

Leadership Function and Job Satisfaction on Organizational Citizen Behavior (OCB) with Readiness to Change as an Intervening Variable

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Abstract

Background: This study is based on the results of initial observations that inform the number of patient complaints related to the quality of service from patients in 2023. **Objective:** The purpose of this study is to empirically reveal the influence of leadership function and job satisfaction on OCB with readiness to change as an intervening variable. **Method:** This research was conducted at a type B private hospital in Tangerang City. The research was carried out in the period May – June 2024. The type of research is included in the quantitative with a cross sectional study design. The population used is nurses with permanent employee status. The sampling technique uses non-probability, with a calculation that multiplies the number of indicators by 5 observations, so that the number of samples is 180 respondents. The data collection technique uses a questionnaire, and the analysis method uses the three-box method and SEM analysis. **Result:** The results of the analysis prove that the leadership function and readiness to change are influential to OCB with readiness to change as an intervening variable, leadership function and job satisfaction are dependent on readiness to change and OCB, leadership function, job satisfaction and readiness to change have an effect on OCB. Readiness to change is the dominant variable that is able to increase OCB with a coefficient of 0.71

Keywords: nurses, electronic medical record, technology readiness, technology acceptance model



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INTRODUCTION

In increasing the OCB of nurses, the role of a leader who is able to carry out his functions well and shows his concern for the needs of nurses is needed so that he can build the level of OCB of nurses (1). The OCB level of nurses is related to job satisfaction related to their association within the organization (2). It has an impact on the OCB level of nurses is the readiness of nurses to changes that occur in the organization (3). OCB nurses include aspects of altruism, conscientiousness, sportsmanship, courtesy and civic virtue (4).

A leader who is able to adjust to the expectations of his members can build the OCB level (5). The leadership function seeks to adjust to the psychological condition of the members of the organization, which help the readiness of its members to change the organizational climate (6), because the leadership function has a positive effect on the readiness to change (7).

The leadership function is an important role for the OCB level of its members (8). leaders are expected to be able to show their function in building the motivation of their members, so that they will shape the citizenship behavior of their members that are able to exceed the expectations of the organization (9), and leadership functions related to aspects of planning, organizing, directing and supervising (10).

Job satisfaction is an illustration of the conformity of expectations related to the fulfillment of needs, the conduciveness of the work environment and organizational support that will play a role in building the OCB level of nurse (11). Job satisfaction can shape an individual's readiness for change (12). Although sometimes resistance to change often occurs because the benefits of change to the organization are not always aligned with the interests of the individual related to their job satisfaction (13), but when individuals feel satisfaction in carrying out their role in the organization, then the situation will shape their readiness for change (14), and job satisfaction affects the increase in nurses' OCB (Lin & Chang, 2019) (15). However, job satisfaction is related to aspects of salary, promotion, supervision, colleagues and the job itself (16).

Readiness to change describes the beliefs, attitudes and intentions of individuals regarding the changes made by the organization in order to continue to exist in the

face of competition (17). In addition to the readiness of change will determine the level of individual OCB in carrying out their role as a member of the organization (18).

RS X is a class B hospital, since the change of ownership and name of the hospital, followed by a change of leadership and management, and also sets high standards for the quality of nursing services, as well as implementing information technology systems in supporting nursing services as well as implementing electronic medical records. In addition, the owner also made a change of leadership in the hospital management ranks, this made all employees have to adapt to the new leadership function. This new management team comes from several different hospitals, so in leading they have different leadership patterns, so it is difficult for employees to follow the directions of the leaders. Employees are required to have behaviors that show a willingness to have a high level of tolerance in the face of unfavorable conditions for them, without complaining, and these circumstances lead employees to face conflicts when following directions from different leaders. But since the change of management and also the direction of the organization desired by the new management, there have been several problems, where nurses are constrained in the transition to manual work that has been carried out, moving to digital-based work, as well as the use of electronic medical records in supporting work activities. In addition, based on information from HRD managers, the assessment results have decreased compared to 2022.

It can be seen that the number of nurses who have a C grade has decreased from 73% to 54%, and the D value in 2022 is only 12% while in 2023 it will reach 34%. The number of nurses who get substandard grades because they are unable to meet the service quality standards set by the new management, indicates the problem of weak OCB levels of nurses against the demands of the new organization. This raises the problem of dissatisfaction with nurses, because they consider that they have tried but lack leadership support so that they are unable to achieve KPIs.

In addition, from the results of the interview with the manager of the Patient Experience Division, it was also informed that there were complaints for nurses related to

nurse services both in inpatient, outpatient, and emergency room. Complaints to nurses in the January-April 2024 period entered through emergency room, outpatient, and inpatient patient satisfaction surveys are 185 out of 4333 complaints or 4%. The number of patient complaints related to the problem of friendliness and responsiveness of nurses to immediately meet patient needs, indicates the problem of the weak OCB level of nurses in realizing quality services. It is likely related to the culture that was embedded before the hospital acquisition.

Referring to these information, it can be seen that the problems that arise after the hospital is acquired, cause problems at the OCB level of nurses to be able to meet the demands of the new organization according to the applicable standards, and the OCB problems of nurses are related to leadership functions, job satisfaction and readiness of nurses to change, which is supported by some relevant research, but relevant studies There has been no one that unites the variables of leadership function, job satisfaction and readiness to change in influencing OCB in one whole study, and there has been no one that has made readiness to change as a mediator of the relationship between leadership function and job satisfaction to OCB, so that this study has a novelty that unites these variables in one whole study, and makes readiness to change as a mediator, and on these grounds, this study aims to determine the influence of leadership function and job satisfaction on OCB with readiness to change as an intervening variable.

METHOD

Design

This research was conducted at Hospital X located in Tangerang. This study is included in the quantitative type with a cross sectional study design that aims to analyze temporary issues through data collection, and a descriptive approach is used to describe the actual state of each variable studied

Participants and Data Collection Techniques

The population in this study is nurses totaling 240 nurses. The sampling technique uses purposive sampling. The determination of the number of samples refers to the number of questionnaire indicators multiplied by five

observations, so that the minimum number of respondents required is $36 \text{ items} \times 5 = 180$ respondents. The sample criteria must meet the inclusion criteria and exclusion criteria, which are as follows: Inclusion Criteria: (1) Be a nurse on duty in an inpatient and outpatient installation. (2) Implementing nurses. (3) Working period > 1 year. Exclusion Criteria: (1) Nurse with contract status. (2) Not willing to be a respondent. The data source was obtained from primary data by collecting data using a survey method through a questionnaire developed by itself based on the dimensions adopted from previous research on each variable, using a Likert point scale of 4 -1.

Instruments

The OCB instrument measurement is intended to measure the level of nurses' ability to work beyond organizational expectations, with the dimension altruism, conscientiousness, sportsmanship, courtesy and civic virtue (4) and consists of 10 statements. The measurement of leadership function instruments is intended to measure Nurses' perception of the leadership function carried out by the section head, with the dimension planning, organizing, directing and supervising (10) and consists of 8 items of statements. The measure of job satisfaction instruments is intended to measure Nurses' views on the conformity of expectations with what they actually feel when carrying out their work, with the dimensions of salary, promotion, supervision, colleagues and the job itself (16) and consists of 10 statements. Measurement of the readiness to change instrument is intended to measure Nurses' readiness to carry out the implemented changes, with dimensions suitability, management support, belief in one's ability to change, and personal gain (19) and consists of 8 items of statements. The pretest was carried out through the CFA test with the conclusion. In the leadership function variable, there is 1 indicator that is invalid, namely in FK7 because it has a < factor content of 0.6. In the job satisfaction variable, there are 3 invalid indicators, namely in KK2. KK8 and KK10. Meanwhile, in the variable of readiness to change and OCB, all of which have a > factor charge of 0.60. Therefore, every indicator that has a factor load of < 0.60 is eliminated and all indicators that have a factor

load of >0.60 are continued at the research stage.

Data Analysis Techniques

Descriptive statistical analysis is used to describe the actual state of each research variable with the approach three box method referring to opinions which divides the interval scale is divided into three size ranges consisting of 45 – 90 low categories (L), 90.1 – 135 medium categories (M) and 135.1 – 180 high categories (H). Test the hypothesis using Structure Equation Modelling (SEM) with the help of the Lisrel program. The decision to accept the hypothesis by referring to the t-value value > 1.96 (20). Data quality tests use validity and reliability tests. The reliability test uses Cronbach's Alpha measurement with a > value of 0.6. The Validity value refers to the VE value with the condition that if the VE value ≥ 0.5, it is declared valid.

RESULT

Characteristic of Respondents

Based on the results of the analysis of 180 respondents surveyed, in respondents by gender, the highest number of respondents were female as many as 144 respondents (80%). In respondents based on age, the most aged 31 - 35 years were 68 respondents (38%). In the respondents based on the last education, the most D3 was 86 respondents (48%). In the category of respondents based on working period, the most with a range of 6-10 years of service were 79 respondents (44%).

Construct Validity and Reliability Test

Based on the results of the analysis, it is known that all VE values have a > value of 0.5 so that all instruments contained in the variables are declared valid, and all variables also show CR values > 0.7 so it is concluded that the variables studied are reliable, and the research can be continued to the next stage

| | Standard value | Result | Conclusion |
|--------------------|----------------|--------|-----------------|
| AGFI | ≥0.90 | 0.93 | <i>Good fit</i> |
| CFI | ≥ 0.90 | 0.98 | <i>Good fit</i> |
| GFI | ≥ 0.90 | 0.97 | <i>Good fit</i> |
| YOUTH | ≥ 0.90 | 0.98 | <i>Good fit</i> |
| RFI | ≥ 0.90 | 0.95 | <i>Good fit</i> |
| NNFI | ≥ 0.90 | 0.98 | <i>Good fit</i> |
| NFI | ≥ 0.90 | 0.96 | <i>Good fit</i> |
| Probability | < 0.05 | 0.000 | <i>Good fit</i> |

| | | | |
|--------------|---------|-------|-----------------|
| RMSEA | < 0.071 | 0.071 | <i>Good fit</i> |
|--------------|---------|-------|-----------------|

Based on the table above, all indicators that show good match results are, so the research model can be said to *be a good fit* to measure the relationship between latent variables and observed variables. So that the state of *good fit* based on the results of the above analysis shows that the model to be studied has a simultaneous linear relationship.

In the analysis of substructure 1 produces the function of the direct influence equation $Z=0.56(X1)+0.35(X2)$, the results explain that the leadership function and job satisfaction have a positive effect on the readiness to change, so that with efforts to improve the leadership function and job satisfaction, the readiness to change will increase by 56% through the leadership function and 35% through job satisfaction. The coefficient of determination showed a value of 0.48, which means that both variables contributed 48% in creating readiness to change, and it explained that leadership functions and job satisfaction had a moderate contribution in creating readiness to change.

Table 3. Summary of Hypothesis Test

| Total Influence | T-Value | Conclusion |
|---|---------|-------------|
| Leadership function→Readiness to change→OCB | 9.11 | H1 Accepted |
| Job satisfaction→Readiness to change→OCB | 6.58 | |
| Direct Influence | T-Value | Conclusion |
| Leadership function→Readiness to change | 7.42 | H2 Accepted |
| Job satisfaction→Readiness to change | 5.23 | H3 Accepted |
| Leadership Functions →OCB | 3.63 | H4 Accepted |
| Job satisfaction →OCB | 3.17 | H5 Accepted |
| Readiness to change→OCB | 9.82 | H6 Accepted |

In the analysis of substructure 2 produced the function of the direct influence equation $Y=0.19X1)+0.14(X2)+0.71(Z)$, the results explain that the leadership function, job

satisfaction and readiness to change have a positive effect on OCB, so that with efforts to improve leadership functions, job satisfaction and readiness to change, then OCB will increase by 19% through leadership functions, 14% through job satisfaction and 71% through readiness to change. The coefficient of determination showed a value of 0.82 which means that leadership functions, job satisfaction and readiness to change contributed by 82% in creating OCB, and is in the category of strong influence.

The Influence of Leadership Function and Job Satisfaction on OCB with Readiness to Change as an Intervening Variable

The results of the analysis concluded that the leadership function and job satisfaction have an effect on OCB with readiness to change as an intervening variable, as evidenced by the comparison of T Value $9.10 > 1.96$ and $6.58 > 1.96$, so that with the readiness to change, the leadership function and job satisfaction can be higher in improving OCB.

The situation shows that with the behavior of nurses who believe in change, then their obedience to the section head who performs their functions and the attitude of willingness to sacrifice formed through job satisfaction, make nurses respect the organizational goals that have been set, so that they show behavior OCB in carrying out their role as nurses.

It can be seen from the results of the analysis *three box method*, Readiness to change is dominated by the aspect of personal gain, where nurses are confident that they will get more open promotion opportunities, and are confident that they will get more training opportunities, then their compliance with the section head and the job satisfaction they feel, make them able to show behavior OCB higher than without the readiness to change. But if you refer to the results of the analysis *three box method*.

The weakness can be seen in the aspect of believing in one's ability to change, which describes nurses who are constrained to believe that they can immediately adjust to the current leadership, and are constrained to believe that they can immediately adjust to the current organizational culture, so that it is predicted to reduce behavior OCB. They when the section head is optimal in supervising work, and the

salary system that has been set has been carried out based on qualifications.

The results of this study are in line with research that concludes that leadership functions have a positive effect on readiness to change (7), job satisfaction affects the increase in nurses' OCB (15), a nurse who is prepared for the organization's climate change will be professional in exceeding the organization's expectations of its performance, because readiness to change shapes nurses' confidence in organizational goals, thus affecting the OCB level (14).

The Influence of Leadership Functions on Readiness to Change

The results of the analysis concluded that the leadership function has an effect on the readiness to change, as evidenced by the comparison of T Value $7.42 > 1.96$, which means that by improving the leadership function more effectively, the readiness of nurses to change can increase. The situation shows the behavior of nurses who are obedient to the leadership function carried out by the section head, so they believe in the climate of change that the organization expects, and are ready to support the change.

It can be seen from the results of the analysis *three box method* that nurses strongly support the supervisory function carried out by the section head because they consider the section head to play an active role in supervising nurses, so that they are ready to change because they are confident that with the changes set by the organization, they will get more open promotion opportunities, and get more training opportunities.

However, in the results of the analysis *three box method*, there is a weakness in the function of the section head in carrying out planning, where the nurse feels that the section head does not care about the needs of nurse development, so that the nurse is not confident that he can immediately adjust to the current leadership and is not confident that he can immediately adjust to the current organizational culture. These results are in line with research that concludes that by doing good planning, nurses will support the change in the organizational climate set by management, by showing readiness to change.

The results are in line with research that concludes that the leadership function must

strive to adjust to the psychological conditions of organizational members, so that it will help the readiness of its members to organizational climate change (6), because the leadership function has a positive effect on the readiness to change (7).

The Effect of Job Satisfaction on Readiness to Change

The results of the analysis concluded that job satisfaction affects the readiness to change, as evidenced by the comparison of T Value $5.23 > 1.96$, so that with the creation of job satisfaction, the readiness of nurses to change can increase. The situation shows that nurses feel job satisfaction in carrying out their roles in the organization, so that a self-sacrificing behavior is formed that directs them to readiness to change and be confident in the changes set by the organization.

It can be seen from the results of the analysis *three box method*, Nurses' job satisfaction is dominated by the salary aspect which according to them the payroll system is determined based on qualifications, so that nurses' readiness to change is formed because they feel that they get personal benefits with the climate of change set by the organization. But it can be seen from the analysis *three box method*, the weakness is in the aspect of colleagues, where they feel constrained in cooperating with colleagues, so that it becomes an obstacle in forming their confidence to be able to change.

These results are in line with research that concludes that job satisfaction can shape an individual's readiness for change (12). When individuals feel satisfaction in carrying out their role in the organization, then the situation will shape their readiness for change (14).

The Influence of Leadership Function on OCB

The results of the analysis concluded that the leadership function is influential in OCB as evidenced by the comparison of T Value $3.63 > 1.96$, then by increasing the effectiveness of the leadership function, the level of OCB Nurses in carrying out their role as members of the organization can increase. The situation shows the behavior of nurses who are obedient to the leadership function carried out by the section head, so that they respect the goals of the organization set, by showing behavior OCB while carrying out his role.

It can be seen that nurses obey the leadership function carried out by the section head because they feel that the section head plays an active role in supervising the nurses, so that an attitude of politeness is formed by trying to respect the opinions of colleagues even though they do not agree, and follow the direction of the section head for quality service.

While the analysis *three box method* It shows weaknesses in the aspect of the planning system run by the section head, where the nurse feels that the section head does not care about the needs of nurse development, which makes nurses constrained to always communicate with colleagues for optimal work results, and constrained to establish interprofessional cooperation to prevent patient safety incidents. For this reason, it is important to carry out work planning wisely by paying attention to development needs, in order to foster a good attitude of every nurse who carries out his role as a member of the organization, so that they always try to communicate with colleagues for optimal work results, and try to establish interprofessional cooperation to prevent patient safety incidents.

These results are in line with research that concludes that leadership functions that are able to adjust to the expectations of their members will build a level of OCB (5). Leadership function is an important role for the level of OCB Members (8), and leaders are expected to be able to implement leadership functions that seek to build the motivation of their members, so that they will shape the citizenship behavior of their members that are able to exceed the expectations of the organization (9).

The study also found weaknesses in the aspect of the directing, where the nurses feels that the section head did not direct the nurses to provide quality services, so that the nurses lacked motivation to work persistent to achieve organizational goals in providing quality services. For this reason, hospitals need to appoint the section head as a leader who is able to influence other people to obey his orders in order to achieve organizational goals through human resource direction activities (10).

The Effect of Job Satisfaction on OCB

The results of the analysis concluded that job satisfaction has an effect on OCB which is evidenced by the comparison of T Value $3.17 >$

1.96, so that by increasing the job satisfaction of nurses in carrying out their roles as members of the organization, the behavior of *OCB* nurses can improve. The situation shows that nurses' job satisfaction directs them to self-sacrificing behavior, they respect the goals of the organization set, by showing behavior *OCB* while carrying out his role.

It can be seen that nurses' job satisfaction is dominated by the aspect of salary which is assessed based on qualifications, so that an attitude of politeness is formed by trying to respect the opinions of colleagues even though they do not agree, and follow the direction of the section head for quality service. But the analysis *three box method* showing weaknesses in the aspect of colleagues, where nurses feel constrained to invite colleagues to cooperate, thus making nurses constrained to always communicate with colleagues for optimal work results, and constrained to establish interprofessional cooperation to prevent patient safety incidents.

For this reason, it is important to form a conditioning relationship between colleagues who are willing to work together to support the achievement of organizational goals, so that nurses always try to communicate with colleagues for optimal work results, and strive to establish interprofessional cooperation to prevent patient safety incidents. This result is in line with research that concludes that job satisfaction is an illustration of the conformity of expectations related to the fulfillment of needs, the conduciveness of the work environment and organizational support that will play a role in building the level of *OCB* nurse (11), and job satisfaction affects the increase *OCB* nurse (15).

This study also found weaknesses in the supervision aspect, where nurses feels that the section head had not paid attention to career development, so the nurses felt they lacked attention from the leader. This can cause nurse dissatisfaction, because they do not get a response to the work that has been carried out. For this reason, the head of the room needs to carry out supervision, so that nurses can feel a response to all aspects of their work, so that nurses are willing to sacrifice their resources to achieve organizational goals (16).

The Effect of Readiness to Change on *OCB*

The results of the analysts concluded that the readiness to change has an effect on *OCB* which is evidenced by the comparison of $TValue\ 9.82 > 1.96$, so that with the formation of nurses' readiness to change, the behavior of *OCB* nurses can improve. The situation shows that nurses believe in the change in the organizational climate set by management so that they are ready to change, which makes them respect the organizational goals set, by showing behavior *OCB* while carrying out his role.

It can be seen from the results of the analysis *three box method*, The climate of change set by the organization is felt to generate personal benefits for nurses, where they are confident that they will get more open promotion opportunities, and are confident that they will get more training opportunities. So that an attitude of politeness is formed by always trying to respect the opinions of colleagues even if they do not agree, and follow the direction of the section head for quality service.

However, the analysis *three box method* Showing weakness in the aspect of nurses' trust in their ability to change, where they feel less confident that they can immediately adjust to the current leadership, and less confident that they can immediately adjust to the current organizational culture, so that nurses are constrained to always communicate with colleagues for optimal work results, and are constrained to establish interprofessional cooperation to prevent patient safety incidents.

The results are in line with research that concludes that the readiness of nurses to change in meeting the organization's demands for a quality service, will shape civic behavior that exceeds organizational expectations (21). The readiness of change will determine the level of individual *OCB* in carrying out their role as a member of the organization (18). A nurse who is prepared for the organization's climate change, will be professional and exceed the organization's expectations for its performance because readiness to change shapes nurses' confidence in organizational goals, thus affecting the *OCB* level (14).

This study also found weaknesses in the suitability aspect, which illustrates that nurses are hampered in believing that the established SOPs can shape nursing discipline and do not

believe that the implementation of information technology has the aim of supporting quality services. The results of this research are predicted to reduce nurses' OCB because the attitude shown is a form of nurses' unpreparedness to react to the changes they face. For this reason, action needs to be taken to strengthen beliefs, attitudes and intentions regarding change and the organization's capacity to carry out these changes

CONCLUSION

The results concluded that leadership function and job satisfaction had an effect on OCB with readiness to change as an intervening variable. Leadership functions and job satisfaction have a positive and significant effect on readiness to change. Leadership functions, job satisfaction and readiness to change have a positive and significant influence on OCB. Readiness to change is able to mediate the relationship between leadership functions and satisfaction with OCB. Readiness to change is the dominant variable that is able to increase OCB compared to leadership functions and job satisfaction as evidenced by a coefficient of 0.71. The study was limited to including only the analysis unit of nurses with permanent employee status, without including other nurses with contract status, so it is recommended to further include the analysis unit of nurses with contract status in order to be able to compare the OCB level of each still.

Managerial Implications

The following are several managerial implications that can be conveyed in this research, so that they can be useful as a reference for organizations in making improvements related to the actual situation of each research variable:

- a. Planning and directing are low dimensions of the leadership function. To improve the planning function, it is necessary to improve the To increase readiness to change in the suitability aspect, management increases the socialization of technology-based performance, so that nurses feel confident that the information technology provided aims to support their work in providing quality services.
- b. To build trust and convince nurses that they can immediately adapt to the current leadership, management can hold monthly

unit coordination meeting discussion forums attended by management and the nursing division, carry out walkarounds, and create a safe reporting system, so that nurses will support the changes. organizational climate established by management, by demonstrating readiness for change.

- c. To increase nurses' OCB, management can carry out activities that are useful in improving teamwork, for example filling employee gatherings with out bound activities rather than other activities that are just for fun. training system by providing leadership training to room heads so that they are able to create nurse work programs in accordance with the organization's mission, and it is necessary to review the recruitment system to see the accuracy of meeting the qualification and competency needs of prospective room heads. In addition, management needs to review the position promotion program as an effort to increase nurse development needs.
- d. Supervision and co-workers are the weakest dimensions of the job satisfaction variable. Management needs to improve the supervision system in an effort to ensure that nurses feel responsive to all aspects of their work and feel satisfied because they feel the quality of supervision is good and their work is cared for. To improve the co-worker aspect, it is necessary to improve the effective communication system between nurses and the conflict management system so that adaptive collaborative relationships can be established so that co-workers are easy to work with.
- e. Conformity and confidence in one's ability to change are the weakest dimensions in the readiness to change variable. To increase nurses' confidence in the SOP, management needs to improve the SPO distribution system to nurses, directly to the nurses, not only through the online documentation system provided by the hospital, and there is evidence of the implementation of this socialization. To improve conformity, actions need to be taken to strengthen nurses' beliefs, attitudes and intentions regarding what changes need to be made and the organization's capacity to make these changes. To increase nurses' self-confidence, it is necessary to improve the

supervision system with a mentoring concept that seeks to provide psychological assistance and also apply the role model concept, so that nurses believe they can immediately adapt to current leadership, and believe they can immediately adapt to the current organizational culture.

- f. Sportsmanship and Civic virtue are the weakest dimensions of the OCB variable. To improve the Sportsmanship aspect, it is necessary to form an attitude of tolerance towards other nurses and support nurses in adapting. To improve the Civic Virtue aspect, it is necessary to improve the work planning system, by applying the concept of cooperation so that nurses always try to communicate with colleagues for optimal work results, and a To increase readiness to change in the suitability aspect, management increases the socialization of technology-based performance, so that nurses feel confident that the information technology provided aims to support their work in providing quality services.

Recommendation

Based on the weaknesses found in each aspect contained in the research instrument and the limitations of the research, here are several suggestions that can be put forward for organizational progress and the development of science.

Recommendation for Hospitals

Based on the weaknesses found in each aspect contained in the research instrument, the following are several suggestions that can be put forward for organizational progress:

- a. In carrying out the leadership function of planning and directing, management should provide room heads with leadership training.
- b. To form nurses' job satisfaction with the quality of supervision, management can conduct training in supervision techniques, especially training in supervision techniques which have never been carried out at EMC Tangerang Hospital, namely Group Supervision and Team of Staff Supervision.
- c. Create supervision guidelines and observation formulas that are appropriate to the aspects observed in nurses.
- d. To form nurses' job satisfaction with their relationships with their co-workers,

management can hold a team building program that will form an adaptive spirit of cooperation, conduct effective communication training between nurses, conflict management training, or conduct innovation competitions or quality control groups to improve cooperation. .

- e. To increase readiness to change in the suitability aspect, management increases the socialization of technology-based performance, so that nurses feel confident that the information technology provided aims to support their work in providing quality services. To build trust and convince nurses that they can immediately adapt to the current leadership, management can hold monthly unit coordination meeting discussion forums attended by management and the nursing division, carry out walkarounds, and create a safe reporting system, so that nurses will support the changes. organizational climate established by management, by demonstrating readiness for change.
- f. To increase nurses' OCB, management can carry out activities that are useful in improving teamwork, for example arrange employee gatherings agenda without bound activities rather than other activities that are just for fun.

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