



## The effects of organizational support and psychological empowerment on organizational citizenship behavior in the Jordanian health sector

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**Abstract.** *Purpose.* This study aimed to investigate the effects of perceived organizational support and psychological empowerment on organizational citizenship behavior in the Jordanian health sector. Organizational citizenship behavior (OCB) has an important and effective role in the success of health organizations as it is one of the main factors in forming employee attitudes and crystallizing his / her behavior towards their organization. Perceived organizational support (POS) and psychological empowerment (PE) are assumed to be antecedent variables of OCB. *Study design.* A self-administrated questionnaire was the tool implemented across a sample comprising 382 employees working in managerial positions in nursing and supportive health professionals. To address some concerns in this regard, a descriptive analysis was conducted with the use of structured equation modeling beside confirmatory factor analysis to provide a good fit for the measurement instrument. *Findings.* The findings of the study indicated that there is a positive and significant effect of perceived organizational support and psychological empowerment on organizational citizenship behavior. Perceived organizational support was found to have an explanatory capacity for the change in organizational citizenship behavior by 21%, whereas psychological empowerment was found to have 20%. *Value of the results.* The data obtained can be used to help the health sector enhance the level of organizational citizenship behavior by applied the organizational support and psychological empowerment among the employees.

**Keywords:** organizational support; psychological empowerment; organizational citizenship behavior; health sector.

## Introduction

Jordan is considered the gateway to the Middle East and one of the most attractive countries in the world for health investment and hospital resorts. Jordan is one of the countries that are most interested in health, where 9.3% of the gross national product is spent on health (Private Hospital Association, 2006). Despite the significant achievements made by this sector in recent decades, it is witnessing a noticeable decline due to scientific, health, economic, social, and political factors imposed upon it. These challenges have reached the stage of assaulting the Ministry of Health cadres in hospitals, in addition to increasing criticism of the quality of the health service which, if it continues, may distort the health achievements, and reduce trust in the health sector in Jordan. Perhaps one of the most important challenges facing the health sector is what relates to health employees in terms of low wages, lack of funding for human resource development, and weak continuing education initiatives. This may cause employees in health sector to engage only in the intra-roles instead of being involved in extra-roles (Private Hospital Association, 2018).

Today's contemporary organizations which are increasingly dependent on work teams need employees who engage in good citizenship behavior, help each other and care for the benefit of the organization, working in the spirit as well as the letter of rules and regulations, and bearing with satisfaction the burden and inconvenience of extra-roles (Eneizan et al., 2019; Obaid et al., 2016; Sharif et al., 2018; Obaid, Eneizan, 2016). Organizations need employees who will do things that are beyond their job descriptions; organizations with such employees can outperform those that don't have such employees (Alsakarneh et al., 2019; Taamneh et al., 2018; Abdelqader Alsakarneh et al., 2018; Eneizan et al., 2021). Improving the quality of health services requires employee sacrifice and diligence through willingness, the taking of actions beyond intra-roles, and employee proactivity beyond job responsibilities (Chiang, Hsieh, 2012). Many researchers have indicated that the correct application of the concept of empowerment may contribute to the success of work of organizations (Halbesleben, 2010); it also develops the capabilities and skills of employees by allowing them to be involved in problem-solving and to work as a team (Bailey et al., 2017). The employee who is empowered psychologically has a high responsibility toward the achievement of the goals of the organization in addition to the ability to control the way he performs the tasks required of him (Taamneh et al., 2017). Many studies indicated that providing organization support can be seen as an investment by the organization (Podsakoff et al., 2009); this will result in positive reciprocation by employees as they tend to show commendable behaviors such as job involvement, organizational commitment, and organizational citizenship behavior. This sense of obligation makes the individual more inclined to sacrifice his interests and benefits and contribute more to achieving positive values and goals of the organization through participation, loyalty, and cooperation (Chiang, Hsieh, 2012; Fu, 2013).

The health sector in Jordan has witnessed significant growth and reputation, yet limited studies have been conducted in this field. This research tries to study the effect of both employee's perceived organizational support and psychological empowerment on organizational citizenship behavior from the point of view of Jordanian employees in the health sector in different regions of the kingdom. The health sector is a good setting for organizational citizenship behavior research in Jordan because the large workload that hospitals are facing, due to the increase of patients resulting from receiving successive migrations from neighboring countries, requires health staff with organizational citizenship behavior to meet their growing demands. A. M. Hamdan-Mansour and colleagues in their study on Jordanian mental health nurses' experiences of providing mental, they stated that there was a low organizational support from the supervisors, and it should be improving the level of organizational support (Hamdan-Mansour et al., 2011). Thus, the Jordanian employees still facing a low organizational support.

This study attempts to cover a comprehensive model that includes both organizational factors, represented by the support provided by the organization, and an individual factor, represented by the psychological state consisting of four dimensions: meaning, competence, self-determination, and impact. This paper was based on the assumption that providing organizational support and psychological empowerment in health sector will lead to organizational citizenship behavior. Organizational citizenship behavior will hopefully contribute to raising the level of quality and image of the health sector and overcome many of the shortcomings it faces.

However, there is a lack of studies regarding the effects of organizational support and psychological empowerment on organizational citizenship behavior especially in the health sector. To the best of the researchers' knowledge, no empirical research has been conducted regarding these relationships in the health sector especially in developing countries such as Jordan. However, there may be several limitations in the existing empirical evidence.

## **Literature review**

### **Perceived organizational support (POS)**

The concept of organizational support emerges from the theory of social exchange and benefits exchange. The researcher had the greatest contribution in the field in applying these two theories and employing them to clarify and explain the relationship between the organization and its employees. The organizational support theory is based on the extent to which employees believe that their organization values their contributions and cares about their well-being (Rhoades, Eisenberger, 2002). R. Eisenberger and colleagues define organizational support as the degree to which an individual perceives that the organization cares about him, values his efforts and contributions, cares for him, and nurtures him (Eisenberger et al., 1990). POS theory assumes that there are a reciprocal relationship and partnership between the organization and its employees. POS is not limited to material matters, such as money, services, and information, but extends to justice, respect, and affection (Eisenberger et al., 1997). Several approaches have contributed to the assessment of organizational support. L. Rhoades and R. Eisenberger classified POS into the following dimensions: (1) Fairness, which refers to the policies, regulations, and procedures related to information sharing; (2) Supervisor support, which mediates the constructive performance assessments and that the employee has a firm belief that the supervisor represents the organization; (3) Rewards, which relate to recognition and compensation; and (4) Favorable job conditions (Rhoades, Eisenberger, 2002).

### **Psychological empowerment (PE)**

One of the most prominent definitions of empowerment is what researchers defined as a state of mind in a person that cannot be developed in a way that is imposed on it from outside oversight (Bowen, Lawler, 1995). According to this context, the individual must have self-confidence and conviction in the knowledge capabilities he possesses, in helping him make the right decision to reach the results he wants. In another approach to the definition of empowerment, some researchers have said that empowerment is the application of a set of factors and conditions that allow employees to have more authority to make decisions and to share powers between the employee and senior management by building trust between them (Arnold et al., 2000; Ahearne et al., 2005).

The contemporary organization administration is keen on enhancing the integration of employees in solving administrative problems and enhancing their participation in decision-making and working in the spirit of teamwork (Halbesleben, 2010; Bailey et al., 2017); this represents the essence of psychological empowerment that involves care about employees to enhance their ability to achieve the goals of the organization in a distinct and unfamiliar way. G. M. Spreitzer explained

that the components of psychological empowerment include four dimensions: (1) Meaning, which relates to the individual's sense of the importance of his work and his sense of personal connection to work; (2) Efficiency, which relates to the individual's feeling that he can perform work successfully and with high skill; (3) Impact, which relates to the individual's belief that he or she can influence the decisions of an organization; and (4) Self-determination, whereby the employee feels control and has the freedom to act on in carrying out the tasks by his view and the general interest of the organization (Spraitzer, 1995; see also: Bester et al., 2015; Alkhaldi, 2018; Hadi et al., 2020).

### **Organizational citizenship behavior (OCB)**

The concept of OCB was first introduced in the mid-1980s (Organ et al., 2005). This idea was expanded by D. Katz who made clear that OCB represented an optional positive behavior that included the distinction between the in-role versus the ex-role (Katz, 1964). In this context, it is believed that the OCB includes the defense of the organization by employees when exposed to criticism, in addition to helping others and carrying out duties beyond the formal obligations of employees (Podsakoff et al., 1997). N. Anderson and colleagues indicated that the affiliation roots of OCB focus on three pivotal behaviors: (1) Helping, which is defined as the employees' affiliation roots to provide all forms of assistance and provide the necessary information to co-workers as a way to smoothen the work of the organization; (2) Taking charge, which includes providing suggestions to improve an individual's job and his department's procedures; and (3) Creation of ideas, as necessary for contemporary organizations (Anderson et al., 2014). It is developed classification criteria to categorize OCB into two dimensions, i.e. people-oriented and organizational-oriented. In the people-oriented dimension, employees contribute indirectly through helping others and positive interaction, whilst the organizational-oriented dimension refers to volunteer behavior aimed at improving the organization's performance, upgrading, and working to maintain it (Williams, Anderson, 1991). Several studies have contributed to identifying the dimensions of OCB. N. T. Podsakoff identified the following dimensions: helping behavior, organizational loyalty, sportsmanship, compliance, individual initiative, self-development, and civic virtue (Podsakoff et al., 2000). However, most scholars argue that the behavior of organizational citizenship consists of five dimensions: altruism, courtesy, organizational loyalty, civic virtue, and conscientiousness (Organ, Ryan, 1995; Polat, 2009; Tayeh, Karim, 2012).

## **Hypotheses development and proposed model**

Many studies have demonstrated and confirmed the strong relationship between POS and OCB (Islam et al., 2014). Some researchers indicated that POS leads to increased employee involvement, as employees feel a greater obligation to their organization when they perceive that it shows interest in them and appreciates their contribution, and cares for their well-being (Eisenberger et al., 2001; Allen et al., 2008). Perhaps the most prominent scholars who addressed the relationship between POS and OCB were R. Eisenberger with colleagues when they claimed that POS was a more important antecedent variable of OCB; they elicited that when employees see that their organization focuses on their well-being and appreciates their contributions, they reciprocate positively through more effort and helping others, and they create a behavior that is all representative of OCB (Eisenberger et al., 1990). Many researchers considered both POS and PE as antecedent variables of OCB (Wayne et al., 2002; Yen et al., 2004). In this context, J. A. Conger and N. R. Kanungo argued that PE is a type of internal incentive that leads to OCB (Conger, Kanungo, 1998). In a study in the hotel sector in Taiwan to determine the mediating effects of OCB, the results revealed that POS and PE positively affected OCB (Chiang, Hsieh, 2012). In another study on the PE and its effect on OCB, a note was

made of the civil meaning of the job, self-determination, and impact upon OCB (Ashoor, 2014). Many researchers pointed out that the logical explanation for this result is that whenever the employee feels the meaning of his job and possesses independence, freedom, impact, and competencies, the more his behavior is directed in the direction that serves the organization by helping colleagues and customers, and having courtesy, civic virtue and conscientiousness (Khan. Gufran, 2018).

In a study with the aim of investigating the level of stress and POS to find out the mental health of nurses in Jordan, it was shown that nurses perceive support from co-working to a degree from medium to very good; however, they believe that the level of support from their supervisors and friends was lower, and the mental health nurses reported a level of trust from low-medium in regard to their supervisors' ability to solve their problems (Hamdan-Mansour et al., 2011). Nurses reported that their supervisors focus on solving problems rather than being dismissive, are fair with employees, able to understand and help, and provide all the help required for achieving tasks. Respondents reported complaints about lack of financial support and inadequate technical support. In addition to that, the perception of nurses to structural empowerment as optimizing the use of nursing skills and expertise were significantly and positively related to their job satisfaction. In another study, the existence of poor organizational support was revealed (Higazee et al., 2016). The study showed a need to develop practices to enhance organizational support for nurses in Jordan. Regarding psychological empowerment (PE), a study was conducted that revealed that employees in Jordanian private hospitals perceived themselves as being highly empowered (Saif, Saleh, 2013).

The existing literature discussed above denotes that POS and PE relates significantly to OCB. It has been argued that, following the social exchange, PE and POS elicit employees' commitment to behave according to traits of OCB. Thus, based on the above arguments and the research questions, the following hypotheses are proposed:

*H1: There is a positive effect of POS on employees' OCB in Jordanian hospitals.*

*H2: There is a positive effect on employees' PE on employees' OCB in Jordanian hospitals.*

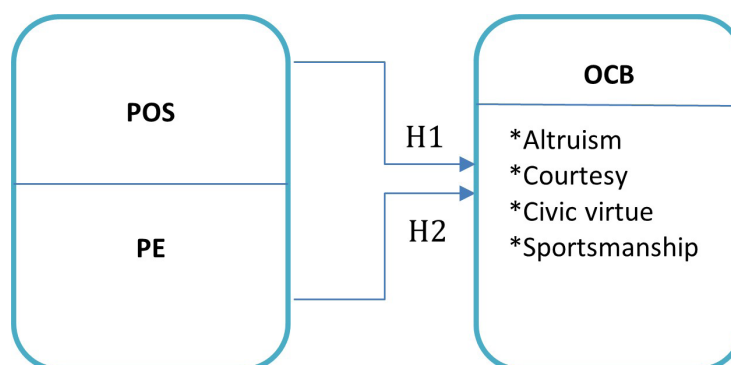


Figure 1. Proposed model

## Methodology

### Population and sample

The study population was made up of the employees working in managerial positions in nursing and supportive health professionals at the Jordanian hospitals. The sample was ascertained in accordance with the table of sample determination (Krejcie, Morgan, 1970). As the number of employees is unknown, the maximum sample size of 384, as suggested by R. V. Krejcie and D. W. Morgan, was adopted. Of the 500 questionnaires distributed, 382 were returned and completed.



### Questionnaire instrument

A questionnaire was designed to acquire accurate responses from the employees working at hospitals. The items of POS were adopted from (Chiang, Hsieh, 2012; Karavardar, 2014; Abdulrab et al., 2018). The items of PE were adopted from (Chiang, Hsieh, 2012; Karavardar, 2014; Abdulrab et al., 2018). The items of OCB were adopted from (Chiang, Hsieh, 2012; Karavardar, 2014; Abdulrab et al., 2018; Podsakoff et al., 1997). Participants provided answers to each construct on the Likert-type scale (5 points). AMOS software was administered to analyze the data that collected from the employees.

### Data analysis

This study employed several statistical analyses and provided a description of the study variables and hypothesis testing. To be specific, Amos and SPSS based on Hayes methods were conducted.

To ensure face validity, the questionnaire was evaluated by six selected professors in public administration departments. Figure 1 shows the structural model and shows that both POS and PE are independent variables, with OCB being the dependent variable.

Table 1. Reliability (Cronbach's  $\alpha$ ), composite reliability (CR) and average variance extract (AVE) among the three variables

Variables	Perceived organizational support	Psychological empowerment	Organizational citizenship behavior
Composite reliability (CR)	.904	.931	.962
Cronbach's $\alpha$	.896	.927	.966
Average variance extract (AVE)	.547	.517	.569

Table 1, as shown above, confirms the reliability using Cronbach's alpha ( $\alpha$ ), where the table demonstrated that ( $\alpha$ ) was higher than the threshold  $> 0.60$ . In addition, the convergent validity was tested, and composite reliability (CR) was found to be above the threshold  $> 0.70$  on the scale items (Hair et al., 2006). Also, the average variance extract (AVE) was higher than the threshold  $> 0.50$  (Fornell and Larcker, 1981).

### Analysis and findings

The researcher used frequency descriptive analysis to analyze demographic information, data analysis was done for each variable and its indicators and hypotheses, that had been created using structural equation modeling (SEM), were tested. To understand and rephrase the gathered knowledge in a simpler way, IBM, SPSS, and AMOS software were used.

### Demographic analysis

Table 2 shows that the participation rate of women reached about 60%, the public sector's participants were higher than the private sector, which reached 63%. As for the education percentage, it appears to be distributed in varying proportions between a diploma (two years of study) to a bachelor's degree and graduate studies. Data shows that 36% of the participants are holding managerial positions (managers / assistant managers, while almost 70% are Heads of departments and divisions.

Table 2. Profile of respondents

Demographic variables	Level	Frequency (382)	Percentage %
Gender	Male	152	39.8
	Female	230	60.2

Sector	Public	240	62.8
	Private	142	37.2
Experience	Less than five years	72	18.8
	5–9	131	34.3
	10–15	145	38.0
	More than 15	34	8.9
Work type	Nursing	129	33.8
	Auxiliary health professions	156	40.8
Job rank	Manager or Assistant manager	138	36.1
	Head of a department or Head of a division or other	244	63.9
Education level	Two years college or less	178	46.6
	University	140	36.6
	Postgraduate	64	16.8

Table 3. Confirmatory factor analysis (CFA)

Constructs	Code of Item	Loading	<i>M</i>	<i>SD</i>
Cares about my opinions	Q1_POS	.801	4.21	.664
Care about my well being	Q2_POS	.786	4.21	.692
Care about my goals	Q3_POS	.694	4.20	.662
Available help and support	Q4_POS	.912	4.19	.652
Forgive unintended mistakes	Q5_POS	.677	4.14	.719
Care about employees	Q6_POS	.677	4.09	.741
Care about my values	Q7_POS	.694	4.09	.732
Willing to help employees when needed	Q8_POS	.635	4.11	.715
Constructs	Code of Item	Loading	<i>M</i>	<i>SD</i>
My job is very important	Q1_PE	.837	4.09	.733
My job makes a lot of sense	Q2_PE	.818	4.02	.778
My job affects me personally	Q3_PE	.727	4.06	.740
I trust my abilities	Q4_PE	.623	3.58	.761
Master the needed skills	Q5_PE	.773	4.00	.748
I am sure of my abilities to face challenges	Q6_PE	.901	3.90	.783
Have self–authority to determine way of doing my job	Q7_PE	.802	3.56	.717
Take initiative to carry out my tasks	Q8_PE	.77	3.92	.791
Control my job	Q9_PE	.802	3.90	.769
Have effect on attaining my department's goals	Q10_PE	.545	3.90	.732
Control my job	Q11_PE	.555	3.93	.742
Have clear impact on attaining organizational goals	Q12_PE	.514	3.95	.730
Participate in decision making	Q13_PE	.534	4.01	.721
Constructs	Code of Item	Loading	<i>M</i>	<i>SD</i>
Help those who have heavy burdens	Q1_OCB	.888	3.88	.678
Offer sacrifice and advice	Q2_OCB	.868	3.95	.721
Help new employees	Q3_OCB	.703	3.92	.703
Help my colleagues	Q4_OCB	.646	3.92	.694
Help and guide clients	Q5_OCB	.8	3.92	.720
Avoid chasing problems at work	Q6_OCB	.741	3.90	.693
Take preventative measures for problems	Q7_OCB	.757	3.90	.712
Contribute to solving hospital's problems	Q8_OCB	.846	3.93	.680
Don't abuse the rights of others	Q9_OCB	.771	3.92	.700
Cooperate with my colleagues at work	Q10_OCB	.875	3.89	.678
Abide by rules and regulations	Q11_OCB	.716	3.90	.692
Follow ads and internal circulars	Q12_OCB	.723	3.90	.710
Follow technical administrative development	Q13_OCB	.684	3.93	.682
Attend meetings	Q14_OCB	.735	3.86	.702

Initiate project for improvement	Q15_OCB	.612	4.01	.794
Do my duties without complaining	Q16_OCB	.927	3.96	.686
Accept changes and annoyance	Q17_OCB	.682	3.95	.678
Accept criticism and guidance	Q18_OCB	.62	3.86	.726
Deal in friendly way with colleagues	Q19_OCB	.805	3.93	.684
Apologise if make mistake	Q20_OCB	.568	3.92	.705

Additionally, Table 3 above illustrated the confirmatory factor analysis (CFA) which was applied to check factor loadings (Browne, 1993); the table showed that the factor loadings ranged from 0.51 to 0.92. Also, all outcomes are shown in Table 3 signify that all factor loadings were acceptable and significant.

Table 4. 'Goodness of fit' for the research model

Measurement model	Structural model	Cut-off points
$\chi^2 = 1702.902$	$\chi^2 = 2188.848$	
$df = 767, p = .000$	$df = 768, p = .000$	
GFI = .901	GFI = .864	"1 = the most perfect fit (Tanaka, Huba, 1985)"
NFI = .859	NFI = .819	"1 = the most perfect fit (Bentler, Bonett, 1980)"
CFI = .917	CFI = .878	"1 = the most perfect fit (McDonald, Marsh, 1990)"
RMSEA = .057	RMSEA = .070	"Good fit < .08 (Browne, 1993)"
CMIN / $df = 2.220$	CMIN / $df = 2.852$	"Good fit between 1 and 5 (Marsh, Hocevar, 1985)"
SRMR = .484	SRMR = .0664	"Good fit < .08 (Hu, Bentler, 1990)"
CMP = .49		"Does not affect study's data < .50 (Podsakoff, 2003)"

**Note:** GFI — Goodness of fit, CFI — comparative fit index, NFI — normed fit index, CMIN/ $df$  — relative  $\chi^2$ , RMSEA — root mean square error of approximation, SRMR — Standardized Root Mean Square Residual, CMB — Common method bias.

The research tested all of the proposed hypotheses by CFA and SEM with the AMOS software to confirm the 'goodness of fit' of the suggested model. As shown in Table 4 above, the structural model and measurement model were judged by applying 'goodness of fit' (Anderson, Gerbing, 1988). Perceived organizational support, psychological empowerment, and organizational citizenship behavior are the three latent factors that compose the measurement model and had 41 indicators (8 items for perceived organizational support, 13 items for psychological empowerment, and 20 items for organizational citizenship behavior). The values in Table 4 above signify that the measurement model showed a good fit. Also, the structural model was tested and showed a good fit as well.

### Hypotheses testing

In order to be able to analyze the study data and test the hypotheses, a set of statistical tests have been relied upon that is provided by AMOS.

Table 5. Total, direct and indirect effects of the research variables

Exogenous variables	Endogenous variables	Total effect	Direct effect	Indirect effect
Perceived organizational support	Citizenship and organizational behavior	.290	.290	.000
Psychological empowerment	Citizenship and organizational behavior	.258	.258	.000

The results, available in Table 7, confirmed that the path coefficient between perceived organizational support and organizational citizenship behavior is ( $b = 0.290, p \leq 0.001$ ), which was positive and significant. It also demonstrated that  $R^2$  (perceived organizational support) = 21% of the variance (H1 received support). Also, the results showed that psychological empowerment affected organizational citizenship behavior in support of Hypothesis 2 ( $b = 0.528, p \leq 0.001$ ). It also demonstrated that  $R^2$  (psychological empowerment) = 20% of the variance, so H2 was also supported; the relationship was positive and significant.



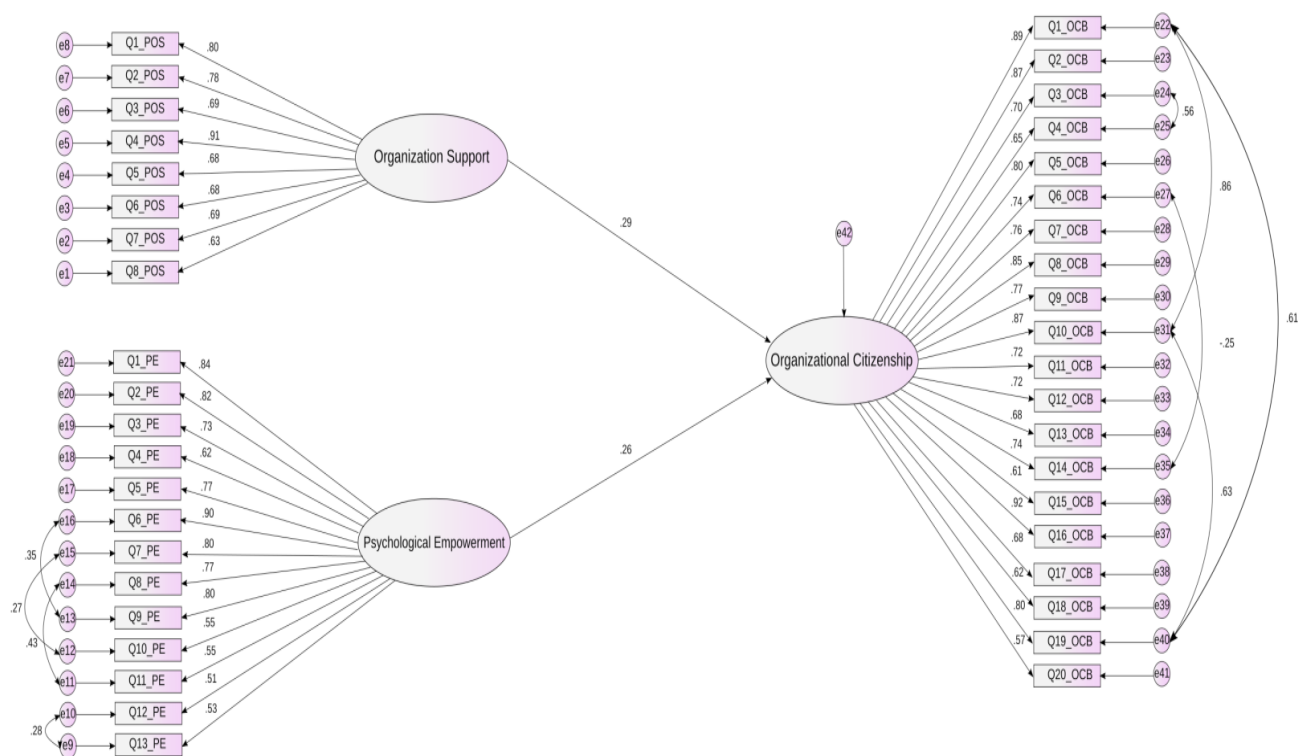


Figure 2. Structural model

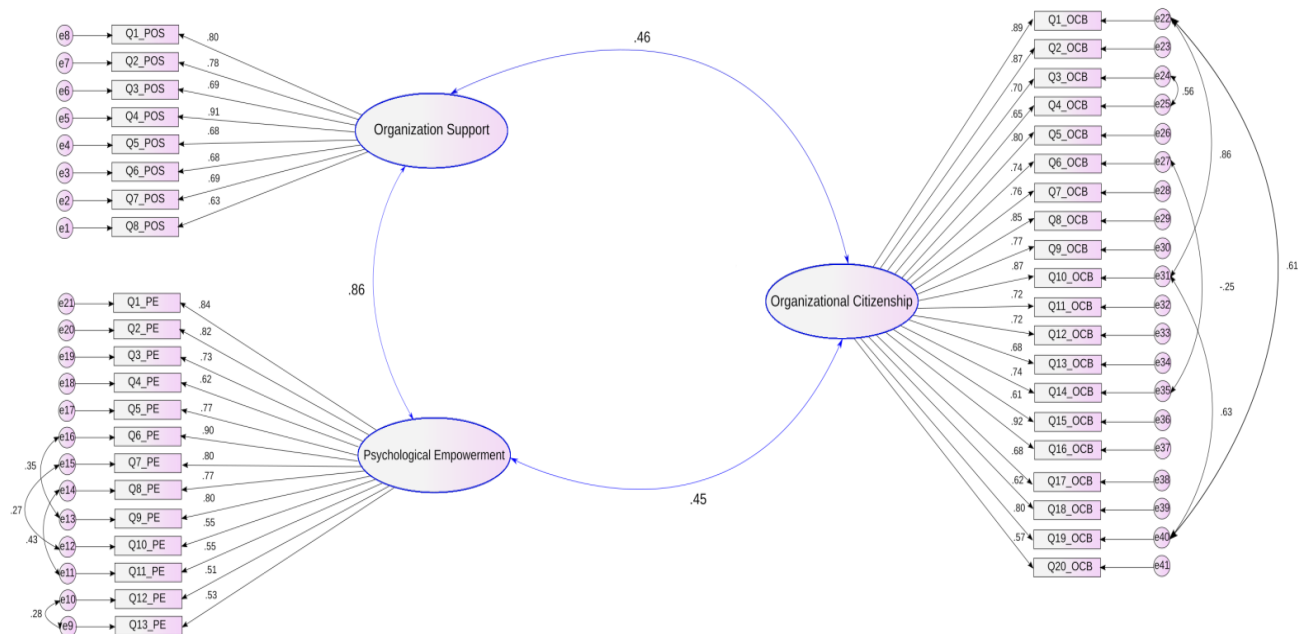


Figure 3. Measurement model

## Conclusion and Discussion

The findings of the study indicated that there is a positive and significant relationship between perceived organizational support and psychological empowerment with organizational citizenship behavior, based on that the results suggest that if organizational support is provided to health sector employees in terms of managers' care about employees' wellbeing, care for their opinions, values, and help and support, along with the reinforcing of psychological empowerment in terms of meaning, efficiency, impact, and independence, they will feel pleased and in comfort. This, in turn, will, inevitably, result in a strong willingness of employees to perform their jobs better, transcending their specific roles in implementing the tasks identified in their job descriptions to the behavior of organizational citizenship. The results of the study revealed that the R-value for perceived organizational support reached (0.20). This means that perceived organizational support has an explanatory capacity for the change in organizational citizenship behavior by 21% and, accordingly, the first hypothesis was accepted. The results of the study also showed that the value of R<sup>2</sup> for the psychological empowerment variable reached 20%, which means that psychological empowerment has an explanatory capacity for the variable incident in the behavior of organizational citizenship at 20% and, accordingly, the second hypothesis was accepted. This finding is consistent with the results of studies of (Wayne et al., 2002; Yen et al., 2004; Islam et al., 2014). This result explained that the behavior of organizational citizenship is affected by the variables of organizational support and psychological empowerment by 20-21%, while there are multiple other influencing factors, such as leadership style, organizational climate, nature of the profession, and the relationship of employees to customers, that may affect organizational citizenship behavior in different degrees and proportions.

### Limitations and future studies

The first limitation of the study is the sample that consists of employees in the health sector in Jordan, future studies could be applied the same model on different sample such as bank employees. Second, this study was conducted in Jordan thus, the findings may not be generalized to other countries, and future research could be applying the same model on other countries. Third, we used AMOS software to analysis the data, and future research could be applied SMARTPLS to test the model of the study.

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# Взаимосвязь организационной поддержки и расширения психологических возможностей с организационным гражданским поведением в медицинских учреждениях Иордании

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**Аннотация.** Цель. Это исследование было направлено на изучение влияния воспринимаемой организационной поддержки и расширения психологических возможностей на гражданское поведение организаций в секторе здравоохранения Иордании. Организационное гражданское поведение (*organizational citizenship behavior, OCB*) играет важную и эффективную роль в успешности медицинских организаций, поскольку это один из основных факторов в формировании отношения сотрудников и кристаллизации их поведения по отношению к своей организации. Воспринимаемая организационная поддержка (*perceived organizational support, POS*) и расширение психологических возможностей (*psychological empowerment, PE*) считаются предшествующими переменными организационного гражданского поведения. Дизайн исследования. Была использована авторская анкета для выборки, в которую вошли 382 сотрудника, занимающие руководящие должности в сфере среднего и обслуживающего медицинского персонала. Чтобы решить некоторые проблемы в этом отношении, был проведён описательный анализ с использованием моделирования структурными уравнениями наряду с подтверждающим факторным анализом, чтобы обеспечить хорошее соответствие собранных данных измерительному инструменту. Выводы. Результаты исследования показали, что существует положительный и значительный эффект воспринимаемой организационной поддержки и расширения психологических возможностей на организационное гражданское поведение. Было обнаружено, что воспринимаемая организационная поддержка имеет объяснительную способность к изменению гражданского поведения в организации на 21%, в то время как психологическая поддержка — на 20%. Ценность результатов. Полученные результаты могут быть использованы для оказания помощи сфере здравоохранения в повышении уровня организационного гражданского поведения за счёт применения организационной поддержки и расширения психологических возможностей среди сотрудников.

**Ключевые слова:** организационная поддержка; расширение психологических возможностей; организационное гражданское поведение; сфера здравоохранения.