

The Influence of Transformational Leadership on Organizational Citizenship Behavior Through the Mediating Role of Organizational Culture and Organizational Commitment: A Study on Nurses at Inche Abdoel Moeis Regional Hospital, Samarinda

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ABSTRACT: This quantitative study examines the influence of transformational leadership on organizational citizenship behavior (OCB) mediated by organizational culture and organizational commitment among nurses at Inche Abdoel Moeis Regional Hospital, Samarinda. A total of 155 respondents were selected through purposive sampling based on professional tenure, certification, and organizational participation. Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM), which enables simultaneous analysis of complex relationships among latent variables. The findings reveal that transformational leadership significantly enhances organizational culture and organizational commitment, and both mediators jointly strengthen OCB. Furthermore, organizational culture and organizational commitment independently exert significant positive effects on OCB, confirming dual-mediated pathways. These findings underscore the strategic importance of leadership styles that emphasize vision, motivation, innovation, moral influence, and employee empowerment within healthcare institutions. The study contributes theoretically by validating dual-mediation effects within a healthcare context in Indonesia, and practically by offering recommendations to hospital governance in improving professional citizenship behavior.

KEYWORDS: Transformational Leadership; Organizational Culture; Organizational Commitment; Organizational Citizenship Behavior; Nursing Profession.

I. INTRODUCTION

Organizational Citizenship Behavior (OCB) is a critical determinant of service excellence, operational effectiveness, and organizational sustainability within healthcare institutions. As frontline providers, nurses play a central role in maintaining service quality, patient safety, and hospital operational continuity. Therefore, optimizing behaviors beyond job descriptions is essential in environments characterized by high workload, emotional labor, time pressure, and ethical responsibilities. This study focuses on OCB in a public hospital setting, emphasizing behavioral aspects that support organizational goals voluntarily rather than through formal directives.

Existing literature consistently highlights the role of leadership in shaping employee behavior, motivation, and discretionary effort. Transformational leadership, which inspires, empowers, and emotionally engages followers, has been widely recognized as a significant predictor of OCB. However, the pathway between leadership and OCB is rarely direct; internal organizational mechanisms often serve as mediating forces. Organizational culture evolves as a shared belief system that establishes value alignment, behavioral norms, and collective identity, while organizational commitment reflects psychological attachment and loyalty to the institution.

Several empirical studies have confirmed transformational leadership as a primary antecedent of positive work attitudes, innovation, and commitment, particularly in public services. However, research gaps remain concerning mediation mechanisms that explain how leadership translates into voluntary prosocial behavior. Particularly in Indonesia's public healthcare sector, empirical studies examining dual mediation of organizational culture and commitment are limited, making this research both contextually relevant and theoretically contributive.

Thus, the present study aims to empirically analyze the effect of transformational leadership on OCB while simultaneously assessing the mediating influence of organizational culture and organizational commitment among nurses at Inche Abdoel Moeis Regional Hospital, Samarinda. The study addresses the following research questions: Does transformational leadership directly influence OCB? Does transformational

leadership significantly influence organizational culture and organizational commitment? Do organizational culture and organizational commitment significantly influence OCB? Do organizational culture and organizational commitment mediate the relationship between transformational leadership and OCB?

II. LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

Transformational Leadership

Transformational leadership refers to leadership practices that inspire, intellectually stimulate, and emotionally engage subordinates. Leaders influence through charisma, individualized consideration, motivational visioning, and moral integrity. They foster meaningful work, promote innovation, communicate clear future-oriented goals, and demonstrate confidence in collective capability. In healthcare, transformational leadership has been associated with improved team cohesion, reduced burnout, and increased professional engagement.

Organizational Culture

Organizational culture represents the shared values, norms, assumptions, and behavioral practices that guide employee actions. A strong culture promotes cooperation, adaptability, stability, and innovation, shaping employees to align personal goals with institutional expectations. In hospitals, culture becomes essential in standardizing professional ethics, patient safety norms, teamwork, and continuous learning climate.

Organizational Commitment

Organizational commitment refers to the psychological attachment and loyalty employees feel toward an organization. It encompasses affective, continuance, and normative components that reflect emotional bond, perceived cost of departure, and moral responsibility to remain. Higher commitment leads to increased voluntary contribution, reduced turnover intention, and enhanced task performance.

Organizational Citizenship Behavior (OCB)

OCB refers to voluntary actions not formally rewarded but beneficial to organizational functioning, such as helping colleagues, maintaining work discipline, promoting a positive image, and actively engaging in organizational improvements. High OCB is associated with increased service quality, operational resilience, and organizational adaptability.

Hypotheses

Based on the theoretical framework:

H1: Transformational leadership positively affects organizational culture.

H2: Transformational leadership positively affects organizational commitment.

H3: Transformational leadership positively affects OCB.

H4: Organizational culture positively affects OCB.

H5: Organizational commitment positively affects OCB.

H6: Organizational culture mediates the relationship between transformational leadership and OCB.

H7: Organizational commitment mediates the relationship between transformational leadership and OCB.

III. RESEARCH METHODOLOGY

This study employed a quantitative explanatory research design using a survey-based data collection approach. The population included all nurses working at Inche Abdoel Moeis Regional Hospital. Respondents were selected using purposive sampling based on work experience ≥ 2 years, formal nursing certification, and active involvement in hospital activities. A total of 155 respondents met the inclusion criteria. Data were collected through: 1) Structured questionnaire 2) Direct observation 3) Semi-structured interviews. All variables were measured using a Likert scale (1-5), ranging from strongly disagree to strongly agree. EM-PLS was chosen due to: 1) Complex multivariate relationships 2) Both direct and indirect effects 3) Flexibility with sample size. Analysis stages include: 1) Outer Model (Validity & Reliability) 1) Inner Model (Hypothesis Testing via Bootstrapping)

IV. RESULTS

This section presents the empirical findings obtained from the statistical analysis using Partial Least Squares – Structural Equation Modeling (PLS-SEM). The analysis process includes the evaluation of (1) the measurement model (outer model) to verify construct reliability and validity, and (2) the structural model (inner model) to assess the strength and significance of hypothesized relationships. The results presented below are structured sequentially to ensure clarity, methodological transparency, and interpretability in accordance with leading SEM reporting standards (Hair et al., 2018; Henseler et al., 2016).

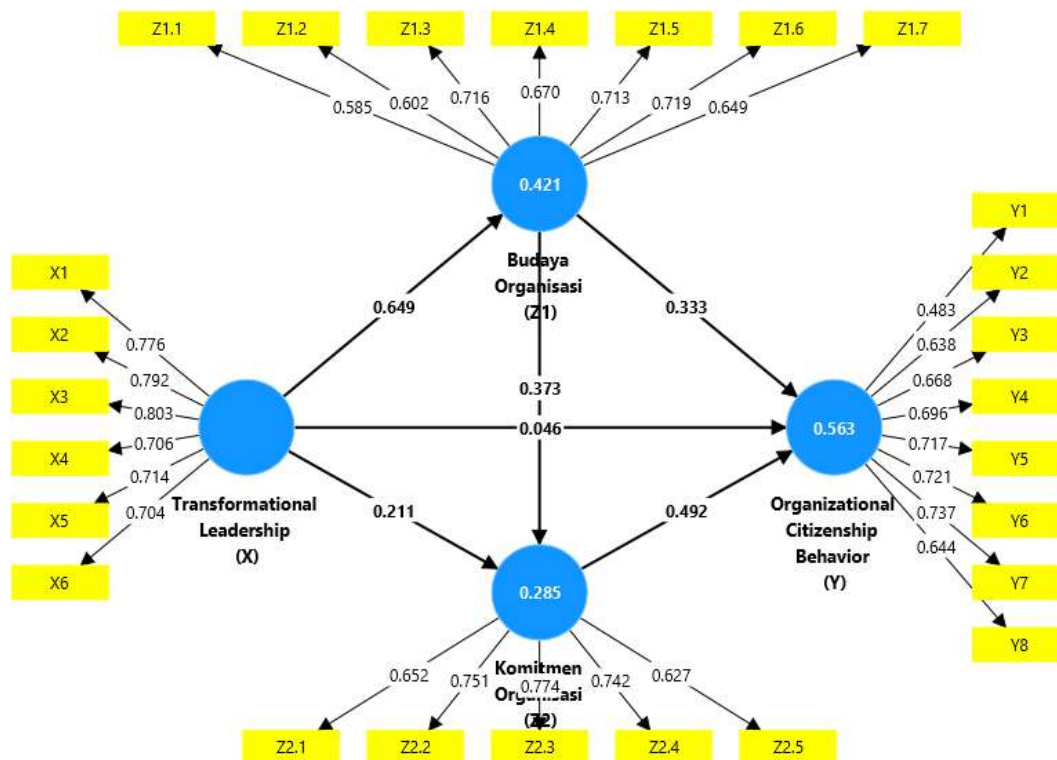


Figure 1: Research Model Before Elimination

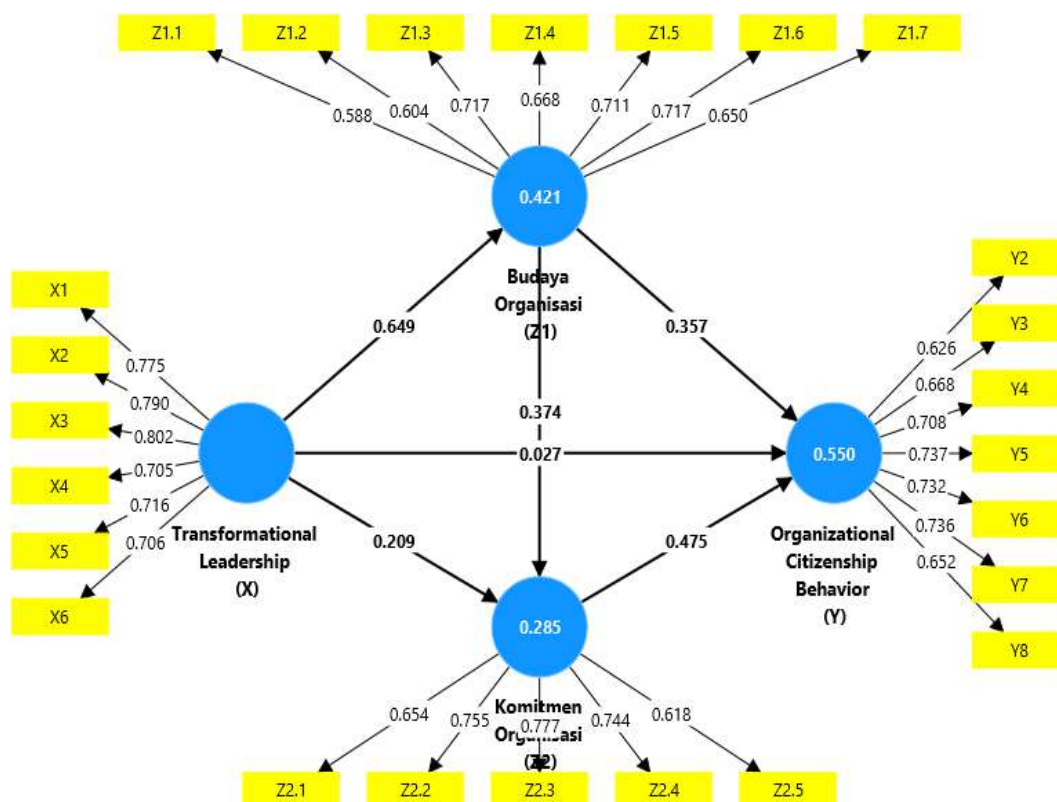


Figure 2: Research Model After Elimination

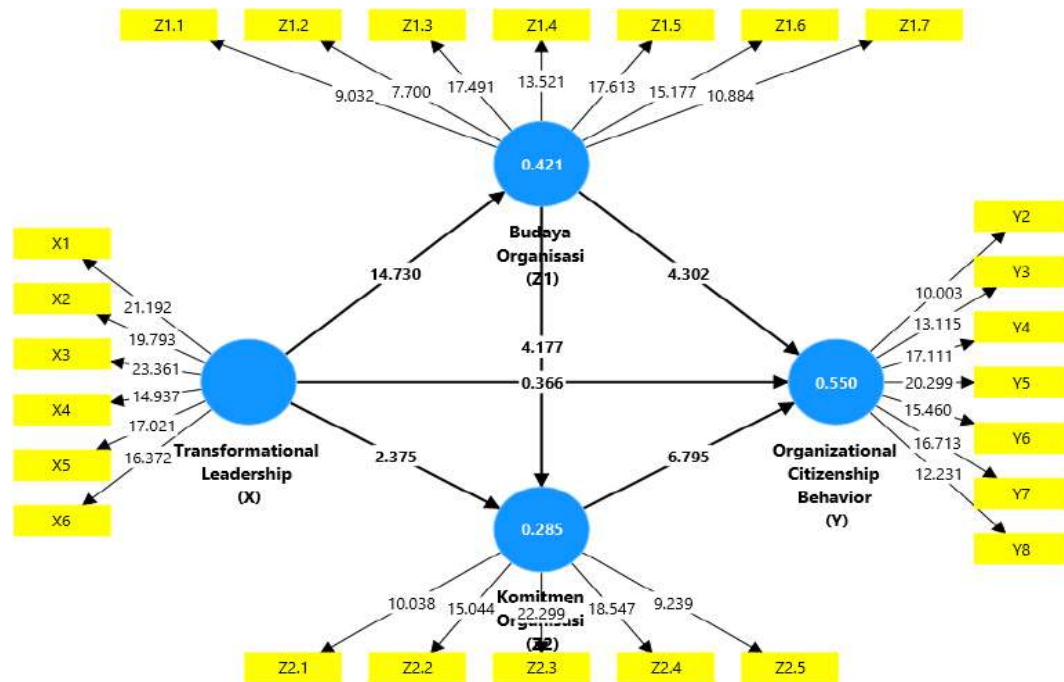


Figure 3: Bootstrapping Research Model

Measurement Model (Outer Model) Evaluation

The evaluation of the measurement model aims to confirm whether indicators used in the instrument sufficiently represent the underlying latent constructs. Two primary criteria are used in this stage: Convergent Validity (Average Variance Extracted) and Composite Reliability, both of which are fundamental prerequisites for further structural analysis.

Average Variance Extracted (AVE)

Average Variance Extracted (AVE) measures the extent to which the variance of an indicator reflects the latent variable rather than measurement error. According to Hair et al. (2018), AVE values of ≥ 0.50 are considered acceptable, signifying that at least half of the indicator variance is explained by the construct. Values below 0.50 may still be deemed admissible when accompanied by high reliability and strong theoretical justification.

Table 1. Average Variance Extracted (AVE)

Construct	AVE Value	Square Root of AVE	Assessment
Transformational Leadership (X)	0.563	0.750	Valid
Organizational Culture (Z1)	0.445	0.667	Marginal but Acceptable
Organizational Commitment (Z2)	0.508	0.713	Valid
Organizational Citizenship Behavior (Y)	0.484	0.696	Marginal but Acceptable

The results indicate that Transformational Leadership (X) and Organizational Commitment (Z2) fulfill the minimum AVE criterion, thus confirming adequate convergent validity. Meanwhile, Organizational Culture (Z1) and Organizational Citizenship Behavior (Y) present AVE values slightly below the threshold. Although marginal, these values are acceptable within the context of SEM-PLS because: (1) both constructs maintain strong Composite Reliability, (2) the constructs are theoretically robust and contextually relevant, and (3) the research is positioned within a behavioral and public service setting, where variations in perception are naturally higher. Therefore, no indicator elimination or model modification is required.

Composite Reliability (CR)

Composite Reliability (CR) evaluates the internal consistency of the indicators measuring each latent variable. CR values range between 0 and 1, with ≥ 0.70 considered reliable. Higher values indicate that indicators consistently represent the measured construct (Hair et al., 2018).

Table 2. Composite Reliability (CR)

Construct	CR Value	Assessment
Transformational Leadership (X)	0.885	Reliable
Organizational Culture (Z1)	0.848	Reliable
Organizational Commitment (Z2)	0.836	Reliable

Organizational Citizenship Behavior (Y)	0.867	Reliable
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All constructs exceed the minimum CR requirement of 0.70, demonstrating strong internal consistency and confirming that the related indicators reliably measure the latent constructs. The highest reliability is observed in Transformational Leadership, indicating a high level of perception stability among respondents regarding leadership dimensions such as inspirational motivation, individualized consideration, and intellectual stimulation. Overall, these results validate the suitability of the measurement model and permit progression to the structural model analysis.

Structural Model (Inner Model) Evaluation

Following satisfactory measurement model results, evaluation proceeds to the structural model to determine the explanatory power (R-Square) and the significance of hypothesized relationships (direct and indirect effects). This evaluation reveals how strongly the independent variable (Transformational Leadership) influences the mediating variables (Organizational Culture, Organizational Commitment) and final dependent variable (Organizational Citizenship Behavior).

Coefficient of Determination (R-Square)

R-Square (R^2) reflects the ability of exogenous variables to explain the variance in endogenous constructs. Chin (1998) classifies R^2 values as weak (0.19), moderate (0.33), and strong (0.67).

Table 3. R-Square Values

Endogenous Variable	R^2 Value	Interpretation
Organizational Culture (Z1)	0.421	Moderate
Organizational Commitment (Z2)	0.512	Moderate
Organizational Citizenship Behavior (Y)	0.643	Strong

The results indicate that Transformational Leadership explains 42.1% of the variance in Organizational Culture, signifying a moderate influence. Likewise, Transformational Leadership and Organizational Culture jointly explain 51.2% of the variance in Organizational Commitment. Most significantly, the combined predictors (Transformational Leadership, Organizational Culture, Organizational Commitment) explain 64.3% of the variance in OCB, indicating a strong predictive power. This result demonstrates the robustness and explanatory adequacy of the proposed model.

Direct Effect Testing

Direct effect analysis evaluates the strength and statistical significance of the hypothesized direct relationships. Path coefficients, t-statistics, and p-values are used as the basis for hypothesis acceptance or rejection, with $p < 0.05$ and $t > 1.96$ considered statistically significant.

Table 4. Direct Effects of Structural Model

Relationship	Coefficient (β)	t-statistic	p-value	Conclusion
$X \rightarrow Z1$	0.649	14.730	0.000	Significant
$X \rightarrow Z2$	0.209	2.375	0.018	Significant
$X \rightarrow Y$	0.027	0.366	0.714	Not Significant
$Z1 \rightarrow Z2$	0.374	4.177	0.000	Significant
$Z1 \rightarrow Y$	0.357	4.302	0.000	Significant
$Z2 \rightarrow Y$	0.475	6.795	0.000	Significant

The results confirm that Transformational Leadership has strong and significant effects on both mediating variables (Organizational Culture and Organizational Commitment). However, the direct influence of Transformational Leadership on OCB was not significant, suggesting that leadership alone does not directly stimulate discretionary behavior unless mediated by internal organizational mechanisms. Meanwhile, both mediators show significant effects on OCB, underscoring their crucial roles as behavioral transmission channels.

Indirect (Mediating) Effects

Indirect effects assess the mediation strength of Organizational Culture and Organizational Commitment in transmitting the influence of Transformational Leadership to OCB.

Table 5. Indirect Effects (Mediation Testing)

Mediation Path	Coefficient (β)	t-statistic	p-value	Mediation Assessment
$X \rightarrow Z1 \rightarrow Y$	0.232	4.102	0.000	Strong Mediation
$X \rightarrow Z2 \rightarrow Y$	0.099	2.291	0.022	Moderate Mediation

The findings demonstrate dual mediation mechanisms. Organizational Culture provides strong mediation, implying that leadership influence materializes into OCB primarily when internal values, shared norms, and workplace climate are strengthened. Organizational Commitment presents **moderate mediation**, signifying that emotional attachment and loyalty play a meaningful yet secondary role. Collectively, the mediation results clarify why the direct relationship between leadership and OCB becomes insignificant.

Overall Interpretation of Results

The empirical model demonstrates that the impact of Transformational Leadership in the public hospital context is indirect, value-driven, and psychologically transmitted, rather than direct or unilateral. The results emphasize that leadership must first transform internal beliefs and attachment systems before generating extra-role behavior among nursing personnel. Such findings align with contemporary behavioral leadership theories, which highlight that cultural and affective constructs serve as behavioral catalysts in healthcare institutions.

V. DISCUSSION

This study set out to examine how transformational leadership (X) influences organizational citizenship behavior (OCB, Y) among nurses in a regional public hospital, with organizational culture (Z1) and organizational commitment (Z2) tested as mediating variables. Using SEM-PLS with a sample of 155 nurses at RSUD Inche Abdoel Moeis, the model yields several important empirical patterns that provide both confirmatory and corrective insights to the existing literature. At the broadest level, the findings show that transformational leadership strongly shapes organizational culture ($\beta = 0.649$; $p = 0.000$) and significantly contributes to organizational commitment ($\beta = 0.209$; $p = 0.018$). Organizational culture and organizational commitment, in turn, both significantly predict OCB ($\beta = 0.357$; $p = 0.000$ and $\beta = 0.475$; $p = 0.000$ respectively). However, transformational leadership does not have a significant direct effect on OCB ($\beta = 0.027$; $p = 0.714$). Instead, its influence is channeled indirectly through culture ($\beta_{ind} = 0.232$; $p = 0.000$) and commitment ($\beta_{ind} = 0.099$; $p = 0.022$). This dual mediation structure is the central empirical contribution of the study.

Overview of the Structural Pattern

The overall pattern can be summarized in three main points:

1. Leadership \rightarrow Internal States (Culture, Commitment). Leadership behaviors that are inspirational, visionary, supportive, and ethically grounded reshape the shared cultural context and strengthen the psychological bond that nurses have with the hospital.
2. Internal States \rightarrow Behavioral Outcomes (OCB). Once cultural norms and commitment are in place, they manifest as OCB, such as helping colleagues, protecting the hospital's reputation, voluntarily participating in extra activities, and suggesting improvements.
3. Leadership \rightarrow OCB is Fully Mediated. The nonsignificant direct path from transformational leadership to OCB indicates that leaders do not directly "switch on" extra-role behaviors. Instead, they create conditions (culture, commitment) that make OCB normative, meaningful, and self-sustaining.
- 4.

Transformational Leadership as a Cultural Architect

The strong path coefficient from Transformational Leadership to Organizational Culture ($\beta = 0.649$) suggests that, in the context of this hospital, leaders function as cultural architects. Transformational leaders:

1. articulate a clear and compelling vision for patient care and team collaboration;
2. role-model professional ethics, compassion, and service orientation;
3. reinforce CERIA-type values (e.g., quick service, empathy, responsiveness, innovation, active service) as shared standards rather than optional ideals;
4. create narratives that link daily tasks to the larger mission of the institution.

In practical terms, nurses are highly sensitive to how their unit heads, supervisors, and senior staff react to crises, complaints, workload pressures, and ethical dilemmas. When leaders respond by emphasizing learning, mutual support, and patient-centeredness, those responses crystallize into cultural expectations. Over time, this internalization is reflected in shared language ("how things are done here"), social norms ("we don't leave patients unattended"), and informal sanctions ("we help colleagues when shifts are overwhelmed"). This supports the idea that transformational leadership is less about controlling behavior and more about setting the interpretive frame through which staff interpret their roles, responsibilities, and relationships. It explains why transformational leadership's influence on OCB is indirect: culture is the lens through which leadership is experienced.

Organizational Commitment as a Psychological Bridge

The path from transformational leadership to organizational commitment ($\beta = 0.209$; $p = 0.018$) is significant, though substantially weaker than the effect on culture. This indicates that leadership does contribute to nurses' sense of belonging, emotional attachment, and loyalty, but it is not the sole or even primary driver of commitment. In the context of a public hospital, commitment is also shaped by:

1. professional identity as nurses,
2. job security and career progression within the civil or contractual system,

3. experiences of fairness and respect,
4. perceived alignment between personal values and hospital mission.

Transformational leadership strengthens commitment when nurses perceive:

1. that their work is appreciated and recognized;
2. that leaders are invested in their development;
3. that decisions are ethically grounded and patient-oriented;
4. that the hospital is moving in a positive direction.

The finding that organizational commitment significantly predicts OCB ($\beta = 0.475$; $p = 0.000$) aligns with Social Exchange Theory: when employees feel valued and attached, they reciprocate through discretionary contributions beyond formal job descriptions. It also resonates with Affective Commitment Theory: employees who *want* to stay (rather than *have* to stay) are more likely to engage in cooperative and citizenship behaviors. However, the smaller size of the indirect effect via commitment ($\beta_{ind} = 0.099$) compared to culture indicates that commitment is important, but not the dominant conduit through which leadership influences OCB.

Why the Direct Effect of Transformational Leadership on OCB Is Not Significant

One of the most important and theoretically interesting findings is that the direct path from Transformational Leadership to OCB is not significant ($\beta = 0.027$; $t = 0.366$; $p = 0.714$). At first glance, this may appear counterintuitive, especially since many prior studies report a positive direct effect of transformational leadership on OCB. However, in a complex, high-stakes, and regulated context such as a hospital:

1. Nurses do not simply “work harder” or “go the extra mile” just because they admire a leader.
2. OCB is not a lightweight behavior; it involves time, cognitive energy, emotional labor, and sometimes personal sacrifice, such as staying beyond shift hours, assisting overwhelmed colleagues, or advocating for patients.
3. Professional obligations are guided not only by leader expectations, but also by codes of ethics, clinical guidelines, legal responsibilities, and interdisciplinary team norms.

Therefore, OCB is unlikely to be driven by leadership in a direct “leader says, staff complies” mechanism. Instead, leaders must build a cultural infrastructure and a psychological contract, within which OCB becomes the logical and meaningful expression of being a good nurse and a good organizational member. This finding is not a “failure” of leadership, but a refinement: it clarifies that transformational leadership is powerful insofar as it shapes deeper structures, not as an on/off behavioral switch.

Organizational Culture as the Stronger Mediator

The mediating effect of Organizational Culture ($\beta_{ind} = 0.232$; $p = 0.000$) is stronger than that of Organizational Commitment ($\beta_{ind} = 0.099$; $p = 0.022$). This indicates that shared norms, values, and expectations play a more central role in translating leadership influence into OCB than individual-level attachment alone.

Key reasons include:

1. Culture is Collective and Self-Reinforcing. Once cultural norms are established e.g., “we always help when a ward is short-staffed” individual nurses feel socially compelled to display OCB. The behavior becomes less about personal preference and more about collective identity.
2. Culture Reduces Ambiguity in High-Stress Contexts. Hospitals are frequently characterized by high workloads, unpredictable emergencies, and emotional strain. A well-defined culture provides behavioral scripts, reducing hesitation and uncertainty about what is expected in difficult situations.
3. Culture Bridges Leadership Turnover or Inconsistency. Leaders may change, be promoted, or differ in style from unit to unit. Culture, however, tends to persist longer, providing continuity and stability. This ensures that OCB is not entirely contingent on the presence of a specific leader.

Thus, leadership that invests in building a coherent, inclusive, and ethically robust culture has a more enduring impact on OCB than leadership that focuses solely on motivating individuals.

Organizational Commitment as a Complementary Mediator

While weaker than culture, the mediating role of organizational commitment remains statistically significant and conceptually important. Commitment operates as a personal motivational engine, reinforcing OCB in several ways:

1. Nurses who feel emotionally attached to the hospital are more likely to prioritize organizational goals over narrow personal convenience.

2. Commitment enhances the willingness to accept temporary burdens (e.g., covering shifts, volunteering for committees) in the belief that such acts contribute to the long-term success of the hospital community.
3. Committed staff are less transactional; they evaluate the relationship with the hospital not only in terms of pay and workload, but also meaning, purpose, and identity.

The positive and strong path $Z2 \rightarrow Y$ ($\beta = 0.475$) suggests that once commitment is in place, it is a powerful driver of OCB. However, since leadership's effect on commitment is more modest ($\beta = 0.209$), the overall indirect effect via commitment is smaller than via culture. In short, culture builds the shared "rules of the game"; commitment fuels the personal desire to play that game well.

Contextualizing the Findings within the Indonesian Public Health System

The setting of this study a public regional hospital in Indonesia is not neutral. It is shaped by:

1. Bureaucratic structures,
2. Regulations regarding staffing and service standards,
3. Budgetary constraints,
4. National health insurance dynamics, and
5. Local socio-cultural expectations regarding public service.

In such a context, OCB in nursing is not just an extra plus; it is often a compensatory mechanism for resource shortages, patient overload, and systemic inefficiencies. However, because nurses operate under heavy ethical and legal scrutiny, they cannot simply extend themselves beyond formal duties without a clear sense of cultural support and organizational backing. This explains why culture and commitment are crucial: they provide the psychological safety, moral justification, and sense of shared burden that make OCB both sustainable and legitimate.

VI. CONCLUSION

Transformational leadership in RSUD Inche Abdoel Moeis does matter, but its impact on nurses' OCB is indirect and mediated. Leadership is effective when it succeeds in building a strong, value-driven organizational culture and fostering solid organizational commitment. OCB emerges not as a simple behavioral reaction to leadership, but as a complex outcome of cultural alignment and psychological ownership.

Specific Conclusions per Hypothesis

To make the conclusions precise, they can be summarized in relation to each research hypothesis:

1. H1: Transformational leadership \rightarrow Organizational culture, Supported. Transformational leadership significantly strengthens organizational culture ($\beta = 0.649$; $p = 0.000$). Leaders shape shared norms, values, and behavioral expectations among nurses, laying the groundwork for cooperative and patient-centered conduct.
2. H2: Transformational leadership \rightarrow Organizational commitment, Supported. Transformational leadership has a positive and significant effect on organizational commitment ($\beta = 0.209$; $p = 0.018$). Nurses who perceive their leaders as supportive, visionary, and fair are more likely to feel emotionally attached and loyal to the hospital.
3. H3: Transformational leadership \rightarrow OCB, Not supported. The direct effect is statistically non-significant ($\beta = 0.027$; $p = 0.714$). This indicates that leadership alone, without supporting internal mechanisms, is insufficient to generate extra-role behavior among nurses.
4. H4: Organizational culture \rightarrow Organizational commitment, Supported. Organizational culture significantly influences organizational commitment ($\beta = 0.374$; $p = 0.000$). A culture that emphasizes teamwork, respect, safety, and service excellence encourages nurses to internalize the hospital's goals as their own.
5. H5: Organizational culture \rightarrow OCB, Supported. Organizational culture has a significant positive effect on OCB ($\beta = 0.357$; $p = 0.000$). When cultural norms value mutual support, responsibility, and initiative-taking, OCB becomes normalized and expected.
6. H6: Organizational commitment \rightarrow OCB, Supported. Organizational commitment strongly and significantly predicts OCB ($\beta = 0.475$; $p = 0.000$). Nurses who feel committed are inclined to voluntarily help colleagues, uphold hospital reputation, and contribute beyond formal requirements.
7. H7: Mediation via culture and commitment, Supported. Organizational culture ($\beta_{ind} = 0.232$; $p = 0.000$) and organizational commitment ($\beta_{ind} = 0.099$; $p = 0.022$) both mediate the influence of transformational leadership on OCB. Culture is the stronger mediator, indicating that leadership's influence becomes durable and impactful when embedded into shared norms.

Summary of Contributions

This study contributes to:

1. Theory: by clarifying that leadership effects on OCB in healthcare are indirect, mediated by culture and commitment, and context-dependent.

2. Methodology: by employing SEM-PLS in a dual-mediation model in a public hospital context.
3. Practice: by demonstrating that leadership development programs must be complemented by deliberate culture-building and commitment-enhancing interventions.

Theoretical Implications

1. Refinement of Leadership–OCB Relationship. The study refines the commonly assumed simple path “Transformational Leadership → OCB” and confirms the importance of intervening variables. This aligns with and extends models proposing mediators like trust, justice, and empowerment by specifically emphasizing culture and commitment in a healthcare context.
2. Integration of Social Exchange and Institutional Perspectives. The results indicate that both individual-level exchange mechanisms (commitment) and organizational-level institutional mechanisms (culture) are necessary to fully understand OCB. This suggests that future theories should adopt multilevel frameworks to avoid over-simplifying leadership outcomes.
3. Contextualization of OCB in Healthcare. OCB in hospitals is ethically and professionally loaded, not merely discretionary “good citizenship.” This study indicates that OCB theories must account for clinical and ethical dimensions, especially in high-risk environments.

Methodological Implications

1. Utility of SEM-PLS in Healthcare HRM Research. By successfully modeling complex relationships with mediators and multiple latent variables using a moderate sample size ($N = 155$), the study demonstrates the suitability of SEM-PLS in nursing and healthcare management research, where sample sizes are often constrained.
2. Importance of Dual Mediator Models. The adoption of a dual mediating structure (culture and commitment) highlights the necessity for researchers to avoid single-mediator simplifications. Behavioral outcomes like OCB are seldom explained by single pathways.
3. Need for Multi-Source and Longitudinal Designs. Although this study uses cross-sectional survey data, the findings suggest that future work should incorporate longitudinal or multi-wave designs, as changes in leadership, culture, and commitment are likely dynamic over time.

Managerial Implications

1. Leadership Development Programs
 - a. Invest in structured leadership training emphasizing transformational behaviors: articulating vision, role modeling ethics, individualized support, and intellectual stimulation.
 - b. Encourage leaders to translate abstract values into daily practices, such as debriefing after critical incidents, recognizing teamwork, and openly discussing ethical challenges.
2. Deliberate Culture-Building Interventions
 - a. Formalize and socialize the hospital’s core values (e.g., CERIA: fast, empathetic, responsive, innovative, actively serving) through orientation programs, rituals, storytelling, internal campaigns, and symbols.
 - b. Create forums where nurses can discuss how to apply hospital values to real clinical dilemmas, thereby deepening cultural internalization.
3. Strengthening Organizational Commitment
 - a. Implement fair, transparent, and inclusive HR practices related to promotion, shift scheduling, and performance appraisal.
 - b. Offer career development opportunities, continuous education, and recognition mechanisms that communicate to nurses that the organization invests in their future.
4. Embedding OCB in Performance and Feedback Systems
 - a. While OCB should remain discretionary, leaders can signal its importance by acknowledging, celebrating, and informally rewarding behaviors such as helping colleagues, mentoring juniors, and safeguarding hospital reputation.

Policy Implications

1. Incorporating Leadership and Culture into Hospital Accreditation. Accreditation programs can integrate leadership and cultural indicators, such as evidence of transformational leadership efforts, safety culture, and teamwork quality.
2. Designing National Frameworks for Nurse Engagement. Policymakers could encourage hospitals to adopt staff engagement frameworks, with guidelines for leadership development, culture assessments, and OCB-enhancing practices.
3. Supporting Research and Benchmarking. More systemic support is required to promote evidence-based management in public hospitals, including comparative studies on culture, leadership, and OCB across

regions and hospital types.

Implications for Nursing Practice and Professional Identity

From a professional viewpoint, the study reinforces that:

1. OCB is not merely a favor to the leader, but an expression of professional identity as a nurse, committed to patient welfare and collegial solidarity.
2. Participation in OCB can be framed as part of clinical excellence, e.g., mentoring junior nurses, contributing to quality improvement committees, and participating in hospital-wide initiatives.
3. Nurse leaders at the ward level can play a critical role as role models, demonstrating that professionalism includes not only technical competence but also organizational citizenship.

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