

The Relationship Between Organizational Socialization and Social Responsibility: A Descriptive Cross-sectional Study at Tabriz University of Medical Sciences

Mir Sajjad Seyyed Mousavi ¹, Ahmad Mirza Aghazadeh Attari ¹, Mahdieh Asghari ², Parisa Yoshari ³, Rahim Khodayari-Zarnaq ^{4*}

¹Department of Basic Sciences, Faculty of Paramedical, Tabriz University of Medical Sciences, Tabriz, Iran.

²PHD student of Health policy, Department of Health Policy and Management, School of Management and Medical Informatics, Tabriz University of Medical Sciences, Tabriz, Iran.

³Student Research Committee, Department of Health Policy and Management, School of Management and Medical Informatics, Tabriz University of Medical Sciences, Tabriz, Iran.

⁴Associate Professor, Department of Health Policy and Management, School of Management and Medical Informatics, Tabriz University of Medical Sciences, Tabriz, Iran.

*Corresponding Author: Rahim Khodayari-Zarnaq, Associate Professor, Department of Health Policy and Management, School of Management and Medical Informatics, Tabriz University of Medical Sciences, Tabriz, Iran. Email:rahimzarnagh@gmail.com

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Abstract

Background: The provision of health services by medical universities is a crucial responsibility, and the organizational socialization status of employees plays a significant role in fulfilling this responsibility. However, there is a lack of sufficient evidence examining this relationship within medical universities.

Objectives: This study aimed to investigate the correlation between organizational socialization and social responsibility among staff members at Tabriz University of Medical Sciences.

Methods: This descriptive cross-sectional study was conducted in 2023. The study population comprised staff members of Tabriz University of Medical Sciences. Standard questionnaires on organizational socialization by Chao and social responsibility by Carol were utilized. Data analysis was performed using SPSS version 22, with results presented through descriptive and inferential statistics at a significance level of 0.05.

Results: Of the 140 distributed questionnaires, 129 were completed and returned, yielding a response rate of 92%. Findings indicated that the levels of organizational socialization (28.94 ± 16.12) and social responsibility (30.76 ± 9.03) among headquarters staff were below the desired levels. A significant relationship was observed between the total scores of organizational socialization and social responsibility ($P < 0.001$). Also, the results showed that with an increase of one unit in the overall organizational socialization score, the overall social responsibility score increased by 0.419.

Conclusions: This finding suggests that attention to organizational socialization can facilitate the improvement and increased social responsibility of employees. University managers can include necessary programs to enhance these components in their agenda to have employees with higher organizational commitment and greater satisfaction.

Keywords: Tabriz University of Medical Sciences; Organizational Socialization; Social Responsibility; Headquarters Staff

1. Background

In the contemporary business landscape, human resources are widely recognized as the cornerstone asset of any organization. Managers have increasingly acknowledged the critical role that human resources play in achieving sustainable competitive advantages and operational efficiency (1). As the global emphasis on knowledge and customer relationships continues to grow, human capital emerges as a productive asset that embodies expertise, technical skills, creativity, and individual well-being (2). Furthermore, human resources play a vital role in organizations by contributing to environmental threat

reduction, policy implementation, and the enhancement of sustainable performance (3).

A concept often discussed in the field of human resources is organizational socialization, a process essential for facilitating individuals' smooth integration into the organizational culture and aligning them with its expectations. Effective organizational socialization creates a strong alignment between job roles and employees, promoting a harmonious work environment (4). It provides employees with the essential social knowledge needed to effectively perform their roles as competent members, while



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also familiarizing them with the organization's values (5).

Organizational socialization is a critical factor in ensuring the success of both organizations and their members, as it aims to alleviate the uncertainty and anxiety that newcomers experience in a new organizational context. By facilitating the alignment of individuals with essential perspectives, behaviors, and knowledge within the organization, it fosters a sense of belonging and competence. Failure to adapt to internal organizational processes or ineffective socialization can lead to diminished loyalty, resulting in adverse outcomes such as performance disruptions, turnover requests, absenteeism, and organizational inefficiency (6).

Moreover, organizational socialization serves as a bridge between individuals and the organization, enabling newcomers to understand the values, norms, and behaviors required for their roles. It empowers them to actively engage in organizational activities as competent members (7). Additionally, the concept of social responsibility has gained prominence in response to the increasing focus on community engagement, encompassing both internal and external issues relevant to an organization (8). Social responsibility involves aligning organizational practices with business, legal, ethical, and societal expectations, as organizations strive to deliver services and products while upholding these multifaceted responsibilities (9).

The pervasive influence of organizational social responsibility affects organizational behavior and employee attitudes, with workers demonstrating a preference for organizations that uphold positive social responsibility values (10). Research indicates that employees' understanding of organizational social responsibility significantly impacts organizational commitment, attractiveness, retention, and citizenship behaviors (11). Employees play a crucial role in the success of social responsibility initiatives by developing strategies, making decisions, and implementing programs within the organization (8).

In healthcare organizations, social responsibility involves commitments that take into account stakeholders' interests, community needs, and environmental concerns, positively influencing various aspects such as performance, service quality, job satisfaction, trust, commitment, loyalty, innovation, and efficiency (12, 13). To enhance social responsibility in healthcare organizations, managers should leverage elements such as organizational health, professional ethics, organizational socialization, and transformational leadership (13-15).

Studies have demonstrated a significant relationship between organizational socialization and social responsibility across various dimensions, highlighting the role of employees in gaining insights about the organization through interactions and work experiences (6, 16, 17). Considering the literature on organizational socialization and social responsibility, evaluating the impact of organizational socialization on social responsibility can provide valuable insights for developing more effective interventions.

2. Objectives

Given the crucial role of university medical science centers in managing and supporting the healthcare system at the community level, this study aims to explore the relationship between organizational socialization and social responsibility among the staff members of Tabriz University of Medical Sciences.

3. Methods

The methodology of the study conducted at Tabriz University of Medical Sciences in 2023 was both practically and descriptively-analytically oriented. The research population consisted of all administrative staff members of the university who were officially, contractually, or temporarily employed and had at least one year of work experience at the university headquarters. The exclusion criteria included employees unwilling to participate or those who incompletely filled out the questionnaires.

Two research tools were utilized in the study: (1) Chao's Questionnaire to assess the level of sociability, consisting of demographic information and various dimensions related to history, language, policies, guidelines, individuals, organizational goals, and performance skills. It contained a total of 24 questionnaire items with a 5-point Likert scale (18); (2) Carroll Employees' Social Responsibility Questionnaire with 35 items to examine social responsibility and participants' perspectives on the organization, also using a 5-point Likert scale (19).

The research community includes all the deputies and staff members of Tabriz University of Medical Sciences, encompassing the main university headquarters and the seven deputy sectors. The approximate number of staff in the community is about 700 individuals. To determine the sample size, G*Power software was utilized with a confidence level of 95% and a power of 90%. Additionally, considering an effect size of 0.3, the minimum sample size was estimated to be 109 individuals. However, anticipating that some samples might not respond to the questionnaires, a sample size of 140 individuals was considered. Ultimately, taking into account the distribution of samples across various administrative units, 140 questionnaires were distributed among the staff members of the Health, Treatment, Education deputies, and the central headquarters of Tabriz University of Medical Sciences. Out of these, 129 questionnaires were completed and returned (response rate: 92.14%).

To assess the level of socialization, the validated Chao Questionnaire was employed. The first part of the questionnaire pertained to demographic information, including gender, age, marital status, education, work experience, and type of employment. The second part encompassed various dimensions such as history, language, policies and guidelines, individuals, organizational goals and values, and functional skills. Each dimension consisted of four questions, making up a total of 24 questions in the questionnaire. Additionally, to gather partici-

pants' opinions, a 5-point Likert scale ranging from 'very good' to 'very bad' was used. This questionnaire has been translated into Persian by Iranian researchers and has undergone multiple validations for reliability and validity. For instance, in the study by Hoveida and Jamshidian, the reliability and validity of this questionnaire were confirmed (Cronbach's alpha coefficient was 0.75) (18).

Furthermore, the Carol Employee Social Responsibility Questionnaire was utilized to examine the extent of social responsibility. This questionnaire contains 35 questions that reflect the sense of responsibility and the employees' perspectives about their organization. A 5-point Likert scale (from 'very good' - 5 to 'very bad' - 1) was also used to obtain participants' opinions. The validity and reliability of this questionnaire have been previously examined by various researchers, including Ghasemzadeh Alishahi et al., with a Cronbach's alpha coefficient of 0.92 (19).

Data collection was conducted in person by researchers at the university headquarters and deputy offices. Participants were briefed on the research objectives, assured of confidentiality, and given 4 to 7 days to complete the questionnaires. Data analysis was performed using SPSS software (version 22), employing descriptive statistics,

Pearson correlation coefficient, simple linear regression, and controlling for confounding variables. The study aimed to examine the relationship between organizational socialization and social responsibility among staff members of Tabriz University of Medical Sciences, with a significance level set at $P < 0.05$. Participants were assured that their data would be used solely for research purposes and kept confidential.

4. Results

4.1. Descriptive Findings

In this study, data were collected through the distribution of 140 questionnaires among staff members of the central offices of the Deputyships of Health, Treatment, and Education at Tabriz University of Medical Sciences. Among these, 129 questionnaires were completed and returned, resulting in a response rate of 92.14%. The average age of participating employees was 41.94 years, with an age range between 21 and 61 years. Of the participants, 50.4% were female, and the majority (86.5%) were married (Table 1).

Table 1. Demographic Profile of Participants a

Variables	Values
Gender	
Male	64 (49.6)
Female	65 (50.4)
Marital status	
Single	19 (14.4)
Married	110 (85.6)
Education level	
Diplomas	5 (4.1)
Specialized and professional doctorates	11 (8.1)
Bachelor's degrees	49 (38.2)
Held Master's degrees	64 (49.6)
Employment type	
Officially employed	74 (57.7)
Contract-based	35 (26.8)
Temporary	14 (10.6)
Contractual employment	6 (4.9)

^aValues are expressed as No. (%).

Most participants held master's degrees (49.6%) or bachelor's degrees (38.2%), followed by specialized and professional doctorates (8.1%) and diplomas (4.1%). The minimum work experience was one year, while the maximum was 31 years, with an average of 17.21 years. The majority of employees were officially employed (57.7%), followed by contract-based (26.8%), temporary (10.6%), and contractual employment (4.9%) positions (Table 1).

Data analysis for organizational acceptance revealed

the following mean scores across different domains: (A) Historical context (34.71); (B) language (30.22); (C) policies and guidelines (34.01); (D) individuals (41.63); (E) organizational goals and values (25.25); (F) functional skills (16.86).

Examining the scores obtained in each field shows that a low rank has been obtained in the field of functional skills compared to other fields. The overall average of the sociability of the staff of Tabriz University of Medical Sci-

ences is 28.94 with a standard deviation of 12.16, which is not a favorable score overall (the highest score is 77.07 and the lowest score is 6.25).

Additionally, social responsibility was assessed, resulting in a mean score of 30.76 with a standard deviation of 9.03, indicating a weak level of adherence to social responsibility (the highest score being 60.00 and the lowest 13.57).

4.2. Analytical Findings

The Pearson correlation coefficient between social responsibility and organizational socialization is $R = 0.357$ with a $P\text{-value} < 0.001$. As illustrated in Figure 1, a simple linear regression analysis was employed to further investigate this relationship between the two variables. The results indicate that 12.8% of the variance in the dependent variable (social responsibility) can be explained by the independent variable (organizational socialization; Table 2).

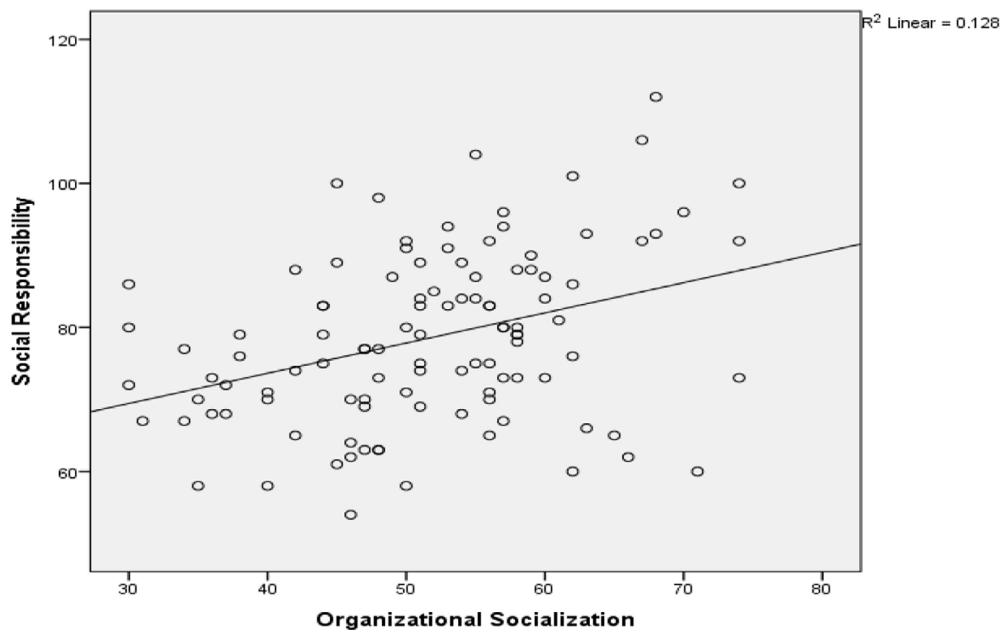


Figure 1. Distribution chart of regression analysis between social responsibility and organizational socialization

Table 2. Results of Simple Linear Regression Analysis Between Social Responsibility and Organizational Socialization

Variables	Mean \pm Std.D	R	The Coefficient of Determination	Adjusted Coefficient of Determination	Standard Error
Social responsibility	78.53 \pm 11.890	0.357	0.128	0.12	11.157
Organizational socialization	51.66 \pm 10.135				

Furthermore, the analysis of variance table indicates that the chosen model is acceptable and statistically sig-

nificant. The F-statistic for this relationship is 15.533 with a $P\text{-value} < 0.001$ (Table 3).

Table 3. Variance Analysis of Organizational Socialization and Social Responsibility

Variables	SS	df	MSS	F	P
R	314.1933	1	314.1933	533.15	< 0.001
The leftovers	603.13193	106	468.124	-	-
Total	917.15126	107	-	-	-

Additionally, the study results demonstrate that with an increase of one unit in the overall score of organizational socialization, the total score of social responsibility increases by approximately 0.419. The regression equation is: Social responsibility = 56.86 + 0.419 (socialization).

To investigate the relationship between gender and social responsibility, a chi-square test was employed, and the results indicate that the social responsibility of the study participants is dependent on their gender (chi-square = 21.853, $P < 0.001$) (Table 4).

Table 4. Total Scores of Social Responsibility Among Both Sexes

Variables	Very Little	Little	Medium	Much	Very Much	Total
Gender						
Female	832	498	470	185	123	2108
Male	697	565	437	229	107	2035
Total	1529	1063	907	414	230	4143

As observed in Table 3, the total scores of women participating in the study in terms of responsibility are 73 points higher than those of men. To examine the relationship between employment type and social responsibility, a chi-square test was also employed. The results indicate that social responsibility is not independent of employment type (in other words, social responsibility can depend on the type of employment of people; $P < 0.001$).

Regarding marital status and educational level, the findings demonstrate that the social responsibility variable is not independent of these two variables. The chi-square test reveals that social responsibility is associated with individuals' educational level and marital status, and this association is statistically significant ($P < 0.001$).

5. Discussion

The results of this study indicate that organizational socialization can predict employees' social responsibility. Furthermore, the findings reveal that the averages of both variables — organizational socialization (28.94) and social responsibility (30.76) among the research samples — fall below the desired level.

A study by Balouch et al., conducted on nurses in a hospital in Iranshahr, demonstrated that socialization enables nurses to acquire greater knowledge and skills in their work, become valuable social capital for the hospital, and enhance their sense of responsibility through the promotion of work ethics. Additionally, socialization and social capital contribute to increased responsibility (17).

Similarly, a study by Ghasemzadeh Alishahi et al. conducted on teachers in Tabriz yielded comparable results. According to this study, there is a significant positive relationship between organizational socialization and social capital with responsibility, as well as a significant positive relationship between organizational socialization and social capital with organizational commitment. Therefore, the variables of organizational socialization, social capital, and organizational commitment should be considered when assessing the responsibility of organizational employees (19).

The results of Darius's study indicate that greater organizational acceptance within a community correlates with improved individual work performance, encompassing task performance, contextual performance, and adaptive performance. Therefore, employees in organizations should recognize that adapting to any new environment necessitates acceptance. Consequently, every newcomer should align their behavior with the organiza-

tion's values, rules, norms, and culture. This alignment can further enhance individual work performance (20).

The findings of a study conducted in the city of Mashhad among municipal employees also demonstrated that there is a significant relationship between organizational socialization and social responsibility. Organizational socialization has a direct impact on social responsibility, and data analysis has shown that 81% of social responsibility can be predicted through organizational acceptance and its components. This underscores the importance of fostering a positive organizational environment that encourages responsibility and commitment among employees (21).

Similarly, consistent with the findings of the current study, Sultanzadeh et al. found in their research on the staff of Urmia University that there is a positive and significant relationship between organizational socialization and social responsibility. It can be stated that by considering the socialization of employees, one can observe an improvement and increase in their social responsibility (22). The results of the current study are also in line with the findings of these studies and indicate that organizational socialization is one of the important components in guiding and leading employees, especially new ones. To increase responsibility among employees, it is imperative to enhance the organizational socialization process.

In a study, Pitts addressed the organizational socialization of physicians in large medical science groups. The findings showed that newcomers must learn and accept the organizational culture, as well as the necessary tasks to succeed and remain in an organization, find their role, and accept it as part of a team effort (7). The study by Haghparast et al., among academic librarians in the city of Tabriz, indicated a significant relationship between the socialization of these individuals and their job success. In this study, the level of organizational socialization of librarians was evaluated as high, at 4.18 (out of 5) (23).

Our study results indicated that employees with a high school diploma or less have a higher average score in organizational socialization and social responsibility compared to other employees. However, evidence of the impact of education level on organizational socialization and social responsibility was not found. It seems that the relationship of this variable with these concepts depends on organizational conditions, local culture, and other environmental circumstances, which can be different and sometimes contradictory. But it should be noted that the relationship between education and organizational

socialization, as well as responsibility, is a complex issue that requires further research.

The analysis of findings from this study showed that the overall score of social responsibility among the staff participants is 30.76 with a standard deviation of 9.03, indicating an unsatisfactory level of adherence to social responsibility. Contrary to our study results, the findings from a study of employees of the Tabriz metropolitan municipality showed that the average social responsibility score is 135, which is higher than the expected average of 105. One of the reasons for the increase in the average score of social responsibility among municipal employees may be due to organizational culture and the work environment. This culture can encourage employees to adhere to responsibility and collaborate with others. Additionally, proper management and the enhancement of social skills may also play a role. Ultimately, cultural and organizational differences between the two groups can lead to variations in scores (24).

In another study, which had results contrary to ours and aimed to determine the social responsibility of nurses and its correlation with certain demographic characteristics at the Hamedan University of Medical Sciences, the results showed that over 72% of nurses have a high level of overall responsibility, and there is a significant relationship between the social responsibility of nurses with age and marital status. This study also recommended that nursing organizations should consider demographic characteristics when selecting nurses for the critical responsibilities of educational centers (25).

On the other hand, similar to the findings of our study, research conducted in hospitals in the city of Isfahan revealed that the level of social responsibility among these hospitals is average to low. To enhance this level, it is recommended that hospitals improve the working conditions and environment for their employees and place greater emphasis on environmental issues. Social responsibility is a crucial component that influences both employee performance and organizational effectiveness (26).

Kolnik found in their study that social responsibility significantly impacts organizational commitment and serves as a predictor of employee commitment (27). Additionally, the results of Murray's study indicated that an increase in social responsibility correlates with heightened philanthropic efforts, while a decrease in social responsibility is associated with increased indifference within the organization (28).

5.1. Conclusions

In this study, the relationship between organizational socialization and social responsibility among university staff was examined. The findings indicated that with an increase of one unit in the overall organizational socialization score, the total score of social responsibility also increased. This suggests that focusing on employees' sociability can enhance their social responsibility. Ad-

ditionally, the results revealed that social responsibility and organizational sociability levels among university staff are currently low. University managers can implement necessary programs to enhance these factors in their agenda. This will lead to an organization with employees who have higher organizational commitment and greater satisfaction.

5.2. Study Limitations

The primary limitation of our study was restricted access to administrative staff due to their job nature. Because most of the headquarters units have the task of supporting or monitoring the performance of other university units, they usually refer to operational units or city centers for this purpose. An attempt was made to resolve this shortcoming as much as possible by repeatedly referring to the units. Additionally, the reliance on a conventional tool to assess the main variables may limit the generalizability of the findings. Future research should consider employing diverse tools in this domain.

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