

ORIGINAL ARTICLE

Organisational Citizenship Behaviour (OCB) Model in Hospital Nurses in Indonesia

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ABSTRACT

Introduction: The problem of nurse work behaviour related to extra-role work behaviour in Indonesia is currently still discussing. A scientific framework is needed to manage nurses' work behaviour, known as Organisational Citizenship Behaviour (OCB). This study aims to obtain a nurses' OCB model. **Methods:** This research is an analytic observational type with a cross-sectional study. A sample of 163 hospital nurses in Indonesia by simple random sampling technique. Data collection tool in the form of a questionnaire which was analysed using SEM-PLS. The nurse's OCB model is a fit model (SRMR= 0.071 < 0.08). **Results:** The nurse's OCB model is a model that focuses on agreeableness personality, which has a strong enough influence on the nurse's OCB behaviour process, namely altruism and courtesy so that it has an impact on nurses' job satisfaction in the conditions of their work environment. **Conclusion:** The nurses' OCB model contributes to efforts to increase job satisfaction among hospital nurses in Indonesia. *Malaysian Journal of Medicine and Health Sciences* (2023) 19(1):165-172. doi:10.47836/mjmhs19.1.23

Keywords: Nurses' OCB model, Personality, Job satisfaction, Hospital

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INTRODUCTION

In the sector of health organisations in Indonesia, nurses are the most significant health workers who provide health services. Nurses are essential human resources in health organisations, and they have a substantial role in improving public health. Hospital organisations cannot develop effectively without the willingness of nurses to work together to achieve organisational goals voluntarily. Nurses who freely act outside their duties by using all their efforts, energy, and insight to develop capabilities for the benefit of the organisation significantly impact the effectiveness of the organisation's organisation. For hospital organisations, it is for this reason that nurses' OCB model is needed to build more appropriate communication and collaboration between health workers, managers, and other workers to increase job satisfaction (2).

Citizenship behaviour in organisations is better known as Organisational Citizenship Behaviour (OCB). OCB is defined as voluntary individual behaviour, which is indirectly or explicitly recognised by the formal reward system and contributes to the effectiveness and efficiency

of functions within the organisation (Organ, Podsakoff, & Mackenzie, 2006). OCB is a nurse's voluntary behaviour that is not explicitly specified in a practical setting to increase the effectiveness of the nursing team in providing health services in hospitals.

The problem of OCB nurses in hospitals in Indonesia is currently still a topic of discussion. Issues related to OCB nurses in hospitals in Indonesia include low behaviour of helping colleagues when nursing care, low respect for co-workers, and lack of tolerance. Nurses still happy to talk about the weaknesses or mistakes of colleagues while providing nursing care services. This problem needs attention from health managers in hospital organisations because if this problem didn't fit correctly, it would worsen nurses' performance, impacting the quality of nursing services.

A preliminary study by interviewing 15 nurses obtained results. Fifteen nurses felt a high workload, especially if there were impatient patients and asked to serve quickly, while nurses at the same time had to serve other patients. The morning shift has four nurses on average, the afternoon shift has two to three nurses, and the night shift has two nurses. This condition sometimes makes nurses angry at the head of the nursing field if there are reports from patients. Caused about slow nurse services when the existing nurses are serving other patients. 10 nurses said they sometimes feel annoyed when their co-

workers lack initiative when there are so many patients and must take immediately.

The preliminary study also done by interview 12 patients said nurses were less quick to respond to patient complaints. Twelve patients said nurses lacked empathy. Ten patients said nurses were incomplete in providing information related to patient care. Nine patients said nurses paid less attention to patient needs, especially at night. Fifteen patients said nurses like to frown when asked by patients.

Conversely, if the OCB among hospital nurses is high, it will improve the quality of health services in hospitals (3). OCB behaviour among hospital nurses provides organisational effectiveness by helping when an unexpected problem arises in an organisation, thus making the nurse's job easier. OCB nurses provide support for the wider organisational, social and psychological environment and help achieve organisational goals by facilitating communication, strengthening relationships, and consistently reducing emotional tension or disturbance through the skills used (20). Regional Government Hospitals in Indonesia are centres of community access to health services in the regions. Public accessibility to inpatient health services at local government hospitals shows two conditions that the Indonesian people tend to obtain inpatient services chooses local government hospitals as the first alternative. Furthermore, private hospitals became the second choice. There is no difference in economic strata in choosing local government hospital services (24). This condition shows that inpatient services carried out by local government hospitals are vital in health services in Indonesia. In the current era of national health insurance, people will compare health services at local government hospitals with private hospitals.

Therefore, the OCB behaviour of nurses at local government hospitals in Indonesia needs attention for several reasons that accompany OCB nurses among government hospital nurses in Indonesia. For reasons including the primary duties of hospital nurses in Indonesia having a high workload accompanied by the risk of work and a less conducive work environment, it is less conducive to carrying out their duties. And more optimally, in providing health services, nurses do not do enough work by the assigned job descriptions. Still, the nurse's duties will be practical if nurses work beyond the standards set officially by the homesick through the teamwork of nurses in providing health services. Community demands for good quality health services give importance to nurses who need to perform extra roles and the primary duties of nurses that must carry out. The culture of nurses in Indonesia who need and complement each other in providing nursing services requires voluntary behaviour that can strengthen nurse work team relationships, reducing conflicts within a work team in providing health services. This study

uses McClelland's (1985) needs motive framework approach, which concentrates on three different types of needs among individuals: the need for achievement, the need for power, and the need for affiliation. This theory can use to explain a person's motives for doing something (16). Niehoff's (2000) OCB model based on McClelland's (1985) needs theory states that a person's OCB behaviour arises due to needing motives. Based on empirical data, work motivation directly affects OCB (19; 9; 4). On the other hand, Meyer & Allen's (1997) organisational commitment theory concentrates on three types of commitment: affective commitment, continuance commitment, and normative commitment. This theory states that employees with high commitment will have loyalty and a sense of belonging to their work. It can see in attitudes and behaviour willing to carry out their main duties, including in-role or work following the job description and voluntarily. Will do things that can classify as different roles that can contribute more to the organisation (14).

Empirical data finds that organisational commitment directly affects OCB (25). The results of the literature review found various antecedent variables of OCB that gave the strongest influence on OCB, including personality variables (23; 22), leadership (7), and organisational support (27; 15; 6). Based on the theoretical and empirical reasons, the researcher suspects personality, leadership, organisational support, organisational commitment, and work motivation variables as variables affecting nurses' OCB. Nurses who show OCB behaviour, such as volunteering to help, inform, tolerate, respect co-workers, and have a high conscience, will show positive behaviours that impact improving the quality of nursing services and reducing conflicts in the workplace. It can create job satisfaction among nurses, which will reduce nurses' desire to quit their jobs (21; 26). Several research journals that researchers found were more likely to discuss job satisfaction that affects OCB (25; 1; 6). To the researcher's knowledge, research results are still limited on the effect of OCB on job satisfaction. This study aims: 1) Analysing the influence of personality, leadership, organisational support, organisational commitment, and work motivation on nurses' OCB., 2) Analysing the influence of personality, leadership, and organisational support on organisational commitment, 3) Analysing the influence of personality, leadership, and organisational support on work motivation, 4) Analysing the effect of organisational commitment, work motivation, nurse OCB, nursing care, and caring on job satisfaction and 5) Analysing nursing care and caring as moderator variables in nurses' OCB on job satisfaction. The hypothesis of the study: 1) Personality, leadership, organisational commitment, work motivation, and organisational support affect nurses' OCB, 2) Personality, leadership, and organisational support affect organisational commitment. 3): Personality, leadership, and organisational support affect work motivation. 4):

Organisational commitment, work motivation, nurse OCB, nursing care, and caring affect job satisfaction. 5) Nursing care and caring affect the OCB of nurses on job satisfaction. Based on this description, the authors are interested in examining the Organisational Citizenship Behaviour (OCB) Model of Nurses as an Effort to Increase Patient Satisfaction in Hospitals.

MATERIALS AND METHODS

Research Design

This study uses a cross-sectional design. The study is carrying out in one of the government hospitals in Jember Regency, East Java Province, Indonesia. The study conduct over five months, from November 2020 to March 2021.

Population

The population of the first stage of the study were all nurses who worked in the inpatient room class 1,2, and class 3, totaling 289 nurses.

Samples

The sample of this study involved 163 nurses who worked in inpatient rooms. The sampling technique used is simple random sampling. The formulae used for population proportions with precision are as follows Lemeshow (1997).

$$n = \frac{Z^2 1 - \alpha / 2 p(1 - p)N}{d^2 (N - 1) + Z^2 1 - \alpha / 2 p(1 - p)}$$

n : Nurse sample size

N : Nurse Population size

$Z^{21-\alpha/2}$: Standard normal distribution value (Table Z) at a certain α

d2 : Limit of error or absolute precision

P : Proportion

d : Tolerable (absolute) error

$$n = \frac{1.96^2 \times 0.5 (1-0.5) \times 289}{0.05^2 \times (289-1) + 1.96^2 \times 0.5 (1-0.5)}$$

n = 163 nurses

The inclusion criteria for the nursing team in the inpatient unit includes willingness to be at the place of research, as evidenced by the willingness of the head of the room, not a nurse team room in an intensive care unit and the nursing team received intervention according to the intervention module. For the nurse respondents, the inclusion criteria includes that she must be willing to be research respondents, as evidenced by the willingness of nurses to become research respondents, nurses with a working period of more than one year starting from being placed in an inpatient room until becoming a research respondent and nurses who are active in the service, not on leave, or not coming to work. As a patient respondents, the inclusion criteria includes the

patient or the patient's families (for paediatric patients) are willing to be research respondents as evidenced by the willingness of the patient or patient's family to become research respondents, patients with compos mentis consciousness and patients or their families (for paediatric patients) can read and write.

Variables

The research variables consisted of nine latent variables, including personality (X1), leadership (X2), organisational support (X3), organisational commitment (X4), work motivation (X5), OCB (Y1), nursing care (Y2), caring (Y3), and job satisfaction (Y4).

Personality (X1)

The personal characteristics of nurses that characterise nurses in the work environment that can affect nurses' OCB include indicators: 1) Openness, 2) Conscientiousness, 3) Extraversion, 4) Agreeableness, and 5) Neuroticism.

Leadership (X2)

The type of ward leadership used in leading implementing nurses that can influence nurses' OCB includes indicators: 1) Directive leadership, 2) Consultative leadership, 4) Participatory leadership, and 5) Delegative leadership (10).

Organisational support (X3)

The type of ward leadership used in leading implementing nurses that can influence nurses' OCB includes indicators: 1) Directive leadership, 2) Consultative leadership, 3) Participatory leadership, and 4) Delegative leadership (10).

Organisational commitment (X4)

The nurse's attachment to the hospital shows through attitudes and work behaviours that influence nurses' OCB, including indicators: 1) Affective commitment, 2) Continuance commitment, and 3) Normative commitment (17).

Work motivation (X5)

Nurses' encouragement in completing work as nurses in hospitals that influence nurses' OCB includes indicators: 1) Need for achievement, 2) Need for power, and 3) Need for affiliation (16).

Nurse OCB (Y1)

Nurse's voluntary behaviour that contributes to the operational effectiveness of the nursing team that has an influence on nursing care, caring, and job satisfaction of nurses includes indicators: 1) Altruism, 2) Compliance, 3) Civic virtue, 4) Courtesy, 5) Conscientiousness, and 6) Sportsmanship (20).

Nursing care (Y2)

Nursing process activities carried out by nurses while caring for patients in inpatient rooms include

indicators: 1) Assessment, 2) Diagnosis, 3) Planning, 4) Implementation, and 4) Evaluation.

Caring (Y3)

Attitudes and behaviour of nurses while interacting with patients in inpatient treatment rooms include indicators: 1) Maintaining belief, 2) Knowing, 3) Being with, 4) Doing for, and 5) Enabling.

Job satisfaction (Y4)

Nurses’ feelings about their work that lead to satisfaction with their needs include indicators: 1) Supervision by superiors, 2) Work environment conditions, 3) Placement, 4) Job security, and 5) Achievement opportunities.

Test the validity and reliability of the questionnaire

The validity test tool used is the product-moment correlation using a significance level (α) of 0.05, which correlates the question item data to the total question item in an indicator variable. The conclusion of the test is valid if the correlation coefficient value between the question item value and the total item value in an indicator variable is more than the table correlation value. a significance level of 0.05, and the number of data samples is 30. The table correlation value ($r_{n-2; \alpha = r_{30; 0.05}}$) equals 0.361. So that a question item concludes to be valid if the correlation coefficient value is greater than 0.361. This study uses the type of internal consistency reliability with test equipment using Cronbach’s Alpha value. The basis for decision-making is reliable if the Cronbach Alpha value is 0.6.

On the contrary, if the value of Cronbach Alpha is less than 0.6, then it is concluded that the question items’ variables are unreliable/unreliable. The validity and reliability test of the questionnaire was carried out at RSU dr. On the grounds of having similar characteristics with the research sample, H. Koesnadi Bondowoso (Type B Hospital, Bondowoso Regency Government). The validity and reliability test of the questionnaire was carried out on 23 to 27 September 2019 on 30 nurse respondents and 30 patient respondents.

Data Collection

The data collection technique used was a questionnaire made by the researcher regarding the theory used. The questionnaire has tests for validity and reliability. All question items have a probability value > 0.05 with a calculated r-value $> r$ table and show Cronbach’s alpha coefficient on all variables > 0.6 . so, it can conclude that the research instrument is valid and reliable can be used. To measure the variables in this study. The inferential analysis uses a structural equation model (SEM) with the SmartPLS version 3 application to confirm the suitability of the variable or construct a model to construct a fit model. This research has been approved by the Health Research Ethics Commission in Indonesia Number: 1778-KFPK on October 3, 2019.

RESULTS

The evaluation of the outer model in table I shows that the initial measurement value of the constructed variable still has an Average Variance Extracted (AVE) < 0.5 ; composite reliability value < 0.7 ; and the value of Cronbach’s alpha < 0.6 . but after the final outer model, the outer model with a value of (AVE) > 0.5 ; composite reliability value > 0.7 ; and Cronbach’s alpha value > 0.6 . Figure 1, can conclude that the construct is valid or the variables have a good relationship to continue to analyse the structural model (inner model) (Figure 2).

Table I: Early Model Outer and Final Model Outer Evaluation (n=163)

Variable	Early Model Outer			Final Model Outer		
	AVE	Composite Reliability	Cronbach Alpha	AVE	Composite Reliability	Cronbach Alpha
Personality	0,277	0,115	-0,021	1,000	1,000	1,000
Leadership	0,643	0,864	0,818	0,833	0,937	0,900
Organisational Support	0,534	0,849	0,788	0,600	0,857	0,778
Organisational Commitment	0,317	0,170	0,314	1,000	1,000	1,000
Work Motivation	0,422	0,002	0,170	1,000	1,000	1,000
OCB Nurses	0,333	0,654	0,539	0,768	0,869	0,700
Nursing Care	0,428	0,778	0,738	1,000	1,000	1,000
Caring	0,504	0,820	0,776	0,680	0,864	0,780
Job Satisfaction	0,473	0,814	0,711	1,000	1,000	1,000
Moderation of Nursing Care	1,000	1,000	1,000	1,000	1,000	1,000
Caring Moderation	1,000	1,000	1,000	1,000	1,000	1,000

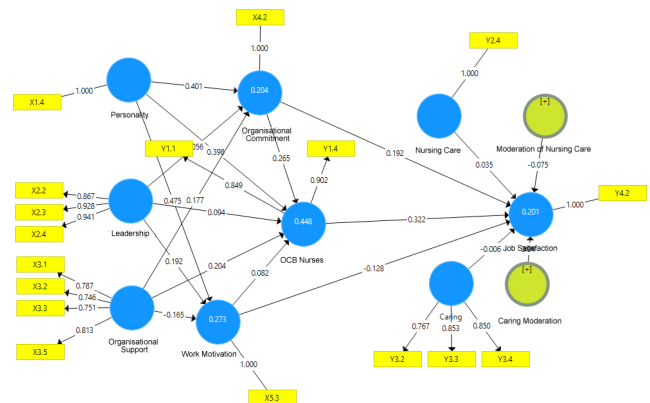


Figure 1: Outer Model

Table II shows that 44.8% of the variation of nurses’ OCB ups and downs can be explained by personality, organisational support, and organisational commitment with sufficient categories. 20.4% variation up and down organisational commitment can be explained by personality and organizational support with weak categories. 20.1% variation up and down job satisfaction can be explained by OCB nurses with a weak category.

Table III shows that the exogenous factor that has the greatest relative impact on nurses’ OCB, namely

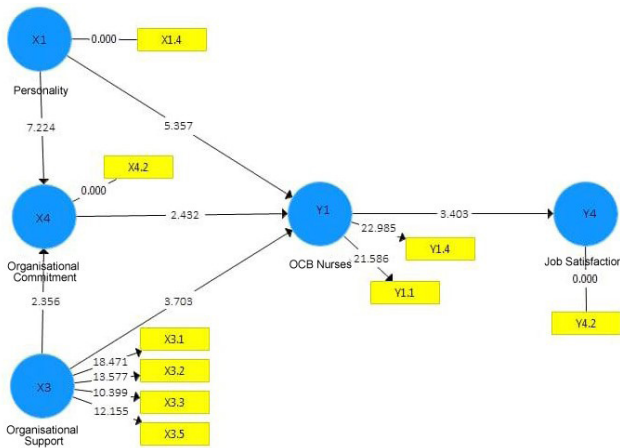


Figure 2: Inner Model

Table II: Value of Coefficient of Determination of Nurse OCB Model (n=163)

Variable	R ²	Interpretation
OCB Nurses	0,448	sufficient
Organisational Commitment	0,204	Weak
Job Satisfaction	0,201	Weak

Table III: Values of the Influence Size of Nurse OCB Model (n=163)

Variable	f ²	Interpretation
Personality → OCB Nurses	0,191	Sufficient
Organisational Support → OCB Nurses	0,068	Small
Organisational Commitment → OCB Nurses	0,101	Small
Personality → Organisational Commitment	0,202	Sufficient
Organisational Support → Organisational Commitment	0,039	Small
OCB Nurses → Job Satisfaction	0,090	Small

personality ($f^2 = 0.191$) is categorised as having sufficient contribution. The exogenous factor that has the largest relative impact on organisational commitment, namely personality ($f^2 = 0.202$) is categorised as having a small contribution. The exogenous factor that has the largest relative impact on job satisfaction is the nurses' OCB ($f^2 = 0.090$) which is categorised as having a small contribution.

Table IV shows that the nurse's OCB value is $0.448 > 0$, which means that the nurses' OCB, which is influenced by personality, organizational support, and organisational commitment, is a model that has good relevant predictive abilities. The value of organisational commitment is $0.204 > 0$, which means that organisational commitment influenced by personality and organisational support is a model with good relevant predictive abilities. The value of job satisfaction is $0.201 > 0$, which means that job satisfaction which is influenced by nurses' OCB, is a model that has good relevant predictive abilities. Based on the fit model test results, the SRMR value = $0.071 < 0.08$, it can be concluded that this model as a whole is fit.

Table IV: Relevant Predictive Value of Nurse OCB Model (n=163)

Variable	Q ²	Intpretation
OCB Nurses	0,448	Good
Organisational Commitment	0,204	Good
Job satisfaction	0,201	Good

DISCUSSION

Personality directly affects nurses' OCB by 40.4%, compared to an indirect effect through an organisational commitment of 7.6%. In addition, it is known that personality is the strongest predictor of nurses' OCB in addition to other variables such as organisational commitment and organisational support. In this study, the agreeableness personality respondents tend to have forms of friendliness. Sympathy between friends in a work team and generosity, it is easy to handle conflicts in teams cooperatively or collaboratively to create OCB behaviour in the nurse work team. Personality agreeableness is a trait that exists in a person that leads to an innate nature, affecting a person's concern for social harmony. The results of this study are in line with the statement of Lievens et al. (2015), which states that a suitable personality for health workers is agreeableness who has good social adaptability.

Leadership does not affect nurses' OCB. These findings indicate that the ward head's consultative leadership cannot influence nurses to work beyond the set standards. The consultative approach has not set nurses to work outside the critical roles required. Head of ward consultative leadership is used to manage nurses by providing a lot of direction and support in completing their work assignments. Organisational support directly affects nurses' OCB by 25.9% compared to an indirect effect through the organisational commitment of 3.4%. This study indicates that the head of the ward has shown an attitude of appreciating the extra effort that nurses have given to nursing services, and nurses feel that the head of the ward appreciates the contribution of nurses to nursing services. For organisational support perceived by nurses as positive will form a reaction to the attitudes and behaviour of nurses to participate voluntarily in giving their best performance at work. The findings of this study are in line with the social exchange theory by West and Turner (2013), where a sense of organisational concern given to employees will lead to certain reciprocity so that employees will provide a sense of voluntary work obligation to the organisational. The head of the ward perceived by nurses at work also affects nurse commitment, creating voluntary work attitudes and behaviour among nurses.

Organisational commitment has a direct effect on nurses' OCB by 18.9%. This study indicates that well-formed commitment among nurses shows the expression of psychological contract perceptions about the relationship between organizational members and

their organisations, which impacts the individual's decision to continue membership in the organisation and gives more responsibility to contribute to the organisation. Employees who have a positive assessment of their organisation will increase their commitment to themselves; this commitment will ultimately encourage employees to help the organisation achieve its goals by increasing work behaviour that exceeds the standards set in the organisation. Work motivation does not affect nurses' OCB. This study indicates that the indicators of the need for achievement and the need for power are invalid indicators reflecting the variable of work motivation. This is because the characteristics of the respondents in this study the majority have an eastern culture that values seniority more and prioritizes friendship.

The results showed that indicators that reflected nurses' OCB variables were altruism and courtesy, while indicators that contributed significantly to nurses' OCB were courtesy. Further analysis showed that nurses' OCB directly affected job satisfaction by 25.9%. Thus, the results of this study indicate that OCB nurses can create an implicit character of nurses in situations of awareness of helpful behavior and respectful behavior that impact job satisfaction. The results of this study are in line with the theory of collectivist views and social views, which state the reasons for respecting (polite) social relations and upholding group interests to establish consistency in helping behavior (altruism). Furthermore, to maintain conducive working conditions, prevent conflicts or problems that can benefit nurses in a work team. OCB creates job satisfaction, not job satisfaction which causes higher OCB levels. The results of this study support the research of Liberatore, Angerer, & Kriech (2017), which states that the OCB behaviour of hospital staff and health practitioners is positively related to job satisfaction.

Nursing care does not affect job satisfaction. The nursing care variable is also a moderating variable for nurses' OCB to patient satisfaction. However, the results obtained by the nursing care variable did not affect the OCB of nurses on job satisfaction. The responsibility of nursing care is a professional obligation that nurses must carry out for patient recovery. The job satisfaction of nurses in nursing care has not been created because nurses in the implementation of nursing care mostly delegate tasks from doctors or standing orders. They will demonstrate the implementation of nursing care that is independent of nurses. This condition causes dissatisfaction in nurses in carrying out nursing care tasks. Caring does not affect job satisfaction, while the moderating variable caring for nurses' OCB on job satisfaction has no effect. These results have not strengthened the opinion of Fortuno, Oco, & Clores (2017), who states that nurse-patient interactions based on caring behavior into the health care system can increase a conducive work environment, providing a higher level of satisfaction for nurses and patients. The indicator that reflects the

job satisfaction variable is only one indicator, namely the condition of the work environment. Indicators of working environment conditions show that most of them show job satisfaction in the very satisfied category. In this study, working environment conditions align with nurses' OCB variables that affect job satisfaction.

This OCB model is a model development of Niehoff's (2000) OCB model based on McClelland's (1985) needs theory. Still, the results of this study are different from that of Niehoff's (2000) OCB model, which states that a person's OCB behavior arises due to a need motive. In contrast, in this study the motive for need/work motivation variable does not affect nurses' OCB.

The OCB model is a solution for nurses who are less tolerable to conditions in the workplace so that the improved service and the level of patient satisfaction are far below standard. Namely, good adaptability (agreeableness) improves volunteer behavior through helpful behavior (altruism). And respectful behavior (courtesy) among co-workers creates job satisfaction for nurses in the work environment conditions. This study shows 'OCB in terms of helpful behavior and respectful behavior towards co-workers in the nurse's work team has formed the feeling that nurses have about a conducive work environment that creates a sense of satisfaction for nurses with their work.

CONCLUSION

Personality, organisational support, and organisational commitment have a direct effect on nurses' OCB. Personality and organisational support directly affect organisational commitment, while leadership does not affect organisational commitment. Personality and leadership directly affect work motivation, while organisational support does not affect work motivation. Personality has a fairly strong influence on work motivation, while leadership has a small influence. OCB nurses have a direct effect on job satisfaction. In contrast, organisational commitment, work motivation, nursing care, and caring do not affect job satisfaction. The moderator did not affect nurses' OCB on job satisfaction. The nurses' OCB model contributes to efforts to increase job satisfaction among hospital nurses in Indonesia. The nurses' OCB model contributes to efforts to increase job satisfaction among hospital nurses in Indonesia.

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