



Health Workers' Performance in Border Areas: Effect of Work Culture through Organizational Citizenship Behavior

Maria Angela Siokalang¹

¹ Management Study Program/Faculty of Economics and Business, Tanjungpura University, West Kalimantan, Indonesia

*E-mail korespondensi: angelasioikalang@gmail.com

ABSTRAK

Penelitian ini bertujuan untuk menguji dan menganalisis pengaruh budaya kerja terhadap kinerja tenaga kesehatan di wilayah perbatasan melalui *organizational citizenship behavior* (OCB). Adapun metode yang digunakan dalam penelitian ini adalah metode kuantitatif. Penelitian ini dilakukan di Puskesmas Wilayah Perbatasan terhadap 104 orang tenaga kesehatan. Data dikumpulkan melalui penyebaran kuisioner terhadap seluruh tenaga kesehatan di Puskesmas Jagoi Babang dan Puskesmas Siding. Kemudian data dianalisis menggunakan Partial Least Square melalui program SmartPLS 4.0. Berdasarkan hasil penelitian ditemukan bahwa budaya kerja berpengaruh secara langsung dan signifikan terhadap kinerja tenaga kesehatan, budaya kerja berpengaruh langsung dan signifikan terhadap OCB, dan OCB berpengaruh langsung dan signifikan terhadap kinerja tenaga kesehatan. Budaya kerja berpengaruh secara signifikan terhadap kinerja pegawai melalui OCB. Keterbatasan dalam penelitian ini hanya meneliti pada bidang kesehatan saja dengan terbatasnya variabel yang digunakan, sehingga belum dapat menggali informasi yang lebih urgensi di wilayah perbatasan.

Kata Kunci: budaya kerja, OCB, kinerja tenaga kesehatan.

ABSTRACT

Through organizational citizenship behavior (OCB), this study intends to investigate and assess the impact of work culture on the performance of health workers in border regions. This study employed a quantitative methodology. On 104 healthcare professionals, this study was done at the Puskesmas of the Border Region. At the Jagoi Babang Health Center and Siding Health Center, data were gathered by giving questionnaires to all medical staff members. Then, using the SmartPLS 4.0 tool, Partial Least Square analysis was performed on the data. The study's findings revealed that work culture has a direct and major impact on health workers' performance, work culture has a direct and significant impact on OCB, and OCB has a direct and significant impact on the performance of health workers. Through OCB, work culture



significantly affects employee performance. The constraints of this study prevent it from exploring more urgent information in border regions because it only looks at the health sector and uses a small number of variables.

Keywords: *work culture, OCB, the performance of health workers.*

INTRODUCTION

The survival and success of an organization depends on the performance of its members (Steffens, Shemla, Wegge, & Diestel, 2014). Performance is one of the important aspects in achieving organizational goals, so every organization is deemed necessary to always pay attention to the quality of existing human resources in order to produce good performance. Over time, HR is recognized as an important input in the delivery of health services (Lindelov & Serneels, 2015). One organization that is expected to always pay attention to the quality of its human resources is health services such as health center, because health center is a public service organization engaged in the health sector which is required to always provide the best health services by human resources who already have reliability in the field of health science, and accompanied by medical devices that are in accordance with the rules and standards in the health sector (Mahleni, Lubis, & Moriza, 2019). In recent years, the government has always paid attention to health workers, especially in border areas, because border areas are very different from urban areas. Border areas have different characteristics and are directly adjacent to foreign countries. Border areas have unique traits and direct land borders with other nations. In this instance, the government has decided on a health development strategy that includes professionalism, i.e., high-quality healthcare services backed by the use of various scientific and technological advancements as well as the application of moral and ethical principles. To that purpose, legislation, accreditation, competency-based training, standards for health workers, and other quality enhancements have been implemented (Winarsa, Suryoputro, & Warella, 2020).

Bengkayang Regency is one of the districts in West Kalimantan which is located in the border area of Indonesia and Malaysia. The urgency of the health sector in the border region is very noteworthy, the existence of health centers in each sub-district is expected to be able to improve and move health programs to remote villages. The quality of service quality of the health center itself is marked by the level of accreditation owned by each health center, because the accreditation of the health center itself is a way to improve the quality of health center

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services and health facilities. Bengkayang Regency has 17 health centers in each sub-district that have been accredited. The accreditation level for health center itself is divided into 4 criteria, namely Basic Accreditation, Intermediate Accreditation, Main Accreditation, and Plenary Accreditation. However, health center in bengkayang district only received basic and intermediate accreditation results. There are no main or plenary-accredited health center. Health center accreditation can be seen to be the outcome of organizational performance, which is in turn the outcome of personnel performance. In this study, researchers will take a research location at the Siding Health Center and the jagoi babang Health Center, because in addition to these two health centers having a medium level of accreditation, the location of these health centers is also directly adjacent to the Indonesia-Malaysia border area. Therefore, researchers are interested in seeing the performance of several health centers in border areas that still have a medium level of accreditation, which is the second lowest rank in the first level of health facility accreditation.

In its implementation, the Siding and Jagoi Babang health center always strive to improve quality by implementing work programs that must be implemented optimally in the delivery of health services in border areas. Referring to the Minister of Health Regulation Number 4 of 2019 concerning Technical Standards for Fulfilling the Quality of Basic Services at the Minimum Service Standards for the Health Sector, there are 12 minimum indicators that must be carried out by each health center in each Regency/City area including in Siding and Jagoi Babang Districts. Based on this, as one of the health center efforts to produce good quality services, health workers are required to optimally implement these work programs and make it a work culture at the Siding and Jagoi Babang health center.

A health institution such as a health center will have good service quality if the health workers owned by the health center have a sense of responsibility that exceeds the burden of work duties and voluntarily give their time and energy so that the assigned work can be completed and successful (Panggayuhan, 2019). It is essential to have OCB ingrained in the person of health workers in order to deliver the best possible care to the local community, especially when looking at health centers situated in border areas, which are the first and farthest locations. Because of the benefits associated with these activities, earlier researchers recommended that ongoing study on OCB be done (Jahangir, Akbar, & Haq, 2004). Basically, health workers who have OCB behavior have a high sense of loyalty to the service tasks provided and which are their responsibility, thus creating a feeling of security and comfort in



the health service tasks provided. OCB itself is more centered on behavior and based on that behavior it is later expected to reflect the values expected by the organization.

The culture developed within the health organization itself, the quality and established procedures used when providing healthcare, the ability to communicate with established colleagues, and the presence of a supportive and enjoyable work environment all have a significant impact on how well health workers perform. If these activities consistently take place on a regular basis, it will promote the best possible work-life balance and boost health workers' productivity. Based on observations, it can be seen that the formation of work culture in border area health centers is good as seen from the indicators of individual initiative, direction given, and good work control. So that from this it forms a positive influence on employee performance at the border area health center. Due to employees' willingness to assist other workers by stepping in for picket duty and the ability of health center staff to deliver healthcare to border area communities located in remote areas despite the long travel distance and poor road conditions, the formation of OCB in health workers at border area health centers also has a positive impact on employee performance.

Based on the explanation above, directing that work culture can be the reason for the creation of performance results from health workers, in addition to other factors such as OCB created within health workers, it can be ascertained that the performance produced by health workers is definitely good, thus the quality of service quality provided is also definitely optimal.

LITERATURE REVIEW

A study related to the relationship between work culture and employee performance has been conducted by Ritonga, Ibrahim & Bahri (2019) at the Regional Office of the Directorate General of State Assets (DJKN) of Aceh Province. Based on the results of their analysis, it was found that work culture has a positive and significant impact on employee performance. Laihad & Retnowati (2018) also conducted research to analyze the influence of work culture and decision making on OCB. The research was conducted on kindergarten teachers in Bogor city. The results of this study state that Organizational Culture has a positive direct influence on teacher OCB in kindergarten.



Another research on the effect of work motivation, organizational culture, OCB on the performance of civil servants (ASN) has been conducted by Widarko & Anwarodin (2022). According to the study's findings, OCB has a direct impact on ASN performance. The ability of OCB to mediate the impact of organizational culture on performance is limited. The results of research from widarko & anwarodin are different from the results of research from Sanjaya (2020) which conducted research on the influence of work culture and OCB on the performance of employees PT. Kaltrabu Indah Tour and Travel Banjarmasin. The results of the study found that simultaneously work culture and OCB have a significant effect on the performance of employees of PT Kaltrabu Indah Tour & Travel Banjarmasin.

The difference between this research and the previous research lies in the object of research studied, namely examining the performance of health workers, besides that this research also takes the location in the border region of West Kalimantan, which is still not much from previous studies that took research in the border region of West Kalimantan.

The Effect of Work Culture on the Performance of Health Workers in Border Areas

Research conducted by Djalil & Lubis (2020) on The Effect of Work Rotation and Work Culture on Work Satisfaction and Work Skill and Its Impact on Employee Performance of Dr. Zainoel Abidin Regency Hospital, Banda Aceh, Indonesia, suggests that work culture have a significant effect on employee performance. In addition, Sanjaya (2020) with a study entitled The Effect of Work Culture and Organizational Citizenship Behavior on Employee Performance Pt. Kaltrabu Indah Tour Aand Travel Banjarmasin, said that simultaneously work culture and OCB have a significant effect on the performance of employees of PT Kaltrabu Indah Tour & Travel Banjarmasin.

Work culture has a big impact on performance if it's positive or high quality, it directly affects how well or how high these employees perform. This states that an employee's values and beliefs will influence their way of thinking and conduct, which will ultimately effect their performance as a result of their work accomplishments. Therefore, the first hypothesis proposed by the researcher is:

H1 : There is a positive and significant influence between Work Culture and Performance of Health Workers in Border Areas.



The Effect of Work Culture on OCB

Research conducted by Husaini (2019) with research entitled *The Effect of Work Culture on Organizational Citizenship Behavior with Affective Commitment as a Mediating Variable (Case Study at Owabong)*, found that work culture affects OCB mediated by affective commitment. This is evidenced by the regression value of work culture on OCB of 0.610 which shows a positive relationship. Then research conducted by Manurung, Lubis, & Effendy (2021) with a study entitled *The Relationship between Seniority and Work Culture with Organizational Citizenship Behaviour in Personnel of the North Sumatra Regional Police Mobile Brigade Unit*, said that there was a positive and moderate relationship between Work Culture and OCB with a correlation coefficient of $r_{xy} = 0.485$ and Work Culture contributed 23.5%.

Work culture is daily work that is quality and always based on meaningful values, so that it becomes motivation, inspiration, to always work better, and satisfying for the people served. If the work culture has been formed and managed properly, it will automatically cause OCB in the person of each employee. Based on the above references, the researcher proposes the second hypothesis, namely:

H2 : Work Culture has a positive influence on OCB in Health Workers in Border Areas.

The Effect of OCB on the Performance of Health Workers in Border Areas

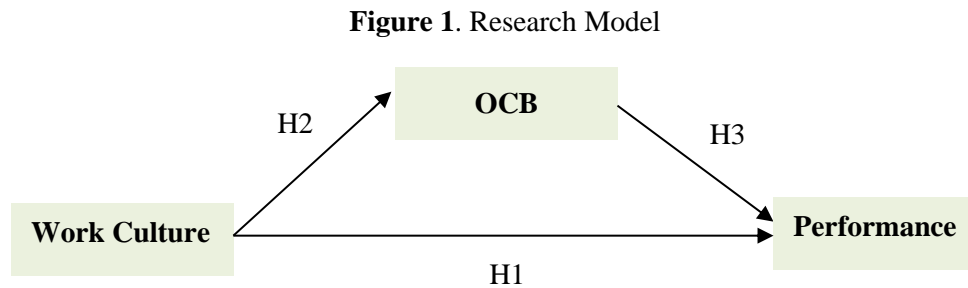
Research conducted by Burhan (2019) with the research title *Self Efficacy, Self Actualization, Job Satisfaction, Organization Citizenship Behavior (OCB), Effect on Employee Performance*, found research results that say that OCB has a significant effect on employee performance. This means that employees who want to do more than their duties and want to do things that are not in the job description, indicate that their performance levels are also high, because they want to work beyond what is expected of their performance, from the results of the t-test it is also known that the OCB variable has a dominant influence on employee performance, because its significance value is smaller than other variables. The same results were also found by Ridwan (2020) with the research title *Analysis of Organizational Commitment Through OCB on Employee Performance*, which says that OCB has a positive and significant effect on employee performance.

The role of OCB in improving performance has a positive influence on the organization. The success of an organization is not only based on the behavior of employees who complete



work in accordance with their job duties, but if it is added to the behavior of those who voluntarily perform additional tasks outside their job description. Employees who have OCB will get emotional satisfaction which can affect their performance which will also increase. Judging from some of the research findings above, the third hypothesis is as follows:

H3 : OCB has a significant and positive effect on the performance of Health Workers in Border Areas.



Source: Researcher Processed (2023)

RESEARCH METHOD

This research uses a quantitative approach, with the method used is survey research. This study took the research location in the border area of Bengkayang Regency, so the respondents in this study were health workers who worked at the Jagoi Babang Health Center and the Siding Health Center. One of the variables in this study is to measure the work culture of health workers, so the criteria in this study are health workers who have worked for at least 5 years, so the number of samples used is 104 people.

The instrument used in this study refers to Robbins & Judge (2013) to measure work culture with 3 measurement dimensions consisting of 6 question items. While the instrument to measure OCB refers to Organ's (1988) research with 5 dimensions of indicators consisting of 10 question items, and performance measurement indicators refers to Bernardin and Rusell (2006), specifically regarding 4 indicators, consisting of 8 question items. The data used in this study is primary data, or data derived directly from respondents' responses to the findings of interviews and questionnaires given to healthcare in border regions. In actuality, the information was gathered by giving questionnaires to health workers employed at the Jagoi Babang and Siding health centers.

The data in this study were analyzed using partial least square. Partial least square analysis is used to test the effect of the independent variable, namely work culture on one dependent variable, namely the performance of health workers. and want to test the effect of the independent variable on the dependent variable through the intervening variable, namely OCB.

RESULT & DISCUSSION

Data Description

There are 2 sub-districts in bengkayang district that are directly adjacent to the border area, namely jagoi babang district and siding district. Therefore this questionnaire was distributed at the puskesmas in the 2 sub-districts. Based on the returned questionnaires, the following are the characteristics of the respondents who filled out the questionnaire:

Table 1. Demographic Characteristics of Respondents

Demographic Characteristics of Respondents	Category	Amount	Percentage
Gender	Man	36	34.6
	Woman	68	65.4
	Total	104	100
Age	20-30 years old	27	25.9
	31-40 years old	53	50.9
	> 40 years old	24	23.2
	Total	104	100
Education	D3	79	75.9
	S1	25	24.1
	S2	0	0
	Total	104	100
Length of Work	5 years	23	22.1
	6 – 10 years	47	45.2
	> 10 years	34	32.7
	Total	104	100
Work Field	Doctor	3	2.8
	Nurse	32	30.7
	Dental nurse	5	4.8
	Midwife	25	24
	Pharmacist	7	6.7
	Pharmacy	6	5.7
	Laboratory Personnel	5	4.8
	Public health worker	9	8.6
	Environmental health worker	8	7.7
	Nutritionist	4	3.8
Total	104	100	

Source: Data Processed by Researchers (2023)



Data Analysis

Validity And Reliability Test of Research Instruments

Nearly all variables have higher correlations with themselves than with other factors, according to the computation of cross loading (Discriminant Validity). As a result, the criteria for discriminant validity in this study were satisfied. Reliability demonstrates how reliable something is. Being trusted implies being reliable. The instrument may be considered reliable if it can be relied upon to collect data. Cronbach’s Alpha, a measure of the measurement model's dependability, scored well in Table 2, exceeding the thumbs-rule cutoff of 0.60. Therefore, it can be said that the measurement model for each variable has a high degree of reliability.

Table 2. The result of Cronbach’s Alpha & Average Variance Extracted (AVE)

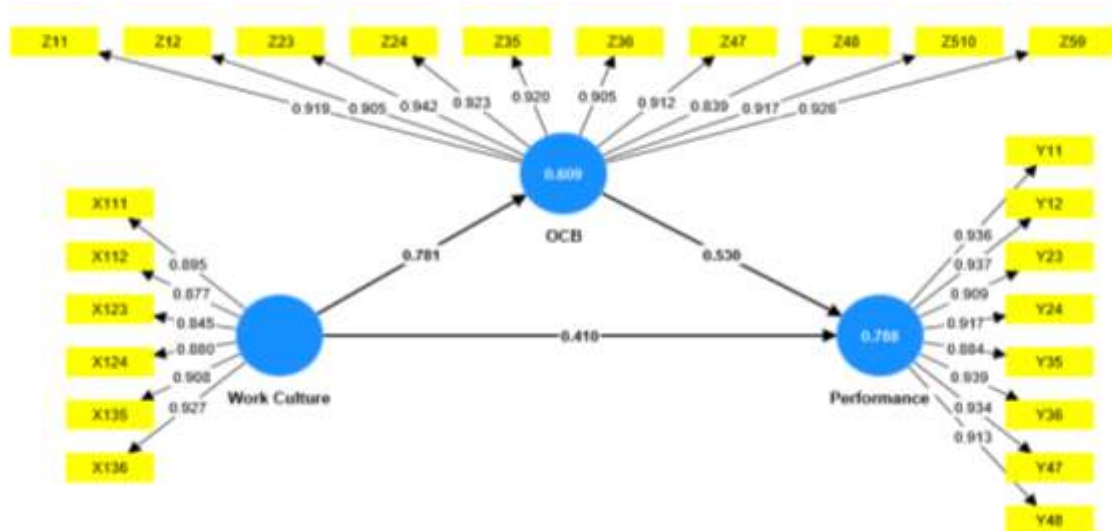
Variable	Cronbach’s Alpha	AVE
Work Culture (X)	0.947	0.830
OCB (Z)	0.977	0.849
Performance (Y)	0.974	0.790

Source: Processed Results of smartPLS 4.0 (2023)

Research Structural Model

The information obtained from the research findings was then analyzed using partial least squares (PLS), a type of data processing tool. The application program SmartPLS Version 4 is the tool, and it was created specifically to estimate structural equations on a variance basis. Figure 2 depicts the structural model used in this investigation.

Figure 2. Research Structural Model



Source: Processed Results of smartPLS 4.0 (2023)



Figure 2 shows that the direction of the arrow between the indicator and the latent construct is towards the indicator, indicating that the research uses reflective indicators that are relatively suitable for measuring perceptions. An arrow is used to represent the hypothesis-to-be-studied relationship between the constructs. The structural model (inner model) is next put to the test. The constructs in Table 3's R-Square values are listed below.

Table 3. R-Square Values

Latent Variable	R-Square	Q ²
OCB (Z)	0.609	0.7
Performance (Y)	0.788	

Source: Processed Results of smartPLS 4.0 (2023)

Referring to table 3 above, the r-square value for the OCB variable (Z) is 0.609 and performance is 0.788. This empirical evidence indicates that changes in Work Culture (X) and health worker performance (Y) can explain changes in OCB (Z) by 60.9%. The evidence also indicates that Work Culture (X) and OCB (Z) are able to explain changes in health worker performance (Y) by 78.8% and the rest can only be explained by other variables outside this research model.

By examining the Q-square predictive relevance for the variable model, the R-square of the PLS model may be assessed. Q-square evaluates how effectively the parameter estimations and the model produce the observed values. Making use of the following formula:

$$Q^2 = 1 - (1 - R1^2) (1 - R2^2) \dots (1 - RP^2)$$

$$Q^2 = 1 - (1 - 0.609^2) (1 - 0.788^2)$$

$$Q^2 = 1 - 0.238471$$

$$Q^2 = 0.761529$$

$$Q^2 = 0.7$$

The Q-square value is 0.7, which is greater than 0 (zero), demonstrating the predictive usefulness of the model. Since the Q-square value is greater than 0 (zero) according to the calculation findings, the model can be deemed to have relevant predictive value.

Research Hypothesis

The calculated findings are utilized to assess the putative hypothesis following the completion of the structural model analysis. The findings of the computation of the path coefficient value and significance for each path under study will lead to the conclusion of the

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proposed hypothesis. The SmartPLS 4.0 program will be used to test hypotheses, and an alpha level of 0.05 will be used. In addition to determining whether the OCB variable has an indirect impact on the relationship between work culture and performance, the research question asks whether there is a positive direct relationship between the independent and dependent variables. The results of the analysis are summarized in Table 4 below.

Table 4. Summary of Hypothesis Test Results

Variable	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Total Direct Effect					
Work Culture -> Performance	0.824	0.819	0.050	16.357	0.000
Work Culture -> OCB	0.781	0.776	0.060	12.984	0.000
OCB -> Performance	0.530	0.527	0.092	5.791	0.000
Total Indirect Effect					
Work Culture -> OCB -> Performance	0.414	0.409	0.081	5.099	0.000

Source: Processed Results of smartPLS 4.0 (2023)

Discussion

The Influence of Work Culture on The Performances of Health Workers in Border Area

Based on the outcomes of data analysis, as shown in Table 4, the importance of the effect is demonstrated by T Statistics to be 16.357 more than t table 1.666 (t statistics > t table), with the Original Sample having a path coefficient of 0.824. Thus, the first hypothesis—that work culture affects employee performance—is supported. It is also possible to conclude that Work Culture significantly enhances Employee Performance. These findings indicate a direct relationship between the employee performance variable and the work culture variable. The proof of this hypothesis supports the results of previous research conducted by Djalil & Lubis (2020) and Sanjaya (2020). This proves that employee performance will increase if a health center is available to assist in creating a positive work culture. As a result, an organization will achieve higher levels of employee performance the more aware it is of the need to improve work culture.

The Influence of Work Culture on OCB

Referring to the results of data analysis in table 4 which shows the path coefficient or Original Sample of 0.781 and T Statistics which is useful for showing the significance of the



effect, which is 12.984 greater than t table 1.666 ($t \text{ statistics} > t \text{ table}$). Thus Hypothesis 2 is proven, namely Work Culture influences OCB. It can also be interpreted that Work Culture has a significant positive effect on OCB. The findings of this study are consistent with Husaini's (2019) and Manurung, Lubis, and Effendy's (2021) studies. This demonstrates that the greater the OCB possessed by the health worker at the puskesmas in the border area of bengkayang district, the better the work culture that develops there.

The Influence of OCB on The Performance of Health Workers in Border Area

The analysis of the data provides the Original Sample, which has a path coefficient of 0.530 and a T Statistics of 5.791, which is higher than the t table of 1.666 ($T \text{ Statistics} > t \text{ table}$), as shown in Table 4. Thus, the third hypothesis—that OCB affects employee performance—is supported. Additionally, it may be said that OCB significantly enhances employee performance. Previous studies by Burhan (2019) and Ridwan (2020) have produced similar findings. Accordingly, it suggests the higher the OCB of health worker in border area health centers, the better the work these professionals will create.

The Influence of Work Culture on The Performance of Health Workers in Border Area Through OCB

The p value of the indirect effect of Work Culture variables on performance mediated by OCB variables is 0.000 with a T statistic of 5.099. Because the p value obtained < 0.05 and $T \text{ statistics} > 1.96$, it is concluded that the indirect effect of work culture on performance mediated by OCB variables is significant, this indicates that the high work culture of health workers will increase the OCB of the health workers themselves which in turn will improve the performance of health workers in border area health centers.

CONCLUSION AND RECOMMENDATION

This study shows evidence that first, work culture has a direct and significant effect on employee performance. This implies that health workers perform better in border area health centers with a more positive work environment, which benefits the local health centers. Contrarily, if the work culture in the health center is poor or low, the output of the employees will also be low and subpar, which will have a detrimental effect on health centers in border areas. Second, OCB is directly and significantly impacted by work culture. Thus, it indicates

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that a health center's work culture affects its OCB, which in turn has a favorable effect on health centers in border regions. The OCB of the staff will also be low if the work culture at the health center is bad or low, which will negatively affect the health facilities in the border area. Third, OCB has a direct and significant effect on employee performance. This means that the better OCB possessed by health workers, the higher the performance produced by health workers so that it has a positive impact on health centers in border areas. On the other hand, if the OCB possessed by health workers is low, the performance produced by employees will also be low and not optimal so that it will have an impact on health centers in border areas.

This study has limitations first, is that it only examines the health sector with limited variables used, so it has not been able to explore more urgent information in the border area. then only examines 3 variables, such as work culture, OCB, and performance. Based on the conclusions of this study, the researcher proposes that further research be done in this area by taking into account factors like job satisfaction, work-life balance, work-family conflict, work stress, employee motivation, leadership style, and workplace environment. These factors have a significant impact on how well hospitals and health centers provide healthcare services. Then, it is envisaged that future researchers would be able to do study on the performance of border region employees in the field of education or other fields, in addition to conducting research on the health sector. so that the study of urgency in the border region of Bengkayang Regency can be explored further and its findings can help the district government of Bengkayang develop the border area.

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