
Affective Commitment in Mediating Organizational Citizenship Behavior Factors in XYZ Hospital Staff in Tana Toraja

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ABSTRACT

The increasing number of private hospitals must be balanced with the quality of hospital human resources. This research was conducted to determine the influence of psychological empowerment, psychological capital, work engagement on organizational citizenship behavior which is mediated by affective commitment in XYZ Hospital officers in Tana Toraja. The research was quantitative and conducted cross-sectionally. The total sample was 155 officers. The sample was selected using probability sampling, namely simple random sampling. Research data was taken using Google form media with five answer choices. The data analysis method uses PLS-SEM. The results of this study found that psychological empowerment and work engagement have no effect on organizational citizenship behavior. Psychological capital and affective commitment each have a significant positive effect on organizational citizenship behavior. Psychological empowerment, psychological capital, work engagement each have a significant positive effect on affective commitment. Affective commitment fully mediates the influence of psychological empowerment on organizational citizenship behavior. Affective commitment partially mediates the influence of psychological capital on organizational citizenship behavior. Affective commitment fully mediates the influence of work engagement on organizational citizenship behavior. This research was conducted only in one hospital in Tana Toraja. Future research can use several hospitals in Tana Toraja so that it can be generalized more widely. The management of XYZ Tana Toraja Hospital can improve the organizational citizenship behavior of its officers through factors such as psychological empowerment, psychological capital, work engagement, and affective commitment.

Keywords: Affective Commitment, Organizational Citizenship Behaviour, Psychological Capital, Psychological Empowerment, Work Engagement

INTRODUCTION

Health plays an important role for society in a region or country. Law of the Republic of Indonesia number 17 of 2023 defines health as a person's physical, mental and social health and not only being free from disease but also producing a productive life. In realizing optimal health, apart from the role of humans themselves, there is also a role provided by hospitals. Hospitals play a role in restoring the social functioning of former people with mental disorders who have led to recovery, playing a role in completing the completeness of inpatient medical record files (Ekasari & Augus, 2020; Sari et al., 2023). Law number 44 of 2009 explains that a hospital is a health service

agency whose role is to provide complete individual health services in the form of inpatient, outpatient and emergency services.

Based on data from the Central Statistics Agency, the number of hospitals in Indonesia continues to increase from 2012 to 2022 from 2,083 units to 3,072 units. This indicates that people's need to use health services is increasing. The increase in the number of hospitals should be balanced with the quality of existing human resources so that patients do not feel disappointed when using health services.

From 2012 to April 2018, the number of private hospitals was greater than government-owned hospitals (Trisnantoro & Listyani, 2018).



This indicates that XYZ Tana Toraja Hospital must be ready to compete with other hospitals, both government-owned and private. The existence of competition between hospitals must be balanced with the performance of human resources in the form of providing the best service to their patients, especially private hospitals whose profits depend on the number of patients who visit. Private and government hospitals were found to have differences in terms of their patient safety culture (Bukhari, 2019). Some aspects of patient satisfaction also differ between private hospitals and government hospitals (Hutama et al., 2018). The quality of service between private and state hospitals also has differences in several aspects (Salim, 2020). These differences are of course caused by the quality of the hospital's human resources.

In carrying out its activities, hospitals certainly need human resources, namely hospital staff. One aspect that hospital staff need to have is organizational citizenship behavior (OCB). OCB was first defined as individual behavior that is voluntary, not directly or explicitly recognized by the formal reward system, but which overall supports the effective functioning of the organization (Organ, 1988). OCB plays a role in improving an employee's performance (Hidayah & Harnoto, 2018; Indarti et al., 2017). OCB increases the agility of an organization (Vahdati et al., 2014). In organizations that have good OCB, the performance of an organization will also be good (Shahin et al., 2014). OCB is useful in building cooperation at the work team level (Findikli, 2015).

OCB is of course influenced by various factors. The level of OCB is caused by how satisfied employees are with their jobs, the level of organizational commitment of employees, personality factors, and transformational leadership (Indarti et al., 2017; Muchtadin & Chaerudin, 2020; Nurjanah et al., 2020). The amount of employee OCB is influenced by motivational factors from within the individual and from outside the individual (Ibrahim & Aslinda, 2015). OCB will increase when perceptions of corporate social

responsibility, work engagement and organizational justice increase (Farid et al., 2019). Psychological capital and work engagement are the causes of increased OCB (M. Gupta et al., 2017). The amount of OCB depends on the amount of employee psychological empowerment (Jha, 2014). The level of affective commitment is a trigger for employee OCB (Lee et al., 2018). Based on the factors that have been explained, this research focuses on factors such as psychological empowerment, psychological capital, work engagement, and affective commitment in an effort to increase the OCB of hospital staff.

Some of the problems at XYZ Hospital in Tana Toraja obtained from the complaint service section based on 2022 data are the lack of attention from nurses to the nursing care of pediatric patients, the doctor's fees which are felt by patients to be expensive, the lack of feeling of helping colleagues so that patients complain because they move around when want to carry out a service, the patient feels disappointed because no one answered the phone when he wanted to confirm the doctor's schedule, the attitude of the ER department was less polite when the patient asked about the service, the registration/cashier service section was less friendly because the patient felt shouted at, the serial number did not match the order when checked. , doctors who were reported to be unfriendly when explaining illnesses to patients, long hospital service times, nurses being slow in working, slow BPJS services up to three hours waiting time.

Previous research found no correlation between the dimensions of psychological empowerment and OCB. The competence dimension is not related to the sportsmanship and obedience dimensions; the impact dimension does not correlate with conscientiousness, sportsmanship, and obedience; the self-determination dimension does not correlate with sportsmanship and obedience; the meaning dimension does not correlate with sportsmanship (Turnipseed & VandeWaa, 2020). The meaning dimension

does not correlate with the sportsmanship and altruism dimensions; the competence dimension does not correlate with the civic virtue and altruism dimensions; the self-determination dimension does not correlate with the conscientiousness and civic virtue dimensions; The impact dimension does not correlate with the conscientiousness and politeness dimensions (Lin, 2013). This indicates the need for a connecting factor to explain the insignificant results on the relationship between psychological empowerment dimensions and OCB dimensions. Affective commitment is needed to bridge or mediate the influence of psychological empowerment on OCB.

Previous research found a weak relationship between psychological empowerment and OCB (Jha, 2014). Psychological empowerment is weakly correlated with OCB at the organizational level (Taylor, 2013). The dimensions of meaning and competence are also weakly correlated with OCB at the organizational level (Ginsburg et al., 2016). The existence of a weak relationship is the basis for the need for a mediating variable in the form of affective commitment on the influence of psychological empowerment on OCB.

Psychological capital was found to be weakly correlated with OCB (Indrawiani et al., 2018; Khosravizadeh et al., 2017; T Alshahrani & Iqbal, 2021; Udin & Yuniawan, 2020). Psychological capital was also found not to correlate with OCB (Harris, 2012; Shahnawaz & Jafri, 2009). Weak correlation and insignificant correlation are the basis for using affective commitment as mediation on the influence of psychological capital on OCB.

Work engagement was found to be weakly correlated with OCB (Ariani, 2013; Ginsburg et al., 2016; Matta et al., 2015). Work engagement was also found not to correlate with OCB (Affandi et al., 2019; Zhang et al., 2017). Weak correlations and insignificant correlations are the basis for using affective commitment as a mediator in the influence of work engagement on OCB.

Many previous studies related to OCB have been carried out, but there are still few researchers who have tried to analyze the factors behind the formation of OCB at the same time. This research is interesting because the researcher does not only focus on proving the relationship between the influence of one variable, but in this research will later prove the influence between variables which is also mediated by the affective commitment variable. This researcher aims to determine the influence of psychological empowerment, psychological capital, work engagement on organizational citizenship behavior through the mediation of affective commitment among officers at XYZ Hospital in Tana Toraja.

METHOD

This research is quantitative causality in nature and was carried out over a certain period of time. This research is quantitative causality in nature and was carried out over a certain period of time. The research population was 252 staff at XYZ Tana Toraja Hospital. The total sample was 155 hospital staff which was calculated using the Slovin formula with a significance level of 95%. Sampling was carried out using simple random sampling which is included in the probability sampling category.

The OCB scale was adapted from previous research using five dimensions, namely altruism, conscientiousness, sportsmanship, courtesy and civic virtue with a total of 26 statement items (Tawil, 2022). The affective commitment instrument consists of 6 items (H. Kim, 2014). The psychological empowerment instrument consists of 4 dimensions, namely meaning, competence, self-determination, and impact with a total of 12 items (Spreitzer, 1995). The psychological capital instrument consists of 4 dimensions, namely hope, self-efficacy, resilience, and optimism with a total of 12 items (Djourova et al., 2019). The work engagement instrument consists of 3 dimensions, namely vigor, dedication, and absorption with a total of 9 items (Seppälä et al., 2009). Data collection was carried out using a questionnaire with five answer choices

with a score weight of 1 to 5. Data was collected via a Google form which was distributed to respondents who were the research sample. PLS SEM is used as a method for analyzing data.

RESULT and DICUSSION

Respondent Characteristics

Respondents consisted of 34 men (22%) and 121 women (78%). 26 people (16,77%) were high school graduates. as many as 47 people (30,32%) were D3 graduates, 9 people (5.81%) were D4 graduates, as many as 20 people (12,90%) were bachelor, as many as 53 people (34,19%) were professional bachelor's degree graduates. 15 people (9,68%) worked < 1 year, 33 people (21,29%) worked 1 to 3 years, 33 people (21,29%) worked 4 to 6 years, 27 people (17,42%) worked 7 to 9 years, 47 people (30,32%) worked > 10 years.

Respondents consisted of various sections, namely the sanitation unit, procurement, human resources, public relations and marketing, nursing, outpatient installation, accounts payable and receivables unit, medical rehabilitation installation, nursing, pharmaceutical installation, administration and employee welfare unit, accounting and tax, admissions and information installations, finance, IT and SIMRS, nursing committee, radiology installation, medical records installation, medical support sector, quality and K3 committee, medical services sector, intensive care installation, obstetrics installation, laundry, surgical and sterilization installations central, IPSRS, public facilities and maintenance, emergency installations, nutrition installations, outpatient installations, inpatient installations, laboratory installations, public facilities units.

Table 1. Research result

	Outer Loading	AVE	Composite Reliability	Cronbach Alpha	R Square	F Square	Q Square
Psychological Empowerment		0.598	0.910	0.880	0.000		
Com1	0.881						
Com2	0.860						
Me3	0.847						
Me2	0.842						
Me1	0.774						
Com3	0.662						
Im1	0.457						
Psychological Capital		0.510	0.911	0.892	0.164		
Opt2	0.823						
Se2	0.786						
Hop2	0.768						
Se3	0.758						
Se1	0.751						
Opt1	0.718						
Hop1	0.763						
Opt3	0.672						
Res3	0.589						
Res2	0.559						
Work Engagement		0.644	0.935	0.920	0.007		
Ded2	0.853						
Vig2	0.852						
Ded1	0.873						

Ded3	0.829						
Abs3	0.812						
Abs2	0.799						
Abs1	0.752						
Vig1	0.673						
Affective Commitment		0.694	0.932	0.912	0.687	0.145	0.469
Ac6	0.868						
Ac5	0.858						
Ac2	0.837						
Ac3	0.815						
Ac1	0.812						
Ac4	0.808						
Organizational Citizenship Behavior		0.503	0.954	0.949	0.628		0.307
Civ2	0.827						
Con5	0.818						
Civ1	0.807						
Cou4	0.802						
Civ4	0.800						
Cou2	0.772						
Cou3	0.770						
Con3	0.768						
Con4	0.768						
Cou1	0.762						
Cou5	0.732						
Spo6	0.713						
Alt5	0.661						
Spo1	0.610						
Con2	0.609						
Spo4	0.607						
Spo3	0.605						
Civ3	0.605						
Alt1	0.588						
Alt2	0.580						
Con1	0.559						

Outer Loading

Table 1 describes the outer loading value for each item from all research variables. Psychological empowerment has an outer loading value between 0.457 to 0.881. Psychological capital has an outer loading value between 0.559 to 0.823. Work engagement has an outer loading value between 0.673 to 0.853. Affective commitment

has an outer loading value between 0.808 and 0.868. Organizational citizenship behavior has an outer loading value between 0.559 to 0.827.

Validity Test

Table 1 contains the average variance extracted (AVE) value. All variables have an AVE value > 0.5 so they are all declared valid.

Discriminant Validity

Table 2. Discriminant Validity

	AC	OCB	PC	PE	WE
AC					
OCB	0.783				
PC	0.768	0.753			
PE	0.828	0.669	0.752		
WE	0.811	0.661	0.692	0.821	

Table 2 shows the results of the discriminant validity test using the heterotrait-monotrait ratio (HTMT). All values contained in Table 2 have a value of <0.9, which means that all variables have good discriminant validity and can be differentiated between one variable and another.

Reliability Test

In Table 1 you can see the results of the reliability test. All research variables each have a Cronbach's Alpha value and composite reliability greater than 0.7. This means that all research variables are declared reliable.

R Square

Table 1 contains the results of the R Square test. Psychological empowerment, psychological capital, and work engagement contributed to increasing affective commitment by 68.7% while the remaining 31.3% was caused by other factors. Psychological empowerment, psychological capital, work engagement, and affective commitment contributed to increased organizational citizenship behavior by 62.8% while the remaining 37.2% was caused by other factors outside this research.

F Square

Table 1 contains the results of the F Square test. The effect of affective commitment on OCB has an F Square value of 0.145 (> 0.02 and < 0.15) so it is stated to have a small effect. The influence of psychological empowerment on OCB has an F Square value of 0.000 (< 0.02) so it is declared to have no effect. The influence of psychological capital on OCB has an F Square value of 0.164 (> 0.15 and < 0.35) so it is declared to have a medium effect. The effect of work engagement on OCB has an F Square value of 0.007 (< 0.02) so it is declared to have no effect.

Q Square

Table 1 contains the results of the Q Square test. The Q Square value was found to be 0.307 for OCB which was influenced by the variables in this research. This value is greater than 0 so this research has good observational value and predictive relevance.

Hypothesis Testing

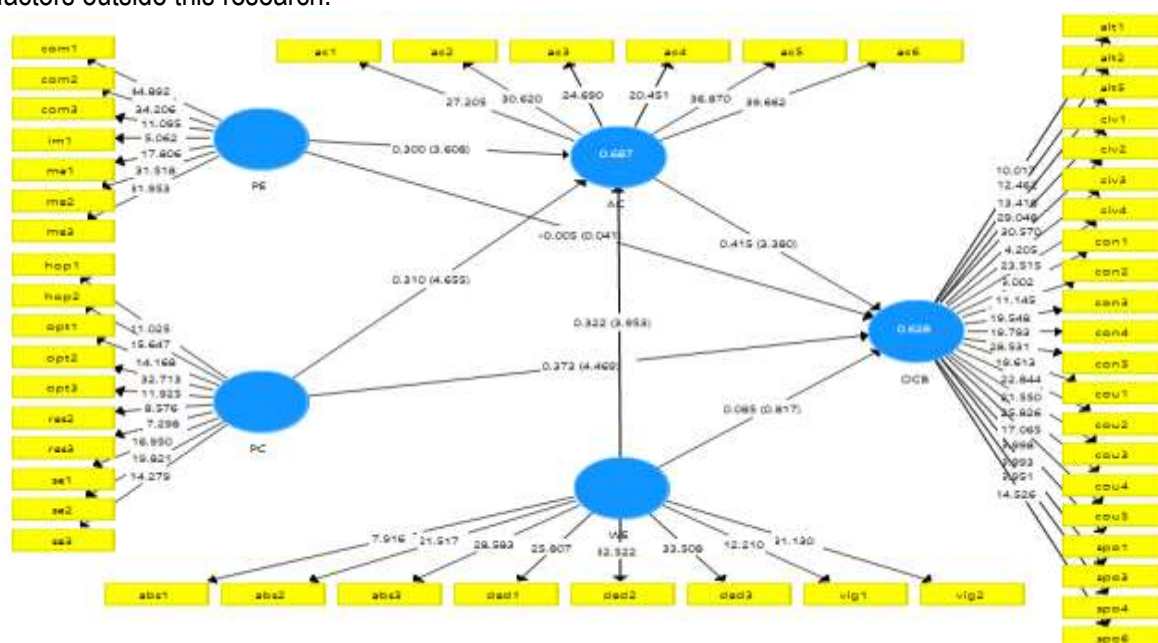


Figure 1. Path Coefficients

Figure 1 contains the results of the research hypothesis test. Psychological empowerment, psychological capital, and work engagement act as exogenous variables.

Affective commitment acts as a mediating variable. Organizational citizenship behavior (OCB) acts as an endogenous variable.

Table 3. Hypothesis Testing

	Original Sample	T Statistics	P Value	Decision
PE ► OCB	-0.005	0.041	0.968	Rejected
PC ► OCB	0.373	4.469	0.000	Accepted
WE ► OCB	0.085	0.817	0.414	Rejected
AC ► OCB	0.415	3.380	0.001	Accepted
PE ► AC	0.300	3.608	0.000	Accepted
PC ► AC	0.310	4.655	0.000	Accepted
WE ► AC	0.322	3.953	0.000	Accepted
PE ► AC ► OCB	0.124	2.303	0.021	Accepted
PC ► AC ► OCB	0.129	2.692	0.007	Accepted
WE ► AC ► OCB	0.134	2.518	0.012	Accepted

Table 3 contains the results of hypothesis testing. Psychological empowerment was found to have no effect on OCB ($r = -0.005$; $p = 0,968$). Psychological capital was found to have a significant positive effect on OCB ($r = 0,373$; $p = 0,000$). Work engagement was found to have no effect on OCB ($r = 0,085$; $p = 0,414$). Affective commitment was found to have a significant positive effect on OCB ($r = 0,415$; $p = 0,001$). Psychological empowerment has a significant positive effect on affective commitment ($r = 0,300$; $p = 0,000$). Psychological capital has a significant positive effect on affective commitment ($r = 0,310$; $p = 0,000$). Work engagement has a significant positive effect on affective commitment ($r = 0,322$; $p = 0,000$). Affective commitment was found to fully mediate the influence of psychological empowerment on OCB ($r = 0,124$; $p = 0,021$). Affective commitment was found to partially mediate the influence of psychological capital on OCB ($r = 0,129$; $p = 0,007$). Affective commitment was found to fully mediate the influence of work engagement on OCB ($r = 0,134$; $p = 0,012$).

Psychological empowerment was found to have no effect on OCB (Table 3). These results contradict previous research where psychological empowerment can increase employee OCB (Thakre & Mathew, 2020). Psychological empowerment should have a

strong correlation with OCB (Ghalavi & Nastiezaie, 2020). The level of psychological empowerment should be directly proportional to employee OCB (Saleem et al., 2017). Psychological empowerment can influence desired outcomes in the workplace but depends on profession, cultural differences and age range (Llorente-Alonso et al., 2023).

Psychological capital was found to have a significant positive effect on OCB (Table 3). These results are in line with previous research where the higher the psychological capital, the higher the employee's OCB level (Indrawiani et al., 2018) Psychological capital can increase OCB at the individual level and at the organizational level (M. Gupta et al., 2017). Psychological capital can increase OCB and will have a greater influence on employees who have high emotional intelligence compared to employees with low emotional intelligence (Pradhan et al., 2016).

Work engagement was found to have no effect on OCB (Table 3). These results contradict previous research where work engagement can increase employee OCB (Thakre & Mathew, 2020). Work engagement has no effect on OCB because each employee receives different support from their organization (M. Gupta et al., 2017).

Affective commitment was found to have a significant positive effect on OCB (Table 3). The results of this research are in line with previous research that affective commitment is the cause of increased employee OCB (Lee et al., 2018). Employees who have high affective commitment tend to show high OCB at both the individual and organizational levels (Purba et al., 2015). The amount of affective commitment and organizational identity contributes to increasing employee OCB (Kuncoro & Wibowo, 2019).

Psychological empowerment has a significant positive effect on affective commitment (Table 3). These results are in line with previous research where the higher the psychological empowerment, the higher the affective commitment of employees (Al Otaibi et al., 2023). Psychological empowerment mediates all relationships between various dimensions of empowerment and affective commitment (Aggarwal et al., 2018). Psychological empowerment can increase affective commitment through the role of individual career self-management (Yogalakshmi & Suganthi, 2020).

Psychological capital has a significant positive effect on affective commitment (Table 3). Psychological capital can increase three types of organizational commitment, namely affective, continuance and normative commitments (Yildiz, 2018). Psychological capital can increase overall organizational commitment (Nguyen & Ngo, 2020).

Work engagement has a significant positive effect on affective commitment (Table 3). A positive link between work engagement and affective commitment was found in previous research (Asif et al., 2019; V. Gupta et al., 2016). Some studies have examined work engagement as an antecedent of organizational commitment, other studies have investigated work engagement as an outcome of organizational commitment (W. Kim et al., 2017).

Affective commitment was found to fully mediate the influence of psychological empowerment on OCB. Affective commitment

was found to partially mediate the influence of psychological capital on OCB. Affective commitment was found to fully mediate the influence of work engagement on OCB (Table 3). Psychological empowerment and work engagement can increase organizational citizenship behavior only when mediated through affective commitment, while psychological capital can increase OCB directly and the effect is stronger when mediated by affective commitment.

CONCLUSION

The results of this study conclude that psychological empowerment and work engagement have no effect on organizational citizenship behavior. Psychological capital and affective commitment each have a significant positive effect on organizational citizenship behavior. Psychological empowerment, psychological capital, work engagement each have a significant positive effect on affective commitment. Affective commitment fully mediates the influence of psychological empowerment on organizational citizenship behavior. Affective commitment partially mediates the influence of psychological capital on organizational citizenship behavior. Affective commitment fully mediates the influence of work engagement on organizational citizenship behavior.

This research was conducted only in one hospital in Tana Toraja. Future research can use several hospitals in Tana Toraja so that it can be generalized more widely. The management of XYZ Tana Toraja Hospital can improve the organizational citizenship behavior of its officers through factors such as psychological empowerment, psychological capital, work engagement, and affective commitment.

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