ORIGINAL ARTICLE

The Impact of Leadership and Organizational Culture on Health Workers' Job Satisfaction: An OCB Study at Public Health Centers in Jember

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ABSTRACT

Background: Job satisfaction in the health sector has become an important issue because it is a positive emotional state resulting from a job evaluation. Welfare policies for health professionals in various organizations can play a role, indicating that understanding work policies can affect job satisfaction. This study aims to analyze the influence of leadership and work culture on job satisfaction based on the organizational citizenship behavior (OCB) model on health workers at the Jember Regency Health Center. **Methods**: This study used a cross-sectional design with the population being health workers at the Jember Regency Health Center. This study involved 128 participants who were determined using simple random sampling techniques. The analysis in this study used logistic regression testing. **Results**: The results found that health workers reported the most transactional leadership styles (34.4%), clan culture (36.7%), and the level of job satisfaction was mostly low (53.9%). Logistic regression analysis shows that leadership style (OR: 6.155; 95%CI: 2.543-14.89) and work culture (OR: 4.016; 95%CI: 2.393-4.673) have a significant effect on the level of job satisfaction. **Conclusions**: Building a process of psychosocial change among health workers is necessary for leaders to form and maintain a transformational leadership style and clan culture as an effort to increase job satisfaction.

Keywords: Leadership, work culture, job satisfaction, organizational citizenship behavior

INTRODUCTION

Job satisfaction in the healthcare sector has emerged as a critical issue, representing a positive emotional state resulting from an individual's evaluation of their job or work experience. The level of job satisfaction reflects the overall satisfaction across multiple job dimensions and influences health workers' behavior, which ultimately impacts organizational functioning and the quality of healthcare services (Karaferis & Aletras, 2022). Beyond individual consequences, job satisfaction significantly contributes to the provision of high-quality healthcare and serves as a vital factor in reducing physical and mental health problems among healthcare professionals (Hoxha & Simeli, 2024).

Previous studies have revealed that healthcare professionals (HCPs) in Europe are more exposed to psychosocial risk factors in the workplace compared to other professions, leading to negative health consequences such as stress, fatigue, burnout, and emotional and physical demands, all of which affect job satisfaction (Gustavsson & Diepen, 2023). A similar pattern has been obeserved in Indonesia, where low job satisfaction among healthcare professionals is linked to a higher intention to leave their current jobs or practice settings (Maharani & Afief, 2024).

Work, as a value-laden and meaningful activity, enables individuals to fulfill biological, social, economic, and psychological needs including the need for achievement, recognition, respect, belonging, and self actualization

(Tomaszewska & Kowalczuk, 2024). These values are closely linked to job satisfaction, which tends to arise when one's work aligns with personal and professional standards (Hermansson & Norström, 2024).

Variations in workplace policy implementation across healthcare organizations may influence job satisfaction, highlighting the importance of employees' understanding of work-related policies (Zhao & Lu, 2025). Organizational culture also referred to as work culture or organizational climate plays a significant role in shaping employees' perceptions, experiences, and interpretations of their work environment (Santana & Pérez-Rico, 2023). The impact of organizational climate on individual outcomes, organizational performance, and healthcare delivery is well documented, often measured through psychological climate scores or other behavioral metrics (Junça-Silva & Freire, 2022).

Research suggests that leadership plays a crucial role in reducing employee burnout and improving healthcare service quality by designing and implementing targeted interventions. In a fast paced globalized world, effective healthcare leadership has become increasingly vital (Digele & Burgess, 2020). Leadership, as a dynamic and evolving process, has the potential to foster personal and professional development among staff. Strong leadership enhances medical service quality, patient safety, and satisfaction by establishing visions, developing competencies, and motivating teams (Zhao & Liu, 2024).

Work culture reflects how healthcare workers perceive and engage with their organizational environment. Positive and healthy interactions within the workplace have practical implications for effective management (Mutonyi & Slåtten, 2022). As the personality of an organization, work culture significantly influences employee development and well-being. A key element of sustained care coordination is the presence of a work culture and leadership style that upholds values such as teamwork, collaboration, and excellence. Coordination in healthcare entailing the organization of people and resources to meet patient needs relies on effective information exchange among stakeholders. Although work culture is a fundamental component of care coordination, evidence on the direct relationship between organizational culture and coordination is still limited (Runtu & Novieastari, 2019).

Leadership and work culture have gained prominence in research discussions, with studies suggesting that both variables offer strategic advantages. In healthcare, work culture has been recognized as a determining factor for service outcomes, clinical results, efficiency, employee effectiveness, and organizational performance. These values influence how healthcare professionals particularly doctors and nurses make decisions and behave within their organizations (Domínguez & Rodríguez, 2024).

Organizational Citizenship Behavior (OCB) is an important framework for understanding the extra-role behaviors exhibited by healthcare professionals. OCB encompasses a multidimensional range of positive staff behaviors that benefit organizational development. It is particularly relevant in social interactions, as it enhances the perceived status of individuals who actively contribute as colleagues or team members (Idris & Nanang, 2021). OCB also strengthens employee commitment, which is crucial for hospital sustainability (Zurahmi, 2019). For leaders, OCB serves as a vital aspect of encouraging subordinates to exceed formal job expectations. Leadership plays a decisive role in shaping such behaviors (Idris & Setiawan, 2020).

Leadership, understood as the ability to influence others, is essential in guiding individual behavior toward achieving organizational goals. Good leaders are those who can inspire their team to work harder and exhibit better performance (Supriyanto & Ekowati, 2020). Moreover, research has consistently shown that job satisfaction significantly drives OCB among healthcare workers (Ng & Choong, 2021). Empirical evidence demonstrates that individuals who are satisfied with their jobs are more likely to display positive behaviors, such as voluntary helping. Job satisfaction is also a direct predictor of three major OCB dimensions: compliance, loyalty, and participation (Narzary & Palo, 2020).

Organizational citizenship behavior comprises three main elements: employee's personal traits, attitudes, and managerial factors. While employee attitudes and management-related aspects can be shaped, personal traits are the least flexible. Among these, managerial roles are considered the most critical, as they can promote healthy and constructive behaviors in the workplace (Jafarpanah & Rezaei, 2020). OCB increases employee participation, encourages teamwork, reduces error costs, and fosters a positive organizational environment. It also lessens the need for strict supervision and contributes to organizational performance and high quality healthcare delivery (Fathiizadeh & Bahmani, 2018).

This study aims to contribute to the growing body of literature at the intersection of health, well-being, and sustainability, with a central focus on the critical roles of organizational culture, leadership, and job satisfaction among healthcare workers. Therefore, further investigation is required to analyze the influence of leadership and work culture on job satisfaction through the lens of the Organizational Citizenship Behavior (OCB) model, particularly among healthcare professionals at Public Health Centers in Jember Regency.

METHODS

This study employed a quantitative research design with a cross-sectional approach, aiming to analyze the influence of leadership and organizational work culture on job satisfaction among healthcare workers. The research was conducted at public health centers located in Jember Regency.

The population in this study comprised all health professionals working at government-owned public health centers throughout Jember Regency. Using the simple random sampling technique, a total of 128 respondents were selected to represent various public health centers across different subdistricts. This sampling method ensured that each health worker had an equal chance of being included, enhancing the generalizability of the findings.

Three core variables were examined in this study. The dependent variable was job satisfaction, while the independent variables were leadership style and organizational work culture. Each of these variables was measured using validated and widely accepted instruments. Leadership style was assessed using the Multifactor Leadership Questionnaire (MLQ), which captures the dimensions of transformational, transactional, and laissez-faire leadership styles. Work culture was measured through the Organizational Culture Assessment Instrument (OCAI), which categorizes organizational culture into clan, adhocracy, market, and hierarchy types. Job satisfaction was assessed using the Job Satisfaction Survey (JSS), covering nine key dimensions such as pay, supervision, promotion, contingent rewards, co-workers, communication, and working conditions.

Prior to data collection, the researchers obtained formal permissions from local health authorities and ensured that informed consent was given by all participants. The questionnaire was distributed in printed form and completed during work breaks under supervision to maintain data integrity and confidentiality.

For statistical analysis, the research utilized binary logistic regression to assess the influence of leadership and organizational culture on job satisfaction. This method was chosen because the outcome variable (job satisfaction) was categorized as either high or low. The analysis was performed using SPSS version 25 statistical significance determined a p-value < 0.05 and 95% CI.

All ethical considerations were addressed in accordance with institutional guidelines. The study received ethical clearance from the Health Research Ethics Committee of STRADA Indonesia University with the number 0623499/EC/KEPK/I/04/2025.

RESULTS AND DISCUSSION

The univariate analysis in Table 1 shows that the majority of healthcare workers at community health centers in Jember Regency were between 31–40 years old (75%), held a professional or undergraduate degree (73.4%), and were

predominantly female (68.0%). Most respondents had been working for 6–10 years (75.8%), were non-civil servants (65.5%), earned below the regional minimum wage (61.7%), and lived within 15 kilometers from their workplace (82.8%).

Table 1. Univariate Analysis

Characteristic	Frequency	%
Age		
21–30 years	21	16,4
31–40 years	97	75,8
41–50 years	10	7,0
>50 years	0	0,0
Education Level		
Vocational	34	26,6
Professional (Bachelor)	94	73,4
Postgraduate	0	0
Gender		
Male	41	32,0
Female	87	68,0
Years of Service		
1–5 years	21	16,4
6–10 years	9	75,8
>10 years	10	7,8
Employment Status		
Civil Servant (ASN)	44	34,4
Non-Civil Servant	84	65,5
Income Level		
≥ Regional Minimum Wage	49	38,3
< Regional Minimum Wage	79	61,7
Distance from Home		
<15 km	106	82,8
≥15 km	22	17,2
Profession		
Doctor / Dentist	7	5,5
Nurse	106	82,8
Midwife	8	6,3
Pharmacist	4	3,1
Nutritionist	3	2,3
Leadership Style		
Transformational	42	32,8
Transactional	44	34,4
Passive–Avoidant	42	32,8
Work Culture		
Clan Culture	47	36,7
Adhocracy Culture	13	10,2
Market Culture	22	17,2
Hierarchy Culture	45	35,9
Job Satisfaction		
High	59	46,1
Low	69	53,9

Additionally, most of the respondents were nurses (82.8%). In terms of perceptions, the most commonly recognized leadership style was transactional (34.4%), while the most frequently perceived organizational culture type was clan culture (36.7%). Furthermore, more than half of the respondents (53.9%) reported having low levels of job satisfaction.

The bivariate analysis presented that several variables namely age (p < 0.001), education level (p < 0.001), gender (p < 0.001), years of service (p < 0.001), employment status (p < 0.001), income level (p < 0.001), commuting distance (p < 0.001), profession (p < 0.001), leadership style (p < 0.001), and organizational culture (p < 0.001) were all statistically and independently associated with job satisfaction. Low job satisfaction was predominantly found among healthcare workers aged 21–30 (100%), those with vocational education (97.1%), females (72.4%), those with 1–5 years of work experience (100%), non-civil servants (63.3%), individuals earning below the minimum wage (82.3%), workers living more than 15 km from their workplace (100%), nurses (60.4%), those experiencing passive–avoidant leadership (88.1%), and those perceiving a hierarchical organizational culture (91.3%). On the contrary, high job satisfaction was reported among respondents working under transformational leadership (88.1%) and within clan-type organizational cultures (89.4%).

Table 2. Simultaneous Significance Analysis (Overall Model Fit)

Model		Chi -square	df	p-value
Step 1	Step	103,363	2	0,000
	Block	103,363	2	0,000
	Model	103,363	2	0,000

Multivariate analysis using binary and multinomial logistic regression further confirmed the findings. Based on the omnibus test of model coefficients shown in Table 2, a p-value of 0.000 was obtained, indicating rejection of the null hypothesis and confirming that at least one predictor variable significantly influences the response variable. The model's goodness-of-fit test (Table 3) yielded a p-

value > 0.05, signifying that the logistic regression model fits the data well. The Nagelkerke $R^2 = 0.740$ indicates that 74.0% of the variance in job satisfaction can be explained by the model, with the remainder attributed to other variables not included in the model. The independent variable test results (Table 4) showed that variables hypothesized to be related to job satisfaction had p-values less than 0.05. Specifically, leadership style had a significant effect on job satisfaction with an odds ratio (OR) of 6.155 (95% CI: 2.543–14.890), and organizational culture also had a significant influence, with an OR of 4.016 (95% CI: 2.393–4.673). This study found that leadership style significantly affects job satisfaction among healthcare workers in public health centers, with transformational leadership positively associated with high satisfaction (OR: 6.155; 95% CI: 2.543–14.89).

Table 3. Model Goodness-of-Fit Test Results

Goodness of fit	Chi -square	p-value	Nagelkerke
Step 1	2,757	0,737	
Pearson	5,315	0,504	0,740
Deviance	6,685	0,351	

Conversely, transactional and passive avoidant leadership styles were linked to lower satisfaction levels. Passive avoidant leadership, often equated with laissez-faire, reflects leaders who avoid responsibility, provide minimal feedback, and fail to guide their subordinates (Ali, 2023). Such conditions hinder role clarity and motivation, leading to dissatisfaction among staff. Supportive leaders those who encourage open dialogue, shared values, and responsiveness to clinical needs are highly valued in healthcare settings and contribute to a positive work climate (Pasaribu & Goestjahjanti, 2022; Poels & Verschueren, 2020).

Work culture was also found to significantly influence job satisfaction (OR: 4.016; 95% CI: 2.393–4.673). Clan and adhocracy cultures characterized by collaboration, empowerment, and innovation were associated with higher job satisfaction, whereas hierarchical and market cultures were linked to dissatisfaction (Fernandes & Pereira, 2023;

Mesfin & Woldie, 2020). This is particularly relevant in the context of public health centers, which operate under rigid bureaucratic systems. A flexible and dynamic work culture supports Organizational Citizenship Behavior (OCB), fostering employee engagement and reducing turnover intentions (Amanatidou, 2025; Santana & Pérez-Rico, 2023). Promoting such environments helps staff perform beyond formal requirements and align with organizational goals.

Table 4. Test Results of Independence Between Independent Variables and the Response Variable

Variables	B	p-value	Exp (B)	95%CI
Work culture	1,390	0,000	4,016	2,39-6,73
Leadership	1,817	0,000	6,155	2,54-14,89

Statistical analysis showed that leadership had a more dominant effect on job satisfaction than work culture. Transformational leaders enhance psychosocial resources, reduce job-related stress, and promote emotional commitment (Jiatong & Wang, 2020; Seljemo & Viksveen, 2020). They play a critical role in shaping organizational culture and encouraging OCB by creating a mission-oriented and supportive environment (Nassani & Badshah, 2024; Zhang & Han, 2025). The alignment of transformational leadership with work–life balance policies further strengthens job satisfaction. Thus, effective leadership and a supportive work culture are pivotal in building sustainable healthcare organizations where staff are motivated, committed, and perform at optimal levels.

CONCLUSIONS

This study concludes that both leadership and work culture significantly influence job satisfaction among healthcare workers in Puskesmas Jember Regency. Transformational leadership plays a dominant role by fostering emotional commitment, role clarity, and supportive environments that enhance Organizational Citizenship Behavior (OCB). Similarly, clan and adhocracy cultures marked by collaboration and adaptability contribute

positively to job satisfaction. Strengthening these organizational elements is essential to improving employee engagement, retention, and overall healthcare service quality.

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