

Self Efficacy and Locus of Control as Predictors of Prosocial Behaviour and Organizational Commitment among a Sample of Nigerian Nurses

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Abstract

There are lot of negative perceptions people have about nurses' prosocial behaviour and organizational commitment. However, only few researchers have taken time to investigate this. Therefore, this study sets to investigate and confirm if this is actually true and to establish the influence of self efficacy and locus of control. To achieve this, a well structured questionnaire was administered to 200 nurses that were selected using simple random sampling technique. These participants were from Ondo state, Nigeria. They comprised of 52 (27.5%) males and 137 (72.5%) females. Two hypotheses were tested using 2X2 ANOVA. Results of the first hypothesis showed that the main effect of self efficacy on prosocial behaviour [F (1,185) =21.420, P<0.01] and organizational commitment [F (1,185) =9.548, p < 0.01] were significant. However, the main effect of locus of control on both prosocial behavior and organizational commitment were not significant. Also, the interaction effects of self efficacy and locus of control on prosocial behavior and organizational commitment were not significant. This implies that nurses who have higher self efficacy would be more committed to the organization and would engage more in prosocial behaviour. It was recommended that organizational management need to create work environment and personnel systems in which nurses personal dispositions such as self efficacy and locus of control can thrive because this will lead individual nurses to harmonize their personal need with the organizational goals. This then increases their commitment to the organization and improves their prosocial behaviour.

Keywords: Self efficacy, locus of control, organization, commitment, prosocial behaviour, nurses

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INTRODUCTION

Over several years, impressive amount of researches efforts have been channeled toward understanding the nature, antecedents, and consequences of organizational commitment and prosocial behaviour. Organizational commitment has been defined as a psychological state that binds an employee to an organization, thereby reducing the incidence of turnover (Allen & Meyer, 1990), and as a mindset that takes different forms and binds an individual to a course of action that is of relevance to a particular target (Meyer & Herscovitch, 2001).

In general, people tend to exhibit different behaviour which can be as a result of one factor or the other and this behaviour can be normal or abnormal, beneficial or otherwise. One of the behaviour exhibited by people to one another is helping behaviour (prosocial behaviour). Prosocial behaviour encompasses voluntary helping acts that the society values, with the intention of promoting harmonious relations and benefiting another as opposed oneself (Vaughan & Hogg, 2005). Prosocial activities are any conducted or planned action to help other people without expecting anything in return (Afolabi, 2013). Does personality affect helping behaviour? Attention here was focused on two areas of personality: self efficacy and locus of control.

Self efficacy could be one of the major contributors to individual prosocial behaviour. Self efficacy is defined as an individual's perceived capability in performing necessary tasks to achieve goals (Bandura, 1997).

Another variable that is of great importance to this study is locus of control. Locus of control refers to the extent to which individuals believe that they can control events that affect them. Understanding of the concept was developed by Rotter in 1954, and has since become an aspect of personality studies. A person's "locus" (Latin for "place" or "location") is conceptualized as either internal (the person believes they can control their life) or external (meaning they believe that their decisions and life are controlled by environmental factors which they cannot influence, or by chance or fate).

In the Nigerian context, fostering prosocial behaviour and organizational commitments among workers has become imperative for the nursing personnel because nurses who have a low sense of helping others and are not committed to their workplace are likely to put less effort in the working place as compared to workers with high levels of helping and commitment. High self efficacy and internal locus of control are some of the very important factors which help to foster prosocial behaviour and organizational commitment among nurses.

SELF EFFICACY AND ORGANISATIONAL COMMITMENT

Literature on the relationship between self-efficacy and organizational commitment supports the notion that self-efficacy is an important determinant of organizational commitment. Sinha, Talwar, and Rajpal (2002) explored the relationship between organizational commitments and self-efficacy among 167 managers of Tata Engineering and Locomotive Company, in India. The results revealed that organizational commitment was positively related with self-efficacy. Similarly, Hurter (2008) found that professional commitment (which is conceptually similar to the organizational commitment) was positively related with self-efficacy. As per the findings of the aforementioned studies, the first hypothesis of the present study suggests that self-efficacy would have a significant effect on organizational commitment.

LOCUS OF CONTROL AND ORGANISATIONAL COMMITMENT

Spector (1988) described work locus of control as a personality variable. He defined it as "a generalized expectancy that rewards, reinforcements or outcomes in life are controlled either by one's own action (internality) or other forces (externality)". He explains that in organizational settings, rewards or outcomes include promotion, favourable circumstances, salary increases and general career advancement. Studies relating work locus of control to organizational commitment are scarce. Coleman, Irving, and Cooper (1999) conducted a study on the relationship between work locus of control and organizational commitment. Research findings by Kinicki and Vecchio (1994) reported that individuals with external locus of control are likely to be less committed to their organization than those with internal locus of control.

Locus of control is also associated with affective commitment, such that individuals with internal locus of control report higher levels of affective commitment than those with external locus of control (Coleman, Irving, & Cooper, 1999). Research done two decades also shows that organizational commitment was found to be positively related to internal locus of control (Luthans, Baack & Taylor, 1987).

Research on locus of control has revealed significant differences between internals and externals in their propensity to influence others and attitudes towards social influence (Elangovan & Xie, 1999). It is likely that persons with an internal locus of control may need fewer enactive mastery experiences to improve efficacy perceptions and performance (Gist, 1987). The effect of locus of control on the performance of high-level managers was significantly stronger than its impact on the performance of lower-level managers (Frucot & Shearon, 1991). Locus of control is the extent to which individuals attribute the events in their lives to actions or forces beyond their control (Adeyemi-Bello, 2003). Coleman, Irving & Cooper (1999) argues that externals are more likely to perceive that they have fewer employment alternatives than internals, which could, in turn, lead externals to develop continuance commitment to their organizations.

The importance of organizational commitment has resulted in a large research literature that has attempted to identify various sources of commitment (Knudsen, 2003). Locus of control significantly predicted both leader-member exchange and organizational commitment (Kinicki & Vecchio, 1994) even more important since it is considered as the driving force behind an organizations performance (Ahmad & Bakar, 2003). Positive responses of individuals affected by organizational change are conceptualized in terms of perceptions of both higher levels of commitment to the

change itself and stronger commitment to the organization (Fedor, Caldwell & Herold, 2006). It has been positively associated with behaviors supporting the goals of an organization and with organizational rewards (Shore, Barksdale & Shore, 1995). Organizations that wish to enhance the commitment of their employees should strive for congruence between organizational rewards and important work values of their members (Elizur & Koslowsky, 2001).

SELF-EFFICACY AND PROSOCIAL BEHAVIOR

Researchers have found significant associations between some personality variables and prosocial behaviors across different contexts (Carlo, Eisenberg, Troyer, Switzer & Speer, 1991). It is clear that the specific characteristics of situations play a major role in determining how people react to others in need. A number of these investigators are quite skeptical about the role of personality variables. Some have offered reasons why personality factors might not be as closely related to prosocial behavior as we might expect (Latane & Darley, 1970).

Alessandri, Caprara, Eisenberg and Steca (2009) stated that certain people are more inclined than others to enact behaviors that benefit others. For example people are not likely to devote energy toward prosocial behavior which may involve both sacrifices and costs, unless they believe they are able to both master the emotions associated with the recognition of others' needs and establish suitable relationships and actions favorable to meet those needs (Caprara, Alessandro, di Giunta, Panerai, & Eisenberg, 2010). In line with this reasoning, individual differences in self efficacy beliefs in expressing positive emotions, managing negative emotions (emotional self efficacy), and interpersonal self-efficacy beliefs (i. e. social self-efficacy beliefs and empathic self-efficacy beliefs) have been found to account for significant portions of the variability in psychosocial functions, including prosociality (Caprara et al., 2010; Caprara, Alessandro, & Eisenberg, 2011).

Among behaviorally oriented self-efficacy beliefs, the perceived capability to sense another person's feelings and to respond empathetically to others' distress and misfortune (empathic self-efficacy) has shown the highest correlation with prosociality (Alessandri et al., 2009; Caprara & Steca, 2007; Caprara, Alessandri & Eisenberg, 2011) and is clearly critical for promoting successful adaption and well-being (Di Giunta, Eisenberg, Kupfer, Steca, Carlo & Caprara, 2010).

LOCUS OF CONTROL AND PROSOCIAL BEHAVIOR

A study done by Midlarsky and Midlarsky (1973) has shown that an internal locus of control facilitates helping behavior. In their study they told male subjects that they were participating in an armed forces research project to develop tests for selecting pilots. Each subject worked with someone who was really an assistance of the experimenter. Each pair was told that if one finishes the task before the other, one can help his partner. In essence, Midlarsky & Midlarsky (1973) found that internally oriented subjects were more likely to help their partners than were external subjects. Those who believe in themselves or own abilities rather than luck or fate hold more positive attitude toward oneself (Phares, Ritchie & Davis, 1968).

The focus of this present study is to explore the influence of self efficacy and locus of control on organizational commitment among nurses. Therefore, the general purpose of this study is to determine if self efficacy and locus of control will have significant effect on organizational commitment and prosocial behaviour of nurses in Nigeria.

Thus, the following hypotheses were formulated and tested:

1. There would be main and interaction effects of self efficacy and locus of control on organizational commitment among nurses.
2. There would be main and interaction effects of self efficacy and locus of control on prosocial behavior among nurses.

METHOD

Design

The research design used for this study is a factorial design. The first independent variable is self-efficacy which is sub-divided into two levels; high self-efficacy and low self-efficacy. The second independent variable is locus of control and this is divided into two levels; internal locus of control and external locus of control. The two independent variables were tested to examine their main and interactive effect on the dependent variables: prosocial behaviour and organizational commitment.

Participants

Two hundred (200) sets of questionnaires were distributed in ten hospitals in Ondo state and one hundred and eighty nine (189) were completed and returned, yielding a response rate of 94.5%. The population for this study was nurses. The sample of nurses was male 52(27.5%) and female 137 (72.5%). The age ranges are 20-30 years were 118 (62.4%), 31-40 years were 29 (15.3%), 41-60years were 29 (15.3%) and 61 years and above were 13 (6.9%). The total number of participants is 189. Simple random selection was used to select the participants. They are from different departments i.e. emergency, radiology, male/female/surgical wards, paediatrics, antenatal ward and general out-patient.

Instrument

The instrument used in gathering information from participants was a questionnaire. The questionnaire comprised of five sections. Section A of the questionnaire extracts the participants' *socio-demographic information* such as age, sex, educational qualification, religion and marital status. The section B of the questionnaire measured self-efficacy. The instrument used is *General Self-Efficacy* by Schwarzer and Jerusalem (1995). It is a 10-item scale which is scored on a 4-point Likert format with

response options ranging from not at all (1) to exactly true (4). The author reported a Cronbach alpha ranging from .76 to .90. The new reliability coefficient for the present study is .772. Sample items in the scale include: 'I can always manage to solve difficult problems if I try hard enough', 'I can usually handle whatever comes my way'. Section C of the questionnaire measured *locus of control*. The scale used in measuring this was the locus of control scale developed by Rotter (1966). It is a 13-item scale which is scored on a forced-choice alternative format with response options between internal and external. The scale has high reliability; test-retest reliability coefficient of .61 and Cronbach's alpha of 0.85. The new reliability for this scale in this study is .615. Sample items in the scale includes: 'Many of the unhappy things in people's lives are partly due to back luck', 'People's misfortunes result from the mistakes they make, what happens to me is my own doing', 'Sometimes I feel that I don't have enough control over the direction my life is taking'. Section D of the questionnaire measured *prosocial behaviour*. It is a 12-item scale developed by Afolabi (2013) and is scored on a 5-point likert format with response format ranging from strongly disagree (1) to strongly agree (5). Sample items in the scale include; I enjoy helping others. I am generous because I share the little I have with others. The scale has a test-retest reliability of 0.77 and split half reliability of 0.72. The reliability for this scale in this study is .637.

Finally, section E of the questionnaire measured *organizational commitment*. It is a 15-items scale developed by Mowday, Steers and Porter. (1979). The scale taps three areas: 1. A strong belief in and acceptance of the organization's goals and values, 2. A willingness to exact considerable effort on behalf of the organization, and 3. A strong desire to maintain membership in the organization. Responses to each of the items was scored on a 7-point Likert scale with response format ranging from strongly disagree (1) to strongly agree (7). The following items are scored in reverse: 3, 7, 9, 12 and 15. The author reported a Cronbach alpha coefficient of .729 for the scale. The new reliability for this scale in this study .743. Sample items in the scale include: 'I am willingly to put in a great deal of effort beyond that normally expected in order to help this organization to be successful', 'I am proud to tell others that I am part of this organization'.

Procedure

A letter of introduction of the Researchers was presented to the Head of Nursing Services (HNS) to explain the purpose of the research and confidentiality of the respondents as required. It was after the approval that the administration of the questionnaire commenced with the assistance of the nurses instructed by the Matron/Head of Nursing Services (HNS) for each of the hospitals selected. The authors thereafter visited the respondents at their respective wards/offices and requested them to assist in filling the questionnaire. The participants had the opportunity to clarify and ask questions regarding any of the items that seem ambiguous especially section C of the questionnaire on locus of control. The data collection took close to a month.

Data Analysis

In this research, Pearson Product Moment Correlation was used to determine the level and direction of the relationship among the variables studied. The hypotheses stated were analyzed using 2x2 Analysis of Variance.

Table 1: Summary of Multiple Correlation Showing the Relationship among the Study Variables.

Variables	Mean	SD	1	2	3	4	5	6	7	8	9
1. Age	-	-	1								
2. Gender	-	-	-	1							
3. Marital Status	-	-	-	-	1						
4. Religion	-	-	-	-	-	1					
5. Educational Qualification	-	-	-	-	-	-	1				
6. Self-Efficacy	31.02	4.83	-.13	.03	-.10	-.13	.10	1			
7. Locus of Control	5.58	2.42	.08	.00	-.13	-.10	.00	-.02	1		
8. Prosocial Behaviour	49.04	5.17	-.05	.11	-.19**	-.05	.05	.24**	-.10	1	
9. Organizational Commitment	64.12	10.22	-.06	-.01	-.13	-.14	-.10	.21**	.05	.30**	1

** p < 0.01, * p < 0.05, N=289

It was also shown in the table that organizational commitment has significant (positive) relationships with self efficacy [r (287) = 0.21, p<0.01] and prosocial behaviour [r (287) =0.30, p<0.01]. It then implied that there is an increase in nurses' self efficacy there tends to be an increase in their level of prosocial behaviour and organizational commitment. The relationship between locus of control and prosocial behavior was not significant [r (287) =-0.10, p>0.05] just as organizational commitment had no significant relationship with locus of control [r (287) =0.05, p>0.05]. This implies that employees' locus of control does not correlate with neither their prosocial behavior nor organizational commitment.

For the formulated hypotheses, 2 X 2 ANOVA was employed while descriptive statistical analysis indicating the mean and standard deviation between the variables of the study was utilized. They are presented below.

Table 2: Mean and Standard Deviation Showing the Effect of Self Efficacy and Locus of Control on Organizational Commitment.

Self Efficacy	Locus of Control	Mean	Std. Deviation	N
Low	Internal	62.56	8.926	39
	External	60.03	7.839	36
	Total	61.35	8.462	75
High	Internal	64.65	10.546	54
	External	67.12	11.145	60
	Total	65.95	10.888	114
Total	Internal	63.77	9.902	93
	External	64.46	10.568	96
	Total	64.12	10.224	189

The table indicated that individuals high in self efficacy [M= 65.95; SD =10.89] scored higher on measure of organizational commitment compared to those low in self efficacy [M= 61.35; SD= 8.46]. Individuals with external locus of control [M= 64.46; SD= 10.57] and also scored higher on organizational commitment than those with internal locus of control [M= 63.77; SD= 9.90].

Furthermore, a 2 X 2 ANOVA was carried out to confirm if the observed differences were significant to establish hypothesis 1.

Table 3: Summary of 2X2 ANOVA showing the effect of Self Efficacy and Locus of Control on Organizational Commitment

SOURCE	SS	DF	MS	F	P
Self Efficacy (SE)	949.649	1	949.649	9.548	< .01
Locus of Control (LOC)	.052	1	.052	.001	> .05
SE X LOC	282.701	1	282.701	2.842	> .05
Error	18401.060	185	99.465		
Total	19652.201	188			

The result revealed that self efficacy had significant effect on organizational commitment [$F(1,185) = 9.548, p < 0.01$] such that individuals with high self efficacy have higher organizational commitment. The findings therefore confirmed the observed differences noted in Table 3 above. The effects of locus of control and the interaction between self efficacy and locus of control on organizational commitment were not significant.

The test of hypothesis 2 was preceded by summary of the means, standard deviations among variables of study as presented in Table 4.

Table 4: Mean and Standard Deviation Showing Self Efficacy and Locus of Control on Prosocial Behaviour.

Self Efficacy	Locus of Control	Mean	Std. Deviation	N
Low	Internal	47.41	5.720	39
	External	46.67	4.623	36
	Total	47.05	5.201	75
High	Internal	51.37	4.700	54
	External	49.43	4.601	60
	Total	50.35	4.728	114
Total	Internal	49.71	5.486	93
	External	48.40	4.778	96
	Total	49.04	5.167	189

Table 4 shows that individuals high in self efficacy [M=50.35; SD=4.73] scored higher on measure of prosocial behavior compared to those low in self efficacy [M=47.05; SD=5.20]. Also, individuals with internal locus of control [M=49.71; SD=5.49] scored higher on prosocial behavior compared to those with external locus of control [M=48.40; SD=4.78].

Table 5: Summary of 2 X 2 ANOVA Showing the Influence of Self Efficacy and Locus of Control on Prosocial Behaviour.

Source	Ss	df	MS	F	P
Self efficacy	510.695	1	510.695	21.420	< .01
Locus of Control	81.100	1	81.100	3.402	> .05
Self Efficacy * Locus of Control	16.075	1	16.075	.674	> .05
Error	4410.762	185	23.842		
Total	5019.661	188			

The result in table 5 revealed that self efficacy had a significant effect on prosocial behavior [F (1,185) =21.420, P<0.01]. This implies that self efficacy has a significant effect on their prosocial behaviour within their working environment. Individuals with high self efficacy have higher Prosocial behaviour. The main effects of locus of control including the interaction between self efficacy and locus of control were not significant. Thus hypothesis 2 was partially confirmed.

DISCUSSION

This study was conducted to examine how self-efficacy and locus of control affect prosocial behavior and organizational commitment among nurses in Ondo state. Two hypotheses were formulated and tested in the study.

The first hypothesis which stated that there would be main and interaction effects of self efficacy and locus of control on organizational commitment among nurses was partially confirmed. The result indicated that self-efficacy had a significant main effect on organizational commitment among nurses. This is in support of Sinha, Talwar, and Rajpal (2002) findings that stated that organizational commitment was positively related with self efficacy. This study is also consistent with that of Hurter (2008) who found that professional commitment (which is conceptually similar to the organizational commitment) was positively related with self efficacy. This implied that self-efficacy significantly predict organizational commitment such that an increase in individuals' self efficacy will bring about an increase in the individual's organizational commitment. The main effect of locus of control was not significant.

The findings of this research greatly oppose the outcome of several studies reviewed. It negate the study of Kinicki and Vecchio (1994) who reported that individuals with external locus of control are likely to be less committed to their organization than those with internal locus of control. This finding is not also in line with that of Luthans, Baack, & Taylor, 1987 which reported that organizational commitment was positively related to internal locus of control. It is not also in line with the study that reported that locus of control is associated with affective commitment, such that individuals with internal locus of control report higher levels of affective commitment than those with external locus of control (Coleman, Irving, & Cooper 1999). The result did not also show that there was any interaction effects of self efficacy and locus of control on organizational commitment among nurses. The result indicated that self efficacy and locus of control did not interact to affect organizational commitment among nurses.

The result of analyzing the second hypothesis showed that there was a significant main effect of self-efficacy on prosocial behaviour among nurses. This finding is consistent with those of Jakob, Carina, Eric & Ann-Charlotte, (2012) findings that stated that self-efficacy had a positive significant correlation with prosocial behaviour. Emotional self efficacy and interpersonal self-efficacy beliefs (i.e., social self-efficacy beliefs and empathic self-efficacy beliefs) have been found to account for significant portions of the variability in psychological functions, including prosociality (Caprara e.t al. 2010; Caprara & Steca, 2007; Caprara, Alessandri, & Eisenberg, 2011). This study is also in support of Alessandri et al., 2009's findings which showed that empathic self-efficacy has the highest correlation with prosociality. This implied that individuals' self efficacy would affect their prosocial behaviour. Therefore, the hypothesis was partially confirmed.

The result also showed that locus of control had no significant influence on prosocial behaviour among nurses. This finding contradict the study done by Midlarsky and Midlarsky (1973) which shown that an internal locus of control facilitates helping behaviour. Also the findings that those who believe in themselves rather than luck or fate hold more positive attitude toward oneself (Phares, Ritchie & Davis, 1968). This implies that nurses' behave prosocially irrespective of their locus of control.

Finally, there were no interaction effects of self efficacy and locus of control on prosocial behaviour among nurses. This showed that self efficacy and locus of control did not have significant interaction to affect prosocial behaviour among nurses.

Conclusion

This study investigated the effects of self-efficacy and locus of control on organizational commitment and prosocial behaviour among a sample of Nigerian nurses. It showed that self-efficacy had a main effect on organizational commitment and prosocial behaviour. However, locus of control had no significant effects on prosocial behaviour and organizational commitment. Also, self-efficacy and locus of control had no interaction effects on prosocial behaviour and organizational commitment.

It was discovered in this study that locus of control is not enough to cause any significant effect on the level of nurses' prosocial behaviour and organizational commitment except possibly with the joint influence of many other variables like job satisfaction, religiosity and other demographic and environmental variables. Therefore, high organizational commitment and prosocial behaviour among nurses to some extent depends on their self-efficacy but can't be depended on their locus of control. The practical implication of this finding is that nurses with high self-efficacy tend to engage in prosocial behaviour and get more committed to their organization while locus of control does not determine neither their levels of prosocial behaviour nor organizational commitment.

Recommendations

In view of the findings of this research, the following recommendations are offered for future research and organizational intervention efforts.

Organizational management need to create work environment and personnel systems in which nurses personal dispositions such as self efficacy and locus of control can thrive because this will lead individual nurses to harmonize their personal need with the organizational goals. This will then increase their commitment to the organization and improve their prosocial behaviour.

Also other researches are required to determine other factors that can predict prosocial behaviour and organizational commitment of nurses across many situations aside from factors examined in this present study. This should include a larger sample size with observations made across many professions and organizations.

Limitations of the Study

This study may not be generalized because of the limited number of participants involved in the research study. One of the qualities of a good research is the number of participants. The higher the number of participants, the more valid the research work will be. Another limitation of this study is that self-efficacy and locus of control are the only variables examined to know their effects on organizational commitment and Prosocial behaviour. The study did not include other variables that can contribute to helping behaviour and organizational commitment among nurses.

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