

The Effect of Organizational Citizenship Behaviour (OCB) and Work Discipline on Nurses Performance at Linggajati Hospital

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Abstract

Nurses' performance is a critical determinant of healthcare service quality, particularly in regional hospitals that face resource constraints and high service demands. Despite the increasing importance of Organizational Citizenship Behaviour (OCB) and Work Discipline in improving employee performance, empirical evidence in regional hospital settings remains limited. Therefore, this study aims to analyse the effect of Organizational Citizenship Behaviour (OCB) and Work Discipline on nurses' performance at Linggajati Hospital. This study employed an associative quantitative approach using the Structural Equation Modelling–Partial Least Squares (SEM-PLS) method. The research population consisted of 103 nurses, with a sample of 100 respondents selected through purposive sampling. Data were collected via a Likert-scale questionnaire and analysed using SmartPLS software. The results indicate that Work Discipline has a positive and significant effect on nurses' performance, whereas Organizational Citizenship Behaviour (OCB) does not have a significant direct effect. Simultaneously, OCB and Work Discipline explain 81.8% of the variation in nurses' performance, demonstrating strong explanatory power of the research model. Although the measurement model generally met the required reliability criteria, the discriminant validity results should be interpreted with caution, particularly due to the high HTMT value between Work Discipline and Nurses' Performance (HTMT = 0.982), which indicates a potential overlap between the two constructs. These findings suggest that in a hospital work environment characterised by high levels of regulation and procedural requirements, compliance with rules and work discipline plays a more dominant role than extra-role behaviour. This study contributes to the development of organisational behaviour research by providing empirical evidence on the role of OCB and Work Discipline in improving nurses' performance within the context of regional hospitals.

Keywords: *Organizational Citizenship Behaviour (OCB); Work Discipline; Nurses' Performance; SEM-PLS; Linggajati Hospital.*

1. Introduction

In recent years, attention to improving nurses' performance in the healthcare sector has grown significantly, driven by advances in medical technology, increasing demands for healthcare services, and evolving dynamics in the hospital sector. Optimal nurses' performance is key to the success of healthcare organisations, as it directly affects the quality of patient care, operational efficiency, and hospital sustainability. International studies have shown that Organizational Citizenship Behaviour (OCB) makes a significant contribution to improving the productivity and job satisfaction of healthcare

workers (Rahman et al., 2024). Furthermore, other studies emphasise that work discipline is a strong predictor of individual and team performance in healthcare settings (Utami et al., 2020). Empirical data from the World Health Organization indicate that hospitals in developing countries face serious challenges, with healthcare worker burnout rates exceeding 40%, a condition that can be mitigated through improvements in OCB and work discipline (Rahim et al., 2022).

In Indonesia, particularly in the context of regional hospitals such as Linggajati Hospital located in Kuningan, West Java, research examining the relationship between OCB, work discipline, and nurses' performance remains limited. Regional hospitals continue to experience various human resource management challenges in the post-pandemic era, including high workloads, psychological stress, and imbalances in the distribution of healthcare workers. These conditions may reduce nurses' work motivation, increase turnover intention, and ultimately affect the quality of healthcare services delivered to patients. Consequently, hospital management is required to identify organisational factors that can improve nurses' performance while maintaining service quality and patient safety. OCB has been shown to enhance team collaboration, communication effectiveness, and work engagement (Putri, 2024), whereas work discipline ensures compliance with health protocols, organisational regulations, and patient safety standards. Therefore, the integration of OCB and work discipline is considered an important organisational approach to improving nurses' performance and supporting the achievement of hospital service objectives (Mantiri et al., 2022).

However, previous studies examining OCB in hospital settings have generally focused on its direct relationship with employee performance and have rarely included work discipline as a complementary variable (Nisa et al., 2018). Likewise, research on work discipline in healthcare facilities has primarily examined its independent influence on performance without integrating OCB within a single analytical framework (Kuncorowati et al., 2024). Consequently, empirical evidence regarding the simultaneous influence of OCB and work discipline on nurses' performance, particularly in Indonesian regional hospitals, remains limited. This research gap highlights the need for a more comprehensive investigation that considers both organisational behaviour variables within the same research model. Therefore, this study aims to empirically examine the effect of Organizational Citizenship Behaviour (OCB) and work discipline on nurses' performance at Linggajati Hospital while providing evidence-based recommendations to support more effective hospital management and improve healthcare service quality.

1. Literature Review

Organizational Citizenship Behaviour (OCB)

Organizational Citizenship Behaviour (OCB) refers to voluntary, discretionary behaviour exhibited by employees that is not formally required by the organisation but contributes positively to its effectiveness and productivity. According to Organ (1988), OCB consists of five primary dimensions: altruism (voluntarily helping co-workers), conscientiousness (diligence and precision beyond the minimum job standard), sportsmanship (tolerance for less-than-ideal conditions without complaint), courtesy (maintaining good relationships and preventing interpersonal conflict), and civic virtue (active participation in organisational activities and decision-making). Robbins and Judge (2019) affirm that OCB is one of the most important factors influencing organisational effectiveness, as it enhances cooperation, stability, and operational efficiency. In the service sector, particularly healthcare, nurses with high levels of OCB tend to deliver quality care, work proactively, and strengthen organisational

stability through extra-role contributions (Rahman et al., 2024).

Work Discipline

Work discipline refers to an individual's level of compliance with the rules, procedures, and organisational standards that apply. According to Hasibuan (2016), work discipline represents employee behaviour that demonstrates obedience, orderliness, and responsibility in carrying out tasks. Key indicators of work discipline include: punctuality and attendance; compliance with organisational rules and policies; responsibility in completing tasks; adherence to work procedures (SOPs); and professional work ethics. In the healthcare context, work discipline is particularly important because hospital activities involve medical procedures, patient safety, and operational standards. Kelana and Farida (2021) found that work discipline significantly affects hospital employee performance, particularly in terms of punctual attendance and adherence to routine duties. Kuncorowati et al. (2024) similarly found that work discipline significantly influences hospital employee performance, including reducing work errors and maintaining medical team quality.

Nurses Performance

Nurses' performance refers to the work output both in quality and quantity achieved by a nurse in accordance with the responsibilities assigned to them. According to Mangkunegara (2017), performance is the work result achieved by a person based on their ability, effort, and opportunity. Wibowo (2016) further explains that performance is not only related to final outcomes but also encompasses the work process, including behaviour, discipline, attitude, and individual contribution to the organisation. Gibson, Ivancevich, and Donnelly (2000) identify three primary components influencing employee performance: ability, motivation, and work environment. In the hospital context, nurses' performance has a direct impact on service quality, patient safety, and the reputation of the healthcare institution. Performance indicators used in this study include: quality of work, quantity of work, timeliness, cooperation with co-workers, and responsibility toward the job (Mangkunegara, 2017; Bernardin & Russell, 2013).

Conceptual Framework and Hypotheses

Based on the theoretical foundations and prior research findings, the following conceptual framework is proposed: OCB (X1) and Work Discipline (X2) are expected to independently and simultaneously influence Nurses' Performance (Y) at Linggajati Hospital. OCB builds a harmonious work environment through voluntary collaborative behaviour, while work discipline ensures orderliness and consistency in the work process. The combination of both variables is expected to strengthen the improvement of nurses' performance.

The hypotheses of this study are formulated as follows:

- H1: Organizational Citizenship Behaviour (OCB) has a significant positive effect on Nurses' Performance.
- H2: Work Discipline has a significant positive effect on Nurses' Performance.
- H3: OCB and Work Discipline simultaneously have a significant effect on Nurses' Performance.

2. Research Methods

Research Design

This study employs an associative quantitative approach, designed to analyse the relationships between independent variables—Organizational Citizenship Behaviour (OCB) as X1 and Work Discipline as X2—and the dependent variable, Nurses' Performance (Y). According to Kerlinger and Lee (2000), associative research is used to identify and explain relationships between variables, whether correlational or causal. A quantitative design was adopted because it allows phenomena to be measured and described accurately. The study was conducted at Linggajati Hospital, Kuningan, West Java.

The population of this study comprises all nurses employed at Linggajati Hospital, totalling 103 active nurses. The sample was determined using purposive sampling, with the following inclusion criteria: registered as an active nurse at Linggajati Hospital; minimum of one year of employment; and directly involved in the hospital's operational activities. Sample size was calculated using the Slovin formula at a 5% margin of error, yielding a minimum of 82 respondents. However, to improve data representativeness and analytical accuracy, this study deliberately used 100 respondents. Thus, a sample of 100 active nurses is considered adequate and relevant to represent the actual population.

Data were collected through a structured questionnaire instrument developed based on indicators from each research variable: OCB (based on Organ, 1988; Robbins & Judge, 2019), Work Discipline (based on Hasibuan, 2016; Siagian, 2017), and Nurses' Performance (based on Mangkunegara, 2017; Bernardin & Russell, 2013). The questionnaire was measured using a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), and was distributed online via Google Form to all nurses at Linggajati Hospital. This method was chosen for its efficiency and flexibility, as it does not disrupt the shift schedules of nursing staff.

In the Outer Model evaluation, convergent validity was assessed via outer loading values (threshold ≥ 0.50) and Average Variance Extracted (AVE ≥ 0.50). Discriminant validity was evaluated using the Fornell–Larcker Criterion and the Heterotrait-Monotrait Ratio (HTMT < 0.90). Reliability was assessed through Cronbach's Alpha (≥ 0.70) and Composite Reliability (≥ 0.70). The Inner Model evaluation used the R-Square coefficient ($R^2 \geq 0.75$ = strong; ≥ 0.50 = moderate; ≥ 0.25 = weak) and Q-Square predictive relevance ($Q^2 > 0$). Hypothesis testing was conducted via bootstrapping, with significance criteria of t-statistic ≥ 1.96 and p-value < 0.05 .

3. Results and Discussion

Measurement Model Evaluation (Outer Model)

The outer model evaluation was performed to assess the validity and reliability of all indicators used to measure the latent constructs.

Convergent Validity (Outer Loading)

In the initial PLS Algorithm run, several indicators with outer loading values below 0.50 were identified and sequentially eliminated: DK14 (0.485) and DK15 (0.350) from the Work Discipline construct; NP1 (0.388), NP2 (0.410), NP4 (0.465), NP5 (0.484), NP14 (0.378), and NP15 (0.414) from the Nurses' Performance construct. After re-estimation, all remaining indicators met the convergent validity threshold. The final outer loading values are presented in Table 2.

Table 2. Outer Loading Values (After Elimination)

Indicator	Work Discipline (DK)	Nurses Performance (NP)	OCB
DK1	0.762		
DK2	0.701		
DK3	0.755		
DK4	0.757		
DK5	0.679		
DK6	0.754		
DK7	0.583		
DK8	0.556		
DK9	0.707		
DK10	0.662		
DK11	0.592		
DK12	0.769		
DK13	0.530		
NP3		0.637	
NP6		0.572	
NP7		0.681	
NP8		0.629	
NP9		0.764	
NP10		0.688	
NP11		0.617	
NP12		0.669	
NP13		0.534	
OCB1			0.719
OCB2			0.678
OCB3			0.626

OCB4			0.623
OCB5			0.669
OCB6			0.628
OCB7			0.592
OCB8			0.654
OCB9			0.622
OCB10			0.730
OCB11			0.713
OCB12			0.805
OCB13			0.696
OCB14			0.568
OCB15			0.561

Source: SmartPLS Output (2025)

As shown in Table 2, all final indicators for OCB range from 0.561 to 0.805, for Work Discipline from 0.530 to 0.769, and for Nurses' Performance from 0.534 to 0.764—all exceeding the minimum threshold of 0.50. Therefore, all retained indicators satisfy the convergent validity criterion.

Discriminant Validity

Discriminant validity was first assessed using the Fornell–Larcker Criterion, which requires that the square root of the AVE for each construct be greater than its correlation with other constructs.

Table 3. Fornell–Larcker Criterion

Construct	Work Discipline (DK)	Nurses Performance (NP)	OCB
Work Discipline (DK)	0.654		
Nurses Performance (NP)	0.904	0.568	
OCB	0.856	0.788	0.662

Source: SmartPLS Output (2025)

The diagonal values represent the square root of AVE for each construct (DK = 0.654; NP = 0.568; OCB = 0.662). However, the correlation between Work Discipline and Nurses' Performance (0.904) exceeds the square root of AVE for Nurses' Performance (0.568), indicating that the Fornell–Larcker criterion was not fully met for this pair of constructs. Given the known limitations of the Fornell–Larcker criterion in distinguishing conceptually related constructs, the HTMT ratio was examined as a more robust alternative.

Table 4. Heterotrait–Monotrait Ratio (HTMT)

Construct	Work Discipline (DK)	Nurses Performance (NP)	OCB
Work Discipline (DK)			
Nurses Performance (NP)	0.982		
OCB	0.933	0.837	

Source: SmartPLS Output (2025)

The HTMT results indicate that OCB and Nurses' Performance (0.837) is below the 0.90 threshold, confirming acceptable discriminant validity for this pair. The HTMT between OCB and Work Discipline (0.933) slightly exceeds the strict 0.90 threshold but remains below the more lenient 0.95 boundary, which is considered acceptable given the conceptual proximity of the two constructs. The HTMT between Work Discipline and Nurses' Performance (0.982) exceeds the 0.95 tolerance level, suggesting that the discriminant validity between these two constructs was not fully established. This high value reflects the conceptual overlap, as several work discipline indicators inherently reflect daily task execution, which is also a direct manifestation of nurses' performance in a highly regulated hospital environment.

Reliability

Table 5. Reliability Statistics

Construct	Cronbach's Alpha	Composite Reliability (rho_a)	Composite Reliability (rho_c)	AVE
Work Discipline (DK)	0.899	0.911	0.915	0.428
Nurses Performance (NP)	0.845	0.862	0.872	0.323
OCB	0.907	0.910	0.921	0.438

Source: SmartPLS Output (2025)

All constructs demonstrate Cronbach's Alpha and Composite Reliability (rho_c) values well above the minimum threshold of 0.70, confirming strong internal consistency. Specifically, Work Discipline achieves a Cronbach's Alpha of 0.899 and Composite Reliability of 0.915; Nurses' Performance achieves 0.845 and 0.872 respectively; and OCB achieves 0.907 and 0.921 respectively. It is noted that the AVE values for Work Discipline (0.428), Nurses' Performance (0.323), and OCB (0.438) fall slightly below the recommended threshold of 0.50. Although this condition is still considered acceptable when supported by high Composite Reliability values (Hair et al., 2019), it indicates that the convergent validity of several constructs should be interpreted with caution. Therefore, these findings represent a limitation of the measurement model and should be considered when interpreting the results. **It is noted** that the AVE values for Work Discipline (0.428), Nurses' Performance (0.323), and OCB (0.438) fall below the recommended threshold of 0.50. This indicates that the convergent validity of the constructs is not fully optimal and should be acknowledged as a limitation of the measurement model. Nevertheless, all

constructs demonstrate strong Composite Reliability values exceeding 0.70, indicating satisfactory internal consistency. In addition, the HTMT assessment shows that the discriminant validity issue is primarily concentrated between Work Discipline and Nurses' Performance, reflecting the close conceptual relationship between these constructs in a highly regulated hospital environment. Therefore, although the findings should be interpreted with appropriate caution, the constructs are considered sufficiently reliable and suitable for further structural model analysis.

Coefficient of Determination (R-Square)

Table 6. R-Square Values

Construct	R-Square	R-Square Adjusted
Nurses Performance (NP)	0.818	0.814

Source: SmartPLS Output (2025)

The structural model evaluation results show that the R-Square value for the Nurses' Performance construct is 0.818, with an Adjusted R-Square of 0.814. This value falls within the strong category ($R^2 \geq 0.75$), indicating that OCB and Work Discipline collectively explain 81.8% of the variation in nurses' performance at Linggajati Hospital. The remaining 18.2% is attributable to other variables outside the model. The close proximity of R-Square and Adjusted R-Square values confirms the model's stability and goodness of fit.

Predictive Relevance (Q-Square)

Table 7. Q-Square (Blindfolding)

Construct	SSO	SSE	Q ² (=1-SSE/SSO)
Work Discipline (DK)	1500.000	1500.000	0.000
Nurses Performance (NP)	1500.000	1159.991	0.227
OCB	1500.000	1500.000	0.000

Source: SmartPLS Output (2025)

The Q-Square value for Nurses' Performance is 0.227, which is greater than zero ($Q^2 > 0$), confirming that the model possesses adequate predictive relevance. The Q² values for Work Discipline and OCB are 0.000, as expected for exogenous variables, which are not subject to predictive relevance evaluation.

Path Coefficients

Table 8. Path Coefficients

Path	Nurses Performance (NP)	OCB
Work Discipline (DK)	0.860	
OCB	0.051	

Source: SmartPLS Output (2025)

The path coefficient results reveal that Work Discipline exerts a very strong positive effect on Nurses' Performance ($\beta = 0.860$), while OCB contributes only marginally ($\beta = 0.051$). This indicates that Work Discipline is by far the dominant predictor of nurses' performance in this hospital setting.

Hypothesis Testing (Bootstrapping)

Table 9. Bootstrapping Results

Path	Original Sample (O)	Sample Mean (M)	Std. Deviation (STDEV)	T-Statistics (O/STDEV)	P-Values
DK → NP	0.860	0.845	0.099	8.728	0.000
OCB → NP	0.051	0.069	0.107	0.479	0.632

Source: SmartPLS Output (2025)

Effect of OCB on Nurses' Performance

The bootstrapping results for the OCB → Nurses' Performance path yield a t-statistic of 0.479 (< 1.96) and a p-value of 0.632 (> 0.05). These values do not meet the significance criteria; therefore, H1 is rejected. Organizational Citizenship Behaviour does not have a significant direct effect on nurses' performance at Linggajati Hospital.

Effect of Work Discipline on Nurses' Performance

The bootstrapping results for the Work Discipline → Nurses' Performance path yield a t-statistic of 8.728 (≥ 1.96) and a p-value of 0.000 (< 0.05). These values strongly satisfy the significance criteria; therefore, H2 is accepted. Work Discipline has a significant positive effect on nurses' performance at Linggajati Hospital.

Simultaneous Effect of OCB and Work Discipline on Nurses' Performance

The R-Square value of 0.818 (strong category) confirms that OCB and Work Discipline jointly explain 81.8% of the variance in nurses' performance. Therefore, H3 is accepted: OCB and Work Discipline simultaneously have a significant effect on nurses' performance at Linggajati Hospital.

Discussion

Effect of OCB on Nurses' Performance

The finding that OCB does not have a significant direct effect on nurses' performance is consistent with the contextual characteristics of the hospital work environment. In a highly regulated setting such as Linggajati Hospital, nurses' performance is predominantly evaluated based on compliance with formal procedures, punctuality, and the completion of assigned clinical duties. Extra-role, voluntary behaviours—while beneficial for team cohesion—do not appear to be directly captured by the performance evaluation system in place. The high workload and service demands of nursing staff further compel them to prioritise their core responsibilities over discretionary behaviours. This finding aligns with Nisa et al. (2018), who found that OCB's effect on hospital employee performance may be moderated by institutional and contextual factors. It should be noted, however, that OCB is not irrelevant: it continues to serve as an important contextual enabler that fosters a conducive and collaborative work environment, contributing indirectly to the overall functioning of the organization. From a theoretical perspective, this finding suggests that Organizational Citizenship Behaviour may contribute more strongly to contextual performance than to formally measured task performance. In highly regulated healthcare organisations, performance evaluation systems tend to emphasise compliance with clinical procedures, service standards, and operational accuracy. Consequently, discretionary behaviours such as helping colleagues, voluntarily supporting organisational activities, and demonstrating civic virtue may not be directly reflected in individual performance assessments. This explanation supports Organ (1988), who argued that OCB primarily enhances organisational effectiveness through indirect mechanisms, including improved cooperation, communication, and

organisational climate.

Effect of Work Discipline on Nurses' Performance

Work Discipline demonstrates a strong, statistically significant positive effect on nurses' performance ($\beta = 0.860$, $p = 0.000$). This finding confirms that compliance with work rules, punctuality, and task responsibility are the most influential determinants of nurses' performance quality at Linggajati Hospital. In the healthcare context, work discipline is fundamentally linked to patient safety and the consistency of clinical service delivery. Nurses who maintain a high level of discipline are better positioned to execute their duties in accordance with Standard Operating Procedures, thereby reducing the risk of medical errors and ensuring reliable, high-quality care. The high path coefficient (0.860) underscores that even incremental improvements in work discipline can generate substantial gains in nurses' performance. This finding is consistent with and strengthens prior evidence from Mantiri et al. (2022), Kuncorowati et al. (2024), and Kelana and Farida (2021), all of whom confirm the dominant role of work discipline in hospital employee performance. Work discipline should therefore be understood not merely as an administrative obligation, but as a strategic asset for performance management in hospital organisations.

Simultaneous Effect of OCB and Work Discipline on Nurses' Performance

When considered together, OCB and Work Discipline explain 81.8% of the variance in nurses' performance—a remarkably high explanatory power for a two-variable model in organisational behaviour research. Although OCB does not exert a significant independent effect, its presence within the model contributes to the overall explanatory power by capturing the supportive relational and environmental dimensions of performance that work discipline alone cannot account for. Work Discipline functions as the primary structural foundation, ensuring regulatory compliance, orderliness, and procedural consistency in the delivery of care. OCB, in turn, serves as a contextual enabler, reinforcing teamwork, interpersonal harmony, and a positive organisational climate that supports sustainable performance improvement over time. Together, they create a work environment that is not only well-regulated but also collaborative and conducive to high performance. This finding reinforces the argument that enhancing nurses' performance at Linggajati Hospital requires a dual strategy: prioritising work discipline as the primary lever, while simultaneously cultivating OCB as a supportive value to sustain a healthy and productive organisational climate. The findings also indicate that the effectiveness of performance management in hospital organisations cannot rely solely on voluntary employee behaviour. Formal mechanisms such as discipline enforcement, supervision, and adherence to standard operating procedures remain fundamental determinants of performance outcomes. Therefore, hospital management should maintain a balance between encouraging positive organisational behaviour and strengthening formal performance control systems.

4. Conclusion

This study examined the effects of Organizational Citizenship Behaviour (OCB) and Work Discipline on nurses' performance at Linggajati Hospital using a quantitative SEM-PLS approach with a sample of 100 nurses. Three main conclusions are drawn from the findings. First, OCB does not have a significant direct effect on nurses' performance ($t = 0.479$; $p = 0.632$). Extra-role voluntary behaviour has not yet been identified as a direct determinant of individual performance, as the performance evaluation system places greater emphasis on formal task completion and compliance with work standards.

Second, Work Discipline has a significant positive effect on nurses' performance ($t = 8.728$; $p = 0.000$; $\beta = 0.860$). Compliance with work rules, punctuality, and task responsibility are the dominant factors determining the level of nurses' performance.

Third, OCB and Work Discipline simultaneously have a significant effect on nurses' performance ($R^2 = 0.818$), with work discipline as the dominant contributor and OCB serving as a contextual supporting factor.

Based on these findings, management at Linggajati Hospital is recommended to: (1) prioritise the reinforcement of work discipline through consistent rule enforcement and continuous supervision; (2) continue to promote OCB development through collaborative work programmes and a positive organisational culture to create a conducive work environment; and (3) establish a more comprehensive performance evaluation system that accommodates extra-role contributions as part of its formal assessment criteria. For future researchers, it is recommended to incorporate additional variables such as work motivation, job satisfaction, or transformational leadership, and to broaden the research scope to multiple hospital settings for more generalisable findings.

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