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The Effect of the Lifestyle on Organizational Citizenship Behavior of Nurses in Public Hospitals of North Khorasan Province

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ABSTRACT

Objective: today's dynamic organizations expect their employees to behave beyond their defined roles ,behaviors that are known as organizational citizenship behavior .Voluntary behavior which employees protect their organizations and provide performance improvement areas. Since organizational citizenship behavior between the nurses as providers of services and care of patients in quality of care provided by them affect on patients so the nurses as the most important assets and the only competitive advantage in the medical centers and hospitals have a significant impact on improving service .This study examines the effect of lifestyle on citizenship behavior between the nurses in governmental hospitals in North Khorasan with emphasis on intermediate role of organizational commitment. **Methods:** This study is a cross sectional analytical survey .Research community include the nurses in governmental hospitals in North Korasan in 2013.420 nurses were randomly selected as research sample. For collecting data have been used Organ citizenship organizational behavior , Meyer and Allen organizational commitment and the researcher made lifestyle questionnaires which they had acceptable reliability and validity. The data analyzed by LISREL and SPSS software ,structural equation modeling and two –stage method. **Findings:** Firstly this research presented the model which is a strong theoretical model to predict the effect of lifestyle on citizenship behavior between the nurses with emphasis on the intermediate role of organizational commitment. Secondly all of the direct and indirect relationships between the variables in the model was significant. **Conclusion:** This research showed not only the nurses organizational behavior influenced by their lifestyle but also organizational commitment will intensify this relationship .On the other hand since the nurses citizenship behavior can affect on the quality of service and efficient use of organizational resources so it is necessary for hospital managers pay more attention to factors which affect on citizenship behavior such as: work conscience ,respect ,altruism ,civic virtue and sportsmanship.

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INTRODUCTION

Dynamic organizations of today expect their employees to demonstrate behavioral skills and flexibility beyond their formal job descriptions. Such modes of behavior known as *organizational citizenship behavior* (OCB) are the voluntary actions by which employees support their organization and help performance improvement. Nurses in hospitals are in contact with patients. Service quality of hospitals and medical centers is of high importance. Organizational citizenship behavior is one of the key factors which can leverage behaviors, attitude, and interactions of nurses to increase quality of the provided services (Jahangiri, 2007). On the other hand, lifestyle of nurses as a personality trait and behavioral factor can affect their organizational citizenship behavior in the workplace.

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Studies reveal that healthcare organizations as one of the key service providers have been struggling with the problem of employee disinterest and even departure, once they have worked for a while in this sector. This finding, inter alia, suggests the important role of organizational commitment as another determinant and key factor associated to employee organizational citizenship behavior, which can ease up the relationship of employee lifestyle with his/her organizational citizenship behavior, and a lack thereof is viewed as the sign of a serious defect in administration of the mentioned organizations (Organ and Konovsky, 1989).

In view of Organ (1983), OCB are those behaviors which are not part of the formal organizational tasks, yet affect organization performance. This mode of conduct is a kind of *extra-role behavior* (ERB) as opposed to *intra-role behavior* (IRB). These are voluntary actions performed based on individual initiatives which are not allowed for in official remuneration system of the organization and are performed at employee's discretion in addition to his daily routine tasks (Jahangiri, 2007).

Although there are plenty of factors which might influence organizational citizenship behavior, yet of this multitude, the variables procedural justice, interactional justice, distributive justice, trust, organizational commitment, and job satisfaction have been the most frequent factors (Castro A, 2004).

Literature review:

The OCB concept was first introduced by Organ *et al.* (1983) and addresses such issues as *general compliance* and *spontaneous* and *innovative behaviors*, and since OCB is not recognized as part of the employee's officially recognized function, it serves as a behavioral index in response to the mode of behavior shown by colleagues in an organizational setting.

The most credible categorization provided so far on OCB dimensions is the one proposed by D.W. Organ and includes 5 dimensions: *social etiquettes*, *altruism*, *conscientiousness*, *sportsmanship*, and *decency* (Lambert, 2000).

Lambert (2000) assigns characteristic features of organizational citizenship behavior to three categories of (1) obedience (compliance); (2) loyalty; and (3) contribution and accountability (Oxford, 2000).

The concept lifestyle was first in 1929 proposed by Alfred Adler, the social psychologist. In lexicons, lifestyle is generally defined as the typical mode of living by and individual, group, or culture. Lifestyle is also identified by a particular way of living or form of life which represents the individual or group's overall disposition and values (Giddens, 2000). Giddens views lifestyle as a relatively integrated set of behaviors and actions followed by a given individual in the course of his/her daily life according to a consistent system of habits and orientations (Rickert, 2004). Pierre Bourdieu interprets lifestyle as a kind of living or subsistence which signifies the course of life and the way it is managed both individually and collectively and incorporates such facets as the mode of income spending, dressing and toilet, domicile, eating habits, working duration, religious and cultural specificities (Fern, 2001). A variety of methods have been developed by scholars for lifestyle classification. In view of Fern, lifestyle involves three dimensions or features: *activities* (such as work, amusement and recreation); *interests* (such as family, and media); and beliefs (such as social, political, and economic views and standpoints) (Katler and Armestrang, 2001). Philip Kotler divides lifestyle into 4 major components: **a. activity** (including work, entertainment, and recreation); **b. interests** (family, media, etc); **c. beliefs** (concerning social, political, economic, and other matters); and **d. demographic** component including age, education, marital state, etc (Pour Soltani and Amiri, 2004).

The concept of organizational commitment initially was coined by William Whyte in 1956 in the article "The Organizational Man" (Silverthorne, 2004). Organizational commitment is generally viewed as the strength built on individual identity and engagement in an organization. Human resource managers, if aware of organizational commitment, would be able to improve organizational objectives and assess the courses of actions for organizational development. Organizational commitment, in fact, represents employee's attitude to work with a specific bearing on their engagement and willingness to remain in organization, which would eventually affect their job performance. Organizational commitment can produce practical and advantageous results such as effectiveness, improved performance, and reduced absenteeism [Jahangiri, 2007]. Allen and Meyer conceive three components for organizational commitment each corresponding to a different psychological state: (1) "*affective commitment*" is defines as the employee's positive attachment to the organization; (2) "*continuance commitment*" reflects employee's concerns for the costs involved by quitting the organization; and in the (3) "*normative commitment*", the employee remains with the organization because of a moral obligation (Mowday, 2002). Mowday *et al* (2002) suggest (1) personal attributes like age, gender, marriage, education, work experience, etc; (2) role-based characteristics such as job satisfaction, job security, challenging nature of the job, etc; (3) structural aspects like organizational support, organizational justice; and (4) professional backgrounds as the prerequisites to organizational commitment. Robbins *et al* (1992) proposed organizational commitment a factor of demographic (personal) attributes (i.e. age, work experience, gender, and education) and situational factors related to work place (Robbins, 2005).

The Mintel Group (Ltd) in the survey "Lifestyle in Britain" addressed different facets of the youth and women's life, and women's role in decision making, particularly about spending leisure times. The results of this

survey indicated high correlation of the *gender factor* (women relative to men) with the *care for one's appearance* and *interest in books* (Kordi and Hadizadeh, 2012). In the study conducted by Veal (2001), major differences were found in regard to spending leisure time, age, gender, and social class (Veal, 2000).

In their study, Na-ami and Shekhar Shekan (2006) find all three types of organizational justice (*distributive, procedural, and interactional*) significantly correlated with organizational citizenship behavior (Hovida and Naderi, 2000).

Mowday *et al* (2006) document direct effect of age and service years on commitment (Mowday, 2006). Hachette *et al*. (2001) confirmed the workplace behavioral implications of organizational commitment as a mediating factor for organizational citizenship behavior (Haenlein and Kaplan, 2004).

Problem statement:

Despite the crucial role of organizational citizenship behavior (OCB) in nursing profession, it is still a largely unexplored concept. A large number of researches have been conducted in regard to organizational citizenship behavior and its relationship with a variety of other factors, yet none of them have adequately addressed the effect of lifestyle on OCB in the healthcare setting. Present research by particularly focusing on the relationship of lifestyle of nurses with OCB in light of the mediating role of organization commitment (OC) in this relationship attempts to build a better understanding of the dynamism in complex interdependency of social factors and their bearing on the work floor and the work-related decisions. In addition, the prior work almost univocally confirms the crucial role of organizational commitment on OCB in different settings and contexts, so as a lack of organizational commitment could lead to reduced employee organizational citizenship behavior.

As was mentioned, lifestyle involves, among others, people's interest and belief, hence it can conceivably affect the work environment and employee's organizational citizenship behavior. To test the assumed effect of lifestyle on organizational citizenship behavior of the nurses in service of the public hospitals in North Khorasan province, given the mediating role of organizational commitment, a number of hypotheses are proposed in the following. Since human resources are regarded among the biggest resources and capitals of every organization, any planning and investment hereon can result in increased efficiency and higher return on investment. Present research touching an important issue in the realm of social psychology and organizational behavior, i.e. the lifestyle and its relationship with perception and thereby with quality of organizational citizenship behavior of employees in the public healthcare environment, where its impact can be tempered by introduction of organizational commitment, tries to find out whether "*the relationship of lifestyle (activity, interests, beliefs, and demographical attributes) is significantly associated with organizational citizenship behavior (altruism, civic virtue, courtesy, and sportsmanship) of the nurses*" (**main hypothesis**). To get further insight into the issue in question, the main objective is disaggregated into partial relationships or **sub-hypotheses** as:

1. Lifestyle (i.e. activity, interests, beliefs, and demographical attributes) is correlated with (affective, continuance, and normative) organizational commitment of the nurses in the mentioned public hospitals.
2. (Affective, continuance, and normative) organizational commitment is correlated with organizational citizenship behavior (altruism, conscientiousness, civic virtue, and sportsmanship) of the nurses in the mentioned public hospitals.
3. The indirect effect of lifestyle through the agency of organizational commitment is greater than its direct effect on organizational citizenship behavior of the understudy nurses.

Research conceptual model:



Methodology:

This is an applied research in that the results of this study are intended to assist managers in public hospitals to improve organizational commitment and performance through promotion of desirable organizational citizenship behavior among the nurses in these institutes. The research is conducted according to an analytic survey strategy. The research statistical population included both male and female nurses in active service of the public hospitals in North Khorasan province. The choice of this population was particularly motivated by strong

presence of human factors in such settings where a committed and loyal workforce well-disposed to organizational values and ready to serve the organization unsparingly beyond officially defined tasks and responsibilities is decisive for efficiency of the (service) organization. By a preliminary sample of 30 nurses, a standard deviation of 25% ($S = 25\%$) was obtained. By replacing it the Kukran formula at 95% confidence level, the minimum required sample size of 420 nurses was obtained. Organizational commitment of the nurses was measured using Meyer and Allen's Questionnaire of Organizational Commitment (1990). And the data regarding the employee's OCB and lifestyle were gathered using Organ's Questionnaire of Organizational Citizenship Behavior (2000) and the researcher-developed questionnaire of Lifestyle (2013), respectively. The OCB questionnaire contains 20 items in total where the dimensions *altruism*, *conscientiousness*, *courtesy*, *civic virtue*, and *sportsmanship* get 4 items each. The organizational commitment (OC) questionnaire contains 12 questions in total of which 4 questions are assigned to each component in the threesome of *affective*, *continuance*, and *normative commitments*. The lifestyle questionnaire is composed of 20 questions with subscales *activity*, *interests*, *views and beliefs*, and *demographical attributes* each getting 5 questions equally distributed.

It should be noted that before start of the study, the required permissions were obtained from the respective university authorities and together with a formal letter of introduction were supplied to the officials of the aimed hospitals and medical centers, and the examinees were sufficiently briefed and prepared for this study meanwhile were assured about confidentiality of their identity by not requiring them to indicate their names on the questionnaires.

To verify the questionnaires validity, it was made use of face and factor validity. The face validity was assessed by consulting management experts and scholars, while for the factor validity, confirmatory factor analysis was applied. Reliability of the questionnaires was calculated by Cronbach's alpha in SPSS environment. In the procedure of determining the research validity on aggregate, first, a sample consisting of 30 respondents ($n = 30$) was selected from the target population and then, after collecting the questionnaires, Cronbach's alpha coefficient for the research overall validity was assessed. Table 1 summarizes the obtained statistical results for each research variable in the above mentioned sample. Considering that for researches in the field of human sciences, a Cronbach's alpha greater than 0.60 is generally considered as acceptable, the obtained results provided in table 1 indicate reasonable reliability of the applied questionnaires in this study. The gathered data from the questionnaires was subsequently analyzed in LISREL.

For test of the hypotheses and the model goodness of fit test, it was made use of the 2-Stage Structural Equation Modeling (TSSEM) introduced by Hulland.

Findings:

Of the sample group, 29 percent were male and 71 percent female. 61 percent of the sample nurses were 30 years old and most of them had a bachelor's degree and over 9 years work experience in the understudy hospitals. Table 1 provides descriptive statistics and Cronbach's alpha of the understudy variables, which indicates reasonable reliability of the research model (alpha coefficient > 0.60) in all dimensions. It also implies reliability of all the applied questionnaires in this study. In addition, all of the research variables in table 1 score above the average value 3 from the measurement scale ranging from 1 through to 5, which implies organizational commitment and organizational citizenship behavior of the nurses in the public hospitals of the province. Next, path analysis was performed and the measures indicating the model goodness of fit were determined at the hand of which the model fit was verified. A non-parametric estimation was used hence all the obtained measures indicate quantity of the fit. Table 2 presents load factor of each component of the model. Once the load factor is confirmed, path analysis is applied to test of hypotheses and the results thereof are interpreted.

Table 1: Descriptive analysis and Cronbach's alpha of the variables

Variables	α	Mean	St. Dev.	Min.	Max.
Lifestyle	85.8	3.21	0.459	2.00	4.80
Activity	74.7	3.28	0.608	1.60	5.00
Interests	79.6	2.65	0.713	1.00	5.00
Belief and Opinion	74.3	3.302	0.563	1.60	5.00
Demographical attributes	73.2	3.267	0.603	1.60	4.80
OCB	89.9	3.338	0.453	2.15	4.80
Civic virtue	76.4	3.036	0.588	1.25	4.50
Altruism	80.0	3.443	0.542	1.50	5.00
Courtesy	74.5	3.314	0.565	1.75	5.00
Sportsmanship	80.1	3.586	0.626	1.50	5.00
Sense of duty	74.5	3.310	0.637	1.75	5.00
Organizational commitment	82.6	3.270	0.446	2.08	4.75
Normative commitment	80.0	3.319	0.560	1.75	5.00
Continuance commitment	81.0	3.151	0.503	1.50	4.75
Affective commitment	79.3	3.338	0.568	2.00	5.00

Table 2: Results of load factor

Variable	Load factor	Variable	Load factor
Activity	0.28	Sportsmanship	0.43
Interests	0.40	Sense of duty	0.47
Belief and Opinion	0.36	Civic virtue	0.33
Demographical attributes	0.49	Normative commitment	0.44
Altruism	0.42	Affective commitment	0.45
Courtesy	0.43	Continuance commitment	0.28

Table 3 shows the obtained results from test of the hypotheses in terms of path coefficient and significance level (p-value). According to the rule, by a p-value smaller than 0.05 (at 95 percent confidence), the path coefficient is considered significant and the hypothesis in question will be confirmed, otherwise the path coefficient is not considered significant and the respective hypothesis cannot be confirmed.

Table 3: The results on test of hypotheses

The main and sub-hypotheses				Regression coefficient	p-value	Result
Main hypothesis	Lifestyle	→	OCB	0.82	0.000	Confirm
Sub-hypothesis 1	Lifestyle	→	Organizational commitment	0.68	0.000	Confirm
Sub-hypothesis 2	Organizational commitment	→	OCB	0.80	0.000	Confirm

Test of indirect effect of lifestyle on OCB:

For test of the indirect effect, the following formula is used:

$$X_{ij} \times Y_{jk} = Z_{ijk}$$

In this formula, X_{ij} denotes direct effect size of *i*-th element of independent variable X on *j*-th element of mediator variable Y; Y_{jk} represents direct effect size of *j*-th element of mediator variable Y on *k*-th element of dependent variable Z; and finally, Z_{ijk} indicates indirect effect size of *i*-th element of independent variable X on *k*-th element of dependent variable Z through agency of *j*-th element of mediating variable Y.

The results of the mathematical calculations for comparative study of direct and indirect effects of lifestyle (given the mediating role of organizational commitment) on OCB indicate smaller size of the indirect effect on OCB ($0.80 \times 0.68 = 0.544$) relative to that of the direct effect on OCB (0.82). This result contradicts the statement made by the third sub-hypothesis, predicting a greater indirect effect size for lifestyle, hence this hypothesis is rejected. Diagram 1 depicts this result. Diagram 2 represents general modeling of the research structural equation.

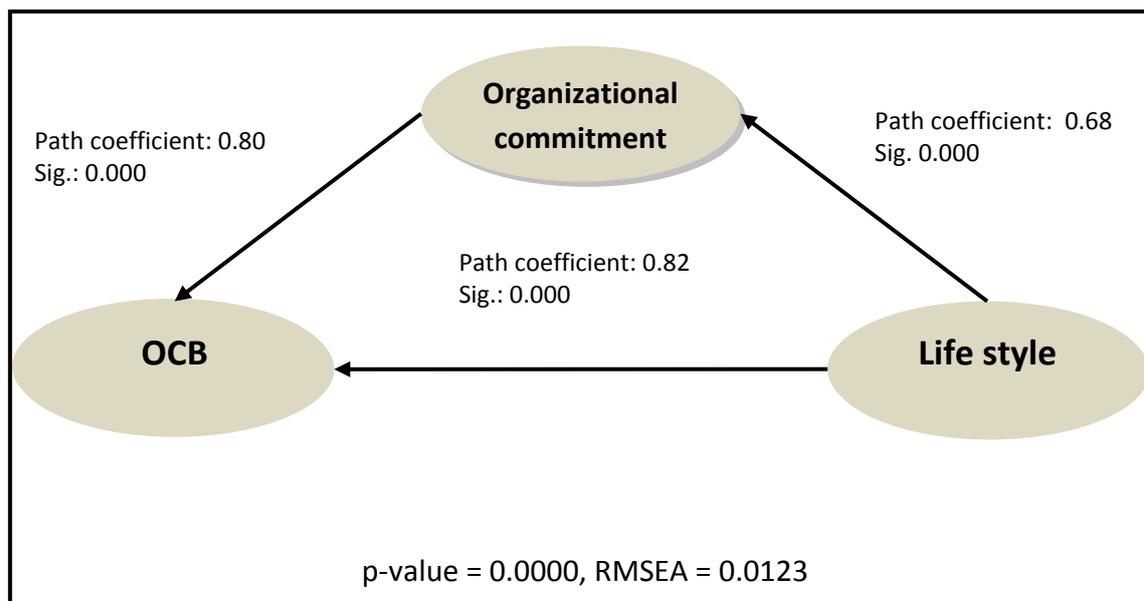


Diagram 1: Direct and indirect of lifestyle on OCB

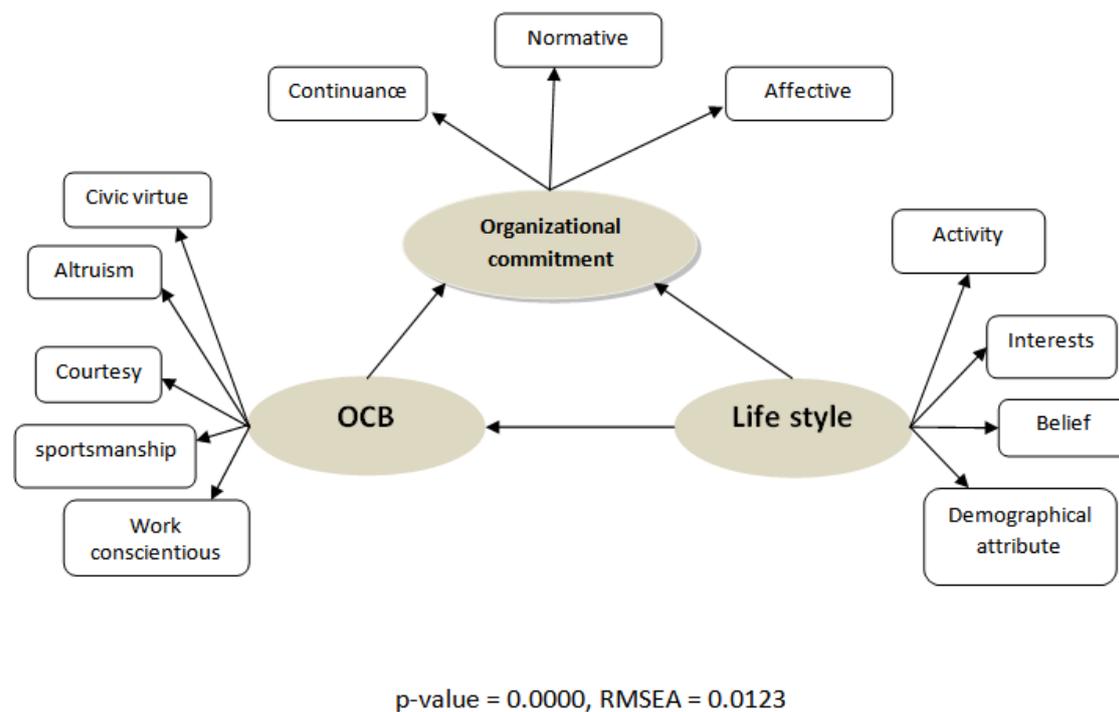


Diagram. 2: Structural Equation general modeling

Discussion and conclusion:

Organizational citizenship behavior (OCB) is among the behavioral issues of interest to organizations, since people prone to this type of behavior are more likely to engage in voluntary actions. In the meantime, nurses are generally held as a symbol of voluntary tasks beyond their formal job description. Hence, strong presence of the human factor and humanitarian nature of job performed by nurses on the one side, and the importance of the factors which encourage and reinforce such beneficial behavioral motivated us to make inquiry into the effect of lifestyle on organizational citizenship behavior of nurses in presence of organizational commitment. Our results suggest potent presence of lifestyle in organizational citizenship behavior of nurses, which exercises its influence in OCB of the employees through a variety of ways despite presence of organizational commitment, so as nonconformity with interests and recreational activities of employees may give rise to anti-OCB responses in them. Lifestyle is and will remain a preoccupation of employees in organizations, and nurse as the member of organization are no exception. In sum, considering the earlier theoretical works, empirical evidence and our own findings in this study, we may infer a generally significant relationship between lifestyle and OCB in the understudy employees. Our results also suggest direct effect of lifestyle to be stronger than its indirect effect on OCB of the nurse, which is consistent with the findings of Baron and Greenberg (Baron,2003). When nurses conclude that the hospital acts in compliance with its obligations, there would be a greater chance on demonstration of OCB on the part of the nurses (Jafari and Sadeghi,2011). In addition, the significant effect of organizational commitment on OCB in our study which is in line with the findings of some other researchers like Graham (Graham,2004) implies as the nurses become assured of fulfillment of the organizational commitment on the part of the hospital, their confidence in the hospital is strengthened and will be more willing show OCB type of behaviors. Jafari and Sadeghi (2011) demonstrated positive and significant relationship of dimensions sportsmanship and civic virtue with organizational commitment (Jafari and Sadeghi,2011).Pusakof in his study points out presence of a relationship between dimensions of organizational culture and OCB (Erturk,2007) Meyer *et al* (2001) find affective and normative commitments, in the order of significance, the two strongest factors associated with OCB [Meyer and Allen,2001]. The findings of Ansari and Mir Ahmadisuggest significant effect of job satisfaction on OCB and organizational commitment (Ansari and Mirahmadi, 2010). Mathieu and Zajac (2000) maintain that organizational commitment is positively correlated to people's age, but negatively and weakly is associated to employee's education (Mathieu and Zajac,2000).

As the last words it should be referred to the research limitations, including the limited scope of our study which concerned nurses of the public hospitals in only one province, namely North Khorasan. Therefore any generalization of the reported results in this study to other groups of employees, sectors, and geographical regions requiresmuch care and caution. Another barrier was the negative attitude of the respondents.Most of the nurses were unwilling to complete the questionnaires, and viewed these types of researches with dislike and as

the reason of their aversion they complained about lack of persistence and true engagement on the part of researchers, given their earlier experiences with other researches all of which proved fruitless without the slightest positive change in their condition or resolving the long lasting challenges and problems in their organization. Nevertheless, the researchers hope, despite the existing limitations during conduction of this research, their findings could be of service, though little, for improvement of the organizational environment and dignity of these valuable employees in the understudy hospitals. We believe further research for the same variables in private hospitals and other comparable institutes have to be yet conducted before reaching any definitive conclusion.

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