

Arab American University
Faculty of Graduate Studies
Department of Administrative &
Financial Sciences
Master Program in Human Resources Management



**“The Effect of Compensation and Training & Development on Organizational
Citizenship Behavior: Organizational Commitment as a Mediator in
Bethlehem's Healthcare Sector”**

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**This Thesis Was Submitted in Partial Fulfillment of the Requirements for the
Master Degree in Human Resources Management**

Palestine, 02/ 2026

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Arab American University
Faculty of Graduate Studies
Department of Administrative &
Financial Sciences
Master Program in Human Resources Management



Thesis Approval

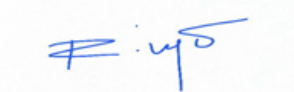


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Palestine, 02/2026

Declaration

I declare that, except where explicit reference is made to the contribution of others, this thesis is substantially my own work and has not been submitted for any other degree at the Arab American University or any other institution.

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A handwritten signature in black ink, appearing to read 'Maria', with a stylized flourish extending downwards and to the right.

Date of Submitting the Final Version of the Thesis: 28/02/2026

Dedication

In the name of the father, the son and holy spirit, Amen.

“Not unto us, O Lord, not unto us, but to Thy name give glory!” (Psalm 115:1)

To Jesus, who I couldn't have made it this far without; who strengthens me and guides me towards greater things, taking me deeper than my feet could ever wonder. This is all to say that my success is not solely mine but it is God's, and it was made possible through his power, overflowing love, unwavering faithfulness and glory.

To family and extended family, and my aunt Flavia whose love, and support helped me persevere through challenges.

And to myself, to the will and the vision that carried me through this journey, even in moments of doubt and quiet endurance, whose motivation showed me how capable I am to reach my fullest potential.

I sincerely dedicate this dissertation.

Maria Yustina George Nasri Alsleiby

Acknowledgments

First and foremost, I'd like to express my wholehearted gratitude to Dr. Raed Iriqat, who kindly supervised my dissertation. Dr. Raed has always been available whenever I had questions, even though we lived in different cities, our interactions online through mobile, or via email have always been consistent in support and encouragement. He was a source of great help and guidance whenever needed and for that I'm especially grateful.

Additionally, I would like to extend my sincere thanks to the assistant professors who taught and guided me throughout the course of this master's degree. A special thanks goes to Prof. Fathallah Ghanem, Dr. Elias Kukali, Dr Saleh Amarneh, and Dr. Samar Sammour; for the invaluable knowledge they equipped me with in various HRM topics, Theories, leadership and labor law. Their dedication, knowledge, academic expertise and support have played a significant role in shaping my learning experience and prompting the writing of my thesis and has led to my new found interest in scholarly development.

I would also like to express my gratitude to private hospitals in Bethlehem, west bank for giving me permission to gather data for this study, and a special thanks to Caritas Baby Hospital (CBH) and The Bethlehem Arab Society for Rehabilitation (BASR) "specialized Rehabilitation and Surgery Hospital" for being the most helpful and cooperative hospitals of the bunch. I've encountered challenges and resistance from other hospitals in Bethlehem including Holy Family hospital who strongly refused to participate in the study. Therefore, I hold in my heart an immense appreciation for these hospitals who welcomed this research with curiosity, and cooperation. Not only did these hospitals consent to participate in this research but they also expressed a genuine interest in receiving the findings, reflecting their commitment to learning, improvement, and evidence-based practice.

Furthermore, I'd like to express my heartfelt gratitude to all my friends and student colleagues, as we stood by each other encouraging and cheering for each other's success along the way.

Many thanks, Maria Yustina Alsleiby

“The Effect of Compensation and Training & Development on Organizational Citizenship Behavior: Organizational Commitment as a Mediator in Bethlehem's Healthcare Sector”

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Abstract

Purpose: This study aims to examine organizational commitment's role in mediating the relationship between compensation, training & development and organizational citizenship behavior (OCB) in Bethlehem's private Healthcare Sector, aspiring to provide an extensive comprehension of the elaborate interplay between the variables and address research gaps.

Methodology: A quantitative and cross-sectional research design was adopted, using structured questionnaires. Participants included healthcare workers of all healthcare professions working at Five private hospitals in Bethlehem, West Bank/Palestine. The data collected was analyzed using Structural Equation Modeling (SEM) with the help of SmartPLS software to allow for accurate testing of the hypotheses.

Result: The findings reveal a significant positive direct influence of compensation on Organizational Citizenship behavior (OCB) ($\beta = 0.214$, $t = 3.221$, $p = 0.001$). Training & Development also substantial positive effect on OCB ($\beta = 0.236$, $t = 3.132$, $p = 0.001$) Both variables were also shown to have considerable direct effect on Organizational Commitment; with compensation's significant positive impact at ($\beta = 0.204$, $t = 3.448$, $p < 0.001$) and Training & development's strong positive effect ($\beta = 0.389$, $t = 5.080$, $p < 0.001$). Additionally, Organizational Commitment exerted a strong positive influence on OCB ($\beta = 0.463$, $t = 7.092$, $p < 0.001$). Mediation analysis indicates that Organizational Commitment acts as an essential mediator in the two relationships. Compensation exerts a significant indirect impact on OCB through Organizational Commitment ($\beta = 0.094$, $t = 3.030$, $p = 0.001$). Training and Development has a significant indirect effect on OCB through organizational commitment ($\beta = 0.180$, $t = 4.427$, $p < 0.001$)

Value/Originality: This investigation has considerable significance due to its relevance in both practical and academic contexts. Academically, It can bridge the gap in literature by helping in understanding what influences OCB better and leads to further research which is essential in the healthcare sector where such research is scarce. And practically it can prompt hospitals to develop better compensation and training & development strategies to improve organizational commitment in healthcare workers and in turn foster an increased engagement in OCB behaviors.

Keywords: Compensation, Training & Development, Organizational citizenship behavior (OCB) , Organizational commitment (ORC) , private healthcare sector in Bethlehem Palestine.

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List of Definitions of Abbreviations

| NO. | Abbreviations | Title |
|-----|---------------|-------|
|-----|---------------|-------|

| | | |
|-----|----------|-------------------------------------|
| 1. | OCB | Organizational Citizenship Behavior |
| 2. | ORC | Organizational Commitment |
| 3. | COM | Compensation |
| 4. | T&D | Training & Development |
| 5. | AC | Affective Commitment |
| 6. | CC | Continuance Commitment |
| 7. | NC | Normative Commitment |
| 8. | R^2 | Coefficient of Determination |
| 9. | Q^2 | Predictive Relevance |
| 10. | f^2 | Effect Size |
| 11. | α | Cronbach's Alpha |
| 12. | AVE | Average Variance Extracted |
| 13. | SEM | Structural Equation Modeling |
| 14. | CR | Composite Reliability |
| 15. | AVE | Average Variance Extracted |
| 16. | HTMT | Heterotrait-Monotrait |
| 17. | VIF | Variance Inflation Factor |
| 18. | α | Cronbach's Alpha |
| 19. | AVE | Average Variance Extracted |
| 20. | H | Hypotheses |

| | | |
|------|------|-------------------------------------|
| 21. | IPMA | Importance–Performance Map Analysis |
| 22. | SAT | Satisfaction with training |
| 23. | EFT | Employee feelings about training |
| 24.. | OST | Organizational support for training |
| 25. | ALT | Altruism |
| 26. | CON | Conscientiousness |
| 27. | CIV | Civic Virtue |
| 28. | COU | Courtesy |
| 29. | SPO | Sportsmanship |

Chapter one: Introduction

1.1 background

The healthcare context of Palestine is influenced by a multifaceted complex political, economic and social situation. Moreover; Palestine's Healthcare system is predominantly fragmented and has scarcity of resources; which urges reliance on external assistance and aid (Najjar et al., 2022). Regardless, the healthcare sector accounts for a notable portion of employment. As of April-June 2023, 4.4% of employed individuals aged 15 years and above in Palestine worked in the health sector. This percentage varies by region: 4.0% in the West Bank and 5.6% in Gaza Strip (PCBS, 2023). Based on the Palestinian Central Bureau of Statistics, the Healthcare system in Palestine has about 15,224 registered physicians and 25,211 registered nurses alone (PCBS, 2024, Table 3766). With 8,136 doctors and 13,016 nurses in the Westbank (PCBS, 2024, Table 3766). As suggested by PCBS (2024) the numbers have been in a constant increase. As indicated by Sabella et al. (2015), the healthcare sector in Palestine includes healthcare providers affiliated with a variety of governing entities, encompassing private, public, and non-governmental organizations (NGOs), in addition to charitable institutions. According to the Palestinian Ministry of Health (2022) in their annual reports, there's a total of 93 hospitals; 17 of which are private hospitals located in the Westbank, where the study will take place. With the complex situation Palestine faces, a strong and equitable healthcare system is essential not only for treating illness but also for building a resilient, inclusive, and economically stable society. The strength of such a system also relies on the motivation, skill and satisfaction of its healthcare workers.

The study will investigate the relationship between the variables in the private healthcare context of Bethlehem. Bethlehem is a small but heavily populated area with a few private hospitals, mostly funded by NGOs. The area of study is small, so the hospitals are considered enough to represent the private Healthcare sector of Bethlehem.

the hospitals included in the study;

Caritas Baby Hospital (CBH), established in Bethlehem in 1953, is the only pediatric hospital in the West Bank. The hospital provides significant professional opportunities for young Palestinians, fostering growth within their homeland. It ensures favorable working conditions, equitable compensation, and ongoing training for local medical and paramedical personnel. CBH employs a total of 145 medical staff. (Caritas Baby Hospital, 2025). Affiliated with the Swiss NGO Children's Relief Bethlehem since 1963, CBH serves approximately 50,000 Palestinian children annually, offering both outpatient and inpatient services. It specializes in comprehensive pediatric care, including neonatal and congenital disorders, as well as hereditary, neurologic, and metabolic conditions. (Caritas Baby Hospital, 2025).

The Bethlehem Arab Society for Rehabilitation (BASR) "specialized Rehabilitation and Surgery Hospital" is a non-profit, non-governmental organization that stands as a foremost provider of medical, surgical, and rehabilitative services in Palestine. known to locals as arab society hospital, it enables individuals with various disabilities to lead lives that are both fulfilling and significant. It provides an extensive array of in-house services, the Hospital has around 350 employees both medical and administrative staff (Bethlehem Arab Society for Rehabilitation, n.d.).

Three other private hospitals participated in the study; Yamamah hospital- alayyad health for medical services, Health work committee-Al daman hospital, Ahmad Al Maslamani Hospital.

Organizational Citizenship Behavior (OCB) plays a crucial role in hospital settings, given the nature of OCB, it encompasses voluntary actions that enhance both individual and hospitals performance. Campbell et al (1993) when highlighting various components of performance, mentioned OCB as an example of non- job specific proficiency. It is characterized by employees going the extra mile and taking on more responsibility beyond their designated roles (Chin et al, 2017). OCB behaviors are considered important; healthcare workers who encourage and help others are an asset in a hospital setting, not just with colleagues, but even more so with their patients. A good Healthcare workforce greatly contributes to the success of the healthcare system in Palestine, and around the world. Good service quality and patient care can be considered as some of the indicators of healthcare

success, and as mentioned by Organ et al. (2006) are outcomes of OCB. Private Hospitals in Bethlehem can improve the quality of services through strengthening OCB of their healthcare workers. Working on improving OCB can greatly contribute to service quality improvement, and therefore, guarantee satisfied happy patients and consequently healthcare effectiveness and success in Bethlehem, Palestine. Highlighting the importance of fostering a culture of OCB within healthcare institutions in the private context of Bethlehem.

Hospitals in Bethlehem, despite the lack of resources and reliance on funding, care about the wellbeing, satisfaction and development of their employees through the HRM practices most suited for the region's situation and culture. Put Simply, Employees are offered compensation and Training & development. Two practices of which are known to influence OCB as per existing literature. To elaborate, as suggested by literature; many authors agree that pay satisfaction achieved by compensation positively influences the OCB of employees, prompting them to go beyond their roles (Seran et al., 2021; Riyanto & Hapsari, 2020). Moreover, Training & Development has also been shown to influence OCB (Manenzhe & Ngirande, 2021). However, literature suggests that both compensation and training & development have a strong correlation to raising organizational commitment (Yamali, 2020; Hussain et al., 2020). Meaning that it's possible that they don't always influence OCB alone, but do so by also influencing a sense of organizational commitment in employees. For instance, Salfarini et al. (2023) found that compensation doesn't influence nurses' OCB alone, but organizational commitment can mediate the relationship. In addition, Dhar (2015) acknowledged organizational commitment as a mediator in the relationship between training and service quality, and if we are to consider the literature that studied medical personnel and indicates that OCB and service quality in hospitals are positively correlated (Hartono, 2017). Then it's highly plausible that organizational commitment also mediates the relationship between training & development and OCB, the same way it mediates the relationship between training and service quality, since OCB and service quality are directly correlated. This further emphasizes the importance of studying these two cases of organizational commitments mediation in Bethlehem's private hospitals, to the extent to which this variable could affect these HRM Practices influence on OCB.

1.2 problem statement

Empirical research recognized the importance of HR practices; compensation and training & development on employee performance both in non- healthcare context like (Nama et al., 2022; Beqiri & Aziri, 2022), and in healthcare context with mediators like job satisfaction (Ramli, 2018; Zafar & Sudiardhita 2022). However, there is limited empirical research on how compensation and training & development impact OCB (Salfarini et al., 2023; Manenzhe & Ngirande, 2021). Moreover, the role of organizational commitment as a mediator in these relationships remains a bit underexplored and particularly scarce within the private healthcare context of Bethlehem. Therefore, extensively investigating HRM practices' influence on OCB can help further elaborate what influences and improves OCB with the emphasis on organizational commitment as mediator in healthcare workers. By addressing these gaps, the study aims to provide valuable insights both practical and theoretical; to provide a solution to the issue and prevent the disengagement in OCB behaviors, maintain high standard quality of service and consequently, patient satisfaction and healthcare image.

Fellow palestinian researchers have not researched this relationship before as a similar study covering the same relationship was not found. In addition, similar investigations carried out in different geographical areas on healthcare workers and or nurses are quite limited, scarce and include different mediators. Therefore, the reasons mentioned above come as the motives justifying this study.

1.3 Research Topic

The Research examines and discusses the relationship between 4 key variables: compensation and training and development being the independent variables, OCB the independent variable and Organizational Commitment, the variable mediating the relationship between the variables. The study seeks to examine the interplay between the variables in the healthcare context of Palestine; particularly the private healthcare context of Bethlehem.

1.4 Research justification

Contextual performance was introduced by Borman and Motowidlo (1993), and it encompasses non-task-specific behaviors such as cooperation, persistence, dedication, and enthusiasm, and is entirely distinct from task performance, which pertains to job-specific behaviors. Contextual performance involves attributes transcending task competence, promoting behaviors that improve organizational climate and effectiveness (Fletcher, 2001). Which makes it the umbrella OCB falls under. There is a growing concern regarding the consistency and quality of healthcare workers' contextual performance particularly OCB. As cited by Mahooti et al. (2018) OCB constitutes a significant determinant pertaining to the attitudes, behaviors, and interactions of personnel, thereby influencing the delivery of high-caliber healthcare services. Deficiencies in the quality of services within the Palestinian healthcare sector compel a significant number of patients to pursue medical treatment abroad (Salahat et al., 2023). Manenzhe and Ngirande (2021) mentioned how a limited number of organizations possess a well-defined strategy addressing organizational citizenship behavior. private healthcare institutions in Bethlehem are no different from organizations mentioned by Manenzhe and Ngirande (2021), these hospitals like most organizations also lack good OCB strategy, leading them to face some challenges in maintaining high standards of OCB which are non-obligatory but nonetheless critical behaviors and an important characteristic of healthcare worker's performance considering that OCB is a key factor in ensuring effective teamwork, patient care, and overall service delivery. According to Hartono (2017); which studied OCB and service quality in medical and paramedical personnel, OCB has significant positive influence on service quality in Hospitals. Suggesting that the greater the level of OCB the employee exhibits the higher the quality of service they provide; by fostering a more helpful, responsive, and cooperative work environment. Therefore, a lack of involvement in OCB behavior presents a huge challenge for hospitals. It is noted that not only does an employee's organizational commitment grow by adequate compensation (Daniel, 2019), but also good compensation can improve employees OCB (Ardiansyah et al., 2020). Furthermore Hussain et al. (2020) argues that providing staff with maximum training and development opportunities leads to improved organizational commitment. Manenzhe

and Ngirande (2021) also asserts that an increase in training & development results in employees feeling appreciated and supported prompting them to go beyond job requirements. Therefore, any dissatisfaction pertaining to compensation and training & development present as a problem to avoid; as it in turn, makes employees less likely to commit and less likely go beyond their designated roles. Thus, making maintaining a high standard of OCB challenging and necessitating this research to avoid the consequences of such a problem like patient dissatisfaction, complaints, an affected quality of service and eventually, overall hospital performance. Similar research conducted on nurses' OCB by Salfarini et al. (2023) confirms the latter, and mentions the necessity for cooperative behavior and mutual support and assistance, in fostering cooperation among employees within the healthcare facility; so that it operates effectively to attain organizational goals.

1.4 Research Objectives

The main objective of this study is to examine the mediating role of organizational commitment in the relationship between compensation, training & development and organizational citizenship behavior in Bethlehem's private Healthcare Sector. The following are the sub-objectives:

- To assess the level of compensation in Bethlehem's Private Healthcare Sector.
- To assess the level of training & development in Bethlehem's Private Healthcare Sector.
- To assess the level of organizational citizenship behavior in Bethlehem's Private Healthcare Sector.
- To assess the level of organizational commitment in Bethlehem's Private Healthcare Sector.
- To examine the direct effect of compensation on organizational citizenship behavior in Bethlehem's Private Healthcare Sector.
- To examine the direct effect of training & development on organizational citizenship behavior in Bethlehem's Private Healthcare Sector.
- To examine the direct effect of compensation on organizational commitment in Bethlehem's Private Healthcare Sector.

- To examine the direct effect of training & development on organizational commitment in Bethlehem's Private Healthcare Sector.
- To examine the direct effect of organizational commitment on organizational citizenship behavior in Bethlehem's Private Healthcare Sector.
- To analyze the mediating role of organizational commitment in the relationship between compensation and organizational citizenship behavior in Bethlehem's Private Healthcare Sector.
- To examine the mediating role of organizational commitment in the relationship between training & development and organizational citizenship behavior in Bethlehem's Private Healthcare Sector.

1.5 Research Questions

The main research question of this study is: What is the mediating role of organizational commitment in the effect of compensation and training & development on the organizational citizenship behavior in Bethlehem's Private Healthcare Sector? The following are the sub-research questions:

- What is the level of compensation in Bethlehem's Private Healthcare Sector?
- What is the level of training & development in Bethlehem's Private Healthcare Sector?
- What is the level of organizational citizenship behavior in Bethlehem's Private Healthcare Sector?
- What is the level of organizational commitment in Bethlehem's Private Healthcare Sector?
- What is the direct effect of compensation on organizational citizenship behavior in Bethlehem's Private Healthcare Sector?
- What is the direct effect of training & development on organizational citizenship behavior in Bethlehem's Private Healthcare Sector?

- What is the direct effect of compensation on organizational commitment in Bethlehem's Private Healthcare Sector?
- What is the direct effect of training & development on organizational commitment in Bethlehem's Private Healthcare Sector?
- What is the direct effect of organizational commitment on organizational citizenship behavior in Bethlehem's Private Healthcare Sector?
- To what extent does organizational commitment mediate the relationship between compensation and organizational citizenship behavior in Bethlehem's Private Healthcare Sector?
- To what extent does organizational commitment mediate the relationship between training & development and organizational citizenship behavior in Bethlehem's Private Healthcare Sector?

1.6 Research Hypothesis

- H1: Compensation has a significant positive direct effect on organizational citizenship behavior in Bethlehem's Private healthcare sector.
- H2: Training & development has a significant positive direct effect on organizational citizenship behavior Bethlehem's Private healthcare sector.
- H3: Compensation has a significant positive direct effect on organizational commitment in Bethlehem's Private healthcare sector.
- H4: Training & development has a significant positive direct effect on organizational commitment in Bethlehem's Private healthcare sector.
- H5: Organizational commitment has a significant positive direct effect on Organizational citizenship behavior in Bethlehem's private Healthcare sector.
- H6: Organizational commitment significantly and positively mediates the relationship between compensation and organizational citizenship behavior in Bethlehem's private healthcare sector.
- H7: Organizational commitment significantly and positively mediates the relationship between training & development and organizational citizenship behavior in Bethlehem's private healthcare sector.

1.7 Research Significance

Investigating the influence of training & development and compensation has on OCB through organizational commitment mediation on healthcare workers in the Palestinian Healthcare context; can offer more in depth understanding on the relationship that help bridge the gap that the scarcity of empirical research regarding this relationship has created. The study will achieve this by presenting valuable insights that lead to evidence-based recommendation theoretically and practically. In other words, this investigation possesses considerable significance due to its relevance in both practical and academic contexts.

1.7.1 Theoretical Significance

Similar research may have examined the relationship between the variables in different contexts around the world. However, research conducted on the healthcare context and particularly in Palestine is considerably limited. Therefore, study holds theoretical significance as it aims to present comprehensive understanding and insight of value in this area of research. To further elaborate; investigating compensation and training & development's influence on OCB; helps in understanding what influences OCB better and leads to further research; which is essential in the healthcare context in Palestine, other developing countries and worldwide. Investigating what influences and improves OCB also helps in further researching and improving service quality and the variable influencing it, which is vital in healthcare not only in Palestine but worldwide. Certain demographic findings differences could also provide additional noteworthy variables and hypotheses that can be grounds for future investigation and research.

1.7.2 Practical Significance

Studying the influence of compensation and training developments on OCB mediated by Organizational commitment contribute to assessing, reevaluating, designing and

implementing an effective training & development strategy, training programs. As well as an effective compensation strategy and rewards system that encourages healthcare workers, promotes commitment in the Palestinian context and in turn, significantly improves their engagement in organizational citizenship behavior activities which in turn, ultimately increases patient satisfaction, enhances the hospitals' quality of service and overall performance. Consequently, high competitiveness for hospitals is achieved and made effortless; which attracts as well as retains skilled medical staff. In summary, linking HR practices to high quality service, patient satisfaction, and superior hospital performance.

1.8 Research scope

1.8.1 Geographical Scope: The study will be carried out within the Palestinian healthcare context, with the particular emphasis on private hospitals located in Bethlehem.

1.8.2 Temporal Scope: The study aims to analyze data collected during the academic year 2025–2026. The range mentioned will help provide a comprehensive overview of employee experiences and these selected HRM practices in the Palestinian Healthcare context.

1.8.3 Key Variables: Compensation, Training and development as the independent variable, Organizational commitment as mediating variables, and Organizational Citizenship behavior as the dependent variable.

1.8.4 Population, Sample, and Study Tools: The study focuses on healthcare workers working in private hospitals located in Bethlehem. A sample size of 201 was determined through the 10-times rule used in Structural equation modeling. The study will use a quantitative and cross-sectional research approach to data collection through the use of validated self-administered questionnaires distributed both electronically and in person with proven reliability and validity. The data will be processed using appropriate statistical methods to ensure accurate results.

1.8 Terminology

1. **Organizational Citizenship Behavior (OCB):** is known as a special aspect of work conduct that encompasses actions considered advantageous to the organization that are not covered by formal reward systems, but are often related to the psychological

contract and anticipated employer recognition (Kolade & Ogunnaike, 2014). Research by Organ et al. (1990) proposed a model for OCB which is composed of five dimensions: altruism, conscientiousness, sportsmanship, courtesy, and civic virtue.

2. **Compensation:** Compensation is linked to formulating policies designed to remunerate individuals in a practical, equitable manner (Armstrong, 2005).
3. **Training & Development:** Training & development as described by Jahan (2015) entail a systematic process of enabling personnel with workshops, guiding instructions, mentoring and various learning modalities.
4. **Organizational Commitment:** Organizational commitment is Identifying with an organization and its objectives while desiring to retain affiliation within the Organization (Robbins & Judge, 2024).

1.9 Thesis overview structure

This dissertation will comprise of five comprehensive chapters, each addressing a distinct part of the research. The first chapter is the introduction and it covers the background of the study, articulates the statement of the problem, outlines the research objectives, and poses the research questions, goes on to formulate the research hypotheses. In addition, it elucidates the significance of researching compensation and training and development's influence on OCB through organizational commitment in Bethlehem's healthcare context; specifically private Healthcare context. It defines the research scope, and clarifies the research's terminology. Chapter two covers the Theoretical Framework which addresses the study variables, their respective dimensions, and their significance. Moreover, it also covers Hypothesis Development in which the study's hypotheses are formulated predicated on the conceptual model. Chapter three is the Methodology of this Research and it elucidates the research design, delineates the study's population and sample size, and describes the data collection instruments. Chapter Four is Data Analysis and Results; this chapter encompasses data analysis, responds to research questions, evaluates the hypotheses, and presents a discussion of the findings. Finally, chapter Five discusses the conclusions and recommendations, in other words, this chapter elucidates pivotal valuable insights, draws

comprehensive conclusions, furnishes recommendations, identifies study limitations, and proposes directions for future research.

Chapter Two: Theoretical Framework and Hypotheses Development

2.1 Introduction

The study's theoretical underpinning and hypotheses development will be delineated in this chapter, light is shed on the concepts and their interrelations to form a comprehensive framework to analyze the relationship between Compensation, training & Development, organizational commitment and OCB. This chapter aims to understand how these variables interplay within the Palestinian Healthcare sector through reviewing the literature and academic insights to critically evaluate the interactions among the primary variables. This chapter additionally highlights the mediating influence of organizational commitment in the relationship between compensation and Training & development management and Organizational citizenship behavior (OCB).

2.2 compensation

One crucial factor that influences people and how much effort they put into their work is undoubtedly compensation as it is a source of great encouragement. Compensation constitutes the reward given to employees as a form of gratitude for their contributions (Setiawan et al., 2025). BachtiaR et al. (2024) state that when compensation is insufficient, it can result in decreased morale and motivation; which potentially compromises the quality of healthcare services provided to patients. Armstrong (2005) stressed the vitality of compensation management for improving productivity in organizations; for It involves the creation and implementation as well as sustaining compensation systems that boosts the organization's overall performance, teams, and employees' performance. Milkovich & Newman (2020) also explain that an effective compensation system, particularly designed with internal and external equity, positively influences how employees perceive their work and the organization, which fosters proactive attitudes, cooperation, emotional bonds, and commitment to organizational goals. Compensation can be referred to as the total sum of both monetary and non-monetary remuneration that is to be provided by to employees in exchange for executing the work assigned (Bussin & Brigman, 2019); and it is given with the intent to attract, retain, and motivate them (Mondy, 2010). compensation may be categorized as either financial (including salary, bonuses, and benefits) or non-financial

(encompassing recognition, awards, and career advancement opportunities) (Milkovich & Newman, 2020).

Compensation types can also be defined as extrinsic and intrinsic rewards; as mentioned by Beqiri (2019) extrinsic motivation pertains more to rewards, benefits, recognition, and competition emanating from their work. On the other hand, intrinsic motivation denotes the satisfaction one feels that's obtained from the work itself (Beqiri, 2019). Based on intrinsic and extrinsic motivation, it is easy to comprehend why compensation is divided into financial and non-financial rewards. Moreover, while direct compensation as suggested by Manurung (2017), are rewards directly offered to employees like wages, incentives, salaries, and bonuses. Indirect compensation are rewards indirectly offered to employees and it includes insurance, benefits, pension programs, and other amenities.

2.3 Training and development

Karim et al. (2019) defines training as a structured learning practice designed to develop new knowledge and skills, specifically for career advancement or job performance. Achim et al. (2020) directly linked competent employees to the organization's ability to attain its strategic objectives and goals. Competent employees are made and sculpted with a good range of training & development opportunities especially, healthcare workers, as such opportunities help them develop and have promising careers. It is noted that training & development presents itself as something of vital importance for employees when it comes to making career decisions (Schmidt, 2007). This is considered paramount because Training & development as described by Jahan (2015) entail a systematic process of enabling individuals with workshops, guiding instructions, mentoring and various other learning modalities. Such endeavors aim to motivate, instruct, and empower employees to execute their responsibilities proficiently in accordance with the standards established by their respective organization. Guyo & Guyo (2014) Mentioned that training has been described as the strategic development of essential organizational citizen behavior skills and attitudes that are necessary for an individual to competently execute a specific task or role. Veseli and Çetin (2024) stress that effective training programs equip employees with the necessary skills and

knowledge, encouraging them to contribute more effectively to organizational goals through OCB. Schmidt's (2007) study confirms that employees consider training to be a valuable and essential component of their job, especially those employees in customer contact positions. Healthcare workers generally fall in the customer contact category due to the nature of their direct patient care roles, and as Schmidt (2007) argues their satisfaction with job training is crucial because it enhances their ability to satisfy customers, in this case patients. Hence, underscoring training's importance in healthcare workers overall work experience. According to Organ et al. (2006), training initiatives can enhance employee skills and boost their confidence in fulfilling broader responsibilities. Kirkpatrick also articulated that concept of learning is the degree to which individuals modify their attitudes, enhance their knowledge, and/or augment their skills as a consequence of participating in a training program programs (Kirkpatrick & Kirkpatrick, 2006) Noe et al. (2016) defined development as the acquisition of knowledge, competencies, and behaviors that enhance an employee's ability to adapt to changing job requirements and customer expectations. Training initiatives primarily focus on improving technical competencies pertinent to current employment roles, while development programs predominantly emphasize equipping the employee for prospective managerial roles (Noe, 2010). As stated by Khan and Iqbal (2020) Training opportunities facilitate and improve work performance and offer various alternate effective techniques. To which Khan and Iqbal (2020) added that in the healthcare sector, updated knowledge as well as practices are essential for both healthcare workers and patients; For healthcare workers, it enhances efficiency, while for patients, it is vital for survival and rapid recovery.

2.4 Organizational citizenship behavior (OCB)

OCB is widely considered part of Contextual Performance (CP); and (CP) according to Organ (2018) refers to impulsive and unprompted gestures that individuals provide to foster a positive interpersonal environment conducive to collaborative problem-solving and creativity. To specify, OCB is what's known as a special aspect of work conduct that encompasses actions considered advantageous to the organization that are not covered by formal reward systems, but are often related to the psychological contract and anticipated

employer recognition (Kolade & Ogunnaike, 2014). As stated by Banwo and Du (2020), Organizational citizen behavior (OCB) constitutes an essential element within the workplace environment; as it can be strategically utilized in HRM practices to enhance both the caliber of personnel and the quality of services provided by organizations. OCB is also defined by voluntary, sincere, and cheerful employee actions that contribute to good service without the need for organization directives (Novitasari, 2020). Organizations; including hospitals, often seek to improve OCB because patients are in need of positive attitudes, behaviors and specialized attention and care. Khan and Iqbal (2020) stressed that when hospitals provide favorable treatment to nurses, the latter reciprocate with positive organizational outcomes. Therefore, for the Healthcare worker to give their best efforts, the responsibility falls upon the organization; in this case the hospital, to employ their best HRM practices; to motivate healthcare workers and enhance their performance including their OCB. Employees who exhibit OCB or “the good soldier syndrome” as referred to by the author. usually follow established norms, support colleagues voluntarily, resolve minor issues internally, and reflect on the consequences of their actions on others in advance (Organ, 1988). Research by Organ et al. (1990) proposed a model for OCB which is composed of five dimensions: altruism, conscientiousness, sportsmanship, courtesy, and civic virtue which were further elaborated in their later research (organ et al., 2006). According to Podsakoff et al. (2009) the “good soldier syndrome” might be associated with not only individual outcomes, but also organizational outcomes. OCB is essential for healthcare organizations, particularly in hospitals; where teamwork and innovation are crucial. For instance, Nurse managers are usually required to embrace OCB to enhance the organizational image of healthcare (khiabani & Baroto, 2014). Furthermore; OCB serves as a mechanism for nurses to cultivate a collaborative work environment, thereby strengthening solidarity and in turn the operational efficiency and effectiveness of healthcare organizations (Cusí et al, 2020). Knez et al. (2019) mentions how most scholars use the five dimensions mentioned above to describe OCB; and to briefly elaborate on the dimensions as cited by Knez et al. (2019), it consists of 1) altruism; like being consistently prepared to provide assistance to those around and supporting fellow employees. 2) conscientiousness like believing in giving an honest day’s work for an honest day’s pay and going beyond requirements 3) sportsmanship such as Consistently finding the positive aspects in the organization's actions, 4) courtesy which

is like being mindful and aware of the impact his or her conduct has on other people's job, and finally 5) civic virtue as in Participating in events that are not mandatory, yet enhance the organization's reputation as well as and articulating favorable opinions about their organization.

2.5 compensation and OCB

Empirical Research has recognized the impact of compensation on employee performance (Darma & Supriyanto, 2017; Beqiri & Aziri, 2022) which suggests that it can also affect OCB, which is also a part of employee performance. Findings by Ardiansyah et al. (2020) indicate that Compensation directly and positively impacts Organizational Citizenship Behavior (OCB). According to Tufail et al., (2017), both Extrinsic as well as intrinsic incentives exhibit a positive correlation with Organizational Citizenship Behavior (OCB), this manifests in the way employees who feel satisfaction from their professional roles not only fulfill their designated responsibilities, but also put extra effort to engage in activities that transcend their formal job requirements. Moreover, Setiawan et al.'s (2025) results show that fair, equitable and competitive compensation directly motivates employees to demonstrate behaviors that exceed their designated roles such as assisting colleagues, fostering a positive workplace atmosphere, and demonstrating loyalty. In recent research, compensation was among HRM practices extensively investigated on OCB-I (presenting as altruism and courtesy) and OCB-O's (presenting as sportsmanship, conscientiousness, and civic virtue) and it was shown to particularly significantly and positively influence OCB-Os (veseli & Çetin, 2024). Owor (2016) also affirms that compensation fairness is a strong predictor of OCB; consequently, it suggests that a positive correlation exists between compensation and OCB. Several other studies agree, and suggest the positive relationship between compensation and OCB and how pay satisfaction prompts employees to be willing to put in extra efforts (Seran et al., 2021; Rahman & Chowdhuri, 2018; Suryani et al., 2019; Farooq et al., 2020; Riyanto & Hapsari, 2020). Edward Lawler states that the initial and most critical step in designing reward systems is to analyze their potential behavioral impact on an organization, focusing on the outcomes they are expected to generate (Lawler, 1982). Meaning that even rewards systems are decided based on the behavioral outcomes that could be achieved; OCB for example. Alkahtani

(2015) concluded that OCB is related to the rewards; for instance, employees who were promoted were said to exhibit OCB characteristics, specifically higher civic virtue. Furthermore, it's worth mentioning that pay satisfaction can also be tied to OCB. Additionally, Heneman and Schwab's (1985) core idea is that pay satisfaction is a multidimensional construct; that is to say that it is not a single, unified feeling but rather a collection of distinct attitudes towards various aspects of compensation. Therefore, an employee's satisfaction with one component doesn't mean their satisfaction with the other. Reaffirming the importance of the existence of a complete compensation system that includes equitable pay, benefits, and reward structures to ensure overall job satisfaction and organizational commitment, and consequently, OCB. Farooq (2023) found that employees who were satisfied with their pay were more likely to go beyond their designated job requirements and exhibit OCB behaviors. Study by Farzand et al., (2018) agrees with the latter and suggests that addressing pay equality could enhance organizational citizenship behavior, as this study shows that pay inequality can weaken employee's organizational citizenship behavior. On the other hand, a contradiction to previous studies' assertion of a significant relationship, Patil and Ramanjaneyalu (2018) demonstrated that compensation does not exert a statistically significant influence on organizational citizenship behavior. Additionally, although BachtiaR et al. (2024) findings indicate that compensation has a significant effect on nurses' OCB, meaning that good compensation resulted in good OCB from nurses, the findings also suggested that nurses who received poor compensation also showed good OCB. The latter contradicts the previous remarks made by Farzand et al. (2018) regarding how pay inequality weakens OCB.

Almost all study's findings and conclusions align and indicate that compensation has a significant and positive influence on OCB in various sectors, leading to the development of the following hypothesis

H1 : Compensation has a significant positive direct effect on organizational citizenship behavior in Bethlehem's private healthcare sector.

2.6 Training and development and OCB

Rubel and Rahman (2018) who studied the relationship in a non-healthcare setting demonstrated a noteworthy and significant correlation between training and development activities and OCB. As mentioned by Guyo and Guyo (2014) before, training and development's definition can be directly tied to developing or improving organizational citizenship behavior (OCB), which highlights the direct correlation between the two and suggests positive relation between them. Albloush et al. (2020) Claims that when training programs are made accessible and available by organizations, such availability exhibits a positive correlation with (OCB). Consequently, employees are then encouraged to enhance their OCB through training and developmental initiatives. This claim is supported by previous authors Manenzhe and Ngirande (2021) whose findings suggest a significant correlation between training & development and OCB; that points out the importance of development opportunities in fostering a supportive environment where OCB thrives. To elaborate further, employees who perceive their training & development as adequate are usually more likely to exhibit citizenship behaviors, and go beyond their job descriptions to benefit the organization (Manenzhe & Ngirande, 2021). Ghani and Memon (2020) studied few HRM practices effect on OCB including training & development and compensation and their findings indicated a significant correlation between human resource practices and organizational citizenship behavior. In particular, training and development exhibited the most substantial potential in improving OCB (Ghani & Memon, 2020). Similar study by Veseli and Çetin (2024) that also extensively studied HRM practices on OCB-I (presenting as altruism and courtesy) and OCB-O's (presenting as sportsmanship, conscientiousness, and civic virtue), and revealed that Training & development initiatives positively impact OCB particularly (OCB-O) manifesting in the following three dimensions: sportsmanship, conscientiousness, and civic virtue. Lavanya et al. (2020) research findings indicate that the participation in training & development opportunities can prominently contribute to strengthening employee's OCB activity engagement. As reiterated by Beinstock et al. (2003), the manner in which services are provided by the employees significantly influences and unquestionably dictates the superior quality of those services. Which explains why OCB

is a very essential part of employee performance and one of the reasons organizations strive to develop by providing training & development to their employees. This is especially vital in hospitals; where it can sometimes be challenging to assess performance through task-specific performance; so the focus tends to lean more to contextual performance which OCB is a big part of. Having OCB attributes and behavior is highly appreciated in the healthcare context; because when employees go beyond their required duties, it enhances the quality of service, patient satisfaction, and hospital performance (Kolade & Ogunnaike, 2014). This explains why it's essential for hospitals to provide Training & Development programs. For instance, educational programs can improve the competencies of employees and elevate their self-efficacy in undertaking more extensive duties. Consequently, with better skills, employees grow more competencies and self-assurance that lead them to exceed conventional expectations (Organ et al., 2006).

The findings of existing literature regarding the relationship between training & development and OCB lead to the development of the following hypothesis:

H2: Training & development has a significant positive direct effect on organizational citizenship behavior in Bethlehem's private healthcare sector.

2.7 Organizational commitment

Organizational commitment is Identifying with an organization and objectives while desiring to retain affiliation within the Organization (Robbins & Judge, 2024). Hu (2022) referred to organizational commitment as a form of "psychological feeling" that correlates with the intensity of personal identification and engagement in an organization. Organizational Commitment usually manifests in individuals through fidelity and a tendency to remain with the organization, with a personal investment in their own employment. (Brewer, 1996). Simply, It is this attitude or loyalty that influences the employee's decision to stay and continue developing Hu (2022). Meyer and Allen's (1991) organizational commitment theory divided commitment into three separate dimensions: affective, continuance, and normative commitment. Affective commitment is defined by the authors as employee's emotional attachment to, his identification, and engagement within organization; continuance

commitment is an employee's loyalty based on the expenses that they associate with existing (Meyer & Allen, 1991). To elaborate, Continuance commitment as cited by Maqsood et al. (2012), is rooted in the idea of a cost-induced desire to remain with an organization. Again, as cited by Maqsood; this concept was initially influenced by Becker's theory in 1960s and Herbiniak and Alutto's work afterwards in 1972; and normative commitment which is articulated as an employee's feelings of having to stay with the organization (Meyer & Allen, 1991). These three aspects come together to define and describe what is known as organizational commitment.

2.8 Theoretical underpinning

1) COR Theory

COR short for conservation of Resources based on Hobfoll (1989, 2002) Hobfoll et al. (2018) as cited by Spanouli et al. (2024), posits that an individual's well-being is fundamentally tied to the resources that they possess, driving them to protect existing resources and strive to acquire new ones. COR theory supports this research because it suggests that employees are motivated to obtain, foster and retain their valued resources. Employees stress when their resources are lost, or when they are threatened with loss, or when they fail to gain resources after investing them. Compensation can present as resources that help employees meet their life demands and reduce their financial stress. This resource gain makes them feel more secure and less vulnerable to resource loss, making them more willing to invest.

On the other hand, training & development is more like a personal resource gain like skills, knowledge equipping them to deal with job requirements better. Naturally, employees perceiving such a positive exchange will feel a sense of organizational commitment and associate leaving the organizations providing them with such resources with loss since they strive to gain and retain the resources. Which in turn will prompt them to invest more whether through more dedication to improving their performance and an improved behavioral pattern, that could manifest as also engaging in OCB behaviors; therefore, OCB can be seen as resource gain investment.

2) Affective Events Theory

According to Ashokababu (2022) Affective Events Theory (AET) is a significant theory in organizational behavior, it focuses on the role of emotions in the workplace. It was Developed by Howard M. Weiss and Russell Cropanzano in 1996 and as elaborated by Ashokababu (2022) AET emphasizes the importance of emotions as a core component of the work environment, affecting their performance and well-being. Which explains that emotions could affect the way these employees behave and engage in OCB.

3) Herzberg's motivation Hygiene theory

Alrawahi et al. (2020) who applied Herzberg's theory on clinical laboratory workers in omani hospitals referenced Herzberg's theory of motivation in the workplace. Alrawahi et al. (2020) quoted herzberg theory having two distinct motivational determinants:1) motivators which serve as main catalysts for satisfaction like recognition achievements, responsibility, and work advancement 2) hygiene factors which constitute the primary sources of occupational dissatisfaction like salary, relations with colleagues, administrative policies. In this case, compensation and training & development present as either a motivator or a hygiene factor that leads to employee's satisfaction and in turn affects their behaviors including OCB and commitment.

4) Between person differences vs within person process relating to engagement in OCB , and organizational commitment Theory

According to Spanouli et al. (2024) there is a critical gap in existing literature and theories on what prompts people to engage in OCB from within, Spanouli et al. (2024) emphasized this by explaining how there's extensive knowledge about " between person " differences in OCB in addition to organizational characteristics that promote engaging OCB. However, there is a lack in understanding the dynamics of within-person processes that drive these OCB behaviors. In the context of this research, compensation and training & development present as organizational characteristics and directives that could drive engagement in OCB in people, but their effect may also vary from person to person since “between person” differences exist as mentioned by Spanouli et al. (2024). To support and cover within-person motivation to engage in OCB , organizational commitment theory with its affective,

normative, continuance commitment dimensions could come in handy when explaining these within-person processes, if the individual has a heightened sense of organizational commitment they are more likely to engage in OCB according to existing literature (Seran, et al., 2021; Endratmoko & Aulia, 2021) and if this heightened Organizational commitment is presenting as emotional attachment, associating leaving the organization with loss and feeling an obligation to stay with the organization , this can explain the within-person processes that prompt OCB on some level. Spanouli et al. (2024) even went on explaining that OCB behaviors are rarely ever static within an individual; instead, it fluctuates over time, varying across months, weeks, or even days; if this is tied to how an employee's commitment can usually grow over time, we can see that these variables are also related and can impact the other positively as time goes by. By combining organizational commitment as a mediator to the variable, it enables a more comprehensive understanding of employees' OCB behaviors.

5) OCB And Normative commitment (one of the dimensions of the organizational commitment)

To further understand how Organizational commitment as a mediator in the relationship between compensation and training & development and OCB makes perfect sense, understanding normative commitment and how it potentially plays a role in influencing OCB is a must. So a previously mentioned concept is normative commitment which is a dimension of the mediator (organizational commitment), Normative commitment as mentioned above and put simply is feeling a sense of obligation to stay with the organization. In other words, the same way the organization provides the employee resources, he in return also feels obliged to stay and give back which is also a form of social exchange, and a mutual obligation. Achim et al. (2020) explains that employees feel a sense of responsibility to reciprocate the investment an organization makes in them, such as providing training and development, so they feel the need to pay back kindly which is rooted in the "norm of reciprocity". So, when employees feel this type of obligation, it fosters their commitment and prompts them to give back kindly in any way. Which makes it also plausible to assume that one way the employees may give back could present as engaging in OCB, like helping

colleagues, going beyond requirements, promoting their organization with pride and seeing the good rather than the bad.

6) Social Exchange Theory

The Social Exchange Theory (SET) as conceptualized by Cropanzano et al. (2017) as encompassing (1) an initial engagement by a participant directed towards a recipient, (2) a corresponding attitudinal or behavioral reaction from the recipient in reciprocity, and (3) the resultant interpersonal relationship.

To further understand what can influence OCB more in individuals in the context of this Research, in addition to organizational commitment theory, Social Exchange Theory (SET) is most suitable out of all theories mentioned since organizational commitment is influenced by the perceived support from the organization manifesting in the compensation and training & development. Khan and Iqbal (2020) emphasized that the theory of social exchange is the best that effectively elucidates nursing staff commitment to organizations, and claim that their study affirms its relevance; affirming that nurses who are provided with good treatment by their hospital, tend to reciprocate with positive behaviors that align with hospital best interests. Put simply, healthcare workers are more likely to commit when they perceive a fair exchange of resources and support. Which in turn compels them to reciprocate this support through engaging in OCB behaviors. The theory handles complex contextual relationships, and this supports OCB. Moreover, organizational commitment is not influenced by just one factor, and this theory helps analyze how even different combinations of these factors can either lead to high or low organizational commitment and in turn higher or lower OCB.

2.9 Compensation and Organizational Commitment

Employees who display a greater degree of commitment towards the organization and work with enthusiasm and passion are usually those satisfied with rewards (Tufail et al., 2017). Research by Ardiansyah et al. (2020) who investigated the relationship between compensation and turnover intention, revealed a significant negative relationship between compensation and the intention to leave. Which means that effectively managed compensation strategies have the potential to reduce the probability of employees desiring to leave the organization. Furthermore, suitable compensation is said to likely diminish

employees' intention to depart and simultaneously enhance their level of commitment (Silaban & Syah, 2018). Nawab and Bhatti (2011) findings show a significantly positive relationship between compensation and organizational commitment; where continuous commitment was significantly correlated with the financial compensation and employee affective commitment was strongly influenced by non-financial compensation. Other research also indicates a similar positive significant effect compensation has on organizational commitment (Yamali, 2020; Suryani et al., 2019; Daniel, 2019). Fahdy et al. (2020) said that inadequate compensation may precipitate heightened levels of employee turnover intention. This indicates that compensation possesses the capacity to cultivate an individual's commitment to persist in their employment.

As most findings indicate a significant positive relationship between compensation and organizational commitment the hypothesis is as follows:

H3: Compensation has a significant positive direct effect on organizational commitment in Bethlehem's private healthcare sector.

2.10 Training and Development and Organizational commitment

Training constitutes a fundamental aspect of Human Resource Management. It is regarded as the most vital practice that significantly enhances organizational competitiveness (Rawashdeh, 2018). By enhancing organizational competitiveness, it essentially means that training & development boost organizations image and makes it easier for organizations to attract talents and retain them. Therefore, linking training & development positively to organizational commitment. Achim et al. (2020) who studied training & development opportunities and compensation on individuals; asserts that organizations must provide such incentives to attract and retain valuable employees, fostering loyalty to ensure their continued presence and contribution to the organization. Khan and Iqbal (2020) claim that just through training & development as the only HRM practice; hospitals can achieve two forms of organizational commitment, as their findings indicated a positive relationship between training and development and both affective and normative commitment among nurses. Another study by Khan et al. (2021) demonstrated in their study on nurses that training and development significantly and positively affects all three dimensions of organizational commitment; affective, normative and continuance. That's to say; that when employees

perceive training as valuable, they develop a stronger emotional attachment to the organization (affective commitment). In addition, they experience a moral obligation to remain with an organization that supports their growth (normative commitment). Finally, they perceive the time and effort invested in training as a cost of leaving (continuance commitment), which prompts them to have high organizational commitment. Diab and Ajlouni (2015) and Dhar (2015) were among multiple studies that linked training and development to organizational commitment both in healthcare and non-healthcare settings. Dhar (2015) claimed training & development opportunities like generic training programs as well as knowledge and skill development practices had significant positive correlation on organizational commitment. Diab and Ajlouni (2015) supported this evidence by suggesting that organizational commitment is substantially influenced by training in hospitals. The previous conclusions lead to the development of the following hypothesis:

H4: Training & development has a significant positive direct effect on organizational commitment in Bethlehem's private healthcare sector.

2.11 Organizational commitment and OCB

Nurjanah et al. (2020) who studied the relationship between these variables among other relationships concluded a significant positive influence. Jehanzeb (2020) recognized the significant correlation between organizational commitment and OCB, and how it is also moderated by person- organization fit. Stallworth (2004) stated that for ensuring the retention of personnel, organizations must improve their levels of organizational commitment, and asserted that employees who were more engaged in organizational citizenship behaviors; like helping their colleagues and going beyond their job requirements, had higher organizational commitment highlighting the significant correlation between the two variables, in which OCB is a consequence of organizational commitment. Utami et al. (2021) results also positively link organizational commitment and OCB. Another Research also stated that Extra-role behaviors can be viewed as a consequence of organizational commitment (Foote, et al 2005). Djaelani et al. (2021) found that not only effective leadership but also organizational commitment plays an important role in promoting employees' engagement in

organizational citizenship behaviors that go beyond formal job requirements. Again, organizational commitment favorably influences organizational citizenship behaviors (Endratmoko & Aulia, 2021); that goes to show that the higher the commitment, the more enhanced the OCB of employees. In healthcare settings, healthcare workers tend to work in a team; and according to Podsakoff et al. (2009) there is substantial evidence tying group cohesiveness to OCB. Podsakoff et al. (2009) points out that although these relationships usually indicate that group cohesiveness likely results in OCB, meaning that groups that are cohesive and committed to their team tend to engage in more OCB behaviors; but the authors believe that it also provides grounds for reverse casual ordering (Podaskoff et al, 2009). Which essentially means that groups who exhibit OCB usually have enhanced team cohesiveness and are more likely to have an increased desire to remain with the group and organization. Podsakoff et al. (2009) elaborates how significant portions of OCB manifested in the workplace usually include extending assistance to team members when falling behind or due to challenges in their work or in case of an illness; adding that such behaviors foster enhanced group relationship dynamics (cohesiveness), thereby subsequently diminishing the likelihood of employees leaving the group. This adds even more strength to the argument, because OCB seems to have the potential to affect organizational commitment at both the individual and group levels, and most evidence suggests that the relationship is reciprocal, with group cohesiveness and commitment also serving as a key driver of OCB. Multiple studies also indicate significant correlation between organizational commitment and OCB (Fitrio, et al., 2019; Seran, et al., 2021; Paul et al., 2019).

The conclusions drawn from these past investigations indicate that organizational commitment is a crucial predictor of organizational citizenship behavior, as it exerts a pronounced effect on it. Therefore, leading to the development of the following hypothesis: H5: Organizational commitment has a significant positive direct effect on Organizational citizenship behavior in Bethlehem's private Healthcare sector.

2.12 compensation's influence on OCB through organizational commitment mediation

Compensation and organizational commitment were found to collectively and simultaneously have a significant influence on OCB (Suryani et al., 2019). In other words; when these two variables exist at the same time, they influence OCB together. Which implies

that improving employee compensation and fostering stronger organizational commitment can enhance voluntary behaviors that benefit the organization. Research by Farooq (2023) identified Organizational commitment as a mediating factor between pay satisfaction and organizational citizenship behavior. This means that when employees are satisfied with pay, it influences their organizational commitment, which in turn impacts their display of OCB. Furthermore, given that pay is a key part of overall compensation, this mediation supports the mediation hypothesis that suggests organizational commitment mediates the relationship between compensation and OCB. A study conducted on nurses by Salfarini et al. (2023) found that compensation influence on nurses' OCB wasn't direct but rather mediated by organizational commitment, inferring that as a result of compensation heavily affecting organizational commitment, it in turn also affects nurses' OCB. Moreover, Veseli and Çetin (2024) emphasize that when employees perceive their compensation as equitable and competitive, it can enhance their loyalty and commitment, motivating them to exhibit behaviors that benefit the organization manifested in OCB-Os.

Despite the scarcity of Research regarding this mediation, the two above mentioned conclusions the literature reached regarding organizational commitment's mediation, the reviewed existing literature and previous studies mentioned above regarding the influence the variables have on one another indicate that organizational commitment, compensation, and OCB all have a positive significant correlation in different contexts which support and substantiate organizational commitment's mediating role and lead to the development of the following hypothesis:

H6: Organizational commitment significantly and positively mediates the relationship between compensation and organizational citizenship behavior in Bethlehem's private healthcare sector.

2.13 Training & development's influence on OCB through Organizational commitment mediation

Dhar (2015) concluded the partial mediating effect of organizational commitment in the relationship between training and service quality. This indicates that while training has a great influence on service quality, a substantial portion is mediated by the organizational commitment exhibited by the employee. Kaihatu and Djati (2016) conducted research on

organizational citizenship behavior (OCB) impact on service quality and patient satisfaction in hospitals and found that OCB positively influences service quality. Hartono (2017) which studied these variables in medical and paramedical personnel also agrees, and has concluded OCB's significant positive influence on service quality in hospitals. Suggesting that the greater the level of OCB the employee exhibits, the higher the quality of service they provide; by fostering a more helpful, responsive, and cooperative work environment. This implies, that similarly to how organizational commitment mediates the influence of training & development on service quality, it may also mediate training & development's influence on OCB in the healthcare context; since both service quality and OCB are directly correlated according to research. The mediation is also supported by most previous research and existing literature reviewed above that indicates that all three variables have a positive significant influence on one another in various contexts. Therefore, even if this relationship hasn't been explored yet the above literature discussed and connected these variables together and hint at a possible existing mediation between them leading to the development of the following hypothesis:

H7: Organizational commitment significantly and positively mediates the relationship between training & development and organizational citizenship behavior in Bethlehem's private healthcare sector.

2.14 Conceptual Framework

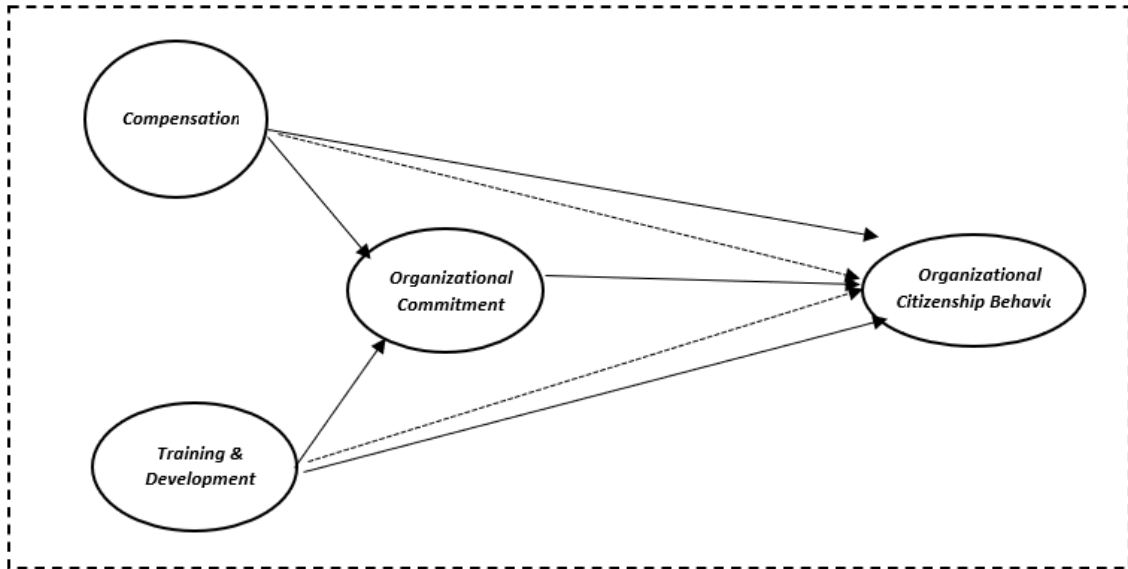


Figure (2.1) Conceptual Framework

Chapter Three: Methodology

3.1 Introduction

The methodology section is covered in this chapter of the thesis, as chapter Three comprehensively outlines the methodology part of the research, intending to elaborate on the research's design, and the data collection process, while also explain the analysis carried out to investigate the influence compensation and training & development has on OCB and the role of organizational commitment in mediating the relationship between the variables in question. The influence is investigated on healthcare workers working in the private Healthcare Sector of Bethlehem, Palestine. The Research adopts a quantitative approach to ensure systematic collection and analysis of data, to allow for a robust examination of the proposed hypotheses. Additionally, ethical considerations related to the study were discussed to ensure compliance with research standards and participant confidentiality, formal consent from hospitals were provided before proceeding with questionnaire distribution.

3.2 Research Design

This study adopts a quantitative and cross-sectional research design to explore the relationships that focus primarily on the medical personnel including doctors, nurses and physical and occupational therapists in the private healthcare sector of Bethlehem's, particularly private hospitals. The Research seeks to evaluate the relationship between Training & development, compensation and OCB, while considering the mediating effect of organizational commitment. As Ghanad (2023) has stated, quantitative research enables and facilitates the illustration of the particular qualities and significant distinctions for deriving research conclusions. It does so by enabling systematic data collection and analysis which consequently, allows this approach to foster extended understanding regarding the issue at hand making it a suitable approach for research. The target population is healthcare workers at private hospitals in Bethlehem, the study aims to gather a representative sample of the population. It's important to note that the study exclusively investigates the relationship between the variables on healthcare workers only, hence the sample excludes those in administrative and office jobs.

3.3 Study Population and Settings

This research targets healthcare workers from the private healthcare sector hospitals based in Bethlehem. All healthcare occupations including doctors, nurses, and other healthcare workers working at different hospital departments like radiology, rehabilitation, midwifery, and others. The study aims to gather a representative sample of the population. It is important to note that the study exclusively investigates the relationship between the variables on healthcare workers only, hence the sample excludes those in administrative and office jobs. The Hospitals participating in the research include the health work committee, Al daman hospital, Caritas Baby Hospital, Bethlehem Arab Society for Rehabilitation, Yamamah hospital- alayyad health for medical services, and Ahmad Al Maslamani Hospital.

The chosen sampling method is Non- randomized Convenience sampling, as the hospital didn't provide a list of employee names, which made it harder to implement random sampling. Because of the latter convenience sampling was optimal as there were challenges encountered including time constraints or limited access to the entire population. Although the number of healthcare workers in the private Healthcare sector in Bethlehem remains unclear; a sample size of 201 which is estimated to be around 20% to 30% of the population that's approximately 750 Healthcare workers. The study's sample was determined through the 10-times rule, which is commonly applied in PLS-SEM studies (Hair et al., 2021).

3.4 Study Tool

A structured questionnaire was employed as the primary data collection tool to investigate the relationships between Compensation, Training & development, organizational commitment and Organizational citizenship behavior (OCB). The questionnaire was adapted using multiple validated instruments utilized in previous research ensuring reliability and validity in the process. Each section of the questionnaire focuses on each variable of the study's constructs comprehensively as presented in Table 3.1.

- The first section of the questionnaire collected demographic information about the participants. This included details such as gender, age, education level, job title, years of experience, salary range. This information offers context of the difference between

different respondents and helps in understanding respondents' profiles, additionally certain demographic findings could prove to be significant and worth noting.

- The second section examined the independent variable, compensation, the Pay Satisfaction Questionnaire (PSQ) by Heneman & Schwab (1985) that has 18 indicators and is a well-established tool that measures employee satisfaction with compensation.
- Training & development, the second independent variable, was measured in the third section of the questionnaire. This section included 12 indicators taken from Sal and Raja (2016) to assess the participants' satisfaction with training & development provided by the hospitals.
- The fourth section focused on Organizational commitment, the mediating variable, with 22 indicators derived from Maqsood et al. (2012). This section divided the 22 indicators to three parts covering all the three dimensions of organizational commitment; affective commitment, normative commitment and continuance commitment for accurate assessment of healthcare worker's organizational commitment.
- The final section evaluated the dependent variable, Organizational citizenship behaviors using 18 indicators sourced from Knez et al. (2019). This section aimed to measure employee's OCB exhibited by employees that prompt them to go beyond their designated roles, as well as the willingness to engage in OCB behaviors. The 18 indicators were also distributed into 5 parts to cover all dimensions of OCB; altruism, conscientiousness, sportsmanship, civic virtue and courtesy.

Each question in the questionnaire is rated on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), that allows participants to pick the number from 1 to 5 that express their level of agreement and satisfaction with each statement. Thus, making the data collection and consequently the analysis smoother and facilitated.

To ensure the relevance of the questionnaire and the ease of its comprehension for Palestinian healthcare workers, it went through a meticulous translation and validation process. It was translated into Arabic to ensure accuracy. No major changes were done to the indicators and all were used as they were used in the original material. However, the word hospital was used instead of company and or organization. Experienced field experts reviewed the translated version to confirm its cultural and contextual appropriateness. Additionally, a pilot test was

conducted with a small sample of participants to ensure clarity of the format of the questions and consistency.

Table (3.1) Items for Measuring Constructs

| Construct | Type of Construct | Reference | Indicators |
|-------------------------------------|--------------------------|---------------------------|-------------------|
| Compensation | Independent variable | (Heneman & Schwab, 1985) | 18 |
| Training & Development | Independent Variable | (Schmidt, 2007) | 12 |
| Organizational Commitment | Mediator Variable | (Maqsood et al., 2012) | 22 |
| Organizational Citizenship Behavior | Dependent Variable | (Knez et al., (2019) | 18 |

3.5 Data Collection

The study data was collected from healthcare workers working in about 5 private hospitals in Bethlehem, West Bank; the population is estimated at around 750 medical staff as the number remains unclear. The data collection process was carried out over the period of 2 months, from the beginning of November 2025 until toward the end December 2025, this is in order to have sufficient coverage of participants and to ensure the sample is representative of the target population. A self-administered online survey was utilized as the primary data collection tool initially. However, later the questionnaire was distributed mainly in person by the researcher, as the online questionnaires failed to collect any data despite its accessibility and convenience, it still seems many healthcare workers preferred the traditional method when it came to data collection.

Participants were assured of anonymity to encourage their honest feedback. Moreover, the questionnaire is thoughtfully structured into several sections guaranteeing the questions are clear and the sections are easy to navigate. The introduction section explained the purpose of the research and requested participants' consent and cooperation before proceeding to

filling out any section indicating that their continued participation is essentially considered their official consent, considering the fact that it is entirely optional and not obligatory to participate. Each one of the sections provided participants with clear guidelines to fill out the questionnaire, and each section had a brief summary and explanation of the variable (compensation, training & development, etc.) in question, facilitating the comprehension of these variables and before proceeding with the completion and navigating from section to section.

3.6 Data Analysis Techniques and Hypothesis Testing

After securing and completing the data collection, its data was analyzed through various quantitative methods aimed at verifying the validity and reliability of the measurements, as well as testing the proposed hypotheses. The analysis commenced by calculating descriptive statistics, which resulted in the generation of measures, standard deviations, frequencies, and percentages for the questionnaire's respondents and the main research variables. Hence, showcasing the overall sample characterization, and bringing to light its prevalent trends (Altukhi & Aljohani, 2024).

Cronbach's alpha was then conducted for reliability analysis to measure the internal consistency of each construct. The acceptable point for Cronbach's alpha value stands at 0.70, signifying reliable metrics (Hair et al., 2011). Confirmatory Factor Analysis (CFA) was also applied to secure validity by verifying that indicators accurately represent their variables. This asserts convergent and discriminant validity and augments trust during analysis (Sujati & Akhyar, 2020).

Finally, Structural Equation Modeling (SEM) with the help of SmartPLS software, was conducted to test the hypotheses as its capability proved to handle complicated models and moderate sample sizes (Kline, 2023). The significance of the direct relationships was determined through using standardized path coefficients (β) and p-values. Moreover, Moderation effects were tested in the SEM framework. Bootstrapping methods were used when relevant to examine indirect effects and provide reliable estimation of significance levels (Preacher & Hayes, 2008).

Chapter Four: Data Analysis and Results

4.1 Introduction

The outcome of the data analysis that investigated the links among the primary constructs is chronicled in this chapter. The variables of Compensation (COM), Training & Development (T&D), and Organizational Citizenship Behavior (OCB) are quantitatively evaluated in Bethlehem's private Healthcare Sector with Organizational Commitment (ORC) as a potential moderator. Moreover, this chapter elaborates on the traits of the respondents, the confirmation of the measurement model regarding the reliability and validity of the constructs, and the confirmation of the structural model with hypothesized effects backed up by statistical indicators.

4.2 Characteristics of Respondents

Table 4.1 presents the demographic characteristics of the respondents in the study, giving a picture of the participants' profile (n = 201) in the healthcare sector of Bethlehem.

- In terms of gender, the sample is almost equal in distribution, consisting of 54.0% (n = 109) female participants and 46.0% (n = 93) male participants.
- Regarding age, the respondents are mostly found in the younger and middle-aged groups. The biggest age group is the 21–28 years old employees who make up 41.1% of the respondents, with the 29–39 years old next in line at 37.1%. Respondents in the 40–50 years bracket are the least and account for 10.4%, while those in the 50+ age bracket are slightly more and account for 11.4%.
- With respect to educational qualifications, the largest group of respondents (71.8%) is graduates. The share of participants with Master's or Doctoral degrees is 16.3%, while the group of Diploma holders is 11.9%.
- In terms of job title, the largest category of the sample consists of nurses, who make up 55.4% of the total respondents. The proportion of doctors is 14.4%, whereas other healthcare workers account for 30.2%.

- Regarding years of service, a big share of the participants who answered (43.6%) have less than five years of experience. Workers with 5 to less than 10 years of service make up 26.2% of the total, whereas those with 10 years or more represent 30.2%.
- The salary distribution reveals that almost half of the people who answered the survey (48.0%) have a salary ranging from 2,500 to 4,000 NIS, with 29.7% of the respondents having a salary between 4,000 and 5,500 NIS as the next largest group. The lowest salary levels (less than 2,500 NIS) make up 11.4%, and the higher income brackets of above 5,500 NIS together account for an even smaller part of the sample.

Table (4.1) Demographic Characteristics Analysis

| Variables | Options | Frequency | Percent |
|---------------------------|------------------------------|------------------|----------------|
| Gender | Male | 93 | 46% |
| | Female | 109 | 54.0% |
| Age | From 21 to 28 years old | 83 | 41.1% |
| | From 29 to 39 years old | 75 | 37.1% |
| | From 40 to 50 years old | 21 | 10.4% |
| | More than 50 years old | 23 | 11.4% |
| Educational Qualification | Diploma | 24 | 11.9% |
| | Bachelor's Degree | 145 | 71.8% |
| | Graduate Studies | 33 | 16.3% |
| Job Title | Nurse | 112 | 55.4% |
| | Doctor | 29 | 14.4% |
| | Other Healthcare workers | 61 | 30.2% |
| Years of Service | Less than 5 years | 88 | 43.6% |
| | From 5 to less than 10 years | 53 | 26.2% |
| | 10 years or more | 61 | 30.2% |
| Salary | Less than 2500 NIS | 23 | 11.4% |
| | From 2500 to 4000 NIS | 97 | 48.0% |
| | From 4000 to 5500 NIS | 60 | 29.7% |
| | From 5500 to 7000 NIS | 14 | 6.9% |
| | From 7000 to 8500 NIS | 4 | 2.0% |
| | 8500 NIS and above | 4 | 2.0% |

4.3 Descriptive and Model Assessment

The descriptive statistics and measurement model evaluation for both first-order and second-order constructs are displayed in Table 4.2. The outcomes give solid backing to the

strength and robustness of the measurement model, thus confirming its fitness for the following structural model analysis by the PLS-SEM method (Hair et al., 2021). The reliability of the indicators was evaluated using outer loadings. The majority of the indicators were above the suggested limit of 0.70, thus confirming that the items could represent the latent constructs very well.

The strongest item–construct relationships were found for Compensation (COM), Satisfaction with Training (SAT), Organizational Support for Training (OST), and all OCB dimensions, as indicated by very high loadings (Fornell & Larcker, 1981; Hair et al., 2021). Few items in Affective, Continuance, and Normative Commitment exhibited low or negative loadings, which may indicate their possible refinement in future model respecification.

Using Cronbach's alpha (α) and Composite Reliability (CR), the internal consistency was assessed. Most of the constructs showed values higher than the suggested limits ($\alpha \geq 0.70$, $CR \geq 0.70$), thus satisfactory reliability was indicated. Particularly, Compensation, Training & Development, Organizational Commitment, and Organizational Citizenship Behavior showed high CR values, thereby confirming the strong internal consistency among the indicators (Nunnally & Bernstein, 1994; Hair et al., 2021).

The evaluation of convergent validity was carried out by means of the Average Variance Extracted (AVE) method. Most of the constructs exceeded the 0.50 criterion; thus, it may be inferred that the latent variables account for more than half of the variances of their indicators (Fornell & Larcker, 1981). This is good proof of enough convergent validity for both first-order and second-order constructs, particularly for OCB and its components (ALT, CON, CIV, COU, SPO), which exhibited especially high AVE values.

The Variance Inflation Factor (VIF) was utilized to assess multicollinearity. The VIF figures were all under the maximum limit of 5, which implies that there were no serious multicollinearity problems among the indicators and constructs (Kock, 2015). This assures us that the relationships that are estimated are reliable and not artificially increased as a result of too much intercorrelation among them.

Table (4.2): Descriptive and model assessment results

| Construct | Item | Mean | Std. | Loading | VIF | α | CR | AVE |
|--|-------|-------|-------|---------|-------|----------|-------|-------|
| <i>First Order</i> | | | | | | | | |
| Compensation (COM) | COM1 | 2.436 | 1.181 | 0.786 | 3.170 | 0.968 | 0.971 | 0.650 |
| | COM2 | 2.460 | 1.122 | 0.844 | 4.205 | | | |
| | COM3 | 2.356 | 1.144 | 0.810 | 3.358 | | | |
| | COM4 | 2.629 | 0.993 | 0.605 | 1.721 | | | |
| | COM5 | 2.569 | 1.129 | 0.815 | 3.772 | | | |
| | COM6 | 2.584 | 1.132 | 0.836 | 3.518 | | | |
| | COM7 | 2.550 | 1.135 | 0.848 | 3.460 | | | |
| | COM8 | 2.589 | 1.119 | 0.802 | 2.980 | | | |
| | COM9 | 2.673 | 1.127 | 0.808 | 2.933 | | | |
| | COM10 | 2.688 | 1.124 | 0.826 | 4.555 | | | |
| | COM11 | 2.554 | 1.090 | 0.880 | 4.881 | | | |
| | COM12 | 2.837 | 1.047 | 0.709 | 2.189 | | | |
| | COM13 | 2.500 | 1.064 | 0.822 | 3.030 | | | |
| | COM14 | 2.545 | 1.104 | 0.846 | 4.282 | | | |
| | COM15 | 2.510 | 1.073 | 0.874 | 5.019 | | | |
| | COM16 | 2.381 | 1.080 | 0.839 | 4.237 | | | |
| COM17 | 2.604 | 1.068 | 0.709 | 2.577 | | | | |
| COM18 | 2.683 | 1.130 | 0.805 | 3.403 | | | | |
| Satisfaction with training (SAT) | SAT1 | 3.307 | 1.032 | 0.664 | 1.816 | 0.873 | 0.913 | 0.725 |
| | SAT2 | 3.208 | 1.023 | 0.712 | 2.633 | | | |
| | SAT3 | 3.535 | 0.929 | 0.743 | 3.631 | | | |
| | SAT4 | 3.663 | 0.893 | 0.727 | 2.728 | | | |
| Employee feelings about training (EFT) | EFT1 | 3.970 | 0.895 | 0.444 | 1.397 | 0.800 | 0.871 | 0.628 |
| | EFT2 | 3.619 | 0.938 | 0.532 | 1.671 | | | |
| | EFT3 | 3.812 | 0.780 | 0.556 | 2.319 | | | |
| | EFT4 | 3.822 | 0.813 | 0.512 | 2.298 | | | |
| Organizational support for training (OST) | OST1 | 3.431 | 1.057 | 0.673 | 2.082 | 0.888 | 0.923 | 0.750 |
| | OST2 | 3.337 | 1.074 | 0.788 | 3.246 | | | |
| | OST3 | 3.411 | 1.046 | 0.712 | 3.937 | | | |
| | OST4 | 3.248 | 1.089 | 0.661 | 3.410 | | | |
| Affective Commitment (AC) | AC1 | 3.713 | 1.023 | 0.790 | 3.490 | 0.797 | 0.858 | 0.537 |
| | AC2 | 3.609 | 0.955 | 0.790 | 3.678 | | | |
| | AC3 | 3.510 | 1.091 | 0.723 | 2.604 | | | |
| | AC4 | 3.619 | 0.938 | 0.785 | 3.342 | | | |
| | AC5 | 3.802 | 0.934 | 0.766 | 3.800 | | | |
| | AC6 | 3.663 | 0.968 | 0.736 | 3.925 | | | |
| | AC7 | 3.356 | 1.059 | 0.585 | 1.812 | | | |

| | | | | | | | | |
|--|------|-------|-------|--------|-------|-------|-------|-------|
| | AC8 | 2.480 | 1.140 | -0.232 | 2.141 | | | |
| | AC9 | 2.376 | 1.146 | -0.278 | 2.550 | | | |
| Continuance Commitment (CC) | CC1 | 3.223 | 1.074 | 0.628 | 2.155 | 0.695 | 0.746 | 0.364 |
| | CC2 | 3.342 | 1.093 | 0.717 | 3.044 | | | |
| | CC3 | 3.297 | 1.044 | 0.425 | 1.880 | | | |
| | CC4 | 3.213 | 0.995 | 0.369 | 1.410 | | | |
| | CC5 | 3.381 | 1.085 | 0.191 | 1.430 | | | |
| | CC6 | 2.941 | 1.023 | 0.129 | 1.281 | | | |
| | CC7 | 2.619 | 1.098 | -0.141 | 2.006 | | | |
| Normative Commitment (NC) | NC1 | 3.149 | 1.071 | 0.508 | 1.382 | 0.707 | 0.803 | 0.465 |
| | NC2 | 3.564 | 1.024 | 0.732 | 1.863 | | | |
| | NC3 | 3.361 | 1.136 | 0.778 | 3.005 | | | |
| | NC4 | 3.292 | 1.062 | 0.706 | 2.032 | | | |
| | NC5 | 2.564 | 1.080 | -0.116 | 1.587 | | | |
| | NC6 | 3.139 | 1.122 | 0.493 | 1.270 | | | |
| Altruism (ALT) | ALT1 | 3.896 | 0.914 | 0.807 | 4.203 | 0.931 | 0.951 | 0.829 |
| | ALT2 | 4.000 | 0.814 | 0.814 | 4.796 | | | |
| | ALT3 | 3.861 | 0.928 | 0.693 | 2.996 | | | |
| | ALT4 | 4.010 | 0.928 | 0.810 | 4.088 | | | |
| Conscientiousness (CON) | CON1 | 3.614 | 0.980 | 0.606 | 2.492 | 0.828 | 0.885 | 0.659 |
| | CON2 | 3.762 | 0.924 | 0.682 | 2.248 | | | |
| | CON3 | 4.050 | 0.948 | 0.793 | 2.240 | | | |
| | CON4 | 3.931 | 0.882 | 0.753 | 3.026 | | | |
| Civic Virtue (CIV) | CIV1 | 3.931 | 0.847 | 0.806 | 3.129 | 0.897 | 0.936 | 0.830 |
| | CIV2 | 3.891 | 0.825 | 0.750 | 3.238 | | | |
| | CIV3 | 4.000 | 0.833 | 0.742 | 3.228 | | | |
| Courtesy (COU) | COU1 | 4.079 | 0.779 | 0.781 | 3.802 | 0.907 | 0.935 | 0.783 |
| | COU2 | 4.010 | 0.751 | 0.742 | 3.956 | | | |
| | COU3 | 4.030 | 0.744 | 0.759 | 3.853 | | | |
| | COU4 | 4.050 | 0.716 | 0.654 | 2.106 | | | |
| Sportsmanship (SPO) | SPO1 | 4.030 | 0.770 | 0.928 | 3.130 | 0.898 | 0.936 | 0.830 |
| | SPO2 | 4.050 | 0.776 | 0.913 | 2.902 | | | |
| | SPO3 | 3.926 | 0.884 | 0.892 | 2.444 | | | |
| <u>Second Order</u> | | | | | | | | |
| Training & Development (T&D) | SAT | 2.564 | 1.103 | 0.770 | 1.487 | 0.660 | 0.813 | 0.592 |
| | EFT | 3.428 | 0.969 | 0.755 | 1.169 | | | |
| | OST | 3.806 | 0.856 | 0.782 | 1.408 | | | |
| Organizational Commitment (ORC) | AC | 3.356 | 1.066 | 0.852 | 1.826 | 0.808 | 0.886 | 0.722 |
| | CC | 3.348 | 1.028 | 0.772 | 1.628 | | | |
| | NC | 3.178 | 1.082 | 0.918 | 2.317 | | | |
| Organizational Citizenship Behavior (OCB) | ALT | 3.942 | 0.896 | 0.855 | 2.610 | 0.899 | 0.925 | 0.712 |
| | CON | 3.839 | 0.933 | 0.883 | 3.223 | | | |
| | CIV | 3.941 | 0.835 | 0.855 | 2.476 | | | |
| | COU | 4.042 | 0.748 | 0.822 | 2.328 | | | |
| | SPO | 4.002 | 0.810 | 0.802 | 2.227 | | | |

4.4 Discriminant Validity

Discriminant validity is basically the degree to which a particular construct is recognized as different from other constructs in the measurement model. It is thus very important to prove that each latent variable reflects a unique aspect of the theoretical model and that the measures for one construct do not get too much mixed up with those for another. In this research, the assessment of discriminant validity was carried out with the help of two different approaches, namely, the Fornell–Larcker criterion and the Heterotrait–Monotrait (HTMT) ratio. The use of both methods offers a solid and all-inclusive verdict on the constructive differentiation (Fornell & Larcker, 1981; Hair et al., 2021).

Table 4.3 shows that the Fornell–Larcker criterion was met for all first-order constructs. More precisely, the square root of the AVE for each construct (presented on the diagonal) exceeded the corresponding inter-construct correlations. This indicates that each construct shares more variance with its own indicators than with other constructs in the model, thereby supporting discriminant validity at the first-order level.

In addition, the HTMT ratios for all construct pairs were below the conservative threshold of 0.85, and well below the more lenient threshold of 0.90. This further confirms that the constructs, such as COM, T&D dimensions (SAT, EFT, OST), ORC dimensions (AC, CC, NC), and OCB dimensions (ALT, CON, CIV, COU, SPO), are empirically distinct from one another. Collectively, these results provide strong evidence of discriminant validity among the first-order constructs.

The discriminant validity assessment for the second-order constructs is presented in Table 4.4. The Fornell–Larcker results show that the square root of the AVE for OCB, ORC, and T&D exceeded the correlations between these constructs. According to this, every higher-order construct accounts for more variance in its own dimensions than it shares among different higher-order constructs.

In the same manner, the HTMT values for OCB, ORC, and T&D were also lower than the suggested limits, which points to sufficient discriminant validity at the second-order level. This result indicates that the higher-order constructs are conceptually and empirically different domains in the proposed model.

Table (4.3): Discriminant validity results (1st Order)

| Fornell & HTMT | AC | ALT | CC | CIV | COM | CON | COU | EFT | NC | OST | SAT | SPO |
|---------------------------|-----------|------------|-----------|------------|------------|------------|------------|------------|-----------|------------|------------|------------|
| AC | 0.733 | 0.378 | 0.463 | 0.328 | 0.357 | 0.352 | 0.284 | 0.245 | 0.669 | 0.417 | 0.339 | 0.324 |
| ALT | 0.419 | 0.911 | 0.412 | 0.663 | 0.075 | 0.760 | 0.583 | 0.378 | 0.522 | 0.184 | 0.169 | 0.554 |
| CC | 0.538 | 0.455 | 0.603 | 0.336 | 0.152 | 0.388 | 0.229 | 0.159 | 0.618 | 0.266 | 0.191 | 0.215 |
| CIV | 0.360 | 0.720 | 0.376 | 0.911 | 0.032 | 0.721 | 0.630 | 0.493 | 0.430 | 0.174 | 0.163 | 0.568 |
| COM | 0.359 | 0.081 | 0.252 | 0.078 | 0.806 | 0.134 | 0.067 | 0.023 | 0.358 | 0.534 | 0.354 | 0.049 |
| CON | 0.410 | 0.862 | 0.447 | 0.820 | 0.220 | 0.812 | 0.596 | 0.371 | 0.491 | 0.203 | 0.130 | 0.632 |
| COU | 0.334 | 0.627 | 0.276 | 0.696 | 0.089 | 0.674 | 0.885 | 0.464 | 0.334 | 0.177 | 0.161 | 0.688 |
| EFT | 0.300 | 0.431 | 0.220 | 0.572 | 0.078 | 0.431 | 0.533 | 0.793 | 0.288 | 0.288 | 0.362 | 0.358 |
| NC | 0.828 | 0.628 | 0.781 | 0.530 | 0.422 | 0.643 | 0.444 | 0.380 | 0.682 | 0.429 | 0.314 | 0.357 |
| OST | 0.475 | 0.199 | 0.342 | 0.195 | 0.568 | 0.239 | 0.195 | 0.334 | 0.521 | 0.866 | 0.528 | 0.251 |
| SAT | 0.381 | 0.186 | 0.247 | 0.185 | 0.384 | 0.176 | 0.177 | 0.435 | 0.388 | 0.597 | 0.851 | 0.161 |
| SPO | 0.353 | 0.602 | 0.236 | 0.631 | 0.070 | 0.725 | 0.760 | 0.411 | 0.469 | 0.279 | 0.187 | 0.911 |

Table (4.4): Discriminant validity results (2nd Order)

| Fornell & HTMT | OCB | ORC | T&D |
|---------------------------|------------|------------|----------------|
| OCB | 0.844 | 0.510 | 0.414 |
| ORC | 0.587 | 0.850 | 0.460 |
| T&D | 0.510 | 0.614 | 0.769 |

4.5 Structural Model Assessment

The evaluation of the structural model was directed towards confirming the relationships among the constructs that were proposed. To achieve this, the researcher performed four main tests: multi-collinearity testing, coefficient of determination (R^2), predictive relevance (Q^2), and effect size (f^2). Through these tests, the researcher gained a detailed knowledge of the structural model's dependence and predictability (Chin, 1998; Hair et al., 2021).

To evaluate the explanatory power of the model for endogenous constructs, the coefficient of determination (R^2) was utilized. The findings point out that the major constructs have a substantial explanatory power. Specifically, Satisfaction with Training (SAT), OST, and AC showed large R^2 values, indicating that the exogenous constructs account for a sizable part of the variance in these outcomes. OCB and ORC were found to be the areas

with moderate levels of explained variance, which means that their relationships with predictors are more complex but still significant.

The Stone-Geisser Q^2 statistic, which was obtained through blindfolding procedures, was used to evaluate predictive relevance (Stone, 1974). Positive Q^2 values were reported for all endogenous constructs, thereby supporting the conclusion that the structural model has good predictive relevance. Particularly, the predictive power was very high for constructs related to training (SAT, EFT, OST) and for the dimensions of commitment (AC, NC), while OCB and its sub-dimensions showed acceptability in terms of predictive accuracy.

To assess the relative influence of the exogenous constructs on their corresponding endogenous constructs, the effect size (f^2) was computed. The findings disclose large effect sizes, especially the ones from ORC to its facets (AC, CC, NC) and from OCB to its behavioral facets (ALT, CON, CIV, COU, SPO). In contrast, the direct effects of COM and T&D on OCB and ORC were small to moderate, indicating that their influence is partially transmitted through mediating mechanisms, particularly organizational commitment.

Table (4.5) Fit model results

| Construct | R ² | R ² Adjusted | Q ² | RMS E | MAE | f ² Path | f ² Result |
|-----------|----------------|-------------------------|----------------|-------|-------|---------------------|-----------------------|
| SAT | 0.699 | 0.698 | 0.696 | 0.559 | 0.415 | T&D → SAT | 2.326 |
| EFT | 0.419 | 0.416 | 0.409 | 0.780 | 0.589 | T&D → EFT | 0.722 |
| OST | 0.675 | 0.673 | 0.671 | 0.581 | 0.402 | T&D → OST | 2.075 |
| ORC | 0.258 | 0.251 | 0.235 | 0.878 | 0.673 | COM → ORC | 0.047 |
| | | | | | | T&D → ORC | 0.169 |
| AC | 0.827 | 0.826 | 0.213 | 0.896 | 0.710 | ORC → AC | 4.789 |
| CC | 0.531 | 0.528 | 0.042 | 0.975 | 0.777 | ORC → CC | 1.131 |
| NC | 0.774 | 0.773 | 0.220 | 0.891 | 0.678 | ORC → NC | 3.423 |
| OCB | 0.306 | 0.295 | 0.117 | 0.956 | 0.692 | COM → OCB | 0.052 |
| | | | | | | T&D → OCB | 0.057 |
| | | | | | | ORC → OCB | 0.229 |
| ALT | 0.740 | 0.739 | 0.066 | 0.987 | 0.696 | OCB → ALT | 2.848 |
| CON | 0.773 | 0.771 | 0.045 | 0.996 | 0.709 | OCB → CON | 3.397 |
| CIV | 0.709 | 0.708 | 0.099 | 0.971 | 0.690 | OCB → CIV | 2.44 |
| COU | 0.692 | 0.691 | 0.114 | 0.957 | 0.698 | OCB → COU | 2.250 |
| SPO | 0.642 | 0.640 | 0.089 | 0.976 | 0.689 | OCB → SPO | 1.793 |

4.6 Importance–Performance Map Analysis (IPMA)

The analysis using IPMA was done to further explain the results of the structural model by looking at both the importance and the performance of the main antecedent constructs that affect OCB together. IPMA thus offers practical managerial tips by emphasizing those factors that are very powerful but still show lower performance and hence, are the priority areas for improvement (Hair et al., 2021).

The outcomes shown in Figure 4.1 point out that ORC is the most important predictor of OCB, which has also been evaluated with a relatively high-performance score. This implies that the management of organizational commitment is essential for the production of citizenship behaviors among healthcare workers, and the situation is currently maintained at a tolerable level. Consequently, maintaining and reinforcing practices that foster emotional attachment, loyalty, and a sense of obligation toward the organization is essential, as any decline in commitment may have a substantial negative impact on OCB.

T&D is still regarded as very important, but its performance is a bit lower than that of organizational commitment. This result shows that training-related practices have a major influence on the area of citizenship behavior, but their execution and effectiveness still need to be improved. Therefore, increasing the relevance, accessibility, and organizational support of training programs not only will be good but is required to get OCB, putting T&D as the main strategic lever for management intervention in the healthcare sector.

In contrast, COM has a low impact and performance concerning OCB. Although comp, the main factor of HR, is still there, its direct effect on citizenship behaviors seems to be very limited when compared with the factors of development and relationship. This suggests that financial incentives alone are insufficient to foster discretionary employee behaviors and should be complemented by broader strategies aimed at strengthening commitment and professional development.

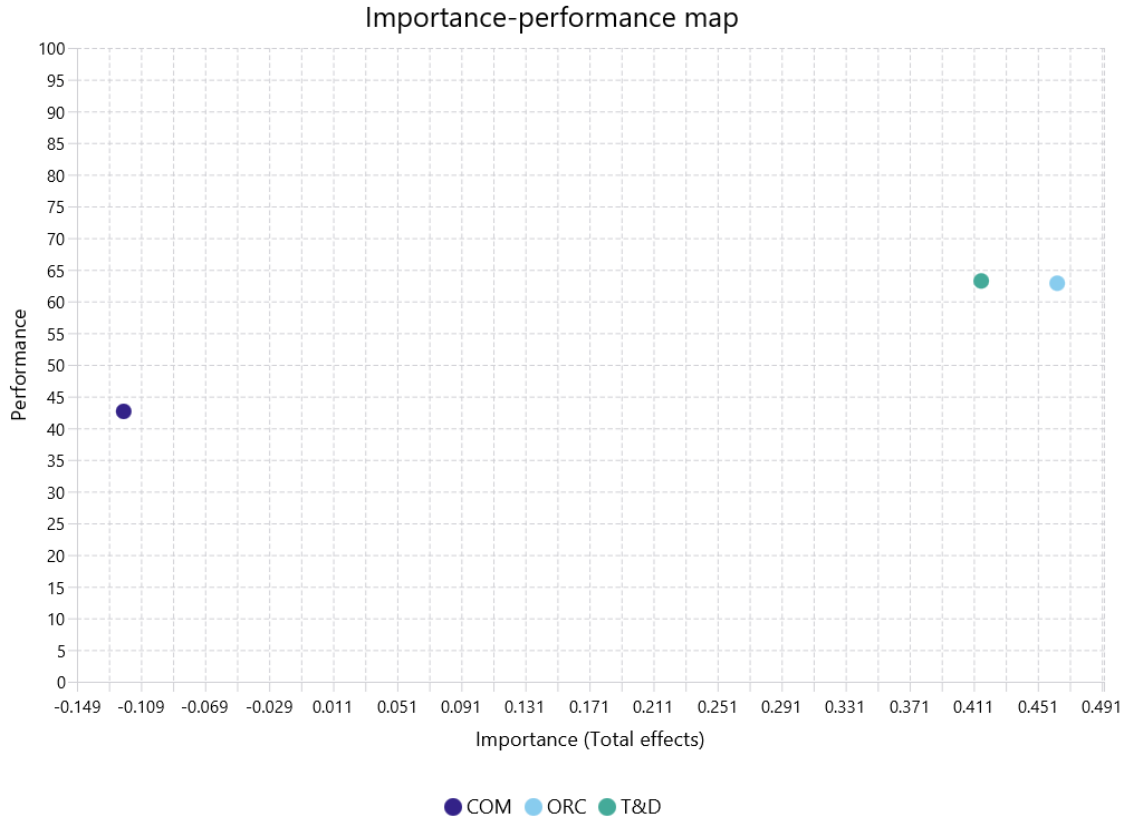


Figure (4.1): Importance–Performance Map Analysis (IPMA)

4.7 Hypotheses Testing

The final step in the evaluation of the structural model is to test the hypothesized connections with the help of the path coefficient test. According to Hair Jr et al. (2017), in testing the suggested hypotheses, bootstrapping techniques with 5,000 subsamples were employed. The results of the hypotheses of the study are displayed in Figure 4.2, which shows that the inner model values are a reflection of the results of the hypothesized relationships in the path analysis.

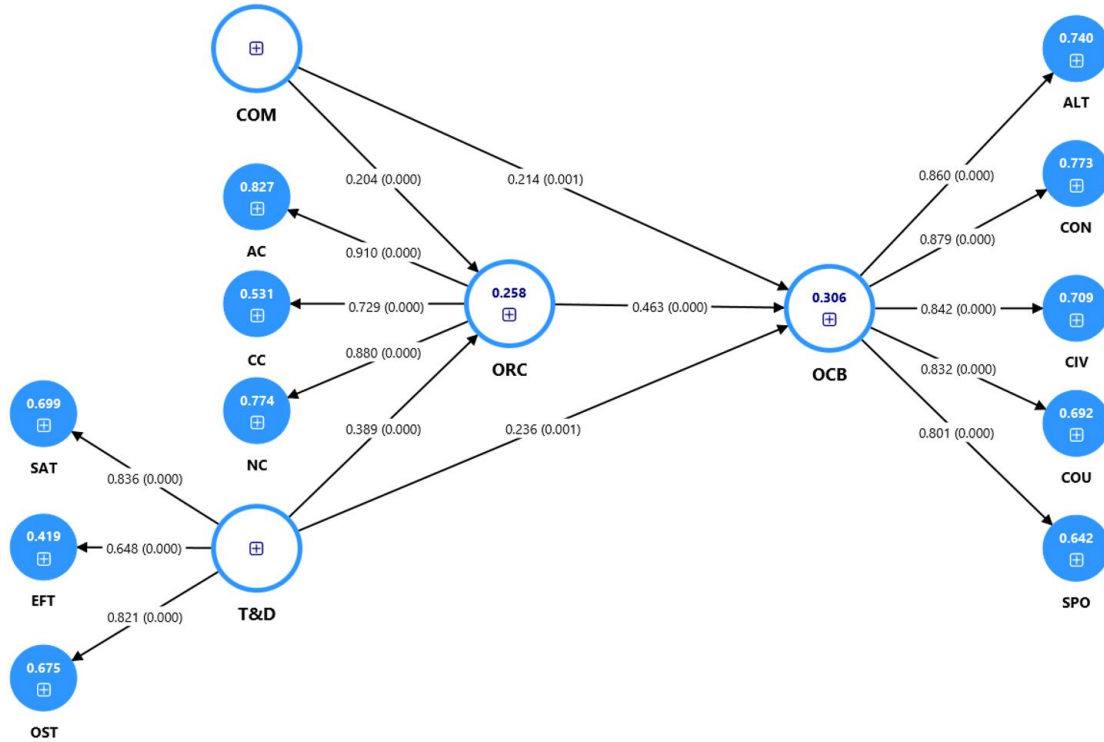


Figure (4.2): Results of Path Analysis

*Values in the inner model represent the (p-value); the outer model represents the β -value.

4.8 Results of the Hypothesis

The hypotheses were tested using the PLS-SEM bootstrapping procedure to examine both the direct and indirect (mediated) relationships among the study constructs. The results, summarized in Table 4.6, provide strong empirical support for the proposed theoretical model.

Regarding the direct effects, the findings indicate that Compensation (COM) has a positive and statistically significant effect on Organizational Citizenship Behavior (OCB) ($\beta = 0.214$, $t = 3.221$, $p = 0.001$), supporting H1. These findings imply that fair and sufficient remuneration plays a role in boosting discretionary employee behaviors in the healthcare industry. Concurrently, Training and Development (T&D) shows a major positive influence on OCB ($\beta = 0.236$, $t = 3.132$, $p = 0.001$), thus confirming H2. This indicates that the training-related practices are of great importance for the organizations in terms of getting their workers to participate in the extra-role behaviors.

Additionally, both antecedents have a significant impact on Organizational Commitment (ORC). The influence of Compensation on Organizational Commitment is positive and significant ($\beta = 0.204$, $t = 3.448$, $p < 0.001$), and thus, H3 is supported. This means that the practices related to compensation have a considerable impact on the attachment and loyalty of the employees to the organization. Moreover, Training and Development have a strong and significant effect on ORC ($\beta = 0.389$, $t = 5.080$, $p < 0.001$), thereby supporting H4 and indicating that developmental opportunities are a major driver of organizational commitment. As predicted, Organizational Commitment has a considerable positive effect on OCB ($\beta = 0.463$, $t = 7.092$, $p < 0.001$); thus, H5 is supported, and the central role of commitment in promoting citizenship behaviors is highlighted.

With respect to the indirect effects, the mediation analysis indicates that Organizational Commitment has a very important role in mediating the relationship between Compensation and OCB. The indirect effect of COM on OCB through ORC is good and significant ($\beta = 0.094$, $t = 3.030$, $p = 0.001$), thus supporting H6. This result shows that compensation not only attracts direct but also indirect behavior of employees who are committed to the organization. In parallel, H7 is supported as Training and Development has a significant indirect effect on OCB through ORC ($\beta = 0.180$, $t = 4.427$, $p < 0.001$). The training ceases to be a cost but a return-producing factor, where organizational commitment is the key to the gradual increase in employee citizenship behavior.

The findings of the hypothesis testing have, in general, confirmed that both Compensation and Training and Development have direct and indirect impacts on Organizational Citizenship Behavior, with Organizational Commitment being the central mediating factor. Thus, these results not only provide strong empirical backing to the proposed model but also point out the significance of commitment-based mechanisms in interpreting the influence of HR practices on employee citizenship behavior in the healthcare sector of Bethlehem.

Table (4.6): Hypothesis results

| Hypothesis | Direction | β | STD | T test | P values | Result |
|----------------------|------------|---------|-------|--------|----------|-----------|
| <i><u>Direct</u></i> | | | | | | |
| H1 | COM -> OCB | 0.214 | 0.066 | 3.221 | 0.001 | Supported |

| | | | | | | |
|------------------------|-------------------|-------|-------|-------|-------|-----------|
| H2 | T&D -> OCB | 0.236 | 0.075 | 3.132 | 0.001 | Supported |
| H3 | COM -> ORC | 0.204 | 0.059 | 3.448 | 0.000 | Supported |
| H4 | T&D -> ORC | 0.389 | 0.077 | 5.080 | 0.000 | Supported |
| H5 | ORC -> OCB | 0.463 | 0.065 | 7.092 | 0.000 | Supported |
| <u>Indirect</u> | | | | | | |
| H6 | COM -> ORC -> OCB | 0.094 | 0.031 | 3.030 | 0.001 | Supported |
| H7 | T&D -> ORC -> OCB | 0.180 | 0.041 | 4.427 | 0.000 | Supported |

Chapter Five: Discussion, Conclusion, and Recommendations

5.1 Introduction

This chapter covers the discussion of the empirical findings presented in Chapter Four, interpreting and further elaborating on the research's findings and hypotheses. The research's main purpose was to investigate the influence compensation and Training & development has on Organizational Citizenship behavior (OCB), with organizational commitment serving as a mediating variable among healthcare workers of private healthcare sector precisely private hospitals in Bethlehem, Palestine. Therefore, to assess the relationship, the study utilized Structural Equation Modeling (SEM) through Smart PLS to test the above-mentioned hypothesized relationships. Hence, this chapter discusses the significance of these findings, their comparison with existing literature, and the theoretical and practical implications they hold.

5.2 Demographic Characteristics

Gender: The analysis shows that there is a fair distribution, indicating a nearly even split between female and male respondents as female participants constituted 54.0% of the sample and male participants made up 46.0% of the sample. Suggesting equal opportunity for both genders in private hospitals of Bethlehem.

Age: Healthcare workers respondents in the study are predominantly from the younger and middle-aged segments of the population. The most significant portion with 41.1% composed of healthcare workers aged between 21 and 28 years old indicating strong representation of early career professionals. The second largest portion following closely, is those aged between 29-39 years which accounted for 37.1% of the respondents. Healthcare workers whose ages are between 40 and 50 years old and those aged 50 years and older are the least represented, making up 10.4% and 11.4% of the sample, respectively. These demographic findings indicate that the palestinian healthcare workforce at private hospitals in Bethlehem,

westbank is relatively on the younger side and the substantial majority are either in their early or mid-stages of their professional career. This makes sense because it is not unheard of for the older professionals to own their private practice or choose the consultancy or academic paths.

Educational Background: The demographics show that healthcare professionals at private hospitals are well educated individuals, the largest segment of employees accounting for 71.8% of the sample holds a Bachelor's degree. 16.3% of healthcare workers, possesses higher education's degrees such as master's or doctoral qualifications and only 11.9% holds a diploma of course depending on the profession. This indicates that the majority of medical staff at such private hospitals holds a bachelor's degree which is the minimum requirement for certain healthcare professions like doctors, nurses, radiologist, etc. and guarantees that this employee is capable of providing high quality service, optimal patient care that can contribute to the wellbeing of patients and the overall healthcare image of the hospitals.

Healthcare professionals' job titles and role: The most prevalent job title among the study's respondents is nurses, as they make up 55.4% of the total sample. The significant prevalence of nursing professionals in the Palestinian private healthcare sector is expected, as nurses form the backbone of hospital healthcare teams. Nurses are known to have highly versatile roles and they are essential across a wide range of departments and wards, including surgery, emergency, maternity, pediatrics, and others. Doctors constitute 14.4% of the study's respondents. The remaining 30.2% of the sample is composed of other healthcare workers. This category likely includes various allied health professionals and support staff within the private healthcare sector of Bethlehem, Palestine. Together, the 30% and 14.4% represent approximately 44.6% of the study sample, indicating that apart from nurses, a substantial proportion of the sample are doctors and other healthcare professionals. The insistence on their inclusion in the study stems from the belief that it can be particularly valuable, as their perspectives are often overlooked and marginalized in research that predominantly focuses on nurses, neglecting the fact that other healthcare professionals combined make up a large fraction of hospitals' workforce whose points of view are equally as critical and can provide better representation and understanding concerning healthcare

worker's satisfaction and the efficacy of HRM practices in the hospitals. Incorporating the views of doctors and other healthcare workers may therefore provide additional insights and contribute to greater variation that enrich the study's findings and address gaps in existing research.

Years of Experience: 43.6% of healthcare workers have less than five years of experience which suggests a notable presence of relatively new or early-career professionals and is consistent with the above-mentioned age demographic. Next in line, 30.2% of healthcare workers, a considerable portion have ten or more years of experience. This indicates that the sample also includes a significant number of seasoned professionals also consistent with the age demographic. And finally, 26.2% of healthcare Workers had five to less than ten years of service representing a middle-tier experience group. The private healthcare sector offers opportunity to professionals with different backgrounds and years of experience making for a diverse but healthcare staff that completes one another, having such teams can help the promotion of learning and cross-functional collaboration where team members from different functional departments or backgrounds work together and share their unique expertise to develop more comprehensive solutions which is valuable in healthcare settings.

Salary Distribution among participants: 48.0% of healthcare workers reported monthly income within the range of 2,500 to 4,000 NIS, meaning that nearly half of the sample earns between that amount which is considered the average and normal range of salaries earned in Westbank, Palestine for most professions, including healthcare professionals. Salaries falling in this range especially around or exceeding 3000 are generally considered good, but this being the highest salary range leaves room for improvement. The second largest group, comprising about 29.7% of healthcare workers, earn between 4,000 and 5,500 NIS which is slightly on the higher, better paid side. However, those earning less than 2500 only make 11.4% of the percentage and those who earn the highest Income 8,500 NIS collectively represent an even smaller percentage. This goes to show that a significant number of healthcare workers in Bethlehem, Palestine earns what's considered good to moderate income while only a smaller number of healthcare workers earn a monthly salary that falls into the lowest and highest income brackets.

5.3 Descriptive Analysis

The following descriptive analysis provides an overview of the perceptions and views of healthcare workers working in the private healthcare sector of Bethlehem, Palestine regarding the key constructs that are examined in this research; namely, Compensation, Training and Development, Organizational Commitment as a mediator, and Organizational Citizenship Behavior (OCB). These variables are critical organizational factors that may influence healthcare workers attitudes and behaviors. This section goes on to interpret the statistics in practical terms and connect the findings to relevant existing theoretical and empirical literature.

Compensation

Compensation items' means recorded ranges from 2.356 to 2.837. The former is considered relatively low to moderate mean scores that indicate a generally unfavorable perception of compensation practices among private hospitals' healthcare workers. Despite a strong internal consistency ($\alpha = 0.968$, CR = 0.971), these low mean values strongly suggest staff's dissatisfaction with various aspects of compensation strategies in the private healthcare sector of Bethlehem. For instance, items such as COM3 (mean = 2.356) and COM16 (mean = 2.381) reflect particularly negative perceptions, implying some concerns related to fairness, adequacy, or competitiveness of pay, yearly raises and benefits provided by these hospitals. Although slightly higher scores were observed for items such as COM12 (mean = 2.837) and COM18 (mean = 2.683), these values unfortunately, still fall below a satisfactory level. Some of these private hospitals take pride in their compensation strategy compared to other private and non-private hospitals in the region of Bethlehem. However, the above-mentioned means highlight those private hospitals have a lot of room for substantial improvement regarding the compensation system to improve satisfaction of their workforce. The findings align with prior studies suggesting that inadequate compensation can negatively affect employees as dissatisfaction can lead to increased intention to leave (Fahdy et al., 2020). Overall, the results indicate that compensation remains a vital area requiring the hospitals' strategic intervention to enhance employee satisfaction and commitment.

Training & Development

Training & Development had relatively better results than compensation, as it demonstrated moderate overall perceptions with a mean score across its dimensions that indicate the existence of varying levels of healthcare worker satisfaction with training. The items representing satisfaction with training showed moderate mean values (ranging from 3.208 to 3.663), which suggests that medical staff perceive training programs as somewhat beneficial but not fully aligned with their expectations or needs. Employee feelings about training also exhibited comparatively higher mean scores (3.619 – 3.970), which indicates a positive emotional response from the healthcare workforce toward training initiatives at private hospitals at Bethlehem. This suggests that healthcare workers generally value learning opportunities and perceive them as meaningful. Similarly, Organizational Support for Training also recorded moderate to favorable staff perceptions (means between 3.248 and 3.431), and it reflects a reasonable level of the hospital's encouragement and resource provision for developing their medical staff. These findings align with COR theory, in respect that healthcare workers find Training & development initiated as a resource gain and react positively to it promoting their satisfaction and in turn putting in some sort of effort to keep it. Nonetheless, the satisfaction levels are merely moderate and suggest that private hospitals in Bethlehem may still need to improve training relevance, its quality, as well as the accessibility of training programs for all healthcare workers to maximize their effectiveness.

Organizational Commitment

Organizational Commitment exhibited moderate levels with variations across its dimensions. Affective Commitment mostly showed favorable mean scores (3.356 – 3.802) indicating that healthcare workers identified and felt emotional attachment to these private hospitals. Item AC5 for instance had a mean of (3.802) suggesting healthcare workers have a strong emotional bond to the hospital and feel proud to tell others they work there. Moreover, Continuance Commitment reflected moderate perceptions (means ranging from 2.619 to 3.381), which suggest that healthcare workers' decisions to remain with the hospitals are partially influenced by the perceived costs of leaving rather than their strong attachment to these private hospitals in Bethlehem. Normative Commitment also demonstrated moderate

levels (means between 2.564 and 3.564), that indicate a mixed sense of obligation to stay with the hospital. These results are consistent with Meyer and Allen (1991) theory of organizational commitment, which posits that affective commitment tends to be more strongly associated with employee's positive work behaviors than continuance or normative commitment.

Organizational Citizenship Behavior (OCB)

Organizational Citizenship Behavior emerged as a notable strength in the research, as it scored consistently high mean across all dimensions, garnering the highest positive responses from healthcare workers at private hospitals participating in the study. To start off, altruism recorded strong positive perceptions with mean scores between 3.861 and 4.010, that reflects nurses' and other healthcare workers' willingness to help each other out. Conscientiousness also showed favorable results, with means ranging from 3.614 to 4.050, indicating healthcare workers' adherence to hospitals' rules and procedures and their dedication that goes beyond minimum requirements. In a similar way, Civic Virtue also demonstrated high engagement levels of healthcare workers as its means reach up to 4.000, which suggests that the hospital's medical staff actively participates in its affairs. Courtesy and Sportsmanship recorded the highest mean scores exceeding 4.00. This not only highlights respectful interactions between healthcare workers but also their tolerance toward challenges and adversity arising at work. The strong presence of OCB suggests a medical workforce that is highly cooperative and committed to the hospital's organizational wellbeing, even in the presence of moderate dissatisfaction with compensation. These findings support BachtiaR et al. (2024) findings that show that compensation has a significant effect on nurses' OCB, but also demonstrated that those who received poor compensation still showed good engagement in OCB.

5.4 Compensation and OCB

The first hypothesis (H1) examined the direct effect of compensation on organizational citizenship behavior (OCB) in Bethlehem's healthcare sector. The study's results show a positive and statistically significant relationship between the two variables ($\beta = 0.214$, $t = 3.221$, $p = 0.001$). This goes to show that improvements in compensation are associated with higher levels of engagement in OCB by Healthcare staff. Although the magnitude of

compensation's effect is moderate, the significance confirms that compensation contributes meaningfully to encouraging organizational citizenship behaviors among healthcare workers. Although the descriptive results indicate generally low satisfaction with compensation, the structural model demonstrates that relative differences in compensation perceptions are still significantly associated with organizational citizenship behavior since healthcare workers who perceive compensation as better (even if still low overall) show higher organizational citizenship behavior compared to others. Such findings emphasize the importance of good compensation and the necessary adjustments to the already existing compensation system aiming to target equity and competitiveness in order to further strengthen OCB of Palestinian healthcare workers in private hospitals in Bethlehem. This strongly relates to Setiawan et al.'s (2025) findings again emphasizing the importance of an equitable and competitive compensation in directly fostering the demonstration of behaviors that exceed employees' designated roles such as assisting colleagues. As previously mentioned in chapter 2, the findings mostly align with many authors like Ardiansyah et al. (2020) and Seran et al. (2021) that confirm compensation's direct positive effect on OCB and BachtiaR et al. (2024) who studied the relationship on nurses and has consistent findings. The study indicates that OCB-I (altruism and courtesy) and OCBO (sportsmanship, conscientiousness, and civic virtue) were affected by compensation contrary to Veseli and Çetin's (2024) study whose findings mentioned that OCB-Os in particular were favorably and significantly influenced by compensation.

The findings can also be seen from the perspective of the Social Exchange Theory, because fair compensation represents the hospital's investment that healthcare workers reciprocate through positive extra-role behaviors. Additionally, Herzberg's Two-Factor Theory aligns with the study's findings as in this context compensation can be seen as a hygiene factor that, when adequately addressed, reduces healthcare worker dissatisfaction and enables positive behavioral outcomes. However, it's noteworthy that many healthcare workers despite being dissatisfied with compensation still demonstrated high OCB which only aligns with remarks by one study (BachtiaR et al., 2024). This doesn't necessarily dismiss the already existing evidence that states the opposite but it still contradicts such suggestions made by a few authors including Farzand et al. (2018) regarding how pay inequality decreases engagement in OCB. These findings regarding healthcare workers' OCB in Bethlehem's healthcare sector

may be explained through the between person differences and within person process relating to OCB (Spanouli et al., 2024), that is previously mentioned in the theoretical underpinning part that posits that organizational initiatives, in this context, compensation may have varying effects on different individuals, additionally, the effect may differ also depending on the within person process that prompts them to engage in OCB, which is understudied but for instance can stem from the person's thought process, values and culture.

5.5 Training & Development and OCB

The study's second hypothesis (H2) tested the direct effect of training & development on organizational citizenship behavior (OCB) in Bethlehem's private healthcare sector. The study's findings reveal a positive and statistically significant effect training & development has on OCB ($\beta = 0.236$, $t = 3.132$, $p = 0.001$). And Unlike compensation, training & development has better and moderate levels of healthcare worker satisfaction. This suggests that healthcare workers who perceive stronger training & development practices and are satisfied with those practices are more likely to engage in extra-role behaviors (OCB) that support hospitals' functioning optimally with potentially better quality of service. The result highlights the importance of developmental practices and their availability in shaping positive healthcare workers behavior beyond formal job requirements and which is consistent with Albloush et al., (2020) that stressed that training & development's accessibility improves OCB. Moreover, the study's findings align with several previous studies that revealed training & development's strong positive effect on OCB (Manenzhe & Ngirande, 2021; Ghani & Memon, 2020). The findings can be explained through Conservation of Resources (COR) Theory, where training & development opportunities are viewed as a valuable resource in the eyes of healthcare workers. Therefore, they seek to protect it which makes them more inclined to do so through engaging in OCB. And just like compensation, Training & development is also seen as a hygiene factor that when is good and improved drives healthcare worker satisfaction and fosters increased levels of engagement in OCB as the Herzberg theory posits. These findings are important on so many levels as they stress the importance of keeping up a strategically good training & development strategy at private hospitals in Bethlehem Palestine and possibly across the whole west bank, to further

encourage the promotion of OCB behaviors, as that has been linked to attaining organizational goals (Veseli and Çetin, 2024) and overall healthcare success through better patient care (Khan & Iqbal, 2020), improved service quality and good healthcare image (Hartono, 2017).

5.6 Compensation and Organizational Commitment

The study's third hypothesis (H3) assessed the effect of compensation on organizational commitment in Bethlehem's private healthcare sector. The results demonstrate a positive and statistically significant relationship ($\beta = 0.204$, $t = 3.448$, $p < 0.001$) between the mentioned variables. This indicates that compensation plays an important role in strengthening healthcare workers' attachment and loyalty to their respective hospital. Although the effect size is moderate, the finding confirms that compensation contributes to building organizational commitment in healthcare workers employed at private hospitals in Bethlehem. According to Social Exchange Theory, compensation signals to healthcare workers organizational support by their respective hospitals, thereby encouraging them to develop stronger emotional and psychological bonds. On top of that within Allen and Meyer's Organizational Commitment Theory, compensation may contribute particularly to affective commitment as well as continuance commitment because it can enhance perceived value and healthcare worker's security and financial stability. To further elaborate when healthcare workers associate leaving the hospital with financial instability and loss, it indicates compensation's powerful influence on continuance commitment. And when compensation is satisfactory and able to provide them with leisure and necessity, it prompts positive feelings and potential emotional attachment to the hospital. Such findings are valuable because when the healthcare workforce perceives the compensation provided by hospitals as satisfactory, they feel a sense of commitment and obligation, this reflects in all other aspects including their performance, behaviors including which is particularly important in-patient care. Existing literature's findings align with the study's findings Silaban and Syah (2018) and Ardiansyah et al. (2020) and stressed the negative relationship between turnover intention and compensation, indicating an increase in employees' desire to stay. Other studies also emphasized the positive significant relationship between

compensation and organizational commitment (Yamali, 2020; Suryani et al., 2019) in support of the study's results.

5.7 Training & Development and Organizational Commitment

The study's fourth hypothesis (H4) examined the impact of training & development on organizational commitment in Bethlehem's private healthcare sector. The results show a strong and statistically significant influence training & development exerts on Organizational commitment ($\beta = 0.389$, $t = 5.080$, $p < 0.001$). Several authors argued findings that substantiate the study's findings including Khan and Iqbal (2020) and Khan et al. (2021) whose findings show training & development's influence on organizational commitment and its dimensions in the healthcare context. This evidence suggests that training and development represent a major determinant of organizational commitment, as healthcare workers perceive higher investment in training & development demonstrate stronger commitment to their hospital. This suggests that developmental opportunities enhance the healthcare workforce' sense of belonging and loyalty and presents as great significance because the improvement of training & development systems can help maintain and foster organizational commitment in healthcare workers not only in Bethlehem's healthcare sector, but possibly across all the westbank. From the perspective of COR Theory in the context of this research, training & development represents an investment and a research gain for healthcare workers, thus and in efforts not to lose such valuable resources, healthcare workers' willingness to remain committed to the hospital providing them such a resource increase. This finding is also consistent with Herzberg's motivation theory; because training and development opportunities can be seen a hygiene factor that improve satisfaction and can also lead to motivation factors like growth, recognition and achievement and once reached the intent to leave such a hospital with countless opportunities diminishes fostering commitment and positive feelings towards the hospital.

5.8 Organizational Commitment and OCB

The fifth hypothesis (H5) tested the effect of organizational commitment on organizational citizenship behavior in Bethlehem's private healthcare sector. The results revealed a strong positive and statistically significant relationship ($\beta = 0.463$, $t = 7.092$, $p < 0.001$) between the two variables. This indicates that organizational commitment is a key predictor of organizational citizenship behavior, as committed healthcare workers are more likely to engage in voluntary actions going beyond job requirements that benefit the organization. In line with Allen and Meyer's theory, committed healthcare workers particularly those with high affective commitment are more likely to demonstrate voluntary behaviors that support organizational effectiveness. Additionally, Normative commitment is a sense of obligation to the hospital which is why it's also plausible for healthcare workers to act on different types of OCB behaviors just because of that sense of obligation. Existing literature also recognized the significance of the relationship and the significant positive relationship between Organizational Commitment and OCB (Seran, et al., 2021; Endratmoko & Aulia, 2021; Utami et al., 2021). As previously mentioned in chapter 2, such a relationship is of utmost vitality in healthcare settings as healthcare workers are required to interact in team and team members. Commitment to the hospital and one's team can inevitably encourage OCB as previously expressed in the literature review by Podsakoff et al. (2009) and these OCB which can manifest as helping a team mate, taking over their roles if needed when there's an overload. Moreover, the healthcare setting can in nature require going beyond requirements that can present as taking a call on days off, being on call in cases of emergency and taking on a double shift if a coworker calls in sick; such practices make a huge difference in service quality when it comes to patient care. Which makes this study's findings essential particularly for studying the relationship in the healthcare setting, and for prompting hospitals to foster organizational commitment through their HRM Practices as it leads to the engagement in OCB and is crucial for service quality and overall hospital image.

5.9 compensation's influence on OCB through organizational commitment mediation

The sixth hypothesis (H6) examined the indirect effect of compensation on organizational citizenship behavior through organizational commitment's mediation in Bethlehem's private

healthcare sector. In other words, to assess whether or not organizational commitment has a role in mediating the relationship. The results indicate a positive and statistically significant mediating effect ($\beta = 0.094$, $t = 3.030$, $p = 0.001$). This finding suggests that compensation influences organizational citizenship behavior not only directly but also indirectly by strengthening healthcare worker's organizational commitment to hospitals, which in turn promotes their indulgence in OCB behaviors. The findings were expected as the previous relationship findings were also positively correlated, which also suggested the possible mediation effect organizational commitment would have on the relationship between compensation & OCB. This is consistent with existing literature including authors Salfarini et al. (2023) and Veseli and Çetin (2024), as well as Farooq (2023)'s acknowledgement of Organizational commitment's role in mediating pay satisfaction's influence on organizational citizenship behavior (OCB). Moreover, the findings are connected as emphasized by Khan and Iqbal (2020), to the theory of social exchange that effectively elucidates nursing staff commitment to hospitals by highlighting the principle of reciprocity. When healthcare employees perceive that their hospital provides fair compensation, support, and resources, they are more likely to respond with positive attitudes. In this present study, the significant indirect effect confirms this reciprocal process. Specifically, compensation strengthens healthcare workforces' commitment as they feel satisfied, grateful and loyal, all of which in turn motivates them to engage in OCB reciprocal positive behaviors like helping colleagues; speaking positively about the hospital. Organizational commitment theory, especially normative commitment, can also explain this phenomenon as staff can feel obligated to give back to the hospital because of feeling content with the compensation given (Normative Commitment). Therefore, they do so by going beyond their requirements and putting more effort just because of that commitment that was strengthened by compensation even if there are no additional bonuses or rewards for such behavior. COR theory supports the narrative, as one can imagine, healthcare workers who are satisfied with the pay would naturally feel more committed due to fear of losing such a valuable source, as a result naturally it prompts increased OCB behavior; surprisingly COR theory supports this study's findings the same way continuance commitment would, which is another dimension of organizational commitment mentioned earlier.

5.10 Training & development's influence on OCB through Organizational commitment mediation

The study's seventh and final hypothesis (H) tested the mediating role of organizational commitment in the relationship between training and development and organizational citizenship behavior in Bethlehem's private healthcare sector. In other words, the indirect relationship training & development has on OCB through organizational commitment's mediation. The results show a significant indirect effect ($\beta = 0.180$, $t = 4.427$, $p < 0.001$). This indicates that training & development enhance OCB partly by increasing healthcare workers' organizational commitment, confirming the mediating role of organizational commitment in this relationship. This implies that training & development initiatives increase citizenship behavior primarily by enhancing employees' commitment. This evidence is of great importance as the results are a first in the healthcare sector and possibly other sectors that confirm organizational commitment's mediation in training & development effect on OCB. The findings substantiate and aligns with what was hypothesized about how because organizational commitment mediated the relationship between training & development and service quality, it can also mediate the relationship between training & development and OCB; because the latter were also significantly correlated in previous studies. The significance of such results lies in the fact that not only training & development fosters commitment of the healthcare prompting them to go beyond their requirements and engage voluntarily in organizational citizenship behaviors, but through such means another very important concept in healthcare which is what is called as service quality can also be improved; as previous studies highlighted training & development, organizational commitment and OCB's influence and enhance service quality; showing that all these variables are significantly correlated (Dhar, 2015; Hartono, 2017; Kaihatu & Djati, 2016). The relationship between OCB and service quality is usually studied on healthcare workers, and patient satisfaction is usually another variable than these variables can contribute to in line with Kaihatu and Djati (2016) study, again also showcasing the importance of the present study's results in potentially influencing patient satisfaction. It's also important to note that all the above theories that support the result of hypothesis (6) confirming organizational

commitment's mediation in the relationship between compensation and OCB, also apply and agree with training & development. For instance, from a COR perspective, training strengthens employees' resource base, which promotes commitment and, consequently, positive discretionary behaviors as healthcare workers strive to do better to avoid the loss of such a valuable source. Again, similar to the way one would explain continuance commitment, which is associating leaving with loss including loss of resources in this case training & development opportunities. Even more so the theory of social exchange and organizational commitment theory also supports this mediation finding.

5.11 Study recommendations

The research mainly aspires to encourage hospitals to employ training & development and compensation as a strategy for not only improving task performance but also their organizational commitment, which in turn reflects on the contextual performance of employees, their OCB specifically and reap its benefits. Here are recommendations in order to achieve that.

Strengthening Compensation Practices

The results demonstrated that compensation has both a direct and indirect effect on organizational citizenship behavior through organizational commitment despite the dissatisfaction of many healthcare workers. Therefore, private hospitals, and possibly other healthcare organizations in Bethlehem and Westbank should continue to refine their compensation practices to reinforce the healthcare workforces' sense of fairness and the hospital's organizational support. When hospitals implement structured and transparent compensation policies, including performance-based incentives and equitable reward systems, it can make healthcare workers feel supported and appreciative of the hospital's investment in them. As a consequence, Hospitals are more likely to strengthen their staff's

organizational commitment and encourage voluntary OCB behaviors that support organizational objectives.

Enhancing Training & Development Initiatives

In accordance with the findings, hospitals should prioritize the continuous professional development for its medical staff by offering targeted training programs that enhance healthcare workers technical skills, such as hosting medical workshops and providing healthcare workers with courses relevant to profession and interpersonal skills such as communication and leadership. Providing equal opportunities for learning, career progression, and skill development can strengthen the healthcare workers' attachment to the hospital and motivate them to contribute beyond their formal roles (OCB). What's even more crucial to consider is that regular training requires the hospital's assessments and tailored development plans to further ensure that training initiatives remain relevant and impactful.

Integrating HR Practices for Sustainable Outcomes

The study's results confirm organizational commitment's mediation in the two relationships in Bethlehem's private healthcare sector, which can emphasize the importance of hospitals' adoption of a holistic approach to human resource management. Rather than treating compensation and training initiatives in isolation from one another, private hospitals in Bethlehem should integrate these practices to strengthen organizational commitment, which in turn enhances citizenship behavior. Since, coordinated HR strategies that align compensation, development opportunities, and hospital values are more likely to yield sustainable improvements in healthcare worker's behavior and achieve organizational effectiveness for these hospitals.

Moreover, hospitals should consider clear communication of organizational goals, recognition of healthcare workers' contributions, and inclusive decision-making practices can enhance healthcare workers' emotional connection to the hospital. Besides, to sustain and enhance organizational citizenship behaviors of the healthcare workforce, Hospitals should encourage a supportive and collaborative work environment where helping behaviors, conscientiousness, and civic engagement are valued, recognized and rewarded through recognition if monetary means aren't possible.

5.12 study limitations

A delimitation is the generalizability of the data to and countries and sectors, as the healthcare sector in Bethlehem, Palestine has its unique characteristics, and different culture that may have influenced the responses and cannot be easily generalized to other countries. Another potential delimitation is that the study proposed only covered training & development and compensation generally in the investigation, however, it would be interesting for future research to study compensation types more extensively and assess each of their impact on OCB. so, it is recommended that future researchers study the compensation types and training and development extensively and assess each of their influence on OCB. Not investigating different variables as mediators or moderators like job satisfaction motivation and organizational culture could be a delimitation of the proposed study as well. The sample size and sampling method being non randomized convenience sampling employed due to challenges with accessing the hospital's employee list and time constraint could pose certain biases and could have limited the representativeness of the population. Additional Potential limitations may include self-report bias, and the cross-sectional nature of the data, that could limit causal inference.

5.13 Future Studies

This study encourages investigators to further investigate other variables affecting OCB in healthcare settings adding different variables like organizational culture and employee engagement, in addition to training & development and compensation could yield more statistically significant findings considering the abundance of evidence regarding the unquestionable influence these variables have on healthcare workers in many ways. On top of that, if such an investigation is carried out long term. It could lead to accuracy and answer questions about whether organizational commitment and engagement in OCB fluctuates over time for the same sample. Mediation could also be explored more by adding variables like job satisfaction and motivation and perceived organizational support which are worth exploring in the healthcare context. Besides, within-person processes leading to OCB remain understudied, suggesting the need for investigating what contributes to OCB through organizational behavior concepts including organizational commitment, culture but also personality and perceptions, values and attitudes extensively. Future researchers

investigating service quality could also benefit from studying the relationship between OCB and organizational commitment and service quality.

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Appendices

Appendix (A) Research Questionnaire English Version



Arab American University

Faculty of Graduate Studies

Master in Human Resource Management

Dear Employee,

The researcher is conducting a study on the relationship between Compensation, Training & development and OCB; through organizational commitment's mediation on Healthcare workers in the private healthcare sector of Bethlehem. This study is part of the requirements for obtaining a master's degree in human resource management from the Arab American University. The primary aim of this study is to assess the influence of compensation and training & development on OCB through the meditation of organizational commitment on healthcare workers in private hospitals in Bethlehem.

This questionnaire is one of the main resources on which the researcher depends. Therefore, you are kindly requested to review it and answer the questions honestly, accurately, and objectively, as this will significantly impact the success of this research. Please note that all responses will be treated with the utmost confidentiality and will be used solely for research purposes.

Thank you for your cooperation.

Researcher: Maria-yustina Alsleiby

Supervisor: Dr. Raed Iriqat

Section One: Demographic Information

Please answer the following questions by placing an (X) in the appropriate box:

| | | |
|-----------|-----------------------------------|--|
| A1 | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| A2 | Age | <input type="checkbox"/> 21–28 years <input type="checkbox"/> 29–39 years <input type="checkbox"/> 40–50 years <input type="checkbox"/> More than 50 years |
| A3 | Educational Qualification: | <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Studies |
| A4 | Job Title: | <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> other Healthcare worker |
| A5 | Years of Service: | <input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5– less than 10 years <input type="checkbox"/> 10 years and more |
| A6 | Salary | <input type="checkbox"/> Less than 2500 <input type="checkbox"/> From 2500 to 4000 <input type="checkbox"/> From 4000 to 5500 <input type="checkbox"/> From 5500 to 7000 <input type="checkbox"/> From 7000 to 8500 <input type="checkbox"/> 8500 and above |

Section Two: Compensation

Compensation can be referred to as the total sum of both monetary and non-monetary remuneration that is to be provided by an employer to an employee in exchange for the execution of work assigned. Compensation is also linked to formulating policies designed to remunerate individuals in a practical, equitable manner. Compensation is given with the

intent to attract, retain, and motivate them to excel at performing their job and encourage organizational citizenship behaviors prompting them to go beyond their work requirements.

Please read each statement below and mark (√) or (X) in the column that best reflects your opinion:

| No. | Statements | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-------------------------------|--|-------------------|----------|---------|-------|----------------|
| Compensation | | | | | | |
| I feel satisfied about my ... | | | | | | |
| B1 | My take-home pay | | | | | |
| B2 | My benefit package. | | | | | |
| B3 | My most recent raise | | | | | |
| B4 | Influence my supervisor has on my pay. | | | | | |
| B5 | My current salary | | | | | |
| B6 | Amount the hospital pays towards my benefits | | | | | |
| B7 | The raises I have typically received in the past | | | | | |
| B8 | the hospital's pay structure | | | | | |
| B9 | Information the hospital gives about pay issues of concern to me | | | | | |
| B10 | My overall level of pay | | | | | |
| B11 | The value of my benefits | | | | | |
| B12 | Pay of other jobs in the hospital | | | | | |
| B13 | Consistency of the hospital's pay policy | | | | | |
| B14 | Size of my current salary | | | | | |
| B15 | The number of benefits I receive | | | | | |
| B16 | How my raises are determined | | | | | |
| B17 | Differences in pay among jobs in the hospital | | | | | |
| B18 | How the hospital administers pay | | | | | |

Section Three: Training & Development

Training & development entail a systematic process of enabling personnel with workshops, guiding instructions, mentoring and various learning modalities. Such endeavors aim to motivate, instruct, and empower employees to execute their responsibilities proficiently in accordance with the standards established by their respective organization. Training initiatives can enhance employee skills and boost their confidence in fulfilling broader responsibilities. Training & development can be directly tied to developing or improving organizational citizenship behavior which in turn enhances the quality of services and overall organizational success.

Please read each statement below and mark (√) or (X) in the column that best reflects your opinion:

| No. | Statements | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|---|-------------------|----------|---------|-------|----------------|
| Satisfaction with training | | | | | | |
| C1 | Training meets needs | | | | | |
| C2 | Amount of training is satisfactory | | | | | |
| C3 | Ability to use training content on job | | | | | |
| C4 | Training applicability to job | | | | | |
| Employee feelings about training | | | | | | |
| C5 | Seeks out learning opportunities | | | | | |
| C6 | Views job training as continuous endeavor | | | | | |
| C7 | Proactive in seeking ways to improve | | | | | |
| C8 | Learning goals established for present and future positions | | | | | |
| Organizational support for training | | | | | | |
| C9 | Learning is planned and purposeful | | | | | |
| C10 | Department provides training opportunities | | | | | |
| C11 | Interest in personal and professional development | | | | | |
| C12 | Training is encouraged and rewarded | | | | | |

Section Four: Organizational Commitment

Organizational commitment is Identifying with an organization and objectives while desiring to retain affiliation within the Organization. It is also referred to as a form of "psychological feeling" that correlates with the intensity of personal identification and engagement in an organization. Simply, It is this attitude or loyalty that influences the employee's decision to stay and continue developing.

Please read each statement below and mark (√) or (X) in the column that best reflects your opinion:

| No. | Statements | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-------------------------------|---|-------------------|----------|---------|-------|----------------|
| Affective Commitment | | | | | | |
| D1 | I feel a strong sense of belonging to this hospital. | | | | | |
| D2 | I feel emotionally attached to this hospital. | | | | | |
| D3 | I would be happy to work at this hospital until I retire. | | | | | |
| D4 | Working at this hospital is a great deal of personal interest to me. | | | | | |
| D5 | I am proud to tell others that I work at this hospital. | | | | | |
| D6 | I enjoy discussing this hospital. with people outside of it. | | | | | |
| D7 | I really feel that many problems faced by this hospital are also my problems. | | | | | |
| D8 | I do not feel like part of family at this hospital. | | | | | |
| D9 | this hospital does not deserve my loyalty. | | | | | |
| Continuance Commitment | | | | | | |

| | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| D10 | Too much in my life would be disrupted if I decided / I wanted to leave this hospital now. | | | | | |
| D11 | It would be very hard for me to leave this hospital right now even if I wanted to. | | | | | |
| D12 | Right now, staying with this hospital is a matter of necessity as much as desire. | | | | | |
| D13 | One of the reasons I continue to work for this hospital is that leaving would require considerable sacrifices i.e., another Hospital may not match the overall benefits I have here. | | | | | |
| D14 | One of the serious consequences of leaving this hospital would be the scarcity of available alternatives. | | | | | |
| D15 | It wouldn't be too costly for me to leave this hospital now. | | | | | |
| D16 | I am not concerned about what might happen if I left this hospital without having another position lined up | | | | | |
| Normative Commitment | | | | | | |
| D17 | It would be wrong to leave this hospital right now because of my obligation to the people in it. | | | | | |
| D18 | This hospital deserves my loyalty. | | | | | |
| D19 | I would feel guilty if I left this hospital now. | | | | | |
| D20 | I owe a great deal to this hospital. | | | | | |
| D21 | I do not feel any obligation to remain with this hospital. | | | | | |
| D22 | Even if it were to my advantage, I do not feel like it would be right to leave this hospital now. | | | | | |

Section Five: Organizational Citizenship Behavior (OCB)

Organizational citizen behavior (OCB) is what's known as a special aspect of work conduct that encompasses actions considered advantageous to the organization that are not covered by formal reward systems, but are often related to the psychological contract and anticipated employer recognition. OCB is defined by voluntary, sincere, and cheerful employee actions that contribute to good service without the need for organization directives. OCB is essential for healthcare organizations, particularly in hospitals where teamwork and innovation are crucial. And it is key in enhancing the organizational image of healthcare.

Please read each statement below and mark (√) or (X) in the column that best reflects your opinion:

| No. | Statements | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--------------------------|---|-------------------|----------|---------|-------|----------------|
| | | | | | | |
| Altruism | | | | | | |
| E1 | I am willing to help colleagues who are busy (work overload). | | | | | |
| E2 | I am willing to provide assistance to those around me. | | | | | |
| E3 | I am willing to replace the duties of another employee when the person concerned is unable to carry out the task. | | | | | |
| E4 | I am willing to help new employees who face difficulties during the orientation period. | | | | | |
| Conscientiousness | | | | | | |
| E5 | I am willing to work beyond the allotted time. | | | | | |
| E6 | I make good use of my down time. | | | | | |
| E7 | I comply with hospital rules even when no one is watching. | | | | | |
| E8 | I do self-introspection on the obedience given so far. | | | | | |
| Civic Virtue | | | | | | |

| | | | | | | |
|----------------------|---|--|--|--|--|--|
| E9 | I always follow the changes that exist. | | | | | |
| E10 | I always follow information (e.g., announcements, memos). | | | | | |
| E11 | I maintain relationships to avoid interpersonal problems with colleagues and superiors. | | | | | |
| Courtesy | | | | | | |
| E12 | I do not abuse or interfere with the rights of other employees. | | | | | |
| E13 | I consider the impact my actions will have on the work of other employees. | | | | | |
| E14 | I consider the impact of my actions on colleagues. | | | | | |
| E15 | I maintain relationships to avoid interpersonal problems with colleagues and superiors. | | | | | |
| Sportsmanship | | | | | | |
| E16 | I don't like to complain at work. | | | | | |
| E17 | I'm not blowing things out of proportion. | | | | | |
| E18 | I don't like finding fault with the hospital. | | | | | |

Appendix (B) Research Questionnaire English Version



الجامعة العربية الأمريكية

كلية الدراسات العليا

ماجستير إدارة الموارد البشرية

حضرة الموظف/ة المحترم/ة:

يقوم الباحث بإجراء دراسة حول العلاقة بين التعويضات، والتدريب والتطوير، وسلوك المواطنة التنظيمي من خلال الدور الوسيط للالتزام التنظيمي لدى العاملين في القطاع الصحي الخاص في بيت لحم. وتأتي هذه الدراسة استكمالاً لمتطلبات الحصول على درجة الماجستير في إدارة الموارد البشرية من الجامعة العربية الأمريكية.

يهدف هذا البحث بشكل أساسي إلى تقييم أثر التعويضات والتدريب والتطوير على سلوك المواطنة التنظيمي من خلال الالتزام التنظيمي كمتغير وسيط لدى العاملين في المستشفيات الخاصة في بيت لحم.

إن هذه الاستبانة تعتبر مصدراً أساسياً من المصادر التي تعتمد عليها الباحثة، لذا يرجى التكرم بالاطلاع عليها والإجابة على الأسئلة بصراحة ودقة وموضوعية، لما لها من أثر في نجاح هذا البحث. علماً بأنه سوف يتم التعامل مع الإجابات بسرية تامة و تستخدم فقط لأغراض البحث.

شكراً لحضرتكم على حسن تعاونكم.

الباحثة : ماريا يوستينا الصليبي

المشرف: الدكتور رائد عريقات

القسم الاول: المعلومات الديموغرافية

يرجى التكرم بالإجابة على الأسئلة التالية، وذلك بوضع إشارة (X) في المكان المناسب:

| | | |
|--|----------------|-------|
| | | الرقم |
| | الجنس | A1 |
| | العمر | A2 |
| | المؤهل العلمي | A3 |
| | المسمى الوظيفي | A4 |
| | سنوات الخدمة | A5 |
| | الراتب | A6 |

القسم الثاني: التعويضات

التعويضات هي المجموع الكلي للمكافآت المالية وغير المالية التي يقدمها صاحب العمل للموظف مقابل أداء المهام الموكلة إليه. كما ترتبط التعويضات بوضع السياسات التي تهدف إلى مكافأة الأفراد بطريقة عادلة وفعالة. تُمنح التعويضات بغرض جذب الموظفين والاحتفاظ بهم وتحفيزهم على التميز في أداء وظائفهم، وتشجيعهم على إظهار سلوكيات المواطنة التنظيمية التي تدفعهم إلى تجاوز متطلبات عملهم الأساسية.

الرجاء قراءة كل عبارة من العبارات التالية، ثم ضع (√) أو (X) أمام الخيار الذي تراه مناسباً لك من وجهة نظرك:

| الرقم | الفقرة | غير موافق بشدة | غير موافق | محايد | موافق | موافق بشدة |
|-----------------------------------|---|----------------|-----------|-------|-------|------------|
| التعويضات أشعر بالرضا تجاه ... | | | | | | |
| B1 | صافي راتبي الشهري | | | | | |
| B2 | حزمة المزايا التي أحصل عليها | | | | | |
| B3 | الزيادة الأخيرة في راتبي | | | | | |
| B4 | مدى تأثير المشرف عليّ في تحديد راتبي | | | | | |
| B5 | راتبي الحالي | | | | | |
| B6 | مقدار المساهمة التي يدفعها المستشفى مقابل مزاياي | | | | | |
| B7 | الزيادات التي حصلت عليها عادة في الماضي | | | | | |
| B8 | سلم و هيكل الأجور في المستشفى | | | | | |
| B9 | المعلومات التي يقدمها المستشفى بشأن القضايا المتعلقة بالأجور التي تهمني | | | | | |
| B10 | المستوى العام لراتبي | | | | | |
| B11 | قيمة المزايا التي أحصل عليها | | | | | |
| B12 | رواتب الوظائف الأخرى في المستشفى | | | | | |
| B13 | مدى عدالة وثبات سياسة الأجور في المستشفى | | | | | |
| B14 | حجم راتبي الحالي | | | | | |
| B15 | عدد المزايا التي أحصل عليها | | | | | |
| B16 | كيفية تحديد زياداتي السنوية | | | | | |
| B17 | الفروق في الأجور بين الوظائف داخل المستشفى | | | | | |
| B18 | كيفية إدارة المستشفى لنظام الأجور | | | | | |

القسم الثالث: التدريب و التطوير

يتضمن التدريب والتطوير عملية منهجية تهدف إلى تمكين العاملين من خلال ورش العمل، والتعليمات الإرشادية، والتوجيه، وأساليب التعلم المتنوعة. وتهدف هذه الجهود إلى تحفيز الموظفين وتوجيههم وتمكينهم من أداء مسؤولياتهم بكفاءة وفقاً للمعايير التي تضعها مؤسساتهم. ويمكن لمبادرات التدريب أن تسهم في تعزيز مهارات الموظفين وزيادة ثقتهم في أداء مسؤوليات أوسع نطاقاً. كما يمكن ربط التدريب والتطوير بشكل مباشر بتنمية أو تحسين سلوك المواطن التنظيمي، مما يؤدي بدوره إلى رفع جودة الخدمات وتحقيق نجاح المنظمة بشكل عام.

الرجاء قراءة كل عبارة من العبارات التالية، ثم ضع (√) أو (X) أمام الخيار الذي تراه مناسباً لك من وجهة نظرك:

| الرقم | الفقرة | غير موافق بشدة | غير موافق | محايد | موافق | موافق بشدة |
|----------------------------------|---|----------------|-----------|-------|-------|------------|
| الرضا عن التدريب | | | | | | |
| C1 | يلبي التدريب احتياجاتي | | | | | |
| C2 | عدد التدريب الذي أتلقاه مرضية | | | | | |
| C3 | أستطيع تطبيق محتوى التدريب في عملي | | | | | |
| C4 | التدريب ذو صلة بعملية | | | | | |
| مشاعر الموظف تجاه التدريب | | | | | | |
| C5 | أسعى للحصول على فرص تعلم جديدة | | | | | |
| C6 | أرى أن تدريب العمل هو جهد مستمر | | | | | |
| C7 | أتصرف بشكل استباقي في البحث عن طرق لتحسين أدائي | | | | | |
| C8 | أضع أهدافاً تعليمية لوضعي الحالي والمستقبلي | | | | | |
| دعم المؤسسة للتدريب | | | | | | |
| C9 | يتم التخطيط للتعلم بشكل منظم وهادف | | | | | |
| C10 | يوفر القسم فرص تدريب للموظفين | | | | | |
| C11 | يظهر المستشفى اهتماماً بالتطور الشخصي والمهني | | | | | |
| C12 | يتم تشجيع التدريب ومكافأة المشاركين فيه | | | | | |

القسم الرابع: الالتزام التنظيمي

يُعرّف الالتزام التنظيمي بأنه عملية التعرف على المنظمة وأهدافها مع الرغبة في الحفاظ على الارتباط والانتماء إليها. ويُشار إليه أيضًا بوصفه شكلاً من أشكال "الإحساس النفسي" الذي يرتبط بدرجة الهوية الشخصية والمشاركة داخل المنظمة. وبعبارة أبسط، فهو الاتجاه أو الولاء الذي يؤثر في قرار الموظف بالبقاء في المنظمة والاستمرار في تطوير ذاته ومساهمته فيها.

الرجاء قراءة كل عبارة من العبارات التالية، ثم ضع (√) أو (X) أمام الخيار الذي تراه مناسباً لك من وجهة نظرك:

| الرقم | الفقرة | غير موافق بشدة | غير موافق | محايد | موافق | موافق بشدة |
|----------------------------|--|----------------|-----------|-------|-------|------------|
| الالتزام العاطفي | | | | | | |
| D1 | أشعر بانتماء قوي إلى هذا المستشفى | | | | | |
| D2 | أشعر بارتباط عاطفي بهذا المستشفى | | | | | |
| D3 | سأكون سعيداً بالعمل في هذا المستشفى حتى التقاعد | | | | | |
| D4 | العمل في هذا المستشفى يمثل اهتماماً شخصياً كبيراً بالنسبة لي | | | | | |
| D5 | أشعر بالفخر عندما أخبر الآخرين أنني أعمل في هذا المستشفى | | | | | |
| D6 | أستمع بالتحدث عن هذا المستشفى مع أشخاص من خارجه | | | | | |
| D7 | أشعر حقاً أن العديد من المشاكل التي يواجهها هذا المستشفى هي أيضاً مشكلتي | | | | | |
| D8 | لا أشعر أنني جزء من عائلة هذا المستشفى | | | | | |
| D9 | هذا المستشفى لا يستحق ولائي | | | | | |
| الالتزام الاستمراري | | | | | | |
| D10 | الكثير من أمور حياتي سيتأثر سلباً إذا قررت ترك هذا المستشفى الآن | | | | | |
| D11 | سيكون من الصعب جداً عليّ ترك هذا المستشفى الآن حتى لو رغبت في ذلك | | | | | |
| D12 | في الوقت الحالي، البقاء في هذا المستشفى هو مسألة ضرورة بقدر ما هو رغبة | | | | | |

| | | | | | | |
|--------------------------|--|--|--|--|---|------------|
| | | | | | أحد أسباب استمراره في العمل بهذا المستشفى هو أن ترك العمل سيتطلب تضحيات كبيرة، فمستشفى آخر قد لا يوفر نفس المزايا | D13 |
| | | | | | من النتائج السلبية المحتملة لترك هذا المستشفى قلة البدائل المتاحة | D14 |
| | | | | | لن تكون تكلفة تركي للعمل في هذا هذا المستشفى الآن مرتفعة جدًا | D15 |
| | | | | | لست قلقًا بشأن ما قد يحدث إذا تركت العمل في هذا المستشفى دون الحصول على وظيفة أخرى | D16 |
| الالتزام المعياري | | | | | | |
| | | | | | سيكون من الخطأ ترك هذا المستشفى الآن بسبب التزاماتي تجاه الأشخاص فيه | D17 |
| | | | | | هذا المستشفى يستحق ولائي | D18 |
| | | | | | سأشعر بالذنب إذا تركت هذا المستشفى الآن | D19 |
| | | | | | أنا مدين بالكثير لهذا المستشفى | D20 |
| | | | | | لا أشعر بأي التزام بالبقاء في هذا المستشفى | D21 |
| | | | | | حتى لو كان ذلك في مصلحتي، لا أشعر أن من الصواب ترك العمل في هذا المستشفى الآن | D22 |

القسم الخامس: السلوك المواطني التنظيمي

يُعد سلوك المواطنة التنظيمي جانبًا خاصًا من سلوك العمل، يشمل الأفعال التي تعود بالنفع على المنظمة والتي لا تغطيها أنظمة المكافآت الرسمية، لكنها غالبًا ما ترتبط بالعقد النفسي والتقدير المتوقع من صاحب العمل. ويُعرّف سلوك المواطنة التنظيمي بأنه الأفعال الطوعية والصادقة والمبتهجة التي يقوم بها الموظفون وتُسهم في تقديم خدمة جيدة دون الحاجة إلى توجيهات مباشرة من المنظمة. ويُعتبر سلوك المواطنة التنظيمي عنصرًا أساسيًا في المؤسسات الصحية، وخصوصًا في المستشفيات حيث يُعد العمل الجماعي والابتكار أمرين حاسمين، كما أنه يلعب دورًا رئيسيًا في تعزيز الصورة التنظيمية للمؤسسات الصحية.

الرجاء قراءة كل عبارة من العبارات التالية، ثم ضع (√) أو (X) أمام الخيار الذي تراه مناسباً لك من وجهة نظرك:

| الرقم | الفقرة | غير موافق بشدة | غير موافق | محايد | موافق | موافق بشدة |
|------------------------|--|----------------|-----------|-------|-------|------------|
| الإيثار | | | | | | |
| E1 | أنا مستعد لمساعدة الزملاء الذين لديهم عبء عمل زائد | | | | | |
| E2 | أنا مستعد لتقديم المساعدة لمن حولي | | | | | |
| E3 | أنا مستعد لتولي مهام موظف آخر عندما يتعذر عليه أداء مهامه | | | | | |
| E4 | أنا مستعد لمساعدة الموظفين الجدد الذين يواجهون صعوبات خلال فترة التعريف بالعمل | | | | | |
| الضمير المهني | | | | | | |
| E5 | أنا مستعد للعمل خارج الوقت المحدد عند الحاجة | | | | | |
| E6 | أستغل وقت الفراغ في العمل بشكل جيد | | | | | |
| E7 | ألتزم بقواعد المستشفى حتى في غياب المراقبة | | | | | |
| E8 | أقوم بمراجعة ذاتية لمدى التزامي بالطاعة والانضباط | | | | | |
| الفضيلة المدنية | | | | | | |
| E9 | أتابع دائماً التغييرات التي تطرأ في بيئة العمل | | | | | |
| E10 | أحرص دائماً على متابعة المعلومات مثل الإعلانات والمذكرات | | | | | |
| E11 | أحافظ على العلاقات لتجنب المشاكل الشخصية مع الزملاء والمشرفين | | | | | |
| اللباقة | | | | | | |
| E12 | لا أسيء استخدام حقوق الموظفين الآخرين أو أتدخل فيها | | | | | |
| E13 | أراعي تأثير أفعالي على عمل الموظفين الآخرين | | | | | |
| E14 | أراعي تأثير أفعالي على زملائي في العمل | | | | | |
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شكراً جزيلاً لتعاونكم

"أثر التعويضات و التدريب و التطوير على سلوك المواطنة التنظيمية : الالتزام التنظيمي

كوسيط في قطاع الرعاية الصحية في بيت لحم"

ماريا يوستينا الصليبي

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الملخص

الهدف: تهدف هذه الدراسة إلى فحص دور الالتزام التنظيمي كمتغير وسيط في العلاقة بين التعويضات، والتدريب والتطوير، وسلوك المواطنة التنظيمية (OCB) في قطاع الرعاية الصحية الخاص في مدينة بيت لحم، هذا سيساعد على توفير فهم أعمق للتفاعل المعقد بين هذه المتغيرات. من المهم سد الفجوات البحثية القائمة في هذا المجال، حيث يُعد فهم العلاقة بين هذه المتغيرات أمرًا ضروريًا لتحسين الأداء والنتائج في قطاع الرعاية الصحية.

المنهجية: تم استخدام المنهج الكمي والمقطعي في هذه الدراسة، بالإضافة إلى استخدام استبيانات منظمة. وقد شملت عينة الدراسة الموظفين العاملين في خمسة مستشفيات خاصة ومن مختلف التخصصات الصحية في القطاع الصحي في مدينة بيت لحم الواقعة الضفة الغربية، فلسطين. من ثم تم تحليل البيانات باستخدام تقنية (SEM) بالاعتماد على برنامج SmartPLS، وذلك لاختبار الفرضيات بدقة وموضوعية.

نتائج الدراسة: أظهرت نتائج الدراسة وجود تأثير مباشر إيجابي للتعويضات على سلوك المواطنة التنظيمية (p = 0.001، t = 3.221، $\beta = 0.214$). كما تبين أن للتدريب والتطوير تأثير إيجابي ملحوظ على سلوك المواطنة التنظيمية (p = 0.001، t = 3.132، $\beta = 0.236$). كذلك، أظهرت النتائج وجود تأثير مباشر لكل من التعويضات والتدريب والتطوير على الالتزام التنظيمي، حيث كان

تأثير التعويضات إيجابياً و ($t = 3.448, p = 0.001 > \beta = 0.204$)، و كان للتدريب والتطوير تأثيراً إيجابياً قوياً ($t = 5.080, p = 0.001 > \beta = 0.389$).

بالإضافة إلى ذلك، تبين أن للالتزام التنظيمي تأثيراً إيجابياً قوياً على سلوك المواطنة التنظيمية ($\beta = 0.463, t = 7.092, p > 0.001$). وأظهرت نتائج التحليل أن الالتزام التنظيمي يلعب دوراً وسيطاً جوهرياً في هذه العلاقات، حيث كان للتعويضات تأثير غير مباشر على سلوك المواطنة التنظيمية من خلال الالتزام التنظيمي ($t = 3.030, p = 0.001 = \beta = 0.094$). كما أن التدريب والتطوير كان له تأثير غير مباشر على سلوك المواطنة التنظيمية من خلال الالتزام التنظيمي ($t = 4.427, p > 0.001$).

القيمة والأصالة: تحظى هذه الدراسة بأهمية كبيرة من الناحيتين الأكاديمية والتطبيقية. فعلى الصعيد الأكاديمي، إنها تسهم في سد فجوة في الأدبيات من خلال زيادة الفهم بالعوامل المؤثرة في سلوك المواطنة التنظيمية، و تهيئ الطريق لدراسات مستقبلية، والذي هو أمر في بالغ الأهمية في قطاع الرعاية الصحية الذي يعاني من ندرة هذه الأبحاث. أما على الصعيد العملي، فإن بوسع نتائج هذه الدراسة أن تحفز المستشفيات الفلسطينية على تطوير سياسات أفضل للتعويضات وبرامج التدريب والتطوير، بما يعزز الالتزام التنظيمي لدى العاملين في القطاع الصحي، وبالتالي زيادة انخراطهم في سلوكيات المواطنة التنظيمية.

الكلمات المفتاحية:

التعويضات، التدريب والتطوير، سلوك المواطنة التنظيمية، الالتزام التنظيمي، قطاع الرعاية الصحية الخاص في بيت لحم - فلسطين.

