

## The Impact of Servant Leadership and Psychological Capital on Organizational Citizenship Behavior through Work Engagement among Healthcare Workers at RSUD Sungai Lilin

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### Abstract

This study aims to examine the effects of servant leadership and psychological capital on Organizational Citizenship Behavior (OCB), with work engagement serving as a mediating variable. The research employed a quantitative, cross-sectional explanatory design. Data were collected from 417 healthcare workers at RSUD Sungai Lilin through an online survey using a five-point Likert scale. The data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM), and a total population sampling technique was applied. The findings indicate that servant leadership has a significant positive effect on both OCB and work engagement. In contrast, psychological capital significantly affects work engagement but does not have a direct significant effect on OCB. Furthermore, work engagement was found to partially mediate the relationship between servant leadership and OCB, while fully mediating the relationship between psychological capital and OCB. The Importance-Performance Map Analysis (IPMA) shows that although psychological capital demonstrates the highest performance level, servant leadership remains the primary factor requiring managerial improvement. These findings provide important managerial implications for RSUD Sungai Lilin, emphasizing the need to strengthen servant leadership practices in order to enhance work engagement and foster OCB among healthcare workers.

**Keywords:** *Servant Leadership, Psychological Capital, Work Engagement, Organizational Citizenship Behavior, Healthcare Workers, Public Hospital.*

### INTRODUCTION

Healthcare organizations among countries are facing serious challenges in sustaining workforce performance and employee engagement. The concept of “*quiet quitting*”, pertains to a state that employees remain in their roles but exert only minimal effort and demonstrate low levels of work engagement, has become increasingly prevalent in the healthcare sector and negatively affects organizational

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effectiveness (1). In the hospital context, this condition is particularly critical, as service quality largely depends on the contributions and interactions of human resources as the organization's primary asset (2).

The regulation further stipulates in article of 4 that hospitals are responsible for delivering medical treatment and health recovery in accordance with established standards, maintaining and improving individual health, conducting education and training for healthcare human resources, also undertaking research and development in the health sector. Given the central role of human resources in fulfilling these functions, OCB constitutes a critical factor that warrants particular attention.

OCB refers to discretionary employee behaviors that fall outside formal job descriptions but contribute to organizational functioning and growth (3). In the healthcare organisation, OCB offers substantial benefits. Hospital employees with high levels of OCB tend to demonstrate superior job performance (4) and contribute to greater organizational effectiveness (5). Moreover, OCB has been shown to enhance overall organizational performance (2), strengthen operational effectiveness (6), and improve service quality when exhibited at high levels within hospital settings (7).

The emergence of OCB in hospitals is influenced by multiple factors. Evidence highlights the role of servant leadership as a factor that plays a central role in hospital employees' OCB (8). Other factors, including psychological capital and organizational commitment, also play important roles in shaping OCB among healthcare workers (9). In addition, work engagement, organizational justice, and inclusive leadership have been found to significantly influence the level of OCB in hospital settings (10). This research explores the influence of servant leadership and psychological capital on OCB, while considering work engagement as an intervening variable. Despite extensive research on leadership and employee outcomes, limited studies integrate servant leadership and psychological capital within a unified motivational framework explaining OCB via work engagement, particularly in healthcare contexts.

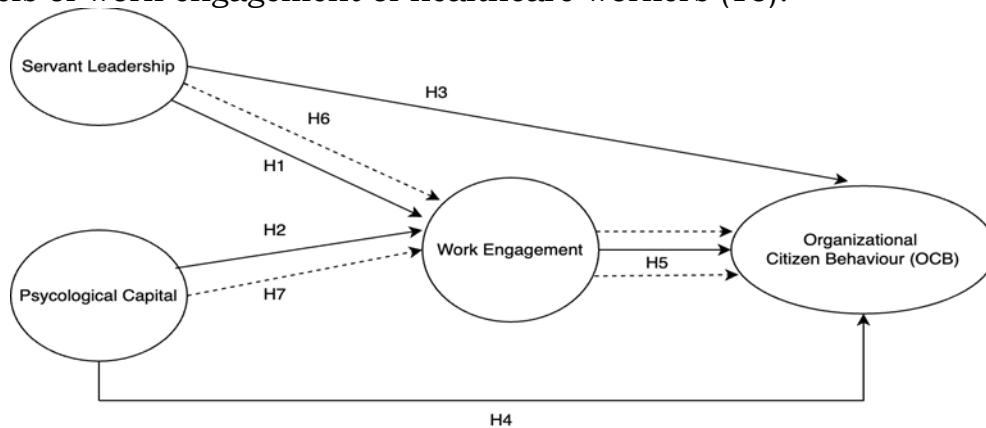
## **LITERATURE REVIEW**

In servant leadership, leadership practice is grounded in serving people, with leader-follower interaction and concern for others' well-being forming its central elements (11). Work engagement reflects a constructive psychological state through which individuals experience fulfillment in their work, comprising three interrelated dimensions: vigor, dedication, and absorption (12). Psychological capital constitutes a more complex concept formed by self-efficacy, hope, optimism, and resilience which reflect individuals positive psychological resources (13). The definition of OCB stands for discretionary employee behavior that is not formally required by job roles but contributes to organizational functioning and growth (3).

### The Effect of Servant Leadership on Work Engagement

Servant leadership is a people centered leadership approach that prioritizes serving followers through supportive leader–follower relationships and a strong commitment to their well-being (11). Work engagement signifies a positive psychological condition at work in which vigor, dedication, and absorption are salient features (12). Leadership behaviors that prioritize employees needs, encourage meaningful interactions, and convey genuine care are likely to foster higher levels of energy, dedication, and involvement at work.

Prior empirical research has consistently documented this relationship. Prior research suggests servant leadership functions as an effective leadership approach for fostering work engagement while mitigating detrimental employee behaviors, ultimately contributing to improved organizational efficiency within the healthcare sector. (1). Furthermore, servant leadership's been discovered to have a positive correlation with work engagement. among healthcare workers (14), and positive views of servant leadership are found to significantly enhance levels of work engagement of healthcare workers (15).



**Figure 1. Conceptual Framework**

H1: Servant leadership has a positive effect on work engagement

### The Effect of Servant Leadership on Work Engagement

Servant leadership is characterized by a focus on service and employee empowerment, alongside genuine attention to well-being, thereby cultivating a supportive and meaningful workplace (11). Building environments that enhance employees psychological energy, dedication, and immersion in their work is the core elements of work engagement (12). Prior empirical studies indicate that servant leadership strengthens employees motivation and emotional attachment to their work, thereby resulting in elevated levels of work engagement, particularly in healthcare settings.

H2: Psychological capital has a positive effect on work engagement.

### The Effect of Psychological Capital on Work Engagement

Psychological capital represents a higher-level psychological concept that includes self-efficacy, optimism, resilience, and hope as key positive psychological resources (13). Work engagement show a positive

psychological condition at work in which vigor, dedication, and absorption are salient features. Healthcare workers with high levels of optimism, hope, self-efficacy, and resilience tend to feel energized, experience enjoyment at work, and demonstrate strong dedication to their tasks.

Empirical research consistently supports this association, demonstrating that perceived organizational support and psychological capital significantly contribute to higher levels of work engagement among healthcare workers (16). Job satisfaction has been identified as a significant mediator linking psychological capital to work engagement, with stronger indirect effects observed among specialist nurses compared to general nurses (17). Moreover, employees with higher psychological capital consistently demonstrate higher levels of work engagement (18).

H<sub>3</sub>: Servant leadership has a positive effect on OCB

### **The Effect of Servant Leadership on OCB**

The servant leadership adopts a people-focused orientation, highlighting close leader–follower interaction and genuine concern for employee well-being (11). OCB encompasses voluntary employee actions that surpass their official responsibilities and improve organizational efficiency (3). By prioritizing employees needs, maintaining supportive interactions, and promoting overall well-being, employees are more inclined to demonstrate discretionary actions that surpass formal role obligations and enhance organizational performance and development.

Empirical evidence consistently supports this relationship. Prior research has consistently shown a robust and statistically meaningful positive correlation between servant leadership & organizational citizenship behavior among healthcare workers (8). Servant leadership has been recognized as a crucial factor in OCB (19). Furthermore, team-based servant leadership fosters OCB at the individual level and supports the formation of task-focused communities that promote collective development among leaders, followers, and teams for the greater good (20).

H<sub>4</sub>: Psychological capital has a positive effect on OCB

### **The effect of psychological capital on OCB**

Psychological capital constitutes a higher-order psychological construct encompassing self-efficacy, optimism, hope, and resilience as key positive psychological resources (13). OCB is defined as discretionary employee behavior that is not formally required by job roles but contributes to organizational functioning and growth (3). Employees with high psychological capital tend to demonstrate greater voluntary and extra role behaviors/OCB, as confidence, optimism, hope, and resilience enhance their willingness to contribute beyond formal job requirements.

Previous studies indicate that the influence of psychological capital on OCB is strengthened when mediated by attitudinal and motivational factors, such as organizational commitment (9). Moreover, psychological capital has been shown to exert both direct effects on OCB and indirect

effects through work engagement as a mediating mechanism (21). Prior studies consistently identify psychological capital as a key antecedent of OCB (22).

H<sub>5</sub>: Work engagement has a positive effect on OCB

### **The effect of work engagement on OCB**

Work engagement represents a constructive psychological state at work in which vigor, dedication, and absorption are salient features (12). OCB is defined as discretionary employee behavior that is not formally required by job roles but contributes to organizational functioning and growth (3). Prior research in the healthcare field reveals a meaningful and significant correlation between work engagement & OCB (23). Consistent with this finding, prior research shows that increased work engagement correlates with elevated levels of OCB among workers (24). Moreover, work engagement's been recognized as a crucial factor in OCB (25).

H<sub>6</sub>: The mediating role of work engagement in the relationship between servant leadership and OCB

The servant leadership is a form of leadership that emphasizes serving subordinates, empowerment, and genuine concern for employees well-being and personal development within the organization (11). Leaders who adopt servant leadership tend to foster supportive, fair, and meaningful work environments, which promote positive psychological states among employees. One such state that plays a critical role in linking leadership to work-related behaviors is work engagement. Work engagement reflects employees levels of energy, dedication, and participation in their tasks (12).

When healthcare workers feel appreciated, supported, and empowered by their leaders, they tend to experience greater degree of work engagement. This subsequently encourages employees to exert extra effort and involve in voluntary behaviors that that extend beyond official job specifications. Prior research suggests that inclusive and employee-supportive leadership styles influence OCB indirectly through work participation (10). Accordingly, servant leadership is expected to influence OCB not only directly but also indirectly through enhanced work engagement among healthcare workers.

H<sub>7</sub>: The relationship between psychological capital and organizational citizenship behavior is mediated by work engagement.

Psychological capital is a multi-dimensional psychological concept that includes self-efficacy, hope, optimism, and resilience as essential mental resources (13). The work engagement signifies a positive psychological condition in which vigor, dedication, and absorption are salient features (12). OCB is defined as discretionary employee behavior that is not formally required by job roles but contributes to organizational functioning and growth (3). Psychological capital is expected to foster higher levels of OCB, with work engagement serving as an important underlying mechanism.

Empirical evidence supports this mediating pathway. Psychological capital has been found to be positively and significantly associated with

employee engagement and OCB, while employee engagement is also positively related to OCB (26). In healthcare settings, psychological capital has been shown to effectively enhance work engagement among healthcare workers (16). Moreover, work engagement has consistently been identified as a key driver of OCB (25). Accordingly, psychological capital is likely to influence OCB both directly and indirectly through increased work engagement.

## **METHODS**

Using a quantitative, explanatory cross-sectional design, this research evaluated both direct and indirect connections between variable. A total population sample completed an online Google Forms questionnaire, rating items on a 5-point Likert scale from strongly agree to strongly disagree. Inclusion criteria were embedded within the questionnaire and needed respondents to be active employees either permanent, contract-based, or temporary staff who had been employed for a minimum of six months, had a direct supervisor, and whose job roles involved direct interaction with co-workers. Responses were screened based on these criteria. Of the 417 questionnaires returned, 388 responses satisfied inclusion criteria and were kept for analysis.

The evaluation was conducted using PLS-SEM through SmartPLS software. The analytical procedure involved assessing the measurement (outer) model, which included evaluating factor loadings, calculating the Average Variance Extracted (AVE), reviewing discriminant validity based on the criterion of Fornell–Larcker, and establishing internal consistency reliability through Cronbach’s alpha & composite reliability. The structural (inner) model was then evaluated to examine the proposed connections. Additional analysis included IPMA to identify priority variables influencing OCB from a practical perspective.

A tool modified from Van Dierendonck (2011) (27) was used to assess servant leadership, which includes the aspects of empowerment, accountability, forgiveness, courage, authenticity, stewardship, and humility. Psychological capital was evaluated utilizing a scale modified from Djourova (2019) (28). To operationalize work engagement, the study utilized the Utrecht Work Engagement Scale (2006) (29), consisting of dedication, vigor, and absorption. OCB was assessed by an instrument adapted from Tawil (2022) (30).

## **RESULTS**

The respondents comprise employees from various age groups, genders, employment statuses, and lengths of service, reflecting the diversity of the workforce at RSUD Sungai Lilin. These demographic characteristics provide an overview of the study sample and were not included as variables in the hypothesis testing.

**Table 1. Demographic Information**

<b>Variable</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
<b>Age (years)</b>		
20-30	52	12.5%
31-40	127	30.5%
41-50	225	54 %
>50	13	3.1%
<b>Gender</b>		
Male	157	62.4%
Female	260	37.6%
<b>Occupation</b>		
Civil Servant (PNS)	104	24.9%
P3K	247	59.2%
Non-Civil Servant (Non-PNS)	2	0.5%
Contract	1	0.2%
PHL	49	11.8%
BLUD	14	3.4%
<b>Supervisor Status</b>		
Has a direct supervisor	416	99.8%
No direct supervisor	1	0.2%
<b>Length of service</b>		
< 6 month	28	6.7%
≥ 6 month	389	93.3%

Instrument testing was carried out to ensure that each variable was measured consistently and represented the intended concept. The outcomes of these tests are summarized in Table 2. The variables analyzed in this research consist of Servant Leadership, Psychological Capital, Work Engagement, and Organizational Citizenship Behavior (OCB). To evaluate validity, the loading value of every indicator toward its latent construct was examined. Indicators were classified as valid when the loading value reached at least 0.70. The analysis revealed that all indicators belonging to the four constructs satisfied this requirement, indicating their adequacy for subsequent analysis. Reliability testing was performed using Cronbach's Alpha and Composite Reliability (CR). A construct was regarded as reliable when both coefficients were 0.70 or higher. The results demonstrated that each construct surpassed the acceptable limit, confirming that the instruments possessed adequate internal consistency and reliability.

**Table 2. Construct of Validity and Reliability of Variable (Cronbach and Composite Reability Test)**

<b>Variable</b>	<b>Cronbach's Alpha</b>	<b>Composite Reliability</b>	<b>AVE</b>
Servant Leadership	0.941	0.948	0.541
Psychological Capital	0.885	0.908	0.552
Work Engagement	0.864	0.898	0.596
OCB	0.912	0.927	0.560

All indicators demonstrated factor loadings exceeding 0.70, indicating adequate indicator validity. The Average Variance Extracted (AVE) values were above 0.50, and both Cronbach's Alpha and Composite Reliability surpassed 0.70, confirming strong internal consistency and excellent construct reliability.

**Tabel 3. Discriminant Validity**

<b>Construct</b>	<b>OCB</b>	<b>Psychological Capital</b>	<b>Servant Leadership</b>	<b>Work Engagement</b>
OCB	0.748			
Psychological Capital	0.354	0.743		
Servant Leadership	0.412	0.124	0.736	
Work Engagement	0.655	0.442	0.388	0.772

The square roots of the AVE for each construct were greater than their correlations with other constructs, confirming that the model meets discriminant validity criteria.

The findings from the hypothesis testing are presented in Table 3. Direct effects and their conclusions are as follows:

- H1 : Servant leadership has a positive effect on work engagement.
  - Analysis results indicate that servant leadership significantly affects work engagement ( $\beta = 0.339$ ,  $p < 0.05$ ), supporting H1.
- H2: Psychological capital has a positive effect on work engagement.
  - Psychological capital significantly influences work engagement ( $\beta = 0.400$ ,  $p < 0.05$ ), supporting H2.
- H3: Servant leadership has a positive effect on OCB.
  - Servant leadership significantly affects OCB ( $\beta = 0.182$ ,  $p < 0.05$ ), supporting H3.
- H4: Psychological capital has a positive effect on OCB.
  - Psychological capital showed no significant direct effect on OCB ( $\beta = 0.068$ ,  $p > 0.05$ ), thus H4 is not supported.
- H5: Work engagement has a positive effect on OCB.
  - Work engagement significantly influences OCB ( $\beta = 0.554$ ,  $p < 0.05$ ), supporting H5.

### **Mediation Analysis**

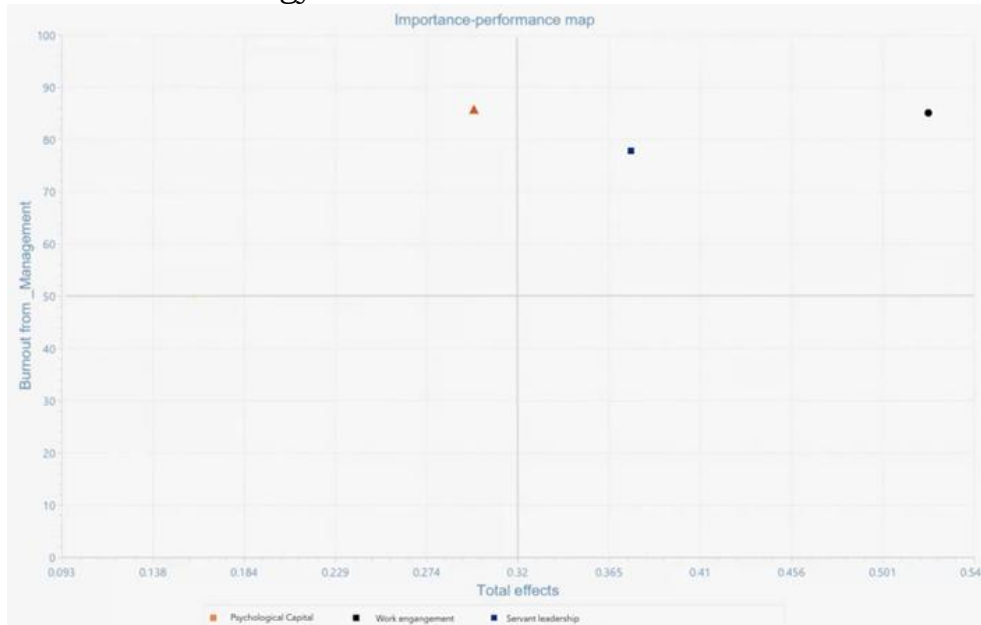
Mediation effects evaluated to investigate the function of work engagement in intervening the link between servant leadership and psychological capital on OCB (H6 and H7).

- H6: Work engagement mediates the link between servant leadership and OCB.
  - Results demonstrate that servant leadership exerts a significant indirect effect on OCB through work engagement ( $p < 0.05$ ). Thus, work engagement partially intervenes this relationship, supporting H6.
- H7: Work engagement mediates the relationship between psychological capital and OCB.
  - The psychological capital was also found to influence OCB indirectly via work engagement, with a significant mediation effect ( $p < 0.05$ ), supporting H7.

**Table 4. Hypothesis testing**

Hypothesis	Path	$\beta$	t value	p value	Results
H1	Servant leadership -> Work engagement	0.339	7.821	0.02	Supported
H2	Psychological capital -> work engagement	0.400	9.245	0.001	Supported
H3	Servant leadership -> OCB	0.182	4.312	0.021	Supported
H4	Psychological capital -> OCB	0.068	1.841	0.068	Not Supported
H5	Work engagement -> OCB	0.554	12.651	0.004	Supported
<b>Mediation effect testing</b>					
H6	Servant leadership -> work engagement -> OCB	0.188	6.542	0.003	Supported
H7	Psychological Capital -> work engagement -> OCB	0.222	7.321	0.011	Supported

The analysis reveals that servant leadership and psychological capital significantly promote work engagement & OCB among healthcare staff at RSUD Sungai Lilin. The findings highlight that work engagement serves as a crucial mediating variable, particularly for psychological capital, as its influence on OCB does not occur directly but operates fully through engagement. This underscores that servant leadership and strong psychological capital will optimally promote discretionary employee behaviors only when employees exhibit high levels of dedication and work-related energy.



**Figure 2. IPMA analysis**  
**Table 5. IPMA analysis**

Variabel	Importance (X)	Performance (Y)	Position
Work engagement	0.535	82.45	High Importance, High Performance
Servant Leadership	0.370	78.12	High Importance, Lower Performance
Psychological capital	0.290	85.30	Lower Importance, High Performance

The Importance–Performance Map Analysis (IPMA) results indicate that work engagement is the most influential factor in promoting OCB at RSUD Sungai Lilin (importance = 0.554, performance = 82.45). Servant leadership also has a considerable impact on OCB (importance = 0.370), but its performance remains the lowest among the variables (performance = 78.12), suggesting substantial room for improvement. These findings imply that if the management of RSUD Sungai Lilin aims to enhance OCB more effectively, prioritizing the development of servant leadership is likely to yield greater impact than focusing on psychological capital, which already exhibits a high level of performance (importance = 0.290, performance = 85.30).

This research aims to examine the influence of servant leadership and psychological capital on OCB, with work engagement acting as an intervening variable among healthcare employees at RSUD Sungai Lilin. The study adds to managerial psychology literature by showing that psychological capital does not immediately lead to extra-role behavior unless it is first activated through motivational conditions such as work engagement. Overall, the PLS-SEM results suggest that improving OCB in this hospital largely relies on work engagement as the primary psychological link.

Servant leadership demonstrated a significant positive effect on work engagement ( $\beta = 0.339$ ) and OCB ( $\beta = 0.182$ ). This indicates that leadership characterized by service orientation, empowerment, and sincere attention to staff helps create a psychologically secure workplace. When employees feel appreciated and supported, they are more likely to show energy, commitment, and voluntarily perform activities beyond formal duties to support the hospital's goals.

A notable result was identified in psychological capital. Although it strongly predicts work engagement ( $\beta = 0.400$ ), its direct influence on OCB was not significant ( $\beta = 0.068$ ,  $p > 0.05$ ). This suggests that for healthcare personnel at RSUD Sungai Lilin, self-efficacy, optimism, hope, and resilience do not automatically lead to organizational citizenship behavior. These personal resources must first manifest as real involvement in work before producing extra-role contributions.

Work engagement was verified as the main mediating variable in the model. Mediation testing indicated partial mediation for servant leadership, meaning it influences OCB both directly and indirectly through increased work engagement. Conversely, psychological capital showed full mediation, highlighting the crucial importance of work engagement: employees with strong psychological capital will only display OCB when they are truly engaged and enthusiastic in their tasks. The IPMA results also identify managerial priorities. Even though psychological capital currently has the highest performance, servant leadership is the aspect requiring the greatest improvement. Its comparatively lower performance score (78.12) points to a strategic gap that hospital management can address. Strengthening servant leadership can therefore improve organizational effectiveness in a more efficient and sustainable manner through higher employee OCB.

## CONCLUSION

This research shows that the improvement of OCB among healthcare staff at RSUD Sungai Lilin is largely shaped by leadership practices and employees' psychological resources, with work engagement acting as the key mediating mechanism. Servant leadership and psychological capital both play roles in strengthening work engagement, as service-focused leadership and positive mental states encourage enthusiasm and involvement at work. Servant leadership directly increases OCB, while psychological capital influences OCB only indirectly through work engagement. The results suggest that personal resources such as confidence and optimism lead to voluntary behaviors beneficial to the organization when employees feel attached, motivated, and immersed in their tasks. Consequently, work engagement becomes the essential link connecting leadership and individual factors with OCB, thereby supporting the overall quality of healthcare services at RSUD Sungai Lilin.

Servant leadership still has considerable room for improvement. To effectively enhance OCB, management at RSUD Sungai Lilin should prioritize strengthening servant leadership, as this is likely to have a greater impact than further increasing psychological capital. By improving the quality of service-oriented leadership, management can sustainably boost organizational effectiveness through increased OCB among healthcare workers.

This study has limitations. Self-reported data may not reflect actual workplace behavior, and the cross-sectional design restricts conclusions about causality or long-term effects. Future studies should expand both the sample size and research locations, including private and public hospitals beyond the district level to provincial scales. A longitudinal design could be adopted to analyze cause-and-effect relationships over a longer period. Additionally, other variables that may influence OCB, such as workload and job satisfaction, should be considered in future research.

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