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Original Research Article

Personality correlates of job stress and organisational citizenship behaviour among hospital professionals

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ABSTRACT

Background: Understanding the role of personality in occupational stress and organisational citizenship behaviour (OCB) is crucial in healthcare environments, where professionals often face high-pressure situations. In Indian healthcare settings, research on how personality dimensions impact stress levels and prosocial workplace behaviours remains limited. Aim was to examine the correlation between big five personality dimensions (extraversion, agreeableness, conscientiousness, openness and neuroticism), occupational stress, and OCB among hospital professionals.

Methods: A cross-sectional study was conducted among 254 full-time employees from Santosh Hospital in Ghaziabad, Uttar Pradesh, India using purposive sampling. Participants included doctors, nurses, technical, and non-technical (administrative) staff. Standardized tools- the big five inventory (BFI), occupational stress index (OSI), general health questionnaire (GHQ-12), and organisational citizenship behaviour checklist (OCB-C)- were administered as physical forms. Descriptive statistics and inferential statistics (Pearson correlation) were performed.

Results: Neuroticism was positively correlated with occupational stress (r=0.201**) and negatively with OCB (r=–0.170**), indicating a dual relationship. OCB was significantly associated with extraversion (r=0.142*), agreeableness (r=0.187**), and conscientiousness (r=0.145*). Psychological distress (GHQ scores) correlated negatively with extraversion, agreeableness, conscientiousness, and openness. The mean OCB score was 64.24 (SD±12.51), suggesting moderate prosocial workplace behaviour (* = $p<0.05$, ** = $p<0.01$).

Conclusions: Personality dimensions significantly influence both job stress and OCB. These findings underscore the importance of personality in healthcare context, specifically Indian healthcare scenario among doctors, nurses, technical and non-technical/administrative staff.

Keywords: Hospital professionals, Job stress, Organisational citizenship, Personality

INTRODUCTION

The relationship between personality, job stress, and organisational citizenship behaviour (OCB) has garnered significant attention in organisational behaviour research.[1,2] Personality, defined as a set of stable traits/dimensions influencing individual behaviour.[3,4] Job stress, defined as the physical and emotional strain resulting from excessive job demands.[5] Organization citizenship behaviour (OCB), defined as discretionary behaviours that go beyond formal role requirements to benefit the organization.[6,7]

Personality plays a pivotal role in determining how employees respond to organisational demands and leadership styles.[1,2] Dimensions such as conscientiousness, agreeableness, and emotional stability have been found to positively influence workplace performance and OCB. In contrast, neuroticism often

correlates with poorer stress management and diminished engagement in cooperative workplace behaviours.[3,4] Elevated stress levels have been linked to adverse outcomes such as decreased productivity, burnout, and increased attrition.[6,7] OCB fosters teamwork, reducing conflict, and promoting a positive work environment.[8,9]

Research has highlighted that personality domains such as conscientiousness, openness, and agreeableness predict higher levels of OCB, while stressors like workload and interpersonal conflicts can both hinder and reshape these behaviours.[10,11]

Indian research has shown that four of the big five personality dimensions except neuroticism positively predict OCB.[12] Job stressors like role ambiguity and work overload, moderated by organisational commitment and supportive social interactions, show a nuanced influence on OCB.[13] Research on occupational stress and OCB has largely examined these constructs in isolation, with limited focus on their interaction and the role of personality dimensions, particularly through the lens of the big five model. While personality domains are known to influence workplace behaviours, few studies have explored their impact on both occupational stress and OCB, specifically in Indian medical institutional setting, among hospital staff aside from doctors and nurses.

The overall purpose and aim of this study was to understand how the big five personality dimensions are correlated with job stress and OCB among hospital professionals in the context of Indian healthcare professionals. Since gaps in the literature reveal limited studies in the Indian context, done on hospital professionals- not only doctors and nurses, but also technical and non-technical/administrative professionals, so we aimed to address these gaps by employing a cross-sectional design with comprehensive statistical analyses and study how personality dimensions are related with occupational stress and prosocial work behaviour of Indian healthcare professionals.

METHODS

The current study used a cross-sectional design and was conducted over a 6-month period from January 2025 to June 2025 at Santosh Hospital, which is a private multi-specialty hospital in Ghaziabad, Uttar Pradesh, India to study personality correlates of job stress and OCB among hospital professionals.

A total of 254 participants were selected from a population of 694 hospital staff using a purposive sampling method. Full-time staff members with a minimum education level of +2 and at least six months of work experience who provided written consent were included in the study.

Outsourced staff, employees working remotely (WFH), and individuals with a psychiatric history were excluded.

Hypotheses

H_1- There are significant personality correlates of job stress and organisational citizenship behaviour among hospital professionals

H_0- There are no personality correlates of job stress and organisational citizenship behaviour among hospital professionals.

Tools

After participants provided written consent, and filled the preliminary identification data sheet for the demographic details, the following tools were filled:

General health questionnaire (GHQ-12)

A 12-item screening tool for psychiatric disorders and mental health, developed by David Goldberg. It assesses depression, anxiety, social dysfunction etc., with high reliability (Cronbach's alpha >0.80). Scoring uses binary (0-0-1-1) or Likert-type (0-1-2-3) methods, with higher scores indicating distress. Takes about 5 minutes to complete and is validated across cultures.[14]

Big five factor inventory (BFI)

A 44-item personality assessment measuring openness, conscientiousness, extraversion, agreeableness, and neuroticism. Developed by Oliver John and refined by Srivastava and John, it uses a 5-point Likert scale and has high reliability (Cronbach's alpha >0.70). Takes about 10 minutes to complete and is widely used in personality-based research.[15]

Organizational citizenship behaviour checklist (OCB-C)

A 20-item tool assessing voluntary workplace behaviours beyond formal duties, developed by Spector, Bauer and Fox. Measures actions like helping coworkers and maintaining positivity, rated on a 5-point scale. High reliability (Cronbach's alpha >0.90), taking about 5-10 minutes to complete.[16]

Occupational stress index (OSI)

A 46-item scale that assesses workplace stress, developed by Shrivastava and Singh, identifies sources of stress across 12 domains.

Highly reliable (Cronbach's alpha >0.75), rated on a 5-point Likert scale. Takes about 15 minutes and provides insights for occupational stress interventions.[17]

Ethical considerations

Institutional ethical approval was obtained. Written informed consent was collected from all participants.

Statistical analysis

Descriptive statistics used for demographics and scale scores; Pearson correlation coefficients to assess relationships among variables. Software: SPSS and MS Excel were used.

RESULTS

The demographic profile shows a nearly equal gender split, with the majority of participants between 26–30 years. Participants were mostly undergraduates and postgraduates. Doctors constituted the majority of the professionals. Most professionals had 3-5 years of work experience.

Table 1: Demographic profile of participants (n=254).

Demographic profile		Frequency	Percent
Gender	Female	130	51.2
	Male	124	48.8
Age (years)	>30	68	26.7
	26-30	132	54.0
	21-25	54	21.3
Educational qualification	12th pass	9	3.5
	Diploma	26	10.2
	M. Phil	3	1.2
	Postgraduate	105	41.3
	PhD	4	1.6
	Undergraduate	107	42.1
Occupation	Doctors	95	37.4
	Non-technical staff	62	24.4
	Nursing staff	61	24.0
	Technical staff	36	14.2
Work Experience (years)	>10	30	11.8
	6-10	52	20.5
	3-5	93	36.6
	1-2	79	31.1

Descriptive statistics revealed that the average GHQ score indicated minimal psychological distress levels. The mean OSI score suggested moderate overall stress. The OCB-C total mean score indicated moderate organisational citizenship behaviour, along with subscale means for OCB-O and OCB-P, indicating slightly stronger prosocial tendencies towards coworkers than towards the organisation. Among the OSI subscales, role overload and unreasonable group/ political pressure were low sources of stress, and the rest of the subscales were moderate sources of stress.

Significant negative correlations were found between GHQ scores and the personality dimensions of extraversion, agreeableness, conscientiousness, and openness. These findings suggest that individuals scoring high on these dimensions tend to report better mental health outcomes.

A significant positive correlation was observed between neuroticism and total occupational stress, indicating that emotionally unstable individuals experience greater job-related strain. Neuroticism showed significant associations with specific OSI subscales- role conflict and low status. Conscientiousness was negatively correlated with low status.

Table 2: Descriptive statistics of test measure scores.

Test measure	Mean±SD
GHQ- general health questionnaire	10.29±5.13
BFI - big five inventory- (E) extraversion	27.18±4.36
BFI- (A) agreeableness	37.73±5.03
BFI- (C) conscientiousness	34.07±5.75
BFI- (N) neuroticism	21.57±5.10
BFI - (O) openness	34.00±5.55
OCBC- organizational citizenship behaviour checklist	64.24±12.51
OCB-O (towards organization)	16.14±3.82
OCB-P (towards coworkers)	19.03±3.65
OSI- occupational stress index	122.22±14.69
OSI subscale name	
Role overload	14.35±4.88
Role ambiguity	10.6±4.50
Role conflict	12.76±5.39
Unreasonable group and political pressure	9.38±4.06
Responsibility for people	8.66±3.64
Under participation	10.52±4.61
Powerlessness	8.59±3.48
Peer group relations	10.37±4.45
Intrinsic impoverishment	10.74±4.70
Low status	8.74±3.80
Strenous working condition	10.92±4.45
Unprofitability	6.49±2.20

The total OCB-C score was significantly correlated with extraversion, agreeableness, and conscientiousness, suggesting that these dimensions foster positive organisational behaviours. Neuroticism was negatively correlated with total OCB-C, implying that individuals high on neuroticism engage less in organisational citizenship behaviours at work.

When examining OCB subscales, extraversion, agreeableness, and conscientiousness all significantly predicted OCB-O, while the same dimensions showed slightly stronger correlations with OCB-P- extraversion, agreeableness, and conscientiousness.

Table 3: All significant correlations between personality dimensions and other variables of study.

Personality dimensions and GHQ			
Personality dimensions	**Correlation with GHQ**		**Significance**
Extraversion (E)	-0.187**		p<0.01
Agreeableness (A)	-0.173**		p<0.01
Conscientiousness (C)	-0.162**		p<0.01
Openness (O)	-0.238**		p<0.01
Personality dimensions and OSI			
Personality dimension	Correlation with OS		
Neuroticism (N)	0.221**		p<0.01
Personality dimensions	Correlation with Subscales of OSI		
Conscientiousness (C)	With Low Status =-0.146*		p<0.05
Neuroticism (N)	With Role Conflict =0.135*		p<0.05
	With Low Status =0.162**		p<0.01
Personality dimensions and OCB-C			
Personality dimensions	**Correlation with OCB-C Total Score**	**Correlation with Subscale OCB -O**	**Correlation with Subscale OCB-P**
Extraversion (E)	0.142*	0.127*	0.153*
Agreeableness (A)	0.187**	0.149*	0.192**
Conscientiousness (C)	0.145*	0.145*	0.157*
Neuroticism (N)	–0.170**	Not significant	Not significant

* p<0.05, ** p<0.01

DISCUSSION

The findings of the present study highlight the role of personality dimensions in understanding occupational stress and OCB among hospital professionals. Agreeableness, conscientiousness, and extraversion were positively correlated with higher OCB scores, consistent with earlier Indian studies by Singh and Singh and Kumar et al, which established that individuals with adaptive/ positive personality profiles are more likely to engage in OCB.[10,11] In contrast, neuroticism was found to have a dual relationship- being positively associated with occupational stress and negatively associated with total OCB, aligning with the pre-existing literature. It suggests that emotionally unstable individuals struggle with stress regulation and cooperative engagement at the workplace.

In terms of occupational stress, the study found moderate stress levels overall. These results align with Chaudhari et al, who identified similar stress profiles in Indian nurses.[19] Furthermore, neuroticism was strongly linked to both total stress and specific stress domains such as role conflict and low status, highlighting the interaction between personality and workplace context. Conscientiousness negatively correlated with perceived low status, suggesting that more responsible and achievement-oriented individuals may experience greater control and respect within their roles. These findings resonate with study by Pooja et al, who observed that organisational stressors can both hinder and motivate prosocial behaviours, depending on the individual's coping style and commitment levels.[12]

Finally, the higher mean scores on OCB-P relative to OCB-O suggest that interpersonal citizenship behaviours are more prominent among hospital professionals than organization-directed ones. It reflects the importance of peer collaboration and informal support in high-stress healthcare environments and is supported by Organ and Basu et al, who highlight the role of social capital and interpersonal relationships in enhancing OCB and performance.[13,18]

Based on these findings, the null hypothesis was rejected as significant correlations of personality domains with job stress and organisational citizenship were established.

While this study contributes valuable insights, its limitations must be acknowledged. The cross-sectional design implies that causality regarding personality dimensions and their effects on stress and OCB cannot be concluded; longitudinal studies are needed for a dynamic understanding. Since the study uses self-report questionnaires, despite their reliability, they may introduce biases like social desirability and self-enhancement, which may affect accuracy. Additionally, since the sample is confined to a single hospital in northern India, it limits generalizability across different regions, hospital types, and healthcare settings, as the dynamics at present may not reflect broader trends.

CONCLUSION

Personality dimensions significantly influence both job stress and OCB. The dimension of neuroticism has a dual relationship-positive relation with job stress and negative

relation with OCB. These findings underscore the importance of personality in healthcare context, specifically Indian healthcare scenario among doctors, nurses, technical and non-technical/administrative staff. This study affirms the importance of understanding personality as a foundational variable in managing occupational stress and promoting organizational citizenship behaviours in healthcare settings. The findings provide empirical support for incorporating personality assessments in staff recruitment, training, and mental health promotion initiatives.

Recommendations

Future research can address the limitations by conducting longitudinal studies that examine how personality traits/ dimensions influence stress and OCB over time. A multi-method approach incorporating objective measures like supervisor ratings, absenteeism records, etc., would improve validity. Broader sampling across multiple hospitals and regions would enhance generalizability. Comparative studies between private and public hospitals, or clinical versus non-clinical staff, could yield insights into role-specific stressors. Additionally, intervention studies on personality-informed stress management and OCB enhancement programs could assess their impact on professional well-being and organisational effectiveness.

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