

How to Distinguish the Organizational Citizenship Behavior and Medical Professionalism

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Abstract: The current medical and health industry is facing a crisis of confidence and tense relationship between doctors and patients. Medical professionalism has become one of the countermeasures to regain trust and ease tensions, so it attracts more and more attention. At the same time, along with the medical system reform, the importance of organizational citizenship behavior has caused concern in the health sector. Because it has important significance for the hospital management, doctor-doctor relationship and doctor-patient relationship. This paper introduces organizational citizenship behavior and medical professionalism. It clarifies the relationship between medical professionalism and organizational citizenship behavior by using comparative analysis. And from the previous research on organizational citizenship behavior, it can find the enlightenment for the practices of the medical professionalism.

Keywords: Organizational citizenship behavior, Medical professionalism, Relationship, Enlightenment.

1. WHAT IS ORGANIZATIONAL CITIZENSHIP BEHAVIOR AND MEDICAL PROFESSIONALISM

1.1. Organizational Citizenship Behavior

The theory of organizational citizenship behavior is the inevitable outcome of the development of the science of organizational behavior. Because it plays an indispensable important role in an organization, as soon as put forward, it has become the research focus of theorists and managers of enterprises, they pay close attention to study it. So what is the organizational citizenship behavior (Organization Citizenship Behavior, OCB)? Famous management scholar Kahn and Katz (1966) think that an effective operation of organization should have three kinds of behavior: Join and retention in the organization; Complete the requirements of the particular organization role in a reliable manner; Make innovation and initiative behavior outside of the role requirements. The third behavior which is mentioned is OCB [1]. Organ first proposed the concept of organizational citizenship behavior in 1983. It is: Voluntary behavior of the organizational members, and these behaviors have not been specified in the formal reward system, but overall help improve the organizational effectiveness [2]. This concept contains its three characteristics: not within the job role required; not within the scope of formal awards; positive significance to the organization. Along with the deepening of the research

on the theory and practice, people raised an objection to its connotation, main show is in: Whether OCB must be extra-role behavior? Whether it must not be provided by the formal reward system? In view of this, Organ rethinks on the concept in 1997. He put the relationship-performance proposed by Borman & Motowidlo (1993) as reference, thinking that OCB is not to provide direct support for the realization of the task-performance, but it can maintain and improve the social and psychological environment of the organization, and promote the effect on task-performance [3, 4].

1.2. Medical Professionalism

In China, the existence of medical professionalism has a long history, but it is becoming an important research domain in recent years. The change of the medical service system, the introduction of market mechanism, and the erroneous zone in the health system reform have made a strong challenge to traditional medical professionalism, so the construction of new medical professionalism and new professional knowledge system is vital for modern medical career. In the autumn of 2005, experts from Harvard University conducted an investigation in Shanghai, Beijing, Xi'an, and Jinan, to understand the situation of medical professionalism in China. They introduced some ideas, conducted a research on medical professionalism, after that the scholars from China and USA held thematic seminars in Beijing and Shanghai respectively. So what is medical professionalism of the new era? In December 2005, the declaration of the medical professionalism of the new century-- The declaration of physician, partly answered the question. The new "Declaration" pointed out that medical professionalism is the foundation of

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medicine and society to achieve commitments. It puts forward the main content of the medical professionalism, which includes principles and responsibility. Duzhi Zheng pointed out that professionalism is the general understanding of a professional social responsibility and professional personnel behavior standards, it is gradually accumulated in the process of formation and development of profession. It is the essential characteristic of professional existence and development, and it is an important guarantee to protect the sacred and lofty impetus of the profession [5].

2. HOW TO DISTINGUISH ORGANIZATIONAL CITIZENSHIP BEHAVIOR AND MEDICAL PROFESSIONALISM

Organizational citizenship behavior and medical professionalism, which two are seemingly unrelated concepts, when at the same time appear in the medical profession, will find that they have a lot of same place. The paper tries to put organizational citizenship behavior as a foundation for comparison to analyze the relationship between the two concepts. That because the organizational citizenship behavior has a longer time as a research object. And furthermore, it has a relatively complete concept system and research results, which is easy and more clear to find the comparison basis points.

2.1. From the Perspective of Extra-Role Behavior

In the traditional research of organizational citizenship behavior, its distinct characteristic is: it is not required, but belongs to the extra-role behavior, and it is a voluntary employee performance. Recently, however, more and more research found that the boundaries and definition of internal and external behavior are ambiguous, so it is difficult to specify organizational citizenship behavior for extra role behavior. And under the different cultural backgrounds, the division of internal and external behavior is also different [6]. For example in the context of Chinese culture, business management will tend to incorporate organizational citizenship behavior within the in-role behavior to be provided. So the organizational citizenship behavior is not only extra-role behavior, but also covers the scope of in-role behavior. Therefore, it was suggested that organizational citizenship behavior should include three kinds of behavior: in-role behavior, interpersonal altruism toward individuals and public welfare behavior toward the organization. But in practical research scholars have also found that the cognition to the working width affects the employees' range about the in-role behavior and extra-role behavior, that is the greater the general working width, the more inclined to put some organizational citizenship behavior as an in-role behavior. So both in theory and practical research, tend to understand organizational citizenship behavior from a broader perspective.

Is the medical professionalism in-role behavior or extra-role behavior? From the definition and content of medical professionalism we know that: the medical professionalism is a kind of sense, a kind of values and a norm of behavior. Its ten kinds of responsibility does not have a direct relationship to the patient itself, but by acting on the doctor-patient relationship, it indirectly plays a role to the health of patients. In view of this, we can see from the traditional biomedical model that it can absolutely be placed only in the category of extra-role behavior.

However, with the development of bio - psycho - social medical model, and the recognition of medical professionalism, it has gone from people's moral level into the specification of the medical and health undertakings, so that managers have gradually included the medical professionalism from extra- role behavior into the in-role behavior. Of course on bio - psycho - social medical model itself, medical professionalism includes two areas in-role and extra-role. As can be seen, both organizational citizenship behavior and medical professionalism include three kinds of behavior: in-role behavior, interpersonal altruism toward individuals and public welfare behavior toward the organization.

2.2. From Formal Rewards Perspective

In traditional OCB definition, it's another characteristic is that it does not exist in the standard range of the organization formal reward. So the organizational citizenship behavior is voluntary and beneficial to organizational. But this no-formal-rewarded behavior can be produced, and has its own conditions, so that employees can make OCB as a reward to certain aspects of the organization or leadership or work. This is work-oriented social exchange theory [7]. As research continues to expand, its positive role is attracting the attention of the managers, and for the sake of motivating this behavior which has a positive effect on organizational performance, they began to take certain measures. Thus the organizational citizenship behavior began to appear in formal reward and punishment system in the organization [8]. And what about medical professionalism that is emphasized by medical institutions and scholars? As a person familiar with the medical and health services, you will find it difficult to find the medical professionalism in the official award system of a hospital. It doesn't mention which part of the doctor's income from their performance of medical professionalism. Of course, the doctor's medical professionalism is not to be ignored. Just like OCB, medical professionalism will be managers' favorite. Because it has a vital role for the development of the hospital and medical - health services, this can not be underestimated [9].

It is beneficial to alleviate doctor-patient trust crisis, is helpful for doctors to establish the good image, and is advantageous to the social fair reasonable allocation of health resources. It ensures the social justice for caring about people's vital interests of medical resources. Therefore, the hospital management will focus on medical professionalism, as ordinary people and social management also concern about it. Although there is no provision for the content of professionalism in the official award system, yet in the actual management work, leadership will also give it some attention. As can be seen in the perspective of rewards, organizational citizenship behavior and medical professionalism are also doing similar.

2.3. From the Perspective of an Active Role in the Organization

OCB is seen as the behavior that is to be conducive to promoting organization performance, and has attracted much attention of researchers because of its positive role. Organizational citizenship behavior can help improve production efficiency, ensure the rational allocation and use of resources. Conducive to the organization of harmonious inter-

personal relationships, it is the lubricant of organizations running. It helps to reduce working vacuum in the organization, avoiding ambiguity in organizational components. It helps to promote the communication of information among members of the organization; effective organizations have to solve coordination problems

But when employees see organizational citizenship behaviors as a means, that it when it has the instrumental motivation, its effect on the organization can be a positive into a negative, and will be counterproductive to organizational performance. It is also easy to cause the conflict in interpersonal relationship [10]. From the basic principles and responsibilities of medical professionalism, we find it beneficial to train doctors on their responsibility, is conducive to the establishment of harmonious relationship between doctors and patients, and is conducive to mutual aid between physicians. This is similar to positive effects of organizational citizenship behaviors. But medical professionalism may have some negative effects: When the medical staff put too much focus on the professionalism, the time it takes for the technical improvement would significantly decrease, but the pressure of the medical staff will increase. That is because they do not just focus on their own skill level, but also on improving the overall cultivation and quality as a medical staff. When limited time and energy will be divided into two things, the performance will be affected. But the roots of a negative effect of the both are different: the latter is due to the excessive promotion of the positive spirit so it produces pressure; whereas the former is that positive spirit is developed into instrumental motivation, and losing its essential characteristics on the basis of generated.

2.4. The Essential Difference Between OCB And Medical Professionalism

A comparison on the relationship between the two from the perspective of OCB's three features has been made. But they still have not been fully understood, and the difference is still somewhat vague. Do they have no difference? The answer is no.

First of all, the two belong to different research fields. The concept of organizational citizenship behavior was put forward in management research. It refers to a behavior that is conducive to the organization but have no formal expression in the text book. The concept of professionalism was presented in ethics study; it emphasizes the social responsibility of groups and individual practitioners' virtues. Secondly, the subject of organizational citizenship behavior and medical professionalism is different. The subject of organizational citizenship behavior is mainly individual employees. Of course, with the in-depth study, scholars began to propose cross level research on OCB [11], but also cannot deny the fact that its research started from individual; whereas medical professionalism is not proposed for individual, but its subject includes all medical personnel. Thirdly, they are caused by different reasons. The main reasons for OCB are: organizational justice, organizational support, psychological contracts and other factors in organizational management; and the causes of professionalism are considered to be the personal moral cultivation and social ethics. Fourthly, the objects between OCB and medical professionalism are dif-

ferent. For OCB, its object mainly targets to handle the relation between employees. And medical professionalism includes two parts: internal staff of medical and health units and its service object. From the principle and content of medical professionalism, we can clearly know that the concerns of patients accounted for the larger proportion, which is determined by the nature of the medical professionalism. Fifthly, the two emphasize different purpose. OCB can help improve the surrounding organizational performance [12], so as to contribute more to achieve and attain the goals of organization; medical professionalism aims to maintain the professional reputation and better service to customers. Finally from the motivation, there is a difference between the two. Generally speaking, a behavior is motivated by two aspects: one is the individual attitude, the other is social norms. OCB in previous studies showed that it mainly stems from the personal attitude; whereas in the medical professionalism, we can easily find that it is mainly influenced by social norms environment. So we can say that organizational citizenship behavior is a kind of surface behavior, and professionalism is more characterized by deep beliefs. From the analysis of the above, we can draw the conclusion: medical professionalism with traditional definitions of OCB is different, but the difference is not to deny the essentially homogeneity between the two. From the developed trend of OCB, we can see the professionalism to some extent represents a new phase of the OCB.

3. THE ENLIGHTENMENTS FOR MEDICAL PROFESSIONALISM

Through comparative analysis of organizational citizenship behavior and medical professionalism, you can clearly see the connections. When OCB goes into the medical field [13], the results of previous studies on OCB, there is a lot for medical professionalism to learn from it. We mainly see its enlightenment to practice the medical professionalism from the prevention of the negative effects of organizational citizenship behavior.

3.1. Medical Professionalism and Medical Technology are Indispensable in Order to Prevent the Role Behavior Reverse

Previous medicine, due to lack professionalism and Humanities, caused trust crisis and medical patient relationship tension. With the concern on organization citizens' behavior and medical professionalism, managers will emphasize the value of professionalism in organization, but this can neither deny employees' in-role behavior, nor can ignore professional technology for excuses of professionalism. Care for this and lose that, the loss will outweigh the gain. The rise and fall of determinants of health care is not just on the one hand. Medical technology and medical professionalism are indispensable. If not have the basis of medical technology, the professionalism in the building was without foundation.

3.2. Medical Professionalism Should not be Superficial Formalism, We Need to Prevent Upgrading Effect

If employees scrambled to show professionalism, this will make a conscious behavior giving rise to a potential act

in the organization, and then members will form a huge work pressure and workload. If the employee was forced by circumstances to engage in the conduct of mandatory, then the organization will no longer be an attractive body. Employees will also no longer enjoy their work environment. Ultimately this will not only kill the medical professionalism, but also hinder the development of the entire medical profession.

3.3. Do Not Put the Construction of Medical Professionalism into a Political Movement, in Order to Prevent the Negative Effects on the Employee Personal

When an employee focuses on both internal and external role behaviors, that means the effort on other parts will be reduced. Organizational citizenship behavior research shows that stronger employee's responsibility, staff workload, work stress and work-family conflict are more serious issues.

Excessive advocacy on ex-role behavior of employees will inevitably bring some physical and psychological harm to themselves, because the staff is difficult to handle the balance between family and work. Thus, we should correctly guide the implementation of the medical professionalism, in order to prevent unnecessary psychological pressure and working pressure on medical staff, thus avoiding negative effect on the harmony between work and family life.

3.4. Do Not Make Medical Professionalism as a Means of Interests, to Prevent the Existence of Impression Management Motives and Instrumental Purpose

Impression management in short is trying to influence others with behavior to form a good impression on themselves. The purpose of this act is to obtain a reward, and to avoid punishment. Organizational citizenship behavior of these employees is the voluntary desire to help organization, but to make a good impression on others in order to achieve personal intent and to bring their own benefit [14]. That is often said in the science of organizational behavior: just a good actor is not a good soldier. Therefore, medical professionalism should take account of this point: to identify what is for personal reasons, and which is truly beneficial to the organization. So it should avoid reward and opportunities for promotion for the employees whose performance elicit from instrumental motivation, as this will disrupt harmonious work environment.

In conclusion, in view of the analysis and comparison of organizational citizenship behavior and the medical professionalism, we can see the differences and relations between the two. Business management research in recent years fo-

cused on organizational citizenship behavior, so OCB has made some achievements. The measurement methods and research findings will have a very important role in guiding medical professionalism research to carry out a deepened research study.

CONFLICT OF INTEREST

The authors confirm that this article content has no conflict of interest.

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