

*Full Length Research Paper*

# The effects of organizational practices and social norms on self-reported extra-role work behaviour and mental health

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To date, little is known on how organizational practices and social norms influence self-reported work behaviour and mental health, especially in the African context. A good understanding of these influences can help in developing policies that contribute to efficient and productive work behaviour. These factors are potentially important in ensuring organizations perform well and survive in the current economic climate. This study examined two particular areas that can increase work effectiveness and workers' health, namely social norms and organizational practices. Validated measures of social norms, organizational practices, extra-role work behaviour and mental health were administered to a total of 330 people in 21 work organizations. Multivariate statistical analyses were carried out. Moreover, it was observed that social norms and organizational practices influenced both self-reported work behaviour and mental health. Findings suggest that different aspects of organizational norms differentially affected employees' extra role work behaviour and their mental health. Moreover, it was observed that social norms and organizational practices influenced both self-reported work behaviour and mental health. It is important to improve organizational culture that leads to more employees' oriented practices, improved formal communication channels and increased innovative practices within the organization.

**Key words:** Organizational practices, mental health, work behaviour, Kenya.

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## INTRODUCTION

The survival of business organizations in the current economic climate is of supreme importance to both the individual employees as well as the larger society (Organ and Paine, 1999). The central question is under what organizational contexts can employees work effectively to contribute most to their organization? The current study focuses on a key variable for organizational survival, namely extra-role behaviour or organizational citizenship

behaviour. Extra-role behaviour as a broader term for organizational citizenship behaviour (Organ and Paine 1999) is 'behaviour which benefits the organization and/or is intended to benefit the organization, which is discretionary and which goes beyond existing role expectations' (Van Dyne et al., 1995). Organ and Paine (1999) argued that ensuring high levels of extra-role behavior increasingly becomes one of the most important

aspects for organizations, as it entails behaviours that ultimately help the organization to survive, but the organization can not directly enforce or reward these behaviours (or punish employees if they do not show these desirable behaviors).

Two main types of extra-role behavior have been distinguished (Van Dyne et al., 1995). The first is helping extra-role behaviour, which is proactive interpersonal behaviour directed towards others and that strengthens existing relationships. The second extra-role behaviour is voice, which includes speaking up with suggestions for change, challenging work routines that hinder effectiveness and acting on one's own initiative to make changes to one's own task routines. Therefore, this is a proactive behaviour that promotes and encourages positive change and causes things to happen but might also damage interpersonal relationships. The usefulness of both types of behaviour and their empirical distinctiveness in the US has been shown by Van Dyne and LePine (1998). International work demonstrating their usefulness is reviewed by Smith et al. (2008), Bhagat and Steers (2008) and Tsui et al. (2007). Previous work has focused much on factors associated with individuals (personality, values, satisfaction, leadership, etc) (Bhagat and Steers, 2008; Smith et al., 2008), but has not examined the larger social and organizational context. Tsui et al. (2007) recommended that researchers examine the context of organizations to understand how work performance can be increased. This is the key objective of the current study. Little previous research exists that examines social and organizational variables in predicting extra-role behaviour, especially in African businesses.

In addition, there is very limited research on mental health in African contexts (Okasha, 2002; Hanlon et al., 2010). Goldberg (1972) developed the General Health Questionnaire (GHQ) as a self-administered screening instrument to identify non-psychotic psychiatric disorders in community settings. It is the most widely used inventory in general population and community settings. The GHQ detects "the inability to carry out normal functions and the appearance of new distressing phenol-mena" (Goldberg and Williams 1988). The measure assesses changes in affective and somatic symptoms relative to usual levels of health: feelings of strain, depression, inability to cope, anxiety-based insomnia, lack of confidence (Mullarkey et al., 1999). The GHQ-12 has been significantly associated with a large number of occupational stressors, including workload and time pressures (Calnan et al., 2000; Moyle, 1995; Moyle and Parkes, 1999; Parkes, 1990, 1991), problem-solving demands (Mullarkey et al., 1997), role stressors, resource demands (social, equipment, and financial hindrances to job) and lack of job variety and skill use (Morrison and Payne, 2001). However, there is little research on the effects of organizational practices or social norms on mental health.

The current study focused on two sets of predictors:

organizational practices and social norms.

### **Organizational practices**

These are any practices that organizations engage in to influence work behaviour (Verbeke, 2000). Three different practices seem particularly relevant: (a) Employees' support (Ferreira et al., 2010) refers to supportive practices by management and leaders in organizations that help people to do their work as well as showing consideration and care for individual employees. This is supposed to lead to a higher commitment and feelings of obligations which should lead to higher extra-role behaviour. This support should also lead to more positive health outcomes since support by management should increase available coping resources; (b) Innovation practices (Ferreira et al., 2010) are any formal and informal activities undertaken by organizations to increase the creativity of employees and to look for new products, markets and procedures. Innovative organizations provide a safe environment to experiment and engage in innovative and creative behaviour, and also provide input to work procedures. Working in innovatively oriented organizations is also highly stimulating and may create environments in which individuals can thrive and express themselves, leading to higher mental health. However, innovation is also stressful and it may lead to greater perceived work demands, which in turn lowers mental health. Therefore, this needs to be studied in detail; and (c) Organizations characterized by formalized practices (Ferreira et al., 2010) have greater levels of formalization, fixed procedures and clear guidelines for employees. Some research has suggested that this may be detrimental to extra-role behaviour since it stifles individuals' intrinsic motivation (Muijen et al. 1999; O'Reilly et al., 1991; Denison and Mishra, 1995). Hence, greater formalization may be related to lower voice and helping behaviour as well as lower mental health.

### **Perceptions of social norms**

Previous work in organizational contexts has ignored structural and social aspects of the context in which individuals and organizations operate. Tsui et al. (2007) called for polycontextual research that examines normative aspects in organizational research. The current study focuses on norms related to individualism-collectivism (Fischer et al., 2009), power distance (Hofstede, 1980; House et al., 2004), uncertainty avoidance (House et al., 2004; Hofstede, 1980) and paternalism (Aycan et al., 2000). Individualism-collectivism, power distance and uncertainty avoidance have been shown to influence leadership preferences around the world (O'Reilly et al., 1991; House et al., 2004). Power distance and

**Table 1.** Sample descriptive.

Background variable*	Number (Percentage)
<b>Gender</b>	
Male	159 (52.5)
Female	141 (47.5)
<b>Educational level</b>	
Primary	18 (5.6)
Secondary	97 (30.0)
Diploma	98 (30.3)
First degree	67 (20.7)
Masters and PhD	26 (8.0)
Others	17 (5.3)
<b>Income level**</b>	
Less than 11,000	80 (26.3)
11,000- 33,000	132 (43.4)
33,000-55,000	50 (16.4)
55,000- 100,000	21 (6.9)
More than 100,000	21 (6.9)

\*Numbers may be less than the sample size due to missing data. \*\*Amounts presented in Kenyan Shillings.

collectivism have also previously been found to affect stress related variables (Dickson et al., 2003). Hofstede (1980) argued that the most important variables for organizations are power distance and uncertainty avoidance, since these variables determine who does what and how. For instance, in high power distance societies employees are less likely to challenge their bosses decision, hence voice behaviour may be lower (Adsit et al., 1997; Dickson et al., 2003).

In Asian, Middle Eastern and Latin American countries, paternalism has been observed to positively influence organization citizenship behaviour (Aycaan et al., 2000). Paternalistic leadership style combines strong discipline and authority with benevolence, concern and consideration (Aycaan, 2006; Westwood and Chan, 1992). While negatively viewed in many Western countries, in Asia, Middle East and Latin America, paternalistic leadership has been observed to positively influence work behaviour (Aycaan, 2006; Aycaan et al., 2000). In non-Western settings, paternalistic leadership has been associated with loyalty to leaders and organizations, organizational commitment, organizational citizenship behaviour and acceptance of authority (Aycaan et al., 2000; Erben and Güneşer, 2008; Pelliagrini and Scandura, 2008; Farh and Cheng, 2000; Farh et al., 2006; Cheng et al., 2002). The observed relationship between paternalism and organizational citizenship behaviour has been explained within the context of other cultural norms such as power distance, collectivism and

uncertainty avoidance. For instance, it has been suggested that in societies where there is high power distance, employees may prefer paternalistic leadership styles since it allows for the maintenance of 'affective reciprocity' (Aycaan et al., 2000). Majority of previous work have examined country-level associations, with relatively little work assessing individual level cultural orientations directly (Tsui et al., 2007). In this regard, the current study adds to the extant literature by directly investigating cultural orientations of individuals.

Moreover, few studies have looked at the effects of cultural norms on organization practices and employees' work behaviour in the African context. A previous study in Nigeria (Okpara, 2007) indicated that national culture (specifically, collectivism) is associated with employees' organizational commitment and job satisfaction. In Kenya, recent preliminary findings show mixed results with certain cultural norms, that is, power distance being related to HRM practices and employee's behaviour while others such as uncertainty avoidance were found to have no influence on both HRM practices and work behaviour (Dimba and K'Obonyo, 2009). The small number of African based studies and the non-congruence in findings provide impetus for further work in this field. The current study aimed at examining:

1. The effects of organizational practices and social norms on self-reported extra-role work behaviour in Kenyan organizations
2. The effects of organizational practices and social norms on self-reported mental health in Kenyan organizations.

## METHOD

### Study sites and participants

The study sampled organizations from within the vicinity of two capital cities of Kenya (Kisumu and Mombasa). A total of 330 employees were sampled from 21 organizations. The number of respondents from one organization ranged from 7 to 24. Forty two percent of the organizations were private while the rest were public. Twenty eight percent of the organizations were in the educational sector, 17% in health, 14%, public service (public administration), and 10% in the financial sector; while the rest were from varied areas such as consulting, retail, manufacturing and community service. The mean age of respondents was 34.16 (SD 9.09; min 18; max 60). The mean tenure was 8.1 years (SD=8.1 min, 8 months and max 35.2 years). Table 1 presents more details of the employees' characteristics.

### Procedures

Organizations were contacted through acquaintances of the researchers who were trained on the data collection procedures. Having received consent from management to conduct the study within their organizations, employees were invited to participate in the study and complete the survey outside work hours. Completed

surveys were collected on-site through the contacts of the researchers. The questionnaire took a maximum of 30 min to complete. Within each organization, a good cross-section of employees from various levels and departments were sampled; however, individuals with lower educational levels (unskilled workers, manual labour, shop floor workers) were excluded due to potential language problems.

## Measures

A range of established measures were used in this study.

### *Individualism-collectivism norms*

A scale developed by Fischer et al. (2009) was used. Participants are asked to indicate the extent to which two prototypical behaviours are more characteristic of most people in Kenya. The items are arranged in a form similar to a semantic differential scale with seven-point response options between the two anchor items. The scale was validated in student and employee samples in 11 countries (Fischer et al., 2009). All reliabilities exceed .65, which is acceptable for research instruments. The factor structure was confirmed using both multigroup confirmatory factor analysis and means-and-covariance-structure analysis. In the current sample, the reliability was somewhat lower (.59), which is still acceptable for research instruments.

### *Uncertainty norms*

Four items each for both hierarchy and uncertainty norms were adopted from scales developed by House et al. (2004). The scales have been validated in managerial samples in 62 countries around the world, including samples from Namibia, Zimbabwe, Zambia, Nigeria and South Africa. The items are measured on a five point scale and show reliabilities above .70 in most samples. The hierarchy items showed a reliability of .80 and uncertainty avoidance had a reliability of .59.

### *Paternalism norms*

Four items from Aycan's measure of paternalism (Aycan et al., 2000) were included. As with the other items, responses were recorded on a 1 to 5 Likert-type scale. Reliabilities in previous samples were all above .65 which is acceptable for research instruments. In the current sample, the reliability was .57, which is acceptable for research instruments.

### *Organizational practices*

Items from existing scales (Allen and Dyer, 1980; Newman and Nollen, 1996; Tang et al., 2000; Quinn and Spreitzer, 1991) were adapted by Fischer et al. (2009) to measure organizational practices. The three dimensions are: employees' support, innovation and formalization. Items were presented with the following instruction: 'Below you see a number of statements about work practices and behaviours. Please indicate how frequently each of these situations occurs in the organization in which you work.' Fifteen items are presented and responses are recorded on a seven-point Likert scale, with the response options ranging from 'never' to 'always', according to the frequency that the situations expressed in each item occur in the organization in which the

respondent works. The internal consistencies using Cronbach's alpha are excellent in all samples studied so far. The mean alpha for employee orientation was .93, ranging from .92 (Brazil) to .95 (Turkey). The reliability for formalization practices was on average .83, ranging from .78 (Brazil) to .87 (Malaysia). The average reliability for innovation practices was .84, ranging from .74 in Malaysia to .89 in Turkey. In the current sample, the reliability for employees' orientation was .83; for formalization, .76 and for innovation practices, .70.

### *Poor mental health*

One of the most common self-report measures of general psychological health is the twelve-item General Health Questionnaire (GHQ-12, Goldberg, 1972). This instrument was originally developed as a screening test for detecting minor psychiatric disturbance or strain. The measure assesses changes in affective and somatic symptoms relative to usual levels of health (example, feelings of strain, depression, inability to cope, anxiety-based insomnia, lack of confidence) (Mullarkey et al., 1999). The 12 items of the GHQ represent a uni-dimensional indicator of context-free well-being. In the current sample, the reliability was .85.

### *Extra-role behaviour*

The helping and voice scale developed by Van Dyne and LePine (1998) was used. This scale was developed and validated in the US (Van Dyne and LePine, 1998) and has now been applied in over ten different countries. The reliabilities for helping were on average .89, ranging between .81 (Turkey) and .96 (Lebanon). The average alpha for voice was .90, with a range from .88 (NZ) to .94 (Lebanon). The reliabilities were good given the number of items. The structure of the scales has been supported using both multigroup confirmatory factor analysis and means-and-covariance structure analysis. In this sample, the reliability for voice behaviour was .84 and for helping it was .89.

### *Demographic variables*

In addition to the organizational measures demographic details including age, gender, income and tenure were taken.

### *Data analysis strategies*

The data were analyzed using hierarchical regression in SPSS 17.0 for Windows. The self-reported extra-role behaviour and mental health scales were used as dependent variables and the organizational practices scales and social norms were entered as predictor variables. Demographic variables were entered as control variables.

## RESULTS

### **Predicting employee's extra role behaviour and mental health**

The means and standard deviations for the main variables in the study are presented in Table 2. For voice behaviour, entering demographic variables first, age, gender, income, organizational level (coded as managers

**Table 2.** Means and standard deviations of key variables.

Variable	N	Mean	SD
Employee orientation	322	4.25	1.51
Formalization	320	4.82	1.28
Innovation	321	4.56	1.28
Individualism collectivism	321	4.16	0.72
Power distance	321	5.38	1.73
Uncertainty avoidance	324	3.78	1.33
Paternalism	322	4.31	1.35
Voice behaviour	319	5.08	1.35
Helping behaviour	319	5.25	1.28
Mental Health	316	9.01	6.23

N=Numbers, SD=Standard deviations.

versus others) and tenure did not account for any significant amount of variance:  $F(5, 260) = 1.00$ , *n.s.*, *R* squared change = .019. In the next step, the organizational practices and social norms added 19.1% of explained variance in voice behaviour:  $F(7, 260) = 4.99$ ,  $p < .001$ . Both innovation and employees' orientation practices increased voice behaviour, in line with our predictions (Table 3).

For helping behaviour, the demographic variables did not predict any significant amount of variance:  $F(5, 260) = 1.05$ , *n.s.*, *R* squared change = .020. The organizational practices and social norms explained about 21% of the variance in helping behaviour in the next step:  $F(7, 253) = 5.67$ ,  $p < .001$ . Greater formalization and innovation practices increased helping behaviour reported in organizations (Table 3). Also, greater power distance norms increased helping behaviour.

Finally, the demographic variables explained about 4.3% of the variance in mental health:  $F(5, 260) = 2.34$ ,  $p = .05$  (Table 4). Among the demographic variables, greater income was associated with lower scores on the GHQ, indicating that more income was associated with better mental health. Entering the organizational practices and social norms next, they added about 6.5% of explained variance in the prediction of mental health:  $F(7, 253) = 2.54$ ,  $p < .01$ . Greater paternalism, that is leaders being seen as taking care of their followers, is associated with better mental health outcomes. Similarly, greater power distance is associated with better mental health. Collectivistic norms were also found to be marginally significant.

## DISCUSSION

The purpose of this research is to investigate the influence of organizational practices and social norms on employees' extra-role work behaviour and mental health. In general, it was observed that organizational practices

improved employees' self-reported work behaviour consistent with findings from other parts of the world (Fischer et al., 2009; Smith et al., 2008; Yang and Hsu, 2010; Matin et al., 2010). Employees in work environments that encouraged innovation were observed to be more willing to involve in both voice and helping behaviour. Employees' oriented practices were related with certain aspects of extra role work behaviour, especially voice behaviour; while helping behaviour was predicted by formalization practices. These findings provide some first indication of the influence of organizational practices in enhancing aspects of organizational citizenship behaviour in the African context, an aspect that is lacking in the general literature.

Limited support for the role of societal norms on employee's extra-role work behaviour was found. Voice behaviour was not predicted by any of the social norms while a weak relationship was found between power distance and helping behaviour. There are several potential explanations for these observations. First, the lack of relationship between societal norms and work behaviour may potentially mean that within the Kenyan context these factors have relatively low importance on employees' behaviour. A second option is that norms only influence behaviour in the aggregate, that is, norms influence the modal behavioural expressions within a group, but not the behaviour of the individual directly. This would fit with the strong effects observed at the country level, but the weak effects typically observed of similar variables at the individual level (Fischer et al., 2009; Smith et al., 2008). The issue of norms certainly requires more attention in organizational research (Gelfand et al., 2008; Tsui et al., 2007).

The positive effects of paternalism in the Kenyan work setting were confirmed in line with what has been observed in other collectivistic cultures such as in Asia and Middle East (Aycaan et al., 2000; Aycaan, 2006). Employees reporting high scores in paternalistic leadership also reported better mental health. This means that when employees perceived the leader as caring and considerate of their need they had better mental health. This relationship is not unexpected given that paternalistic leadership has been associated with high emotional bonds between the employee and supervisor (Aycaan, 2006). The emotional bond may contribute to emotional well-being. One potential interpretation of these results is that higher paternalism norms presented some form of social capital to the employee and may very well have been a proxy measures for the degree and extent of social support received at the work place. This is in line with earlier reports where it has been observed that in Kenya employees expect both organizations and work colleagues to look after each other and treat each other as a family (Blunt and Jones, 1986). An interesting line of research in the Kenyan context would be to understand in greater details the varying types of

**Table 3.** Predictor of voice and helping behaviour.

	Voice behaviour		Helping behaviour	
	<i>b</i> ( SE)	$\beta$	<i>b</i> ( SE)	$\beta$
<b>Step 1</b>				
Constant	4.98 (.42)		5.57 (.40)	
Age	.00 (.01)	.02	-.01 (.14)	-.09
Tenure	-.02 (.02)	-.10	-.10 (.02)	-.06
Manager	.31 (.18)	.11	.19 (.17)	.07
Gender	-.06 (.17)	-.02	.02 (.16)	.01
Income	.01 (.08)	.01	.03 (.75)	.03
<b>Step 2</b>				
Constant	2.33 (.80)		2.89(.75)	
Age	.02 (.01)	.13	.00(.01)	.03
Tenure	-.02 (.02)	-.11	-.01 (.01)	-.08
Manager	.26 (.17)	.10	.12(.16)	.05
Gender	-.14 (.16)	-.05	-.06 (.15)	-.02
Income	-.05 (.08)	-.04	-.01(.07)	-.01
Employee orientation practices	.16 (.07)	.18*	.12(.07)	.13
Formalization practices	.11(.08)	.10	.24(.08)	.24**
Innovation practices	.25 (.09)	.22**	.18(.09)	.17*
Collectivism norms	-.05 (.11)	-.03	-.07 (.10)	-.04
Power distance norms	.06 (.05)	.07	.09(.05)	.12*
Uncertainty avoidance norms	-.08(.07)	-.08	-.05 (.06)	-.05
Paternalism norms	.03(.07)	.03	-.02 (.06)	-.03

\**p* < .05; \*\**p* < .01

paternalism and their influence on employees' behaviour.

Our findings indicate that the employees with higher income reported better mental health compared to the low income group (Fischer and Boer, 2011). These findings illustrate that in low income settings the lack of money and subsequent life stresses may potentially have a more immediate impact on the employee's well-being superseding the effects of organizational variables. The inconsistent effect of wealth on well-being in higher income countries is likely due to the diminishing utility of money once basic needs have been satisfied (Inglehart, 1997). Within an African context, effects of material well-being and income need to be considered.

The current study forms an important first step in understanding how societal norms and organizational culture may influence employees' work behaviour and their mental health. However, the study suffered several limitations. Key among the study limitation is that all outcome measures are self-reported measures. Self-reported measures have some inherent limitations such as social desirability and self-presentation biases in responding. To overcome this limitation, future research needs to include peer- or supervisors' reports on the key outcome to optimize the study design. The administration

of self-report measures in a sample of highly educated employees and the usage of instruments that were developed and validated in Western Europe and North America may challenge the generalizability of findings from this study, especially as it pertains to the less educated workforce. Future studies need to aim at sampling a broader set of participants, including lower skilled and less educated business employees.

Findings from this study have several practical implications. Organizations interested in obtaining a highly active and solution-oriented work force should provide adequate personal and work-related support to their employees while adopting high standards for innovation. To increase helping among employees, organizations need to clarify procedures, rules and expectations in the organization. To improve mental health and resilience, supervisors should provide assistance and support for employees. In line with one of the items, acting like a parent can provide crucial resources strengthening the well-being of employees. The overall pattern suggests striving for excellence and a continuous focus on identifying new markets and products; while providing structure and support for employees are crucial for a productive and healthy workforce in Kenyan organizations.

**Table 4.** Predictors of poor mental health.

	<i>b</i> (SE)	$\beta$
<b>Step 1</b>		
Constant	5.72 (1.85)	
Age	.14 (.06)	.22*
Tenure	-.02 (.01)	-.02
Manager	.39 (.78)	.03
Gender	-.73 (.74)	-.06
Income	-.58 (.35)	-.11
<b>Step 2</b>		
Constant	7.18 (3.73)	
Age	.12 (.07)	.19
Tenure	-.02(.01)	-.03
Manager	.73 (.77)	.06
Gender	-.26 (.74)	-.02
Income	-.67 (.04)	-.13 <sup>+</sup>
Employee orientation practices	-.04 (.34)	-.01
Formalization practices	.13(.38)	.03
Innovation practices	.24(.43)	.05
Collectivism norms	.98(.50)	.17 <sup>+</sup>
Power distance norms	-.46(.22)	-.13*
Uncertainty avoidance norms	-.13(.31)	-.03
Paternalism norms	-.82(.30)	-.19**

\* $p < .05$ ; \*\* $p < .01$ ; <sup>+</sup> $p = .055$ **REFERENCES**

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