

The Effect of Organizational Citizenship Behavior (OCB) on Counterproductive Work Behavior: The Mediating Role of Citizenship Fatigue and Burnout and The Moderating Role of Perceived Organizational Support (POS) among Healthcare Workers

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Abstract

Healthcare workers, particularly nurses, are required to maintain high professionalism, rapid response, and patient safety, yet excessive work demands may trigger psychological fatigue and counterproductive work behavior. This study aimed to analyze the effect of Organizational Citizenship Behavior (OCB) on Counterproductive Work Behavior (CWB) through the mediating roles of citizenship fatigue and burnout, as well as the moderating role of Perceived Organizational Support (POS) among healthcare workers in Jombang Regency. This research employed a quantitative explanatory approach involving nurses working in hospitals, health centers, and clinics. Respondents were selected using purposive sampling, with criteria including active nurses with at least one year of work experience and direct involvement in health services. Data were collected through an online Likert-scale questionnaire and analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS. The results showed that OCB significantly increased citizenship fatigue, while citizenship fatigue significantly increased burnout and CWB. Burnout also had a significant positive effect on CWB. However, OCB directly reduced CWB, indicating its dual role. POS significantly weakened the relationship between OCB and citizenship fatigue but did not moderate the relationship between OCB and burnout. In conclusion, excessive OCB may create psychological costs, but organizational support can reduce its negative effects.

INTRODUCTION

Healthcare is a crucial sector that demands high accuracy, quick response, and seamless professionalism (Al-Assaf et al., 2024; Alubaie et al., 2024; Boda & Immaneni, 2024; Handa et al., 2026; Sciences et al., 2018). Every dynamic and action in it is directly intersecting with the highest stakes, namely the safety of human lives (patient safety). However, behind these ideal demands, health service institutions are currently faced with an internal threat that is destructive to the quality of services, namely the rampant phenomenon of Counterproductive Work Behavior (CWB) among health workers, especially the nursing profession. CWB is an action taken by employees deliberately that has the potential or intention to harm the organization and its stakeholders, including patients and colleagues (Cohen & Abdo, 2024; Elliethey et al., 2024; Siddiqui et al., 2025).

Counterproductive Work Behavior (CWB) in the health sector has a more serious impact

than other sectors because it is directly related to patient safety and service quality. CWB can appear in the form of behavior that is detrimental to the organization (CWB-O), such as tardiness, absenteeism, disciplinary violations, and decreased work rigor, as well as behavior that is detrimental to interpersonal relationships (CWB-I), such as disrespectful communication, lack of empathy for patients, and low cooperation with colleagues. In nursing practice, even the slightest counterproductive behavior, such as delays in responding to patient needs or negligence in medical records, can increase the risk of disservice that impacts patient safety. In addition, because health services are interdependent between medical personnel, counterproductive behavior from one individual can disrupt team coordination, reduce service effectiveness, and damage public trust in health institutions.

The phenomenon of CWB and the decline in service quality is not just a theoretical assumption, but has become a reality that is clearly portrayed at the national and local levels. The phenomenon of declining service quality due to fatigue is clearly illustrated by the increasing friction in the interaction between health workers and the community. Field data and mass media reports often highlight cases of service that are considered slow, unfriendliness of officers in the treatment room, and miscommunication incidents that lead to disputes. In Indonesia, research on CWB among health workers indicates that this behavior is often a downstream symptom of unaddressed work stress. This is strengthened by the case at the Jombang Regency Hospital, many public complaints about slow/problematic services; several news reports mention cases of childbirth and infant deaths associated with alleged poor service (KOMPAS, 2022). Research (Gilang, 2025) also found that the mental workload of Jombang emergency room nurses can be high, and this is related to their performance, the East Java Ombudsman (OMBUDSMAN RI, 2024) published findings of maladministration that mentioned problems in health services, for example difficulties in the processing of Practice Licenses for pharmacists/health workers that have an impact on services.

The emergence of this counterproductive work behavior (CWB) should not be viewed narrowly as a pure form of the deterioration of the morality or individual indiscipline of the nurse. Psychologically and sociologically, CWB is a downstream symptom of the accumulation of extreme work pressure and chronic fatigue (burnout) experienced by global and national health workers. The World Health Organization (WHO, 2024) also emphasized that health workers are in a "welfare crisis", marked by increased stress, anxiety, and emotional fatigue that trigger the emergence of the phenomenon of compassion fatigue.

The phenomenon of work pressure on health workers has become a global issue that has received wide attention from various international institutions. A meta-analytical study conducted by (Molina-Praena et al., 2018) on 38 studies with a total of 6,092 nurses in the Medical Area (MA) found that the burnout rate in nurses was at an alarming level. The results of the meta-analysis showed that 31% of nurses experienced high emotional exhaustion, 24% experienced high depersonalization, and 38% experienced low personal accomplishment.

This condition is reinforced by other research that shows that about one-third of healthcare workers in various countries experience burnout, and about 25% of them experience anxiety or depression due to work pressure during and after the pandemic (Nagarajan et al., 2024; Smallwood & Willis, 2021)

National research shows that burnout in health workers in Indonesia is quite high. A large study involving health workers in various regions of Indonesia reported a prevalence of burnout

of around 37.5%; This prevalence is higher in medical personnel (44.6%) than nurses (33.5%) and midwives (36.2%) (Lamuri et al., 2023). Research published locally also indicated that nurses are vulnerable to compassion, fatigue, fatigue, and the emotional burden of caregiving, which contributes to a decrease in the quality of services and the risk of mental health problems. (Prayogo & Ariana, 2023).

Jombang Regency faces serious challenges in the provision of health workers. With a population of around 1.3 million people and high mobility of students and students, the need for health workers is much greater than the existing availability. Based on the national health worker ratio standard, Jombang Regency should have around 7,300 health workers, but the number available is only around 4,145 people. This gap leads to a high workload of health workers, characterized by service hours that often exceed standards and the number of patients that must be handled well above the ideal capacity. This condition encourages health workers to carry out Organizational Citizenship Behavior (OCB), which is voluntary behavior that goes beyond formal duties in order to maintain the continuity of health services

Although OCB provides benefits to organizations, its continuous implementation can have negative impacts in the form of citizenship fatigue and burnout. Citizenship fatigue is physical and psychological fatigue due to excessive involvement in extra-role behaviors, while burnout is characterized by emotional fatigue, decreased motivation, and reduced involvement in work. Based on the theory of Conservation of Resources (COR), individuals who continuously lose psychological resources tend to experience stress and have the potential to show Counterproductive Work Behavior (CWB), such as declining service quality, delayed response to patients, and work behavior that is detrimental to the organization. In the health sector, this condition risks compromising patient safety and the quality of health services.

Perceived Organizational Support (POS) is an important factor that can reduce the negative impact of OCB on psychological fatigue. Organizational support in the form of awards, attention to employee welfare, and the provision of adequate work resources can help health workers maintain a healthy psychological state. However, research on the relationship between OCB, citizenship fatigue, burnout, CWB, and the role of POS moderation in health workers, especially nurses in Jombang Regency, is still very limited. Therefore, this study was conducted to analyze the influence of OCB on CWB through the mediation of citizenship fatigue and burnout, as well as to test the role of POS moderation in these relationships.

METHOD

This study used a quantitative approach with explanatory research methods to analyze the influence of Organizational Citizenship Behavior (OCB) on Counterproductive Work Behavior (CWB) through the mediating role of Citizenship Fatigue and Burnout, as well as the role of Perceived Organizational Support (POS) moderation. The research population is all nurses who work in hospitals, health centers, and health clinics in Jombang Regency. The sample was determined using a purposive sampling technique with the criteria of active nurses who have a minimum working period of one year and are directly involved in health services. Data was collected through an online questionnaire using the Likert scale which was distributed in the period November 2025 to March 2026. Data analysis was carried out using Partial Least Squares Structural Equation Modeling (PLS-SEM) through SmartPLS software. The analysis stages include data cleaning, evaluation of measurement models (outer models) through

validity and reliability tests, evaluation of structural models (inner models) through testing R-square values, effect size, and multicollinearity, and hypothesis testing, mediation, and moderation using the bootstrapping method with a significance level of 5%.

RESULTS AND DISCUSSION

Uji Hypothesis

The hypothesis test was carried out using the bootstrapping method on SmartPLS to determine the direct, indirect, and moderation influences between research variables. The test is carried out by looking at *the path coefficient, t-statistic, and p-value values*.

1. Direct Effect Test

Table 1. Direct Influence Test Results

| Hypothesis | Relationships Between Variables | β (Original Sample) | T-Statistic | P-Value | Verdict |
|------------|---------------------------------|---------------------------|-------------|---------|----------|
| H1 | OCB → Citizenship Fatigue | 0,221 | 2,033 | 0,042 | Accepted |
| H2 | OCB → Burnout | -0,093 | 1,403 | 0,161 | Rejected |
| H3 | Citizenship Fatigue → Burnout | 0,746 | 13,418 | 0,000 | Accepted |
| H4 | Citizenship Fatigue → CWB | 0,219 | 2,288 | 0,022 | Accepted |
| H5 | Burnout → CWB | 0,304 | 3,746 | 0,000 | Accepted |
| H6 | OCB → CWB | -0,516 | 9,466 | 0,000 | Accepted |

Source 17: data processed

a. H1: The Effect of OCB on Citizenship Fatigue

The results of the first hypothesis test showed that *Organizational Citizenship Behavior* (OCB) had a positive and significant influence on *Citizenship Fatigue* with a path coefficient value (β) of 0.221, a *t-statistic* value of 2.033, and a *p-value* of 0.042 (<0.05). Thus, H1 is accepted.

These results show that the higher the OCB behavior carried out by individuals, the higher the level of *citizenship fatigue* felt. This condition indicates that extra-role behavior that is carried out continuously can drain the psychological and emotional energy of individuals so that it causes fatigue in carrying out organizational civic behavior.

b. H2: The Effect of OCB on Burnout

The test results showed that OCB had a negative but insignificant effect on *burnout* with a β value of -0.093, a *t-statistic* value of 1.403, and a *p-value* of 0.161 (>0.05). Thus, H2 was rejected.

These results show that OCB does not have a significant direct influence on *burnout*. This means that the extra role behavior performed by the individual does not directly cause the appearance of *burnout*. This indicates that *burnout* may arise through certain psychological processes, such as *citizenship fatigue*, rather than through the direct influence of OCB itself.

c. H3: The Effect of Citizenship Fatigue on Burnout

The test results showed that *Citizenship Fatigue* had a positive and significant effect on *burnout* with a β value of 0.746, a *t-statistic* value of 13.418, and a *p-value* of 0.000 (<0.05). Thus, H3 is accepted.

These results show that the higher the level of *citizenship fatigue* experienced by individuals, the higher the level of *burnout* felt. These findings indicate that burnout due to the demands of extra behavior in an organization can develop into a more severe and chronic

condition of work burnout

d. H4: Effect of Citizenship Fatigue on CWB

The test results showed that *Citizenship Fatigue* had a positive and significant effect on *Counterproductive Work Behavior* (CWB) with a β value of 0.219, a *t-statistic* value of 2.288, and a *p-value* of 0.022 (<0.05). Thus, H4 was accepted.

These results show that the higher the *citizenship fatigue* experienced by individuals, the higher the tendency to appear counterproductive work behavior. This condition shows that psychological fatigue due to the demands of extra behavior can trigger the appearance of negative behavior at work.

e. H5: Effects of Burnout on CWB

The test results showed that *burnout* had a positive and significant influence on *Counterproductive Work Behavior* (CWB) with a β value of 0.304, a *t-statistic* value of 3.746, and a *p-value* of 0.000 (<0.05). Thus, H5 was accepted.

These results show that the higher the *burnout* experienced by individuals, the higher the counterproductive work behavior shown. Individuals who experience emotional and psychological fatigue tend to experience a decrease in self-control and work motivation so that they are more susceptible to negative behavior in the work environment.

f. H6: Effect of OCB on CWB

The test results showed that OCB had a negative and significant influence on *Counterproductive Work Behavior* (CWB) with a β value of -0.516, a *t-statistical* value of 9.466, and a *p-value* of 0.000 (<0.05). Thus, H6 was accepted.

These results show that the higher the OCB behavior that an individual has, the lower the counterproductive work behavior that arises. Individuals who have voluntary behavior helping organizations and coworkers tend to show a more positive work attitude, thus reducing the tendency to engage in behavior that is detrimental to the organization.

2. Indirect Effect Test

Indirect effect testing was carried out to determine the influence between variables through mediator variables in the research model. The test was carried out using the bootstrapping method on SmartPLS by looking at *the original sample* (β), *t-statistic*, and *p-value*. Indirect influence is declared significant if it has a *p-value* of < 0.05 and a *t-statistic* of > 1.96.

Table 2. Indirect Influence Test Results

| Indirect Influence | β (Original Sample) | T-Statistic | P-Value | Verdict |
|---|------------------------------|-------------|---------|----------|
| OCB → Citizenship Fatigue → Burnout | 0,165 | 2,014 | 0,044 | Accepted |
| OCB → Citizenship Fatigue → CWB | 0,048 | 1,417 | 0,157 | Rejected |
| OCB → Burnout → CWB | -0,028 | 1,279 | 0,201 | Rejected |
| OCB → Citizenship Fatigue → Burnout → CWB | 0,050 | 1,850 | 0,064 | Rejected |

Source 17: data processed

Based on the results of the indirect influence test, it is known that the influence of *Organizational Citizenship Behavior* (OCB) on *burnout* through *citizenship fatigue* has a positive and significant effect with a β value of 0.165, t-statistic of 2.014, and p-value of 0.044. These results show that *citizenship fatigue* is able to mediate the relationship between OCB

and *burnout*.

Meanwhile, the indirect influence of OCB on *Counterproductive Work Behavior* (CWB) through *citizenship fatigue* showed insignificant results with a *p-value* of 0.157. This shows that *citizenship fatigue* has not been able to mediate the relationship between OCB and CWB.

Furthermore, the indirect influence of OCB on CWB through *burnout* also showed insignificant results with a *p-value* of 0.201. These results indicate that *burnout* is not able to mediate in the relationship between OCB and CWB.

In addition, the indirect influence of OCB on CWB through *citizenship fatigue* and *burnout* in a chain also showed insignificant results with a *p-value* of 0.064. Thus, *citizenship fatigue* and *serial burnout* have not been able to mediate the relationship between OCB and CWB significantly.

3. Moderation Test

The moderation test was carried out to find out whether *Perceived Organizational Support* (POS) was able to strengthen or weaken the influence of *Organizational Citizenship Behavior* (OCB) on *burnout* and *citizenship fatigue*. The test was carried out using the *bootstrapping* method on SmartPLS by looking at the *original sample* (β), *t-statistic*, and *p-value*. The moderation effect is stated to be significant if it has a *p-value* of < 0.05 and a *t-statistic* of > 1.96 .

Table 3. Moderation Test Results

| Hypothesis | Relationships Between Variables | β (Original Sample) | T-Statistic | P-Value | Verdict |
|------------|--|---------------------------|-------------|---------|----------|
| H7a | POS \times OCB \rightarrow Burnout | 0,089 | 1,470 | 0,142 | Rejected |
| H7b | POS \times OCB \rightarrow Citizenship Fatigue | -0,197 | 2,219 | 0,027 | Accepted |

Source 18: data processed

Based on the results of the moderation test, it was known that the effect of *Perceived Organizational Support* (POS) moderation on the relationship of *Organizational Citizenship Behavior* (OCB) to *burnout* showed insignificant results with a β value of 0.089, *t-statistic* of 1.470, and *p-value* of 0.142. Thus, H7a was rejected. These results show that *Perceived Organizational Support* (POS) has not been able to significantly strengthen or weaken the relationship between OCB and *burnout*.

Meanwhile, the effect of POS moderation on the relationship between OCB and *citizenship fatigue* showed significant results with a β value of -0.197, *t-statistic* of 2.219, and *p-value* of 0.027. Thus, H7b is accepted. The negative coefficient value shows that POS weakens the influence of OCB on *citizenship fatigue*. This means that the higher the organizational support felt by individuals, the lower the influence of OCB on *citizenship fatigue*. Conversely, when organizational support is low, OCB's behavior tends to increase *citizenship fatigue* more easily.

From the results of the data analysis that has been carried out, in this study there are eight supported hypotheses. Further discussion of the influence that is or is not accepted will be explained in the following sub-section.

The Impact of Organizational Citizenship Behavior (OCB) through Citizenship Fatigue

The results of the first hypothesis test showed that Organizational Citizenship Behavior (OCB) had a positive and significant effect on citizenship fatigue with a path coefficient value (β) of 0.221, a t-statistical value of 2.033, and a p-value of 0.042 (<0.05). Thus, H1 is accepted. These findings indicate that the higher the intensity of the extra role behavior carried out by the nurse, the higher the level of psychological fatigue felt due to the demands of the organization's civic behavior. Although the value of the pathway coefficient is relatively moderate ($\beta = 0.221$), its statistical significance confirms that this relationship is not just a coincidence, but rather reflects a real and systematic psychological mechanism in the context of nursing work.

This finding can be explained in depth through the framework of the Conservation of Resources (COR) Theory put forward by Hobfoll (1989). This theory states that each individual is motivated to acquire, maintain, and protect the resources they have — whether in the form of physical energy, emotional capacity, time, or social support. When such resources are consistently depleted in the absence of adequate recovery, individuals will enter a state of stress and exhaustion.

In the context of this study, OCB is basically a resource-depleting activity consuming individual psychological resources outside the limits of formal tasks. Whenever a nurse assists an understaffed colleague, replaces off-schedule shifts, or provides extra attention to patients outside of office hours, she indirectly transfers her emotional and physical energy to the organization without direct compensation from a formal reward system. In the short term, this action may not feel burdensome. However, when it is done repeatedly, continuously, and at high intensity as happened in health facilities in Jombang Regency that lack manpower, the loss spiral (resource loss spiral) described by Hobfoll (1989) begins to work: the loss of one unit of resources increases the vulnerability to the next resource loss, until the individual reaches a point of exhaustion known as citizenship fatigue.

Logically, the positive relationship between OCB and citizenship fatigue can be understood through three interrelated mechanisms.

1. Resource depletion mechanism: OCB inherently consumes an individual's energy, time, and emotional capacity which is actually limited. No human being has an infinite capacity to continue giving without receiving back.
2. social pressure mechanism: in the Indonesian nursing environment that is thick with the values of mutual cooperation and professionalism, OCB often no longer feels like a voluntary choice but an implicit demand that is not written. When an individual commits OCB not of their own volition but because of social pressure or hesitation, the psychological burden becomes multiplied.
3. Effort-reward imbalance mechanism: When nurses consistently go the extra mile but do not get the recognition, reward, or recovery they deserve, perceptions of inequity begin to form and accelerate the emergence of fatigue stemming from the helpful behavior itself.

The results of this study are supported by the research of Mark C. Bolino et al. in a study (Bolino et al., 2015) which specifically introduced the construct of citizenship fatigue and concluded that intensive involvement in OCB was carried out on 273 employees from various organizations found that the relationship between OCB and citizenship fatigue was positive, especially when individuals did not receive organizational support and did not feel any appreciation for their extra contributions. Another supporting research is the article (Haldorai

et al., 2025) confirming that overworked extra work behaviors are a real "dark side" of OCB, where work culture factors that demand high sacrifices, lack of recovery opportunities, and organizational pressure are the catalysts that reinforce the emergence of citizenship fatigue. In a more local context,

Although most studies show that OCB has a positive effect on citizenship fatigue, some studies show different results. (Bolino et al., 2015) found that the relationship between OCB and citizenship fatigue is conditional it can weaken when individuals have high organizational support, have good team relationships, and do not feel pressure to perform OCB. This conditional finding is even more relevant in this study, considering that the results of moderation testing show that POS has been shown to weaken the influence of OCB on citizenship fatigue, which will be discussed further in the next subchapter.

In the specific context of Jombang Regency, the magnitude of OCB's influence on citizenship fatigue cannot be separated from the structural conditions behind it. The gap of nearly 3,000 health workers from ideal needs creates a situation in which OCB is no longer purely voluntary behavior, but has shifted to compulsory citizenship behavior, an extra behavior that is carried out not on the basis of intrinsic motivation, but because of situational pressure to cover up the shortage of personnel. Nurses who have to care for more than 30 patients per shift, replacing absent colleagues, while also carrying out additional administrative duties, are in a situation where the boundaries between formal duties and extra roles have been completely blurred. In this condition, each OCB action not only consumes already limited energy, but also narrows the space for psychological recovery that should be available. The normalization of OCB in the work culture of Indonesian nurses where refusal to help can be considered unprofessional or unempathetic further strengthens the mechanism of social pressure that exacerbates citizenship fatigue.

Overall, based on research that has been conducted, it is shown that OCB has a positive influence on citizenship fatigue.

The Impact of Organizational Citizenship Behavior (OCB) through Burnout

The results of the study showed that Organizational Citizenship Behavior (OCB) had a negative but not significant effect on burnout. The result is shown by a β value of -0.093 with a p-value of 0.161 (>0.05). Thus, the hypothesis that OCB has a significant positive effect on burnout is rejected.

These results show that OCB behavior carried out by health workers does not necessarily directly cause burnout. Interestingly, the direction of the negative coefficient actually indicates a tendency that OCB in a certain dose has the potential to be protective against burnout, not the other way around. Although individuals perform extra behaviors outside of their formal duties, the condition does not automatically develop into chronic work burnout. In this study, burnout seems to be more influenced by gradual psychological processes, especially through citizenship fatigue, than the direct influence of OCB itself.

In the specific context of Jombang Regency, there are several factors that explain why OCB does not have a direct effect on burnout in this study sample.

1. characteristics of relatively experienced respondents. The majority of respondents (43.4%) have a working period of 3–5 years, with most (27%) having a background in professional education as a nurse. Nurses who are experienced enough tend to have better coping

mechanisms, higher adaptability, and a stronger professional identity so that they are able to perform OCB without immediately falling into a state of burnout.

2. burnout and OCB levels are in contrasting categories. Descriptive data showed that the average OCB score was in the high category (3.87), while the burnout score was in the low category (2.56). This condition indicates that even though nurses are actively doing OCB, their burnout condition is not yet at a critical point. This means that the current OCB has not drain enough resources to cause burnout directly, but has only given rise to citizenship fatigue as an early warning sign.
3. The role of citizenship fatigue mediation is more dominant. The results of the mediation test confirmed that citizenship fatigue is the main psychological bridge between OCB and burnout. This indicates that burnout in nurses in Jombang Regency does not occur instantly due to OCB, but through a gradual process: OCB first triggers citizenship fatigue, and if this fatigue is not managed, then it develops into more chronic burnout.

To understand why OCB has no direct effect on burnout, it is important to first understand the fundamental difference between citizenship fatigue and burnout in a theoretical framework. Burnout as defined by Maslach et al. (2001) is a chronic psychological syndrome consisting of three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. In contrast to citizenship fatigue which is situational and specific to OCB activities, burnout is a condition that develops cumulatively in the long term due to the accumulation of various unhandled work stressors.

For some nurses, doing OCB actually provides a sense of purpose, intrinsic satisfaction, and strengthening of professional identity. When a nurse succeeds in helping a struggling colleague or giving extra attention to a patient in need, he or she gains resources in the form of emotional satisfaction and social rewards that can temporarily compensate for the depletion of resources due to OCB itself. This condition may explain the direction of the negative coefficient found in this study, namely OCB to a certain extent can actually be a psychological resource that protects from burnout, not causes it.

However, when OCB is carried out continuously until it exceeds the individual's recovery capacity and triggers citizenship fatigue, then the process towards burnout begins. In other words, the OCB pathway to burnout is gradual and mediated, not direct and these findings are precisely confirmed by the results of a mediation test showing that citizenship fatigue significantly mediates the relationship between OCB and burnout ($\beta = 0.165$; $p = 0.044$).

The rejection of H2 in this study is in line with a number of previous empirical findings. (Ayu Wicaksana et al., n.d., 2019) who found that OCB had no significant effect on burnout in health workers at Sentosa Hospital Bogor. The study explained that health workers are still able to carry out OCB behavior without experiencing burnout directly due to teamwork and the demands of work professionalism in the hospital environment. (Anggawira, 2019) also found a positive but insignificant relationship between OCB and burnout, with the explanation that work adaptability and individual control to work pressure are buffer factors that prevent OCB from developing directly into burnout. (Jang et al., 2021) added that not all forms of OCB are directly related to burnout. The study found that some forms of extra behavior in the workplace do not cause burnout because they are considered light social activities that do not drain the individual's psychological energy too much. However, there are several other studies that show different results, namely that OCB can have a significant effect on burnout. (Andini et al.,

2025), (Fu et al., 2022).

The difference in the results of the study shows that the relationship between OCB and burnout is greatly influenced by the organizational context, social support, work culture, and how individuals interpret OCB behavior in their work. In this study, OCB does not seem to be strong enough to directly trigger burnout, but rather gives rise to citizenship fatigue which then develops into burnout.

The Impact of Citizenship Fatigue through Counterproductive Work Behavior (CWB).

The results of the study showed that Citizenship Fatigue had a positive and significant effect on Counterproductive Work Behavior (CWB). The results were evidenced by a β value of 0.219 and a p-value of 0.022 (<0.05). Thus, the hypothesis that Citizenship Fatigue has a significant positive effect on CWB is accepted.

Its statistical significance confirms that this relationship is real and consistent. The higher the citizenship fatigue that nurses feel, the greater their tendency to exhibit counterproductive behavior in response to the depletion of psychological resources experienced. When individuals feel tired, drained, and no longer have sufficient psychological resources, individuals tend to experience decreased self-control, work motivation, and concern for the organization, making them more susceptible to counterproductive behavior.

In the specific context of nurses in Jombang Regency, there are several contextual factors that explain why citizenship fatigue can drive CWB even though the CWB level is descriptively still relatively low (average 2.31).

1. Accumulated fatigue that is not properly channeled. The work culture of nursing in Indonesia demands that nurses always be professional and dedicated so that they tend to endure perceived complaints or dissatisfaction. As a result, the build-up of burnout can appear in the form of counterproductive behaviors that are indirect or hidden.
2. There is a possible imbalance between contributions and awards received. This condition shows that the extra contribution made by nurses is not always followed by comparable awards. These feelings can give rise to perceptions of injustice that encourage the emergence of counterproductive behavior as a form of psychological compensation.
3. The stressful nature of a nurse's job also strengthens the relationship. Most of the respondents came from emergency rooms/ER units (27.3%) who have high work demands, need a quick response, and face critical situations every day. In these conditions, fatigue due to OCB can decrease tolerance to stress and increase the risk of developing CWB.

The results of this study are supported by research (Spanouli & Hofmans, 2016) which explains that the pressure to continue to perform extra-organizational behavior can trigger counterproductive work behavior as a form of psychological compensation. (Peyrat-Guillard et al., 2024) also found that fatigue and pressure due to citizenship behavior can increase withdrawal and abuse behavior as a form of CWB. Another supporting study is (Song et al., 2023) which found that compulsive and psychologically exhausting citizenship behaviors can increase CWB, especially when interpersonal trust and support levels are low. In addition to supporting research, there are also studies that show different results. Research (sackett, et al, 2006) found that citizenship and CWB behaviors tend to have a negative relationship.

Based on the results of the study, Citizenship Fatigue has been proven to have a significant positive effect on Counterproductive Work Behavior (CWB). This shows that the

higher the psychological fatigue due to the demands of extra behavior in the organization, the higher the tendency of individuals to engage in counterproductive work behavior. This condition occurs because individuals who experience emotional fatigue and draining psychological resources tend to experience a decrease in self-control, work motivation, and concern for the organization. However, some research suggests that these relationships can differ depending on the organization's support, individual commitment, and work culture.

The Effect of Burnout on Counterproductive Work Behavior (CWB).

The results of the study show that burnout has a positive and significant effect on Counterproductive Work Behavior (CWB). The results were evidenced by a β value of 0.304 and a p-value of 0.000 (<0.05). Thus, the hypothesis that burnout has a significant positive effect on CWB is accepted.

These results show that the higher the level of burnout experienced by individuals, the higher the tendency to develop counterproductive work behaviors. Individuals who experience emotional exhaustion, depersonalization, and decreased self-achievement tend to experience decreased emotional control, work motivation, and concern for the organization, making them more susceptible to negative behavior in the work environment.

Logically, the effect of burnout on Counterproductive Work Behavior (CWB) can be explained because burnout causes nurses to experience physical, emotional, and mental fatigue which reduces their ability to control themselves and make optimal decisions. This condition causes nurses to become more easily frustrated, emotional, and prone to displaying inappropriate work behavior. In addition, burnout can also reduce empathy and concern for patients and colleagues, so that the quality of interaction and service decreases. On the other hand, nurses who experience burnout tend to feel underappreciated and lose emotional attachment to the organization, so the motivation to perform at their best is reduced. The accumulation of burnout, frustration, and decreased commitment can ultimately lead to various forms of counterproductive behavior, such as reducing work quality, procrastinating work, withdrawing from responsibilities, or showing negative attitudes toward the work environment.

In the context of nurses in Jombang Regency, burnout can encourage the emergence of Counterproductive Work Behavior (CWB) even though the average burnout rate is still relatively low to moderate (2.56). This is because the work of nurses demands high precision, empathy, and consistency, so even relatively mild fatigue can affect the quality of work behavior. In addition, the level of burnout is likely to be uneven in each work unit. Data shows that 27.3% of respondents work in the emergency room/emergency room and 10.1% in the ICU. Nurses who work in the emergency room/ER and ICU, who have higher work pressure, have the potential to experience greater burnout than other units. The impact of burnout can also be stronger when nurses work in conditions that do not support recovery, such as high workloads, limited manpower, and demands to continue to make extra contributions. This condition makes it difficult for nurses to get adequate rest time so that fatigue continues to accumulate. On the other hand, there are still limited organizational programs to help manage stress and burnout, such as counseling or psychological support, causing the fatigue experienced by nurses to not be handled properly. The accumulation of these conditions can ultimately increase the risk of various forms of counterproductive work behavior.

The results of this study are supported by a study (Wallace et al, 2023) which found that

burnout has a significant positive influence on CWB. Another supporting study is (Ugwu et al., 2017) conducted on hospital nurses in South Korea. The study found that burnout significantly increased CWB, especially in the form of withdrawal behaviors such as decreased work effort, avoidance of responsibility, and decreased service quality. In addition, the research (Mărgulescu, 2020) also supports the results of this study. The study, which was conducted on hospital health workers in China, found that burnout increases counterproductive work behaviors because individuals experience prolonged emotional distress and mental exhaustion due to high job demands.

In general, the results of this study show that burnout is one of the important factors that can increase counterproductive work behavior. When individuals experience continuous burnout without adequate support and recovery, individuals tend to experience a decline in the quality of work behavior and are more prone to commit actions that are detrimental to the organization.

The Effect of Citizenship Fatigue on Burnout

The results of the study showed that Citizenship Fatigue had a positive and significant effect on burnout. This finding is one of the strongest findings in the study, as reflected in the very large path coefficient value with a β value of 0.746 and a p-value of 0.000 (<0.05). Thus, the hypothesis that Citizenship Fatigue has a significant positive effect on burnout is accepted.

These results show that the higher the level of citizenship fatigue experienced by individuals, the higher the level of burnout felt. Citizenship fatigue describes a state of psychological fatigue due to the demands of extra behavior in an organization that is carried out continuously. When individuals feel that their emotional and mental energy is drained because they have to always help, be active, and work beyond their formal roles, the condition can develop into more chronic burnout. The Conservation of Resources (COR) theory explains that individuals have limited psychological resources. When these resources continue to be used without adequate recovery, individuals will experience prolonged fatigue that then develops into burnout.

The magnitude of the coefficient of the citizenship fatigue pathway to burnout ($\beta = 0.746$) in this study cannot be separated from the context of nurses' work in Jombang Regency. The shortage of health workers, which reached nearly 3,000 personnel, caused nurses to have to perform OCB continuously as part of their daily work routine, not just voluntary behavior that was carried out occasionally. As a result, the fatigue that arises is chronic and more at risk of developing into burnout. The risk is increasing as many nurses work more than 8 hours per day with the number of patients often exceeding ideal capacity, so the opportunity to recover physical and psychological energy becomes very limited. In addition, in Indonesian nursing culture, fatigue is often considered part of dedication and professionalism, so the early signs of citizenship fatigue tend to be overlooked and not treated immediately. This condition is exacerbated by the limited early detection system and mental health support in most health facilities in Jombang Regency. As a result, citizenship fatigue that should have been overcome from the beginning continued to accumulate and develop into more serious burnout, which ultimately explains the strong association between citizenship fatigue and burnout in this study ($\beta = 0.746$).

The strong relationship between citizenship fatigue and burnout can be understood

because fatigue that arises from doing too many extra behaviors at work does not stop at these activities. Nurses who are already tired of helping colleagues, taking on additional tasks, or contributing outside of their formal duties must still carry out their main responsibilities as health workers. As a result, the decreasing physical and mental energy makes every job demand feel heavier and fatigue continues to pile up. Over time, fatigue that was initially only related to extra activities began to extend to all aspects of work, such as serving patients, coordinating with teams, and completing administrative tasks. In addition, when nurses feel that the extra effort they put in is underappreciated or is considered normal, their motivation and morale can decrease. This condition can give rise to a cynical attitude towards work and organization, which is one of the main characteristics of burnout. Therefore, the higher the citizenship fatigue experienced by nurses, the greater their risk of experiencing burnout.

This finding is in line with various previous studies (Lanaj et al., 2019) explaining that fatigue due to the demands to continue doing OCB can develop into burnout if it is not balanced with adequate support and recovery. In the context of healthcare workers, (Li et al. 2024) found that emotional fatigue had a strong impact on the psychological well-being of nurses, (Molina-Praena et al. 2018) reported that many nurses experienced high levels of emotional fatigue as one of the indicators of burnout. (Prayogo and Ariana, 2023) which shows that nurses are vulnerable to experiencing emotional fatigue due to the demands of work and the constant burden of service, thereby increasing the risk of burnout and reducing the quality of services provided.

In general, the results of this study show that citizenship fatigue is one of the important factors that can increase burnout. The higher the psychological fatigue due to the demands of extra behavior in the organization, the more likely an individual is to experience more serious and prolonged work burnout.

The Impact of Organizational Citizenship Behavior (OCB) through Counterproductive Work Behavior (CWB).

The results of the study showed that Organizational Citizenship Behavior (OCB) had a negative and significant effect on Counterproductive Work Behavior (CWB). The results were evidenced by a β value of -0.516 and a p-value of 0.000 (<0.05). Thus, the hypothesis that OCB has a significant effect on CWB is accepted, but the direction of influence found is negative.

These results show that the higher the OCB behavior that an individual has, the lower the tendency to appear counterproductive work behavior. Individuals who have voluntary behavior to help the organization, co-workers, and show concern for the work environment tend to have a higher attachment and moral responsibility to the organization so that they are less likely to commit negative behavior that is detrimental to the organization.

These findings are in line with Social Exchange Theory which explains that individuals who have a positive relationship with the organization tend to reciprocate through positive work behaviors and avoid negative behaviors. When individuals have commitment, loyalty, and a sense of belonging to the organization through OCB behavior, individuals will better maintain their behavior so that it does not harm the organization.

The results of this study are supported by a study (Sackett et al., 2006) which found that OCB has a significant negative relationship with CWB. The study was conducted on a diverse sample of organizational employees and showed that individuals with high OCB levels tended

to have low counterproductive work behaviors due to having higher organizational commitment and prosocial orientation. The study found that OCB was able to reduce deviant behavior in the workplace because individuals with high levels of citizenship behavior tended to be more compliant with organizational norms and had a high sense of social responsibility.

Thus, in this study, OCB is more dominant in playing a positive role as a positive behavior that is able to suppress the emergence of counterproductive work behaviors. This shows that individuals who have a high level of concern for the organization and the work environment tend to keep their behavior in line with the organization's goals and avoid actions that can harm the organization and colleagues.

The Impact of Organizational Citizenship Behavior (OCB) on Citizenship Fatigue with Perceived Organizational Support (POS) as a Moderation Variable

The results of the study showed that Perceived Organizational Support (POS) was able to moderate the influence of Organizational Citizenship Behavior (OCB) on Citizenship Fatigue negatively and significantly. The results were evidenced by a β value of -0.197 and a p-value of 0.027 (<0.05). Thus, the hypothesis that POS weakens the influence of OCB on Citizenship Fatigue is accepted.

These results show that the higher the organizational support felt by individuals, the weaker the influence of OCB on citizenship fatigue. On the other hand, when organizational support is low, OCB's behavior tends to cause citizenship fatigue more easily. This means that organizational support can be a buffering effect that helps individuals reduce psychological fatigue due to the demands of extra behavior at work.

These findings are in line with the Conservation of Resources (COR) theory which explains that individuals need resources to meet the demands of work. In this study, POS acts as a psychological and social resource that helps individuals maintain their emotional energy when performing extra behaviors in organizations. When individuals feel valued, supported, and cared for by the organization, OCB's negative impact on psychological fatigue becomes lower.

In the specific context of nurses in Jombang Regency, there are several factors that explain why the effect of POS moderation on the relationship between OCB and citizenship fatigue is proven to be significant even with a moderate effect size. First, the POS level in this study is in the high category but still moderately (3.50), so it is strong enough to reduce the negative impact of OCB on citizenship fatigue, but it has not been able to eliminate it completely. This suggests that further improvements in POS primarily through improvements in the dimension of organizational fairness and more proportionate rewards have the potential to amplify the effect of this moderation substantially. In addition, the research sample came from various types of health facilities, namely hospitals (54.7%), inpatient health centers (24%), outpatient health centers (7.9%), and clinics (11.6%), which may have different qualities and forms of organizational support. These differences in experience in receiving organizational support can cause the power of POS influence as a moderator to vary, resulting in a significant moderation effect but still at a moderate level.

The results of this study are supported by research (Bolino et al., 2015) by Mark C. Bolino who found that perceived organizational support is able to weaken the relationship between OCB and citizenship fatigue. The study explains that individuals who feel supported and

rewarded by organizations are less likely to feel burned out despite doing extra behaviors at work. The research was conducted on employees from various organizations using the multi-wave study method.

In addition, the study (Fu et al., 2022) explains that organizational support and leadership that cares about employee health can reduce the negative impact of OCB on fatigue and burnout. Research conducted on corporate employees in China showed that individuals who received high organizational support tended to be better able to manage the stress of extra behavior at work.

In addition to supporting research, there are also studies that show different results. Another study found that organizational support is not always able to reduce OCB burnout if individuals face too high a workload and prolonged work pressure. The study explains that in conditions of extreme work demands, organizational support is sometimes not strong enough to significantly reduce fatigue.

In general, the results of this study show that POS has an important role as a protective factor in the relationship between OCB and citizenship fatigue. High organizational support can help individuals reduce the impact of psychological fatigue due to extra behavior so that individuals can still carry out positive behaviors without experiencing excessive emotional distress.

The Effect of Organizational Citizenship Behavior (OCB) on Burnout with Perceived Organizational Support (POS) as a moderation variable

The results showed that Perceived Organizational Support (POS) was not able to moderate the influence of Organizational Citizenship Behavior (OCB) on burnout significantly. The results were evidenced by a β value of 0.089 and a p-value of 0.142 (>0.05). Thus, the hypothesis that POS weakens the influence of OCB on burnout is rejected. These results show that the high level of organizational support felt by individuals has not been able to provide a significant change in the relationship between OCB and burnout. In other words, the existence of POS does not significantly strengthen or weaken the influence of OCB on burnout.

One of the possible causes of the insignificant moderation relationship is that the direct influence of OCB on burnout in this study is also insignificant. This condition shows that OCB has not directly become the main source of burnout in health workers. Burnout seems to be more influenced by other factors such as workload, emotional stress at work, role conflicts, work environment conditions, and gradual psychological processes such as citizenship fatigue.

In addition, burnout is a more complex and chronic psychological condition than citizenship fatigue. Organizational support may still be effective enough to reduce early psychological fatigue such as citizenship fatigue, but it is not necessarily strong enough to prevent burnout that has developed due to the accumulation of long-term work pressure.

In the context of nurses in Jombang Regency, the failure of Perceived Organizational Support (POS) in moderating the relationship between OCB and burnout can be explained by several factors. First, the results showed that the influence of OCB on burnout was more common through citizenship fatigue ($\beta = 0.165$; $p = 0.044$). This means that before burnout appears, nurses first experience burnout due to the demands of extra behavior at work. Because POS has been shown to play a role in reducing citizenship fatigue, its protective effect tends to

work at that stage so that it is no longer strong enough to directly moderate the relationship between OCB and burnout. Second, burnout is a condition that is influenced by various factors at the same time, such as high workload, emotional pressure in caring for patients, work environment conditions, and personal factors. Therefore, although POS provides benefits for nurses, it has not been strong enough to significantly change the relationship between OCB and burnout which is influenced by many other factors.

The results of this study are supported by research that found that perceived organizational support is not always able to reduce the negative impact of work demands on burnout, especially when individuals face high and prolonged work pressure. The study explains that in conditions of heavy workloads, organizational support is sometimes not enough to overcome chronic work burnout.

In addition, research (Bas & Çınar, 2021; Li et al., 2024) also showed that the relationship between organizational support and burnout is not always directly significant because burnout is influenced by various psychological factors and other working conditions. The study was conducted on health workers and found that organizational support is more effective in reducing initial work stress than chronic burnout.

In general, the results of this study show that POS has not been able to become a significant moderation factor in the relationship between OCB and burnout. This indicates that burnout in health workers may be more influenced by other complex factors than just OCB behavior and organizational support that individuals feel.

CONCLUSION

Based on the results of research on health workers in Jombang Regency, it can be concluded that Organizational Citizenship Behavior (OCB) has a complex influence on employee behavior and psychological conditions. OCB has been proven to increase citizenship fatigue, which in turn has a positive effect on burnout and Counterproductive Work Behavior (CWB). Burnout has also been shown to increase the tendency to appear counterproductive work behaviors. On the other hand, OCB directly negatively affects CWB, which suggests that extra-role behavior can reduce work behaviors that are detrimental to the organization. This study also found that Perceived Organizational Support (POS) was able to weaken the influence of OCB on citizenship fatigue, but was unable to moderate the relationship of OCB to burnout. In addition, citizenship fatigue has been shown to mediate the relationship between OCB and burnout, but citizenship fatigue and burnout are not able to mediate the relationship between OCB and CWB significantly. These findings reinforce the concept of the dark side of OCB, which is that extra-role behaviors performed excessively can drain an individual's psychological resources and trigger burnout, while at the same time being able to have a positive impact on the organization. Therefore, organizations need to create a supportive work environment through appreciation, psychological support, workload balance, and employee welfare improvement so that the benefits of OCB can be optimized without negatively impacting the psychological health of health workers.

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