender 1. Male 2. Female

A3: Marital status 1. Married 2. Single 3. Divorced 4. Widowed 5. Separated

A4: Educational level

1. Diploma
2. Bachelor
3. High diploma
4. Master 5. Others, please specify _____

A5: Profession

1. Physician 2. Nurse 3. Laboratory technician
4.Physiotherapist 5. Radiologist 6. Pharmacist 7. Anesthesia

Others, please specify _____

A6 : Years of experience in your current work .

1. less than 5 years
2. 5 – 10 years
3. 11- 16 years
4. more than 16 years.

A7: Salary (NIS):

1. less than 2600
2. 2600 - 3500
3. 3600 - 4500
4. more than 4500

A8: **Supervisor's gender** 1. Male 2. Female

A9: Length of time you have worked for your current direct supervisor _____ (years)
Other length of time _____ , please indicate.

No.	Statement	I strongly disagree	Dis-agree	Neutral	I agree	I Strongly agree
Section two: This section describes your relationship with your direct supervisors						
B1	I like my supervisor very much as a person					
B2	My supervisor is the kind of person one would like to have as a friend					
B3	My supervisor is a lot fun to work with					
B4	My supervisor defends my work actions to a superior, even without complete knowledge of the issue in question					
B5	My supervisor would come to my defense if I were 'attacked' by others					
B6	My supervisor would defend me to others in the organization if I made a serious mistake					
B7	I do work for my supervisor that goes beyond what is specified in my job descriptions					
B8	I am willing to apply extra efforts, beyond those normally required to meet my supervisor's work goals					
B9	I respect my supervisor's knowledge and competence on the job					
B10	I admire my supervisor's professional skills					
Section three : This section describes your feelings towards your organization where you are working in						
C1	I would be happy to spend the rest of my career with this organization					
C2	I really feel as if this organization's problems are my own					
C3	I feel emotionally attached to this organization					
C4	This organization has a great deal of personal meaning for me					
C5	Right now, staying in this organization is a matter of necessity as much as I desire					
C6	It would be very hard for me to leave my organization right now, even if I wanted to.					
C7	Too much of my life would be disrupted I decided to leave my organization at this time					
C8	One of the few negative consequences of leaving this my					

	organization would be scarcity to available alternatives					
C9	I feel an obligation to remain with current employer					
C10	I would feel guilty if I left this organization now					
C11	I owe a great deal to my organization					
C12	This organization deserves my loyalty					
Section Four : This section describes your feelings towards your organization where you are working in						
No.	**Statement**	**never**	**rarely**	**sometimes**	**Very often**	**always**
D1	I am always ready to lend a helping hand to those around me					
D2	I help others who have been absent and have a workload					
D3	I willingly help others who have work related problems.					
D4	I don't consume a lot of time complaining about trivial matters.					
D5	I always focus on positive side, rather than the wrong things.					
D6	I offer my apology when I made a mistake with others					
D7	I do extra work without complaining					
D8	I keep abreast of changes in the organization					
D9	I read and keep up with organization announcements, memos, and so on					
D10	I attend meetings that are not mandatory, but are considered important					
D11	I try to avoid creating problems for co-workers					
D12	I am mindful of how my behavior affects other people's jobs.					
D13	I help orient new people even though it is not required					
D14	I do not take extra breaks					
D15	I adhere to attendance times and leave					
D16	I am one of the most conscientious employees.					
D17	I believe in giving an honest day's work for an honest day's pay					

Thank you

Annex 2

Study questionnaire (Arabic version)

جامعة القدس
Al-Quds University

كلية الصحة العامة

ماجستير سياسات وإدارة صحية

أخي الكريم \ أختي الكريمة ,,,

تقوم الباحثة بإجراء دراسة بعنوان " تأثير تبادلية العلاقة بين القائد والعضو على كل من الولاء التنظيمي وسلوك المواطنة التنظيمي للمهن الصحية في مجمع فلسطين الطبي ومستشفى بيت جالا الحكومي " وذلك استكمالا للحصول على متطلبات درجة الماجستير في جامعة القدس \ كلية الصحة العامة \ سياسات وإدارة صحية . وعليه فقد تم إعداد هذا الاستبيان بهدف جمع البيانات , إذ يضم هذا الاستبيان أربعة أقسام رئيسية : القسم الأول يحتوي على البيانات الشخصية (الديمغرافية) للمشارك , ويصف القسم الثاني تبادلية العلاقة بين القائد والعضو , أما القسم الثالث فيصف شعور المشارك تجاه المؤسسة التي يعمل بها , وأخيرا يتناول القسم الرابع السلوكيات المهنية التي من الممكن أن ينخرط بها المشارك داخل مؤسسته.

راجين منكم الإجابة على بنود هذا الاستبيان بدقة عالية وموضوعية وصدق, مع العلم أن كافة المعلومات ستعامل بسرية تامة دون الإشارة إلى شخصكم الكريم وسيتم استخدامها فقط لأغراض البحث العلمي وذلك بهدف التحسين والتطوير واخذ القرارات المبنية على الحقائق , ولن يكون لها أي تأثير على وضعك الوظيفي في المؤسسة التي تعمل بها .

شاكرين لكم حسن تعاونكم

الطالبة : أميرة أبو شنار

جامعة القدس

القسم الأول : المعلومات الديموغرافية :

A1_ العمر (بالسنوات) 1. 20-29 2. 30-39 3. 40-49 4.اكثر من 50

A2_ الجنس 1. ذكر 2. أنثى

A3 _ الحالة الاجتماعية

1. متزوج\ة 2. أعزب \اعزباء 3. مطلق \ة 4. أرمل \أرملة 5.منفصل \ ة

A4 _ المستوى التعليمي : 1. دبلوم 2. بكالوريوس 3. دبلوم عالي 4. ماجستير 5. غير ذلك , يرجى الإشارة _____

A5_ المهنة : 1. طبيب 2. ممرض 3. فني مختبر 4. علاج طبيعي 5. فني أشعة 6. صيدلاني 7. تخدير 8. غير ذلك , يرجى الإشارة _____

A6_ سنوات الخبرة في مكان العمل الحالي : 1. أقل من 5 سنوات 2. 5-10 سنوات 3. 11-16 سنة 4. أكثر من 16 سنة

A7_ الراتب (بالشيكل) : 1. أقل من 2600 2. 2600-3500 3. 3600-4500 4. أكثر من 4500

A8_ جنس المشرف المباشر 1. ذكر 2. أنثى

A9_ المدة الزمنية التي عملت بها مع مشرفك المباشر الحالي _____ (بالسنوات)

أي فترة زمنية أخرى _____ يرجى الإشارة .

الرقم	البند	أوافق بشدة	أوافق	غير متأكد	لا أوافق	لا أوافق بشدة
القسم الثاني : يصف هذا القسم تبادلية العلاقة مع مشرفك المباشر الحالي						
B1	أقدر مشرفي كثيرا كشخص					
B2	أعتز بصداقتي بمشرفي					
B3	يتمتع مشرفي بروح المرح مما يشجع على العمل معه					
B4	يدافع مشرفي عن أدائي في العمل أمام رؤسائه					
B5	يشجع مشرفي أعمالي ويمدحني أمام الآخرين					
B6	يقوم مشرفي بالدفاع عني في المؤسسة في حال وقوعي في خطأ غير مقصود					
B7	أنفذ لمشرفي من الأعمال ما يتجاوز ما هو محدد في وصفي الوظيفي					
B8	أنا على استعداد لبذل جهود إضافية ، تتجاوز تلك المطلوبة عادة لتلبية أهداف مشرفي المتعلقة بمصلحة العمل					
B9	أحترم إلمام مشرفي بوظيفته وكفاءته في مجال عمله					
B10	أعجب بالمهارات المهنية التي يمتلكها مشرفي في مجال العمل					
القسم الثالث : يصف هذا القسم شعورك تجاه ا لمؤسسة التي تعمل بها						
C1	سأكون سعيدا بقضاء ما تبقى من حياتي المهنية داخل هذه المؤسسة التي اعمل بها					
C2	أنظر إلى مشاكل هذه المؤسسة كما لو أنها من مشاكلي الشخصية					
C3	أشعر بالارتباط العاطفي تجاه هذه المؤسسة كما لو أكون حقا وسط عائلتي					
C4	لهذه المؤسسة مكانة عالية في نفسي					
C5	إن بقائي للعمل في هذه المؤسسة نابع من احتياجي للعمل فيها					
C6	سيكون من الصعب للغاية بالنسبة لي بمغادرة مؤسستي الآن، حتى لو أردت ذلك					
C7	سيتعطل الكثير جدا من حياتي في حال قررت ترك العمل في مؤسستي					
C8	واحدة من الآثار السلبية لترك مؤسستي هو ندرة البدائل المتاحة					
C9	أشعر بشيء من الالتزام الأخلاقي يدفعني للاستمرار في هذه المؤسسة					
C10	أشعر بالذنب لو أنني تركت هذه المؤسسة في هذا الوقت لالتزامي مع العاملين فيها					
C11	أنا مدين بالكثير لمؤسستي					
C12	هذه المؤسسة تستحق ولائي					

الرقم	البند	ابدا	نادرا	أحيانا	غالبا	دائما
القسم الرابع : يصف هذا القسم السلوكيات المهنية التي من الممكن ان تنخرط بها داخل مؤسستك						
D1	أنا دائما على استعداد لتقديم يد العون لمن هم حولي					
D2	أتعاون مع زملائي الذين تغيبوا عن أداء عملهم ومن لديهم ضغط في العمل					
D3	أساعد عن طيب خاطر من لديهم مشاكل متعلقة بالعمل من زملائي					
D4	لا أستهلك الكثير من الوقت في الشكوى من مسائل تافهة تخص العمل والزملاء					
D5	أركز دائما على الجانب الايجابي في القضايا داخل العمل بدلا مما هو خطأ وسلبي					
D6	أقدم الاعتذار فورا في حال أخطأت في حق أحد من زملائي					
D7	أقوم بتنفيذ الأعمال الإضافية دون تذمر					
D8	أواكب دائما التغييرات الحاصلة داخل المؤسسة					
D9	أقرأ وأتابع الإعلانات والتعميمات الداخلية					
D10	ألتزم بحضور الاجتماعات الداخلية , وأحضر الفعاليات التي تساعد على الرقي بصورة المؤسسة					
D11	أحاول تجنب خلق مشاكل مع زملائي في العمل					
D12	أنتبه للأثر الذي يتركه سلوكي في عمل الآخرين					
D13	أساعد في توجيه الموظفين الجدد حتى لو لم يطلب مني ذلك					
D14	أتجنب أخذ أوقات استراحة غير ضرورية					
D15	أحرص على الالتزام بأوقات الحضور والانصراف					
D16	أعمل في نطاق عملي بما يمليه علي ضميري المهني					
D17	أؤمن بالعمل بتفاني من أجل الحصول على راتب حلال					

تقييم الاستبيان ,,, عباراته (سهلة , بسيطة , تفي غرض الدراسة ؟؟؟)

أي ملاحظات أخرى .....

Annex 3

Panel of experts

Dr. Motasem Hamdan	Associate Professor of health policy and management. Faculty of Public Health, Al-Quds University,
Dr. Azmi Al-Atrash	Ph.D in banking and financial sciences. Institute of Development Studies, Al-Quds University.
Dr.Hassan Imail	Ph.D in Human Resources Management. Higher institute of business administrative, Damascus University.
Dr.Ibrahim Awad	Associate Professor in Economics and Econometrics. Faculty of Economics and, Business Administration, Al-Quds University
Mr. Ayyman Abu Muhsen	Master of Health policy and management. Quality control coordinator at PMC.
Ms. Lana Nazzal	Master of Applied Statistics. Administrative employee at Ministry of Health

Annex 4

Permission letter sent to MoH continuous education department

بسم الله الرحمن الرحيم

جامعة القدس
القدس
كلية الصحة العامة

Al-Quds University
Jerusalem
School of Public Health

التاريخ: 2015/11/23
الرقم: ك ص ع/ 03/ 2015

حضرة الدكتورة أمل أبو عوض المحترم
القائم بأعمال مدير عام التعليم الصحي/ وزارة الصحة الفلسطينية

الموضوع: مساعدة الطالبة أميرة نايف أبو شنار

تحية طيبة وبعد،،

تقوم الطالبة أميرة نايف أبو شنار برنامج ماجستير السياسات والإدارة الصحية/ كلية الصحة العامة/ جامعة القدس بإجراء بحث الرسالة بعنوان:

"التبادل بين القائد والعضو وأثرة على سلوك المواطنة التنظيمي والانتماء التنظيمي في مجمع فلسطين الطبي ومستشفى بيت جالا"

وهي بحاجة إلى توزيع استبانة الدارسة على أقسام المهن الطبية في مجمع فلسطين الطبي ومستشفى بيت جالا، نرجو من حضرتكم تسهيل مهمة الطالبة والسماح لها توزيع الاستبانة على عينة الدراسة. علماً بان الدراسة ستكون لأغراض البحث العلمي فقط.

مرفق طيه: أهداف واستبانة الدراسة.

وتفضلوا بقبول فائق الاحترام،،

د. مقبلة حمدان
عميدة كلية الصحة العامة
Faculty of Public Health

نسخة: الملف

Jerusalem
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Email: sphealth@admin.alquds.edu

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البريد الالكتروني: sphealth@admin.alquds.edu

Annex 5

Approval letter received from MoH continuous education department

01 Dec 2015 11:24 HP Fax page 1

State of Palestine
Ministry of Health - Nablus
General Directorate of Higher & Continuing Education

دولة فلسطين
وزارة الصحة– نابلس
الإدارة العامة للتعليم الصحي

Ref.: ....
Date: ....

الرقم: [illegible]
التاريخ: [illegible]

الأخ مدير عام الادارة العامة للمستشفيات المحترم،،،
مدير مجمع فلسطين الطبي المحترم،،،
تحية واحتراماً،،

<u>الموضوع: تسهيل مهمة طلاب</u>

تماشياً مع سياسة وزارة الصحة المتعلقة بتعزيز التعاون مع الجامعات والمؤسسات الأكاديمية بإتاحة فرص التدريب أمام الطلبة والخريجين والباحثين في المؤسسات الوطنية وإسهاماً في تنمية قدراتهم.

يرجى تسهيل مهمة الطالبة: **أميرة نايف ابو شنار – ماجستير السياسات والادارة الصحية– جامعة القدس**، في عمل بحث بعنوان: " **التبادل بين القائد والعضو وأثره على سلوك المواطنة التنظيمي والانتماء التنظيمي في مجمع فلسطين الطبي ومستشفى بيت جالا**"، لذا يرجى تسهيل مهمتها في الحصول على المعلومات اللازمة من خلال تعبئة استبانة في أقسام المهن الطبية في **مستشفى بيت جالا الحكومي ومجمع فلسطين الطبي**، علما بأنه سيتم الالتزام بمعايير البحث العلمي والحفاظ على سرية المعلومات.

مع الاحترام،،،

د. أم[illegible] العوض
[illegible] الصحي

نسخة: عميد كلية الصحة العامة المحترم/ جامعة القدس

P.O .Box: 14
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pnamoh@palnet.com E-mail:
ص.ب. 14
تلفاكس: 09-2333901

Annex 6

Subjects consent letter

جامعة القدس
Al-Quds University

كلية الصحة العامة

ماجستير سياسات وإدارة صحية

أخي الكريم \ أختي الكريمة ,,,

تقوم الباحثة بإجراء دراسة بعنوان " تأثير تبادلية العلاقة بين القائد والعضو على كل من الولاء التنظيمي وسلوك المواطنة التنظيمي للمهن الصحية في مجمع فلسطين الطبي ومستشفى بيت جالا الحكومي " وذلك استكمالا للحصول على متطلبات درجة الماجستير في جامعة القدس \ كلية الصحة العامة \ سياسات وإدارة صحية . وعليه فقد تم إعداد هذا الاستبيان بهدف جمع البيانات , إذ يضم هذا الاستبيان أربعة أقسام رئيسية : القسم الأول يحتوي على البيانات الشخصية (الديمغرافية) للمشارك , ويصف القسم الثاني تبادلية العلاقة بين القائد والعضو , أما القسم الثالث فيصف شعور المشارك تجاه المؤسسة التي يعمل بها , وأخيرا يتناول القسم الرابع السلوكيات المهنية التي من الممكن أن ينخرط بها المشارك داخل مؤسسته.

راجين منكم الإجابة على بنود هذا الاستبيان بدقة عالية وموضوعية وصدق, مع العلم أن كافة المعلومات ستعامل بسرية تامة دون الإشارة إلى شخصكم الكريم وسيتم استخدامها فقط لأغراض البحث العلمي وذلك بهدف التحسين والتطوير واخذ القرارات المبنية على الحقائق , ولن يكون لها أي تأثير على وضعك الوظيفي في المؤسسة التي تعمل بها .

شاكرين لكم حسن تعاونكم

الطالبة : أميرة أبو شنار

جامعة القدس

Annex 7

The organization's composition

The following table shows the distribution of demographic factors by respondents working place using cross-tabulation and Chi-square.

		Participant working place		Total	χ 2	df	Sig.
		BJH	PMC				
Gender of participants	Male	46	79	125	.706	1	.434
	Female	43	92	135			
Total		**89**	**171**	**260**			
Age of participants (years)	20-29	38	83	121	6.149	3	.105
	30-39	21	50	71			
	40-49	10	19	29			
	More than 50	20	19	39			
Total		**89**	**171**	**260**			
Marital status	Married	67	120	187	2.018	3	.569
	Single	22	48	70			
	Divorced	0	2	2			
	Widowed	0	1	1			
Total		**89**	**171**	**260**			
Educational level of participants	Diploma	20	37	57	.439	3	.923
	Bachelor	48	109	157			
	High Diploma	7	10	17			
	Master	14	14	28			
Total		**89**	**170**	**259**			
Health profession	Physician	21	56	77	3.027	6	.805
	Nurse	51	90	141			
	lab. Tech	5	7	12			
	Physiotherapist	2	2	4			
	Radiologist	5	7	12			
	Pharmacist	3	5	8			
	Anesthesia	2	3	5			
Total		**89**	**170**	**259**			
Years of experience in current work	Less than 5 years	15	27	42	1.311	3	.726
	5-10	8	16	24			
	11-16	31	71	102			
	More than 16 years	35	57	92			
Total		**89**	**171**	**260**			
Salary (NIS)	2500-3500	25	35	60	3.380	2	.185
	3600-4500	43	79	122			
	More than 4500	21	57	78			
Total		**89**	**171**	**260**			

The results revealed that there is no significant differences between the two hospitals in their gender composition (χ 2 =.706, df=1, Sig=.434), respondent‘s age distribution(χ 2 = 6.149, df=3, Sig=.105), Marital status (χ 2 =2.018, df= 3, Sig= .569), educational level composition (χ 2 =.439, df= 3, Sig= .923), health professions composition(χ 2 = 3.027, df= 6, Sig= .805), years of experience of the respondents (χ 2 = 1.311, df= 3, Sig= .726), salary(χ 2 = 3.380, df= 2, Sig= .185).