

# The Influence Of Psychological Capital And Affective Commitment On Organizational Citizenship Behavior Of Hospital Staff

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## Abstract.

*Organizational Citizenship Behavior (OCB) is important to apply to hospital staff. This research aims to determine the simultaneous and partial influence of psychological capital and affective commitment on OCB. Respondents were 196 officers from two hospitals in Indonesia. The sampling method uses stratified random sampling. The data analysis method uses multiple linear regression. Data was processed with the help of Jamovi 2.3.28 software. The research results found that psychological capital and affective commitment had a significant positive effect on OCB both partially and simultaneously. Hospital management can increase the voluntary behavior of its staff in working beyond formal rules by increasing psychological capital such as self-efficacy, hope, optimism, resilience. Factors that increase affective commitment also need to be implemented so that officers' OCB increases, followed by better service provided. Future researchers can limit the study population to certain areas and combine private and government hospitals to obtain greater generalization. Future researchers can add other variables such as work motivation and job satisfaction to the simultaneous and partial effects.*

**Keywords:** *Affective commitment, organizational citizenship behavior and psychological capital.*

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## I. INTRODUCTION

Intense competition in the era of globalization means that organizations must be able to survive and develop through optimal use of human resources [1]. Therefore, organizations need to recognize the factors that encourage officers to work voluntarily beyond their job duties and responsibilities. Organizational citizenship behavior (OCB) was first defined as individual behavior that is voluntary, does not receive direct recognition from the formal reward system, but overall supports the realization of an effective organization [2]. OCB plays an important role for organizations in the health sector. Organizational citizenship behavior can improve hospital performance [3]. The high level of employee performance is also caused by the high level of OCB they have [4]. Employees who have OCB tend to show open behavior to share knowledge with fellow employees [5]. OCB plays a role in increasing competitive advantage in the health sector, but this also depends on human resource practice factors [6]. positive impacts of OCB on organizations such as managerial productivity, co-worker productivity, free up resources, reduced costs, customer satisfaction, operating efficiency, quality of production, quantity of production, sales performance, adapting to environmental change, creating social capital, stability of organizational performance, coordinating activities, making it a more attractive place, scarce resources [7].

OCB in workers in the health sector is influenced by various factors. Quality of work life and job satisfaction are factors in the level of nurses' OCB [8]. Job satisfaction and work motivation play a role in increasing OCB of hospital staff [9]. Commitment, culture and organizational structure are determining factors in nurses' OCB [10]. Transformational leadership, organizational commitment, and job satisfaction have a positive influence on OCB of hospital employees [11]. Affective commitment was found to increase OCB at the individual level as well as at the organizational level [12]. Psychological capital is a factor in increasing OCB in hospital workers [13]. This research uses factors such as psychological capital and affective commitment in an effort to increase OCB of hospital staff. Positive psychological resources that form psychological capital include resilience, optimism, hope, and self-efficacy [14]. Self-efficacy is a person's general belief when they demonstrate performance that leads to task completion; hope is an energy focused on personal goals and alternative ways that direct people to their goals.

Optimism is defined as the intention and hope to get the best and positive results that can positively influence a person's mental and physical health; Resilience is defined as the tendency to recover from adversity or interrupted processes, enabling people to look optimistically at very difficult situations [15]. Hospital officers with high psychological capital tend to feel attached to their work and ultimately work voluntarily beyond their usual duties and responsibilities [16]. Affective commitment to the organization is an important core essence of organizational commitment [17]. Affective commitment is the conformity of values with the organization, feelings of care for the organization, pride in the organization, and willingness to make extra efforts in the organization [17]. Studies conducted in health care settings found that affective commitment plays a role in increasing OCB [18]. In the previous paragraph there are research results which state that psychological capital and affective commitment play a role in increasing OCB. This research aims to determine the magnitude of the influence that psychological capital and affective commitment have on OCB of hospital staff, both partially and simultaneously.

## II. METHODS

This research uses a quantitative cause and effect design. The population is 383 officers from two hospitals in Indonesia. Determination of the sample using stratified random sampling. The respondents were 196 officers from two hospitals in Indonesia, of which 67 people were taken from Hospital A and 129 people were taken from Hospital B. The data analysis method used was multiple linear regression. Data were analyzed using Jamovi 2.3.28 software. Data analysis stages include validity test, reliability test, classic assumption test (normality test, multicollinearity test, heteroscedasticity test), coefficient of determination test, simultaneous hypothesis test, partial hypothesis test.

The instrument in this study consisted of five answer choices from strongly disagree (value 1), disagree (value 2), somewhat agree (value 3), agree (value 4), and strongly agree (value 5). The OCB measuring instrument consists of the dimensions of altruism, conscientiousness, sportsmanship, courtesy, civic virtue which were adapted from previous research [19]. The affective commitment measuring tool consists of 6 statements and is the result of adaptation [20]. The affective commitment measuring tool consists of 6 statements and is the result of adaptation [21].

## III. RESULT AND DISCUSSION

### Validity Test

**Table 1.** Validity of Psychological Capital

Item	r count	r table	Decision
PC1	0.782	0.1395	Valid
PC2	0.784	0.1395	Valid
PC3	0.761	0.1395	Valid
PC4	0.659	0.1395	Valid
PC5	0.716	0.1395	Valid
PC6	0.607	0.1395	Valid
PC7	0.669	0.1395	Valid
PC8	0.728	0.1395	Valid
PC9	0.537	0.1395	Valid
PC10	0.529	0.1395	Valid
PC11	0.680	0.1395	Valid
PC12	0.712	0.1395	Valid

Table 1 shows the results of the validity test of psychological capital with values ranging from 0.529 to 0.784. All psychological capital statements were found to be valid in this study because  $t_{\text{count}} > t_{\text{table}}$ .

**Table 2.** Validity of Affective Commitment

Item	r count	r table	Decision
AC1	0.816	0.1395	Valid
AC2	0.811	0.1395	Valid
AC3	0.818	0.1395	Valid
AC4	0.757	0.1395	Valid
AC5	0.826	0.1395	Valid
AC6	0.852	0.1395	Valid

Table 2 shows the results of the validity test of affective commitment with values ranging from 0.757 to 0.852. All affective commitment statements were found to be valid in this study because  $t \text{ count} > t \text{ table}$ .

**Table 3.** Validity of Organizational Citizenship Behavior

Item	r count	r table	Decision
OCB1	0.648	0.1395	Valid
OCB2	0.655	0.1395	Valid
OCB3	0.525	0.1395	Valid
OCB4	0.423	0.1395	Valid
OCB5	0.661	0.1395	Valid
OCB6	0.660	0.1395	Valid
OCB7	0.666	0.1395	Valid
OCB8	0.740	0.1395	Valid
OCB9	0.775	0.1395	Valid
OCB10	0.791	0.1395	Valid
OCB11	0.695	0.1395	Valid
OCB12	0.663	0.1395	Valid
OCB13	0.734	0.1395	Valid
OCB14	0.763	0.1395	Valid
OCB15	0.609	0.1395	Valid
OCB16	0.719	0.1395	Valid
OCB17	0.733	0.1395	Valid
OCB18	0.740	0.1395	Valid
OCB19	0.677	0.1395	Valid
OCB20	0.718	0.1395	Valid
OCB21	0.723	0.1395	Valid
OCB22	0.751	0.1395	Valid
OCB23	0.765	0.1395	Valid
OCB24	0.648	0.1395	Valid
OCB25	0.807	0.1395	Valid
OCB26	0.644	0.1395	Valid

Table 3 shows the results of the validity test organizational citizenship behavior with values ranging from 0.423 to 0.807. All organizational citizenship behavior statements were found to be valid in this study because  $t \text{ count} > t \text{ table}$ .

### Reliability Test

**Table 4.** Reliability Test Results

Variable	Cronbach's $\alpha$	Decision
Psychological Capital	0.889	Reliable
Affective Commitment	0.896	Reliable
Organizational Citizenship Behavior	0.952	Reliable

In Table 4 it can be seen that all variables in this study have a reliability value of  $> 0.6$  so that all variables are declared reliable. The highest reliability lies in the organizational citizenship behavior variable.

### Classical Assumption Test

The results of the normality test using Kolmogorov-Smirnov obtained a p value of 0.532 ( $> 0.05$ ) so that the research data was declared normally distributed. The psychological capital variable, the VIF value was 2.11 and the tolerance value was 0.474. In the affective commitment variable, a VIF value of 2.11 and a tolerance value of 0.474 were also obtained. Both psychological capital and affective commitment have a VIF value  $< 10$  and a tolerance value  $> 0.1$  so that all research variables avoid symptoms of multicollinearity.

The heteroscedasticity test using Breusch-Pagan obtained a p value of 0.280 ( $> 0.05$ ) so that the data in this study avoided symptoms of heteroscedasticity.

### Coefficient of Determination Test

**Table 5.** Model Fit Measures

R	R <sup>2</sup>	Overall Model Test			
		F	df1	df2	p
0.796	0.634	167	2	193	$< 0.001$

The research results showed that the R Square value was 0.634. This value means that psychological capital and affective commitment have an influence of 63.4% on organizational citizenship behavior while the remaining 36.6% is caused by other factors. Psychological capital and affective commitment are able to explain variations in organizational citizenship behavior by 63.4%.

### F Test

The results of the F test are shown in table 5 with a p value  $< 0.001$ , so it can be said that psychological capital and affective commitment simultaneously influence organizational citizenship behavior. Previous research found a joint influence of organizational commitment, job satisfaction, and work motivation on OCB [22].

### T Test

**Table 6.** t Test

Predictor	Estimate	SE	t	p
Intercept	0.894	0.1900	4.71	$< 0.001$
Psychological Capital	0.371	0.0663	5.59	$< 0.001$
Affective Commitment	0.429	0.0541	7.93	$< 0.001$

Table 6 shows the results of the hypothesis test where psychological capital was found to have a positive effect on organizational citizenship behavior ( $r = 0.371$ ;  $p < 0.001$ ). The results of this research are supported by previous research where the higher the psychological capital, the higher the OCB of hospital staff [13]. Psychological capital increases OCB in the health service sector and the effect will be better when work engagement is included in the research [16]. Psychological capital plays a role in bridging the influence of employee perceptions of authentic leadership on OCB in health service employees [23]. The psychological capital that employees have makes them feel connected to their work and ultimately increases their OCB [24]. Psychological capital was found to be able to increase OCB and the effect was greater for workers who had high emotional intelligence than those who had low emotional intelligence [25]. Efforts to increase psychological capital need to be implemented to increase employee extra-role behavior so that organizational productivity also increases [26]. Table 6 shows that affective commitment was found to have a positive effect on organizational citizenship behavior ( $r = 0.429$ ;  $p < 0.001$ ). These results are supported by previous findings where affective commitment was able to increase OCB of health service workers [27].

The more employees are affectively committed to their organization, the higher their OCB [28]. Affective commitment bridges the impact of workplace spirituality on OCB [29]. The work attitudes of hospital workers increase their OCB through affective commitment [30]. Transformational leadership will have an impact on OCB when affective commitment is implemented [31]. The core construct of psychological capital is drawn from positive psychology in general and positive organizational behavior (POB) in particular [14]. Positive organizational scholarship is an umbrella concept that integrates a variety of positive scientific perspectives, including positive traits, states, processes, dynamics, and outcomes, all of which are relevant to organizations. Positive organizational behavior is defined as the study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and managed effectively to improve performance in today's workplace [14]. Affective commitment is supported by attitudinal commitment theory which focuses on an individual's desire to remain in an organization where feelings of cohesion, involvement and identification with an organization are likely to contribute to an individual's commitment to the organization [17].

#### IV. CONCLUSION

The research results concluded that psychological capital and commitment had a significant positive effect on OCB of hospital staff, both simultaneously and partially. Affective commitment has a greater relationship to OCB than psychological capital. Hospital management can increase the voluntary behavior of its staff in working beyond formal rules by increasing psychological capital such as self-efficacy, hope, optimism, resilience. Factors that increase affective commitment also need to be implemented so that officers' OCB increases, followed by better service provided. Future researchers can limit the study population to certain areas and combine private and government hospitals to obtain greater generalization. Future researchers can add other variables such as work motivation and job satisfaction to the simultaneous and partial effects.

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