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Prosociality and Moral Identity as Predictors of Extra-Role Behaviours Among Frontline Professional Healthcare Practitioners in Makurdi, Benue State, Nigeria.

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Abstract

Within healthcare practice, extra-role behaviours have drawn the attention of healthcare professionals, scholars and researchers. However, few research efforts have focused on the roles of prosociality and moral identity and how they may influence extra-role behaviours among frontline professional healthcare practitioners in Nigeria. This study examines the extent to which prosociality and moral identity predict both extra-role behaviour among frontline professional healthcare practitioners in Benue State, Nigeria. This study was a correlational survey design. A total sample of 168 (97 males; 71 females) frontline professional healthcare practitioners in Benue State, Nigeria, whose age ranged from 27-65 (Mean = 34.37; SD = 08.11) participated in the research. The Prosociality Scale (PBS); Moral identity Scale (MIS); Organizational Citizenship Behaviour Scale (OCBS) were used for data collection. The participants (168) were frontline healthcare workers who were selected using convenience sampling. Multiple regression analysis was used to test the hypotheses. Results showed that prosociality and moral identity independently predicted extra-role behaviour significantly. The result of the multiple regression demonstrated that prosociality significantly predicted extra-role behaviour [$\beta = .56$; $p<.01$]. Similarly, moral identity showed significant prediction on extra-role behaviour among frontline professional healthcare practitioners in Benue State [$\beta = .37$; $p>.01$]. Lastly, both prosociality and moral identity jointly significantly predicted extra-role behaviour ($F = 178.22$; $p< .01$). The two variables (prosociality and moral identity) accounted for 87% ($R^2 = .871$) variance in extra-role behaviour. Based on the findings of the study, it was recommended that healthcare workers engage in extra-role behaviours, the National Health Insurance Scheme (NHIS), National Primary Healthcare Development Agency (NPHCDA) as well as, the Hospital/Healthcare Management Boards (HMO's) under the auspices of Ministry of Health are encouraged to reform the healthcare policy for workers by adopting positive discipline at work, building empathy among employees in such a way that those employees who perform extra-role behaviour by virtue of the nature of the job description and conscription should adequately reinforced.

Key Words: Prosociality, moral identity, extra-role behaviour, frontline health workers

Introduction

One of the most important responsibilities health workers are saddled with is the provision of professional healthcare services of the utmost quality (Fathiizadeh, Zare & Bahmani, 2018). It is understandable that to provide comprehensive, proficient healthcare services, health workers often work beyond required time and provide healthcare round the clock (Kazemipour & Mohd, 2012). Demand on healthcare services is often huge and it may become almost impossible without some level of employee extra-role behaviour (Okurame, 2009). Health workers who of their own accord who put in time, effort and resources beyond their stipulated job description tend to contribute significantly to healthcare delivery (Organ, Podsakoof & Mackenzie, 2006).

Extra-role behaviour refers to employee behaviour that extends beyond the description of duty for the employee, this behaviour is considered discretionary and not instituted in the organization's formal reward system, (Smith, Organ & Near, 2003). Several definitions have been offered for extra-role behaviour, some of which are presented: as discretionary behaviour directed at individuals or at the organisation as a whole, which goes beyond existing role expectations and benefits or is intended to benefit the organisation (Organ, 1988; Edeh & Onuba, 2019). Consequently, Somech and Ran, (2007) adds that extra-role behaviour refers to organizationally beneficial behaviours and gestures that can neither be enforced on the basis of formal employee's role obligations nor elicited by a contractual guarantee of recompense. Research studies have shown support to this assertion. Lievens and Ansell (2004) in their own idea, disclosed that employees who demonstrate extra-role behaviour are more likely to provide others with assistance in completing work tasks and demonstrate loyalty to work colleagues and the organization.

Prosociality have often been linked with extra-role behaviours in professional healthcare practice (Lee, 1995). Specifically in management practice, prosociality is viewed within the embodiment perspective of helping co-employees, cooperation, volunteering that fall within the possibly positive mental and physical benefits of prosocial actions (Ripley & Worthington 2002). Prosocial actions such as helping, sharing ideas and cooperation are important for organization to enhance performance. The contribution of prosocial actions/benefits of prosocial actions to interpersonal and intergroup relations, for instance, prosociality may be an integral component of forgiveness, which is an important contributor to stable relationships in place of work (Ripley & Worthington, 2002), and a key element of reconciliation, which strengthens collective identity and action. Prosociality also sustains cooperation within, as well as between groups. Furthermore, management literatures suggests that prosociality affects overall extra-role behaviour and that managers often consider prosociality when evaluating employee performance and determining promotions and pay increases (Niehoff, & Walz, 2006).

Prosociality is often thought of as action intended to benefit other people (Chancellor, Margolis, Jacobs & Lyubomirsky, 2018). Such behaviours often include sharing, comforting others, instrumental helping, money or goods donations, volunteerism, or cooperative behaviours (Eisenberg & Fabes, 2008). Prosociality is simply voluntary behaviour intended to benefit another is of obvious importance to the quality of interactions between individuals and among groups in organizations (Chancellor *et al.,* 2018). Prosociality represents a broad category of acts that are defined by some significant segment of society and/or one's social group as generally beneficial to other people (Eisenberg, Fabes & Spinrad, 2007).

Morality simply implies behaviours that help determine what is suitable to do and what is not the proper thing to do. This behaviour is found most in social groups (Haidt & Graham, 2007). Scientific literature has demonstrated that nurses' moral identity become evident when the perceive improvement in the health status of patients (Peter, Simmonds & Liaschenko, 2016). Moral identity has been described as one kind of self-regulatory mechanism that motivates moral action (Hart, Atkins, & Ford, 2008). Although the term moral identity is not relatively a new term, studies have proposed that moral identity can be a basis for social identification that people use to construct their self-definitions and like other identities, a person's moral identity may be associated with certain beliefs, attitudes, and behaviours particularly when that identity is highly self- important (Gastsmans, Dierckx de Casterle & Schotsmans, 1998).

Moral identity is rooted in a trait-based conceptualization, it is presumed that a person's moral identity may have a social referent (e.g., fellow volunteer in community project), an abstracted ideal, (e.g., God), an unknown individual to whom one have a common interest (e.g., Mother Teresa). As long as the person attempts to see the world in terms of the proscriptive implications of moral characteristics linked to that social construction, it is hypothesized that the person has adopted moral identity as part of his or her social self-schema (Reed & Aquino, 2007).

One question that most researchers often ask is, healthcare practice in itself not a prosocial engagement? However, researchers have demonstrated healthcare practice is actually a career path and healthcare practitioners who work over time are often paid. Nevertheless, some category of health workers often takes on more responsibility than others despite they are all been paid for over time. This question deserves an investigation as to why, this is possible and what makes these categories of health workers engage in prosociality.

Statement of Problem

Given the current global trends, professional healthcare practice is rife with increasing competitiveness and the cost of healthcare delivery places huge resource-expenditure burden on managed care operations. Healthcare organizations are fully aware that to meet global demands for healthcare delivery, more is required from health workers and stakeholders. Duty schedules and job descriptions no longer fit the modern-day healthcare worker because of the over-reaching effects in conducting healthcare management protocols and this in turn takes an enormous toll on the lives of healthcare workers.

Carrying out extra-role behaviour among healthcare workers is not a new phenomenon, rather it can be described as having a long past but short history and often history does not do justice to workers plight because that are often under-reported. While, some health workers engage in extra-role behaviour and others do not. Is it possible that, certain social behaviours may play a role in explaining this assumption and if they do, what set of social behaviours would be considered as significantly influencing extra-role behaviour in health workers? Extra-role behaviour in healthcare setting is somewhat scanty in Nigerian literature, even though, numerous studies on prosociality, moral identity, extra-role behaviour have been independently conducted over the years and not in concert with other variables. It is also important to state here, that most studies on extra-role behaviour among health workers have been conducted in Europe and Asia, but then it is almost non-existent in Nigeria.

Objective of the Study

The objective of the study is to determine the extent to which prosociality and moral identity would predict extra-role behaviour among frontline professional healthcare practitioners in Benue State, Nigeria. The specific objectives of the study were to:

1. Determine whether prosociality and moral identity will significantly predict extra-role behaviour among frontline professional healthcare practitioners in Benue State, Nigeria.

2. Ascertain how prosociality and moral identity will significantly predict extra-role behaviour among frontline professional healthcare practitioners in Benue State, Nigeria.
3. Examine whether prosociality and moral identity will jointly predict extra-role behaviour among frontline professional healthcare practitioners in Benue State, Nigeria.

Research Hypotheses

Based on the above stated research objectives, the following research hypotheses were formulated for this study:

1. Prosociality and moral identity will significantly predict extra-role behaviour among frontline professional healthcare practitioners in Benue State, Nigeria.
2. Prosociality and moral identity will significantly predict extra-role behaviour among frontline professional healthcare practitioners in Benue State, Nigeria.
3. Prosociality and moral identity will jointly predict extra-role behaviour among frontline professional healthcare practitioners in Benue State, Nigeria.

Method

Research Design

The design for this study was a correlational survey design. This design was used to access the extent of relationship between independent variables (prosociality and moral identity) and the dependent variables (extra-role behaviour).

Research Setting

Benue State is in the North-Central Zone of Nigeria. Makurdi is the capital of Benue State, located in the eastern Nigeria and part of the middle belt region of central Nigeria. Makurdi was established in 1927 and in 1976 it became the capital of Benue State. The Benue State University Teaching Hospital (BSUTH) located in Makurdi-Gboko Road, Makurdi Benue State, served as the locale of where the study was conducted. The BSUTH is a state-owned university in Nigeria. The BSUTH is also multi—functional health care delivery centre that provides undergraduate and postgraduate programs across nine faculties. The BSUTH was founded in 1992. The BSUTH offers medical care services and training opportunities for medical students all over the country.

Sampling and Sampling Techniques

This study was conducted with participants (health workers) who were selected using the non-probabilistic convenient sampling technique. Health workers were selected using convenient sampling because of the duty-schedule by health workers which is often unpredictable owing the spate of Covid-19 in the State. randomly selected. One hundred and sixty-eight (168) health workers were sampled from several units such as, Psychiatry/Physiotherapy, Mortuary, Pharmacy, Radiography and Intensive Care Unit.

Research Participants

Using a non-purposive sampling technique, a total number of one hundred and sixty-eight (168) healthcare workers were selected from the BSUTH in Makurdi, Benue State. The participants comprised of 82 (49.4%) male health workers and 84 (50.6%) female health workers. The participants age ranged from 21-58 (Mean = 34.37; SD = 08.68) as well their working experience ranging from 1 year-35 years (mean 16.33; SD = 10.63). Also, 38 (23.3%) of the participants were single, 104 (62.0%) were married, 15 (9.8%) were separated, 5 (3.7%) were divorced and 1 (1.2%) were widowed. In addition, religion also varied; 81 (48.6%) were Christians, 71 (42.8%) and 16 (8.6%). Their cadre/rank for the health workers also showed variations; 62 (36.7%) were junior ranked officer, 45 (26.9%) were intermediate ranked health workers and 61 (36.4%) were senior ranked officers.

Instrument

The instrument used in this research was a well-designed questionnaire which consisted of five (4) sections. Four standardized scales were used. These include prosociality and moral identity scales, extra-role behaviour measures. The first part consists of statements related to the demographic characteristics of the participants which include; age, gender, highest academic qualification, work experience, marital status, rank and religion.

Extra-role behaviour Behaviour Scale: To measure extra-role behaviour 15-item extra-role behaviour scale developed by (Organ, Podsakoff, & MacKenzie, 2006) was adopted and checked in terms of its psychometric properties. The scale was rated on7-point Likert scale ranging from 1 = Strongly Disagree to 7= Strongly Agree. The sample item includes; "I willingly help fellow professionals when they have work related problems", "I always try to avoid creating problems for co-workers", "I always keep myself abreast of changes in the organization", "I always require frequent doses of motivation to get the work done" and "I obey organizational rules even when no one is watching". Podsakoff *et al* (2006) obtained a Cronbach alpha of altruism .071, courtesy .69, civic virtue .65, sportsmanship .58 and compliance .66 respectively and a general reliability coefficient alpha of .90 was obtained. The present study obtained a Cronbach alpha of altruism .91, courtesy .92, civic virtue .87, sportsmanship .89 and compliance .91 respectively. High score from the mean and above indicates high level of extra-role behaviour on both (altruism, courtesy, civic virtue, sportsmanship and compliance) of extra-role behaviour.

Prosociality Scale (PBS)**:** Prosociality was measured with 12-item Prosociality Scale by Afolabi, (2013). The items were rated on 5-point Likert scales ranging from 1 (strongly disagree) to 5 (strongly agree). Sample items from the scale include: 'I enjoy helping others, it is Godly to work for the well-being of one's community', 'I feel fulfilled whenever I have helped somebody in need of assistance'. For the present study, a Cronbach alpha of .91, score from the mean and above indicate high level of prosociality, while score below mean imply low prosociality behaviour.

Moral Identity Scale (MIS): Moral identity was measured using The Moral Identity Scale (MIS). The MIS is a 13-items measure moral identity self-importance of these traits/characteristics (caring, compassionate, fair, friendly, hardworking, helpful, honest, generous, ruthless, kind, selfish and distant) (i.e., moral identity) developed by Paulhus's (1989). Using a 5-point Likert scale (1=strongly disagree to 5=strongly

agree). The scale has two dimensions which are internalization and symbolization. However, for this study the composite perspective was considered. An illustration of the items of the MIS comprises; "It would make me feel good to be a person who has these characteristics", "Being someone who has these characteristics is an important part of who I am" "Having these characteristics is an important part of my sense of self" "The types of things I do in my spare time clearly identify me as having these characteristics" and "The fact that I have these characteristics is communicated to others by my membership in certain organizations". Paulhus's, (1989) obtained Cronbach's alpha reliability of .87. the MIS is scored such that, a higher score indicates high need for achievement on their different moral characteristics. Items 4 and 5 were reversed. Likert scoring format was used for the scales. The present study reported a Cronbach alpha of .91.

Research Procedure

Participation in the study was made voluntary after a clear explanation of the purpose of the study. Explanation was done in such a way that participants were moderately informed about the specific of the research. The questionnaires were distributed to individuals who have given consent and who were willing to participate in the study. Participation was voluntary and participants were told that they can opt-out of the administration anytime they felt like. In all, a total number of (185) one hundred and eighty-five were distributed, but only one hundred and sixty-eight was retrieved, and found usable. This yielded a response rate of 90.8%.

Data Analysis

Pearson Product Moment Correlation (PPMC) was used to analyze the relationship between the variables of study while multiple regressions were utilized to evaluate the independent and joint predictions of the independent variables (prosociality and moral identity) on the dependent variable (extra-role behaviour).

Results

Variables	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
1. Age	1									
2. Gender	-.008	1								
3.EducationalQualification	.368**	.116	1							
4. Working Experience	.952**	-.045	.368**	1						
5. Marital Status	.61**	.02	.30**	.62**	1					
6. Occupational Rank	.784**	.052	.464**	.776**	.536**	1				
7. Religious Affiliation	.258**	.084	.170**	.289**	.279**	.295**	1			
8. Prosocial Behaviour	.074	-.006	.166	.082	.090	.126*	.102	1		
9. Moral Identity	.138*	-.002	.153*	.153*	.156*	.077	.121	.153**	1	
10. Extra-role Behaviour	.076	-.017	.069	.077	.066	.258**	.334**	.522**	.513**	1
Mean	34.37	-	-	-	-	-	-	34.22	12.87	45.24
SD	08.68	-	-	-	-	-	-	7.86	8.56	11.56

Table 1: Correlation Matrix showing the Mean, SD and Inter-Variable Correlation of the Study Variables
**<0.01 *p<0.05, N=168.

Results in Table 1 indicated that age does not have significant relationship with extra-role behaviour [r (168) =.07, *p*<. 01] among health workers in Benue State. Gender does not have significant relationship with extra-role behaviour [r (168) = -.01, *p*<. 01] among health workers in Benue State. Educational qualification did not show significant relationship with extra-role behaviour [r (168) =.06, *p*<. 01] among health workers in Benue State. The result from Table 1 further suggests that, working experience did not indicate significant relationship with extra-role behaviour [r (168) =.07, *p*<. 01] among health workers in Benue State. Similarly, marital status does not have significant relationship with extra-role behaviour [r (168) =.06, *p*<. 01] among health workers in Benue State. However, occupational rank indicated significant relationship with extra-role behaviour [r (168) =.25**, *p*<. 01] among health workers in Benue State. Same outcome was found among health workers in Benue State who showed strong religious affiliations as they demonstrated significant higher scores on extra-role behaviour [r (168) =.33**, *p*<. 01]. Furthermore, results from the Pearson Product Moment

Correlation in Table 1 indicated that prosociality showed significant relationship with extra-role behaviour [r (168) =.52**, *p*<. 01] among health workers in Benue State. Also, moral identity showed significant relationship with extra-role behaviour [r (168) =.51**, *p*<. 01] among health workers in Benue State.

To test study hypotheses multiple regression analysis was conducted to ascertain the level of significantly predictability of prosociality and moral identity on extra-role behaviour among health workers in Benue State. The results are presented in Table 2 below;

Dependent	***Independent***	***B***	***t***	***p***	***R***	***R²***	***df***	***F***	***p***
	Prosocial Behaviour	.564	10.377	<0.01					
Extra-Role Behaviour	Morality Identity	.377	7.684	>0.01	.937	.871	168	178.22**	<0.01

Table 2: Summary of Multiple Regression Analysis Showing the level of Predictive Significance Between Prosociality and Moral identity on Extra-Role Behaviour.
**<0.01 p<0.05, N=168

From the results of Table 2 above, the summary of the multiple regression demonstrated that prosociality significantly predicted extra-role behaviour [β = .56; *p*<.01]. This implies that healthcare workers who exhibited prosociality show higher tendency of engaging in extra-role behaviour. With these results, the study hypotheses 1 were confirmed.

Similarly, moral identity showed significant prediction on extra-role behaviour among frontline professional healthcare practitioners in Benue State [β = .37; *p*>.01], this indicate that healthcare workers who showed or demonstrate high levels of moral identity have a higher tendency to engage in extra-role behaviour in managed care setting. With these results, the study hypotheses 2 were confirmed. Lastly, both prosociality and moral identity together significantly predicted extra-role behaviour (F = 178.22; *p*< .01). The two variables (prosociality and moral identity) accounted for 87% (R^2 = .871) variance in extra-role behaviour. With these results, the study hypotheses 3 were confirmed.

Discussion

This study examined the extent to which prosociality and moral identity predict extra-role behaviour among frontline professional healthcare practitioners in Makurdi, Benue State Nigeria. The hypothesis 1 which was formulated, stated that prosociality and moral identity would independently and jointly predict the extra-role behaviour of healthcare workers in Benue State was confirmed. The finding showed that prosociality and moral identity significantly and jointly predicted extra-role behaviour. This suggests that healthcare workers with elevated levels of prosociality have higher chance of exhibiting extra-role behaviour. This is possible because healthcare practice hinges on empathy and socially acceptable practices. Thus, this value chains are only offshoots of altruistic behaviour. This assertion is substantiated by Boundenghan, Desrumaux, Leoni and Nicolas, (2012) who expressed that individuals who engage in extra-role behaviour often tend to engage in volunteer work more than their counterparts who do not engage in extra-role duties and responsibilities.

Furthermore, hypothesis 2 which stated that moral identity would predict extra-role behaviour among frontline professional healthcare practitioners in Benue State, Nigeria was also confirmed. The result is indicative of the fact that, health workers with high levels of moral identity would have a higher perception to engage in extra-role behaviour. One plausible explanation for this outcome, could be that individuals who show high levels of moral identity seem to have an expectation from the society of what is expected of them, therefore, because they have an obligation to show moral upstanding within the society in which they may find themselves. As result, these individuals feel they have an ethical responsibility to add their quota onto achieving organizational goals and objectives. This outcome is in line with, the study conducted by Reed and Aquino (2007) who stated that moral identity is rooted in a trait-based conceptualization, and a person's moral identity may have social contextualisation. As such, individuals who attempt to see the world in terms of what is expected in that society, it is assumed that the person has adopted moral identity as part of his or her social self-schema would ultimately engage in extra-role behaviour (Reed & Aquino, 2007).

For hypothesis 3, which states that prosociality and moral identity would jointly predict extra-role behaviours among health workers in Benue state, Nigeria was confirmed as well. The combination of prosociality and moral identity showed strong significant relationship with extra-role behaviour. This is an indication that individuals with both high moral values and those who show elevated levels of prosociality tend to engage in extra-role behaviour because these behaviours are philanthropic in nature.

Conclusion

Based on the findings of this study, it has been shown that prosociality and moral identity and their combination predict extra-role behaviour. It is concluded that healthcare workers in Benue State with high prosociality and those with increased levels of moral identity would have a higher tendency towards engaging in extra-role behaviour than their counterparts who do not engage in prosociality and moral identity.

Limitations of the Study

This study has some limitations by virtue of the study design, despite the ecological validity of this study it has some inherent confines. Firstly, participants who were engaged in this study were meagre (N=168) compared to the overall population of health workers in Benue State and in Nigeria at large. Therefore, generalizations were made with extreme caution and thoughtfulness. In addition, this study was a correlational survey design and as with most studies of this nature, the outcome is prone to responder bias (or social desirability) where participants may be faking good responses. Although, the researchers have attempted to limit the chances of this occurring by stating in clear terms that there are no wrong or right answers. However, future studies conducted along this line should consider using a large

population with more hospitals across the six geo-political zones of Nigeria and inculcate other professions into the study and possibly conduct a meta-analysis on extra-role in overall healthcare system across the globe.

Recommendations

To ensure that more healthcare workers engage in extra-role behaviours, the National Health Insurance Scheme (NHIS), National Primary Healthcare Development Agency (NPHCDA) as well as, the Hospital/Healthcare Management Boards (HMO's) under the auspices of Ministry of Health are encouraged to reform the healthcare policy for workers by adopting positive discipline at work, building empathy among employees in such a way that those employees who perform extra-role behaviour by virtue of the nature of the job description and conscription should adequately reinforced. There should a directive suggesting that health workers are to attend seminars, conferences and workshops on understanding and managing human behaviour, resource management, interpersonal relation, stress management and crisis interventions in the course of their career.

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