



Model Hospital Company Image Pride-Based Organizational Behavior

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ABSTRACT

Introduction: The globalization era makes the hospital service industry competition even higher, which requires hospital management to develop strategies to face competition. The efforts made by the hospital in the face of this competition by encouraging staff to engage in Organization Citizenship Behavior (OCB). Nurses as health workers who provide care to patients play an important role in being involved in OCB to build a positive image of the hospital. More and more staff involved in OCB can improve service efficiency, and patient satisfaction, and provide positive value to Hospital's Corporate Image (HCI). **Objective:** This study aims to compile an OCB-based HCI model. **Materials and Methods:** This study used an analytical observational design with a cross-sectional approach. The study sample involved 260 patients spread across five plantation hospitals that are members of the Indonesia Healthcare Corporation in The Eastern Salient of Java, East Java Province, Indonesia. Variables consist of 7 latent variables and 25 indicators. **Inferential analysis using SEM PLS.** **Results:** The results showed that (1) the determinants of OCB were influenced by employee factors, company factors, and customer factors, (2) employee factors had the most influence on OCB which had a positive impact on HCI, (3) OCB was a mediating variable between employee and HCI factors, (4) OCB had a strong influence on HCI. **Conclusion:** The OCB-based HCI model is a model that is influenced by employee factors through good nurse interpersonal communication to improve nurses' OCB behavior through tolerance behavior (sportsmanship) to create a positive hospital image. Plantation hospitals in Indonesia that are members of the Indonesia Healthcare Corporation need to start thinking about efforts to improve employee factors through the competence of interpersonal communication of nurses in providing services to patients.

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INTRODUCTION

The era of rapid technological development has resulted in people's curiosity about something increasing so that people's ability to choose the service facilities used will be more selective and detailed; this situation has increased business competition. Therefore health services must be able to provide the best to customers regarding health services. Competition in health institutions is as tight as in education, telecommunications, and insurance service providers. This condition requires companies to provide high-quality services at competitive prices to attract the general public's attention (KPPU, 2020). Competition in the hospital business in Indonesia is increasingly complex, especially during the COVID-19 pandemic. People's demands for patient rights as consumers are increasing because public awareness of health service standards is getting higher. This condition requires hospitals, both government and private, to carry out business and service transformation, especially digital-based, and improve management in the industrial sector. This condition requires hospitals to strengthen and improve superior health service management that can compete in terms of service quality and service costs as a positive value to increase patient satisfaction and minimize patient interest in taking treatment at other health services (Obamiro et al., 2014).

The competition that occurs between hospitals is health care competition that is patient or customer oriented (Wu, 2011), So that the hospital business competition is more in favor of buyers than sellers, competition is getting tougher with an increasingly complex business environment. This situation causes a decrease in the ability of hospitals to understand and anticipate the needs of their organizational environment, which causes organizations to be unable to interpret the expectations of their employees to work. This situation requires that organizations or companies need employees who desire to work beyond their formal duties—positively affecting the hospital's image. Hospitals must be able to train and encourage employees to carry out their duties professionally and engage in Organizational Citizenship Behavior (OCB). OCB is voluntary individual behavior by making a significant contribution to the organization to improve performance and service quality so that it influences the positive image of the hospital and can attract customers. The intense competition requires hospitals to be able to deal with it in various ways by expanding market share, increasing bargaining power with insurance companies and suppliers, and carrying out

consolidation efforts in the form of mergers between hospitals and acquisitions (Obamiro et al., 2014).

The establishment of the Indonesia Healthcare Corporation (IHC) is part of the hospital business facing industrial business competition to strengthen health service management through holding State-Owned Enterprise Hospitals (BUMN Hospitals). Pertamedika is entrusted with running the Ministry of BUMN National Program to optimize the management of all BUMN hospitals in Indonesia based on a circular letter from the Minister of BUMN No.S-01/S.MBU/1/2016, dated January 6, 2016. On March 22, 2017, the Minister of BUMN, namely Rini Soemarno, inaugurated IHC, a BUMN Hospital holding, combining 70 hospitals owned by state companies at PT Pertamina's main office, Jakarta. Pertamedika IHC oversees 70 BUMN hospitals which are owned or are subsidiaries of PT Aneka Tambang, PT Bukit Asam, PT Pelindo III, PT Pelni, PT Pertamina, PT Petrokimia Gresik, PTPN I, PTPN II, PTPN III, PTPN IV, PTPN V, PTPN VIII, PTPN X, PTPN XI, PTPN XII, PTPN XIII, Pupuk Kalimantan Timur, PT Pupuk Kujang, PT Pupuk Sriwijaya, PT Sang Hyang Seri, PT Semen Indonesia, and PT Timah Hospital (Saifudin, 2018). In 2022 PT Pertamina Bina Medika Indonesia Healthcare Corporation oversees more than 70 hospitals spread throughout Indonesia, which includes 75 hospitals and 143 health clinics that are members of the IHC (Pertamedika, 2022). Seventeen hospitals are members of the IHC membership collaboration in the East Java region, including PHC Surabaya Hospital, Gatoel Mojokerto Hospital, Toeloengredjo Kediri Hospital, Malang Lavalette Hospital, Blitar Medika Utama Hospital, Semen Gresik Hospital, Sumenep Garam Hospital, Petrokimia Gresik Hospital, Driyorejo Gresik Petrochemicals, Graha Husada Gresik Hospital, Pindad Turen Malang Hospital. The Eastern Salient of Java Hospitals including Wonolangan Probolinggo Hospital, Jatiroto Lumajang Hospital, Elisabet Situbondo Hospital, Kaliwates Hospital Jember, Jember Plantation Hospital Clinic, and Bhakti Husada Hospital Banyuwangi (Pertamedika, 2022).

The problem faced by hospitals in Indonesia that are members of the IHC is the problem of exchanging data and information from each hospital, where the system used by each hospital that is part of the IHC has not been integrated, while the integration of hospital systems is sufficient to support service operations are getting better, not only in system integration, there are several problems faced by plantation hospitals that are members of IHC such as poor hospital management, low quality of human resources, sub-optimal health service standards, and procurement health

support tools that are not by the capabilities of the hospital, the problems that arise if this is not addressed immediately can affect patient satisfaction with services which have an impact on reducing the image of the hospital. The problem faced by hospitals in Indonesia that are members of the IHC is the problem of exchanging data and information from each hospital, where the system used by each hospital that is part of the IHC has not been integrated, while the integration of hospital systems is sufficient to support service operations are getting better, not only in system integration, there are several problems faced by plantation hospitals that are members of IHC such as poor hospital management, low quality of human resources, sub-optimal health service standards, and procurement health support tools that are not by the capabilities of the hospital, the problems that arise if this is not addressed immediately can affect patient satisfaction with services which have an impact on reducing the image of the hospital (Pertamedika, 2020).

Hospital Corporate Image (HCI) is the impression of health services that service recipients feel about hospitals. The advantages obtained by the hospital through a positive image are long-term; the longer the hospital maintains the hospital image, the greater the benefits obtained (Asnawi et al., 2019). The implementation of HCI is reviewed, starting from interactions during services, actions, and other activities. Perceptions of service recipients' perceptions of a positive hospital image can help hospitals attract public interest, both customers and employees, and retain customers. In addition, a good image of the hospital that is built can help the hospital achieve overall and maximum performance (Yan & Chih, 2017). Based on this, building positive and solid HCI can position hospitals as the first choice of health service centers, improve service efficiency and patient satisfaction, and build loyalty and interest in making repeat visits (Obamiro et al., 2014). The benefits of HCI have also been proven in studies conducted on patients at hospitals in Ankara, showing a significant relationship between HCI and patient loyalty. The overall goal of building a positive and solid HCI is to position the hospital as the first choice health center, improve service efficiency and patient satisfaction, build patient loyalty, and intention to revisit (BAYIN, 2015).

Concerning building a positive image of the hospital, the extra role behavior of health workers is significant. The success of a company or organization members do not only do their primary tasks. Willing to carry out extra tasks, such as being willing to play an active role, providing input, collaborating, helping each other, and using their working time effectively. The application of OCB in nursing is shown through an attitude of helping, providing information, increasing a sense of responsibility, motivational attitude, and satisfaction in an organization. Nurses who exhibit negative behavior towards OCB are considered to reduce service quality and increase the possibility of conflict. In addition, the negative attitude of nurses towards OCB can also potentially damage the image of the institution (Altuntas & Baykal, 2014). The practice of implementing OCB can have a positive influence on patient loyalty and the image of healthcare providers. Health services that focus on loyalty provide positive benefits to attract new customers and can increase customer perceptions of the quality of health services (Zhou et al., 2017).

The influence of OCB on HCI alone is only enough to increase its success by adding the performance of nurses as human resources who are an essential element in realizing a hospital's vision, mission, and goals, as well as the influence of good service quality (Anwar, 2021). Assessment of service

quality is seen from five aspects consisting of tangibles, reliability, responsiveness, assurance, and empathy to measure service quality to assess patient satisfaction. The provision of quality services is needed in the era of business competition between hospitals, where the higher the quality of services provided, the higher the level of patient satisfaction. Patient satisfaction is determined based on perceptions of a product or service's performance. Satisfaction will be achieved if an expectation can be met (Miftahul, 2020). It is crucial to provide good quality service to patients during hospitalization because the patient's experience during hospitalization is more attached to their perceptions while receiving treatment, which also affects perceptions of the hospital. If performance and service exceed expectations, patients will feel satisfied and encouraged in their desire to stay. Come back, but conversely, if the performance and service are below expectations, then the patient will not be satisfied, which causes the patient to finally leave the health institution that HCI is determined based on the perceptions made by patients through the performance of nurses and the quality of services provided (Hasibuan et al., 2020).

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METHODS

This study used an analytic observational study with a cross-sectional research design. The study was conducted for two months, from August to October 2022. The research sample involved 260 patients spread across five plantation hospitals that are members of the Indonesia Healthcare Corporation in the Eastern Salient of Java, East Java Province, Indonesia. The research sample was taken using a simple random sampling technique with several predefined inclusion criteria. The OCB-based HCI model is composed of three exogenous factor variables taken from the theory of Marketing Zeithaml & Bitner (2013), namely, the employee's factor (X1) is measured by three indicators, three indicators measure the company factor (X2), and three indicators measure the customer factor (X3). One intermediate variable as a mediator, OCB (Y1), is measured by five indicators taken from the OCB theory (Organ, 1988). Two moderator variables moderate the relationship between the OCB variable (Y1) and the HCI variable (Y4). Namely, the nurse performance variable (Y2) is measured by two indicators, and service quality (Y3) is measured by five indicators.

Furthermore, one endogenous variable, HCI (Y4) measured by four indicators. Retrieval of data using a questionnaire made by researchers referring to the theory used. The research questionnaire had Pearson correlation values ranging from 0.653 to 0.934 and Cronbach's alpha values ranging from 0.702 to 0.951. Inferential analysis using PLS-SEM with SmartPLS version 3 application.

RESULTS AND DISCUSSION

Results

Based on the results of the outer model test, it is known that there is 1 (one) indicator on 3 (three) latent variables, namely the customer factor that has a factor loading value of less than 0.6, namely: the customer's attitude indicator (X31

= 0.466). This indicator in the following analysis will be removed, and the results of the outer model test are shown in Figure 1.

Based on Figure 1, the outer model test results from the loading factor value show that the indicators that measure the factor variables are convergently valid. and construct reliability as present in table 1.

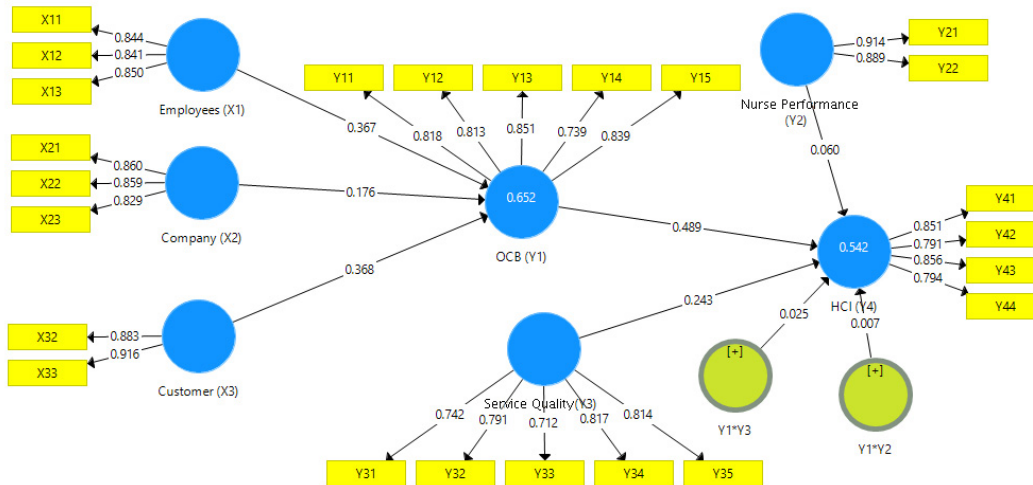


Figure 1. Outer Model Test Results

**Table 1
 Evaluation of Outer Model Test Results**

Variabel	AVE	Composite Reliability	Cronbach Alpha
Employees Factor	0,714	0,882	0,801
Company Factor	0,722	0,886	0,809
Customer Factor	0,810	0,895	0,766
OCB	0,661	0,907	0,871
Nurse Performance	0,813	0,897	0,771
Service Quality	0,603	0,883	0,834
HCl	0,678	0,894	0,841
OCB*Nurse Performance	1,000	1,000	1,000
OCB* Service Quality	1,000	1,000	1,000

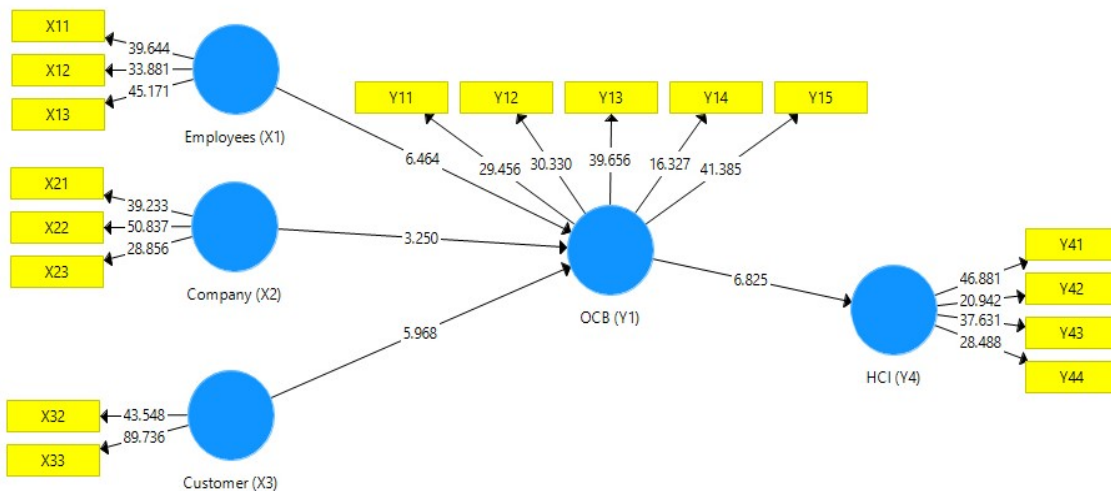


Figure 2. Inner Model Test Results

Table 2
Relationship between Exogenous Variables and Endogenous Variables

Hubungan Antar Variabel	Koefisien	t statistik	p value
Employee factor with OCB	0,367	6,464	0,000*
Employee factor with OCB	0,176	3,250	0,001*
Employee factor with OCB	0,368	5,968	0,000*
OCB with HCI	0,511	6,825	0,000*

Notes: t statistic >1.96; p<0,05

Evaluation of the outer model test results in table 1 shows that the outer model value of the constructed variable is obtained with a value (AVE) > 0.5; composite reliability value > 0.7; and the value of Cronbach's alpha > 0.6, so that valid conclusion can be drawn from the construct or the variables have a good relationship so that they can continue to carry out the inner model analysis. Based on the results of the inner model test, it is known that there is a relationship between variables with a t-count value less than t-table 1.96; the relationship between these variables includes: the nurse performance variable on OCB HCI (tcount= 0.863), service quality variable on HCI (tcount=0.742), nurse performance variable as a moderator variable on the effect of OCB on HCI (t-count = 0.072), and service quality variable as a moderator variable on the effect of OCB on HCI (t-count = 0.306). These four relationships in the following analysis stage are removed, and the results are shown in Figure 2.

Based on Figure 2 shows that all relationships between variables have a t-count value above the t-table value (> 1.96), so it can be concluded that Figure 2 is a structural model (inner model) of the OCB-based HCI model. The structural model (inner model) shows that OCB is influenced by employee factors (3 indicators), company factors (3 indicators), and customer factors (2 indicators), then OCB (5 indicators) influences HCI (4 indicators).

Based on table 2, the t-count results for each relationship between exogenous variables and endogenous variables are described as follows: employee factors, company factors, and customer factors have a positive effect on OCB, and OCB has a positive effect on HCI to test the inner model. It is seen

based on the R-Square value, at the same time to find out how much the exogenous variables affect the endogenous variables. The R square value is shown in table 3.

Table 3
OCB Based HCI Model Determination Coefficient Value

Variabel	R ²	Interpretation
OCB	0,652	Strong
HCI	0,542	Strong

Notes: lemah (< 0,25), moderate (0,25 – 0,5), strong (0,5 – 0,75), and very strong (> 0,75) (Sarstedt et al., 2017).

Based on table 3, it can be explained that employee factors, company factors, and customer factors have a strong influence on OCB by 65.2%, and OCB has a strong effect on HCI by 54.2%.

Based on Figure 3, it can be explained that the purpose of this study is that the OCB-based HCI model is composed of the following:

1. Employee, company, and customer factors influence determinants of OCB.
2. Employee factors have the most significant influence on OCB, which has a positive impact on HCI
3. OCB is a mediating variable between employee factors and HCI
 OCB exerts a strong influence on HCI

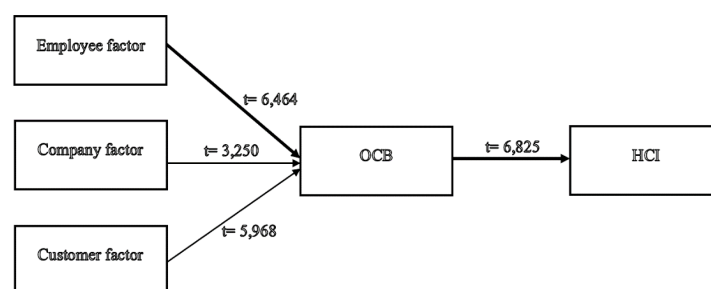


Figure 3. Findings of the Hospital Corporate Image (HCI) Model Based on Organizational Citizenship Behavior (OCB)

DISCUSSION

The Influence of Employee Factors on OCB

The employee factor is one of the crucial factors that influence OCB. In this study, the employee factor is devoted to nurses as providers of nursing care services to patients. Nurses are care providers who focus on patients' basic needs 24 hours a day. Interactions between patients and nurses have a more significant proportion than interactions

between patients and other health workers (Tang et al., 2013). Employee factors on nurses can be influenced by nurses' abilities, nurses' skills, and nurses' abilities in conducting interpersonal communication, where these factors can directly influence OCB behavior. The ability of nurses to provide nursing care starts from assessment, determining nursing diagnoses, planning nursing interventions, and implementing nursing to evaluating nursing. In addition, the skills of nurses in providing appropriate actions according to standard operating

procedures and the patient's needs. The provision of nursing care services is also influenced by the skills of nurses in conducting interpersonal communication. Nurse interpersonal communication is a two-way communication carried out by nurses and patients by paying attention to empathy, positive support for patients, respect, equality between nurses, and feelings of equality between nurses and patients (Kumar & Benita, 2018). The influence of performance of employees can have a positive impact on the performance of an organization. In addition, positive and multidimensional employee behavior can positively influence an organization's development. Applying different behavior from the employee's role voluntarily is also considered effective in the task-completion process. The positive behavior of employees can be assessed as a commitment of employees to the organization, which can be shown by their willingness and attitude of being willing to sacrifice for an organization (Bismala, 2020). The interaction of employees with each other and managers is an essential factor in influencing employee satisfaction and performance. Nursing service personnel are expected to be able to provide complete nursing services by implementing OCB. Increasing OCB behavior shown in an organization, in this case, health services can increase the success of the organization in achieving its goals (Ozluk & Baykal, 2020).

OCB is very closely related to the role of employees, which includes five dimensions to provide optimal quality hospital services. Altruism can be shown by helping and motivating one another, which in this case, in health services, can be shown by cooperation and interaction between health workers. Conscientiousness can be demonstrated by behavior that complies with professional rules and discipline when serving patients. Sportsmanship can be shown by accepting and appreciating circumstances without complaining, such as by appreciating the differences in behavior shown by each patient. Politeness is shown by being proactive in avoiding problems at work, such as consulting with other healthcare providers to solve problems. Civic virtue is demonstrated by an attitude of involvement in activities and policies of the hospital, such as the coordination of professional tasks with programs carried out at the hospital. (Obamiro et al., 2014). Research conducted by Ruhana, (2019) Showed that there were positive habits in nurses towards OCB as indicated by an attitude of altruism, civic virtue, awareness, politeness, and good sportsmanship. In addition, nurses' commitment shows quite good results, were increasing this commitment can have a good influence on the success of an organization. Research conducted by Alshaabani et al., (2021) His research on 380 private employees engaged in the service sector showed that employee involvement and affective commitment from employees had a positive effect on OCB. The emotional involvement of employees in an organization will provide more significant support for the organization, which will affect OCB. Meanwhile, affective commitment is shown by the desire and dedication of employees to continue working in an organization, which will positively influence job performance and employee performance (Alshaabani et al., 2021).

Effect of OCB on HCI

OCB behavior has an essential role in improving the efficiency of nursing services. The influence of OCB in health institutions or hospitals positively impacts work quality, service quality, actual performance, and service delivery. Hospitals can improve their performance and positive image

through OCB. Hospital image is an organizational communication function or signal from all its operations that determine the perception of patients, employees, government, suppliers, prospective employees, and other stakeholders. Another word for hospital image is a valuable intangible asset that describes how patients perceive the hospital, its activities, and its products as its main customers. (Obamiro et al., 2014). Efforts to build the hospital's image require a reasonably high commitment from the resources involved, especially health workers, as the primary role that has the task of dealing or being directly involved with patients. Concerning building the hospital's image, the behavior of employees to be involved in OCB is very important, especially nurses as health workers who provide health care services to patients. Hospital image is the impression felt by patients about the hospital based on interactions with services, actions, and activities. Opinion Wu, (2011) Related to the patient's perception of the image of the hospital is formed starting from the patient entering the hospital until leaving the hospital. Hospitals that can provide a positive image are the primary source of strength as a valuable strategic asset related to hospital performance. Research explains that the more employees are involved in OCB, the more successful an organization is in building HCI, and the better performance is formed. Hospitals with employees who are involved in high OCB will not show Counterproductive Work Behavior (CWB). Which is a situation where employees are unmotivated or less motivated to meet social expectations by violating the norms in the organization can also be by disturbing the people in it so that things which negatively affect the production, service delivery, and promotion of HCI (Obamiro et al., 2014).

OCB has organizational performance benefits including increasing co-worker productivity, increasing manager productivity, saving resources owned by management and the organization as a whole, helping to save scarce energy resources to maintain group functions, being an effective means of coordinating work group activities. The application of OCB to nurses also provides good benefits for organizations, in this case hospitals. OCB behavior in nurses can be demonstrated by a sense of volunteering to help, providing accurate and fact-based information, an attitude of responsibility, high motivation towards OCB behavior in providing nursing care. Conversely, if nurses show negative behavior towards the application of OCB in providing nursing care services, it can affect the decrease in the value of service quality to patients and can increase the possibility of conflict. The negative behavior shown by nurses towards OCB can also adversely affect the image of health care institutions (Altuntas & Baykal, 2014). Research from Zhou et al., (2017) This shows that the application of OCB behavior to nurses is considered to positively impact patient loyalty and the image of health services, in this case, the hospital. Health services that focus on loyalty can provide positive benefits to attract customer interest and increase customer perceptions of the quality of health services (Zhou et al., 2017).

The Influence of Employee Factors on HCI with OCB Mediation Variables

OCB is a form of employee behavior towards an organization that cannot be forced based on their formal role. The application of OCB in health services is considered necessary for the success of health service institutions. Forms of implementing OCB that nurses can carry out in the service setting for patients can be in the form of giving more time to respond to patient complaints. Giving more time to

meet patients' basic needs is both bio-psycho-socio-cultural-spiritual and showing a voluntary attitude in helping patients fulfill administrative services.

They show a voluntary attitude to patients when consulting with doctors regarding the conditions experienced by patients, providing responsive responses to patients, and continuing to provide nursing care services even though patients have many requests. The optimal application of OCB to nurses is expected to positively influence patient satisfaction with nursing care services provided to form a good hospital image (AlOmari, 2022).

Successful HCI achievement can impact employees in understanding the hospital's image so that it will indirectly reflect the behavior and performance of employees in forming their equity. This can be assessed through implementing OCB and employee performance, which positively influences employee behavior in dealing with the public so that later it will also positively affect patient perceptions of the hospital. The results of this study indicate that OCB is a factor that can mediate between employee factors with HCIs (Huang & Lai, 2021). Other studies have shown that employee behavior in OCB practices can positively impact hospital performance. Employee involvement in OCB practice efforts can also increase perceptions of hospital services to achieve optimal performance and develop the hospital's image (Tavazo & Taherparvar, 2016). Implementing an organization's OCB practices is considered to build a more durable organizational reputation, especially for customers. In addition, OCB implementation practices can improve service efficiency and customer satisfaction levels. Another impact that will arise from implementing OCB in the provision of health services is an increase in the hospital's image and the achievement of hospital performance. Providing services, starting from interactions during services, actions, and other activities, can also attract and build patient loyalty to the hospital. The behavior of employees who apply the OCB dimension includes understanding and cooperating with colleagues, mentoring, volunteering, implementing additional tasks without delays and complaints, timeliness, and the proper use of organizational resources can give a good impression and perception of the hospital (Obamiro et al., 2014).

Based on this, OCB can be used as a mediation of employee factors through applying employee behavior in OCB practices, including altruism, politeness, awareness, civic virtue, and sportsmanship. Implementation of OCB with optimal employee participation can have a positive impact on the image of the hospital for the public.

OCB Implications for Scientific Development and Hospital Image

The application of the OCB dimension in the scope of health services such as hospitals is considered very important to provide quality services so that it can provide a different image of the hospital, which is used as promotional material during business competition between hospitals. (Obamiro et al., 2014). The participation of all organization members must also support the implementation of OCB. Good OCB behavior by members of the organization, in this case, especially nurses, can have a tangible impact on a hospital. (Utami et al., 2020). The success of implementing OCB is influenced by many variables, such as negative feelings towards work, emotional exhaustion, and doubts about work which will lead to a decrease in the success rate of OCB. Meanwhile, increasing the success of OCB will be

supported by various factors such as a pleasant feeling towards the workplace, support among members, job satisfaction, organizational loyalty, perception of fair wages, sense of responsibility, motivation, and so on. This can underlie an organization in minimizing inhibiting factors and maximizing supporting factors through the implementation that has been prepared with the hope of maintaining and increasing OCB. The successful implementation of OCB can have an impact on the dependence of team members to work together and can increase competition in the market (Sethi, 2017).

The provision of hospital services is closely related to the field of nursing. Nursing is the profession closest to and often interacts with patients in health services, so good cooperation and communication are needed among nurses and other health employees to provide optimal service. The application of OCB can help nurses increase their tendency to help and share information and increase their sense of responsibility, motivation, and satisfaction in an organization. Implementing OCB in the health sector, especially nursing, is needed to build good communication and collaboration between health employees, managers, and other workers to improve service quality and patient satisfaction (Altuntas & Baykal, 2014). Optimal OCB achievement also depends on the willingness of nurses to carry out their performance and productivity. In addition, nurse satisfaction is also a factor that can affect service quality and patient satisfaction. Nurse satisfaction will influence voluntary attitudes exceeding normal expectations and affect patient care. The role of a nursing manager in maintaining and increasing nurse job satisfaction needs to be to achieve service efficiency and effectiveness (Ozlu & Baykal, 2020). Increasing nurse job satisfaction can be increased in various ways, one of which is by giving positive appreciation to nurses who have provided optimal service (Novitasari, 2022). The success of OCB-based hospital services can improve hospital performance and provide a good image for the hospital. The existence of a positive image of the hospital can be attractive to the public for both employees and customers.

LIMITATION OF THE STUDY

This study has a weakness in that the model has yet to be tested, so suggestions for further research can continue research by applying the OCB-based HCI model to plantation hospitals to improve the image of the hospital.

CONCLUSIONS AND SUGGESTIONS

The results of this study concluded that the hospital's corporate image. A model based on organizational citizenship behavior is a model that is influenced by employee factors through good nurse interpersonal communication to improve nurse OCB behavior through tolerance behavior (sportsmanship) to create a positive hospital image. Plantation hospitals in Indonesia that are members of the Indonesia Healthcare Corporation need to start thinking about efforts to improve interpersonal communication. Competence of nurses in providing services to patients, so that good nurse interpersonal communication will increase the tolerant behavior of nurses in providing health services to patients, which will then improve the hospital's image positively.

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ETHICAL CONSIDERATIONS

This research was approved by the Health Research Ethics Commission in Indonesia Number: 151/UN25.1.14/KEPK/2022.

CONFLICT OF INTEREST STATEMENT

We certify that there is no actual or potential conflict of interest in relation to this article

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