International Journal of Social Sciences and Humanities
Vol. 4 No. 3, October 2026, pages: 1862-1872
e-ISSN: 2985-6469
https://ejournal.45mataram.ac.id/index.php/ijssh

Building Positive Organizational Behavior through Resilience: The Effect of Emotional Intelligence and Self-Efficacy on Organizational Citizenship Behavior among Non-ASN Employees at Community Health Centers

Maria Leonora[1]*, Corry Yohana[2], Christian Wiradendi Wolor[3]
Corresponding author email : *sayaindonesia2408@gmail.com*

Article History

Manuscript submitted:
03 Agustus 2026
Manuscript revised:
14 September 2026
Accepted for publication:
19 Oktober 2026

Keywords

Emotional Intelligence; Self-Efficacy; Resilience; Organizational Citizenship Behavior; Public Health Service

Abstract

This study examines how two psychological resources emotional intelligence and self-efficacy shape the organizational citizenship behavior of non-ASN (non-civil-servant) employees in community health centers (Puskesmas), and whether resilience transmits those effects. Anchored in positive organizational behavior and psychological capital, a seven-hypothesis model was tested on a census of 167 non-ASN staff at Puskesmas Kecamatan Pulogadung, East Jakarta; after data screening, 151 valid responses were analyzed with partial least squares structural equation modeling (PLS-SEM) in SmartPLS 4 using 5.000 bootstrap resamples. Emotional intelligence strongly predicted resilience (β = 0,429) and also directly predicted citizenship behavior (β = 0,335), while self-efficacy predicted resilience (β = 0,317) and resilience predicted citizenship behavior (β = 0,308). Self-efficacy showed no evidence of a direct effect on citizenship behavior (β = 0,106; bootstrap confidence interval including zero); its influence operated entirely through resilience (indirect-only/full mediation, VAF 48,0%). Emotional intelligence was complementarily (partially) mediated by resilience (VAF 28,3%). The model explained 38,7% of resilience and 38,9% of citizenship behavior, with acceptable fit (SRMR 0,061). The findings position resilience as the central mechanism translating personal resources into discretionary service behavior, with practical implications for managing contract health workers.

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[1] Master of Management Study Program, Faculty of Economics and Business, Universitas Negeri Jakarta, Indonesia
[2] Master of Management Study Program, Faculty of Economics and Business, Universitas Negeri Jakarta, Indonesia
[3] Master of Management Study Program, Faculty of Economics and Business, Universitas Negeri Jakarta, Indonesia

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Introduction

Community health centers, known in Indonesia as Puskesmas, form the frontline of the national primary health-care system and carry much of the responsibility for direct contact with the public. The quality of the service they deliver does not rest on formal task completion alone; it depends heavily on the willingness of staff to act beyond what their job descriptions strictly require helping overloaded colleagues, accommodating patients courteously, and keeping services running when procedures change. This class of discretionary, extra-role contribution is captured by the concept of organizational citizenship behavior (OCB) voluntary conduct that lies outside an employee's formally rewarded duties yet, when accumulated across a workforce, helps the organization operate effectively (Organ, 1988; Podsakoff et al., 2000). A growing share of the Puskesmas workforce consists of non-ASN employees staff who are not permanent civil servants but work under contract, honorarium, or part-time government-worker arrangements. These employees increasingly absorb the operational service load while facing uncertainty about status and job security. Such precarious conditions can plausibly dampen the discretionary effort that distinguishes citizenship behavior from mere compliance, which makes the determinants of OCB in this group a question of practical importance for service quality (Nurcholila et al., 2022; Suwandi & Fikri, 2025; Setiawan & Pramudibyanto, 2022). The present study focuses on non-ASN employees at Puskesmas Kecamatan Pulogadung in East Jakarta.

OCB is often distinguished by whether it benefits specific coworkers or the organization as a whole, and is expressed through facets such as helping, conscientiousness, and courtesy (Organ, 1988; Williams & Anderson, 1991). In a health-service setting these behaviors translate directly into patient experience and continuity of care, so understanding what builds them among contract staff is far from a purely academic concern. One personal resource repeatedly linked to prosocial and adaptive behavior is emotional intelligence broadly, the ability to recognize, apply, interpret, and manage one's own emotions and those of others (Salovey & Mayer, 1990; Mayer et al., 2004). Popularized accounts describe it as a cluster of competencies that includes self-awareness, self-regulation, motivation, empathy, and social skill (Goleman, 1995, 2001), and emotion regulation is now treated as a core adaptive process (Gross, 1998). Although the construct has attracted conceptual debate (Ciarrochi, Chan, & Caputi, 2000), self-report measures such as the one developed by Schutte et al. (1998) have been widely used. Emotionally intelligent employees are better able to read unspoken needs and respond supportively, and in health contexts emotional intelligence has been associated with both citizenship behavior and the capacity to withstand stress (Hashmi et al., 2024; Pujiyanto, 2022; Barika, Sariwulan, & Mardi, 2025; Cohen & Abedallah, 2015).

A second resource is self-efficacy a person's conviction that they can plan and carry out the actions needed to reach a particular outcome (Bandura, 1997; Zimmerman, 2000). Self-efficacy has a well-established meta-analytic link to work performance (Stajkovic & Luthans, 1998), yet its relationship with discretionary behavior is less settled: some studies report a direct association with OCB (Amir, Daud, & Hendrian, 2023), while others find that the effect runs through intervening states rather than operating directly (Rohmah, Sari, & Matin, 2025; Panjaitan & Mutiasari, 2024). This inconsistency motivates a closer look at the pathway through which self-efficacy might reach citizenship behavior. Resilience offers a candidate pathway. Within the positive organizational behavior and psychological capital tradition, resilience is treated as a malleable, state-like capacity to recover and rebound in the face of adversity,

uncertainty, and conflict (Luthans, 2002; Luthans, Avolio, Avey, & Norman, 2006; Luthans, Youssef, & Avolio, 2007). Developmental and emotion research describe resilience as an ordinary, trainable process in which positive emotions help people recover from stress (Masten, 2001; Tugade & Fredrickson, 2004). Resilient employees retain the surplus energy needed to contribute beyond formal demands, and resilience has been linked to citizenship behavior and to reduced burnout among health and public-sector workers (Boakye, Addai, Obuobisa-Darko, & Okyere, 2022; Yuliani, 2025; Rezaei & Kalani, 2021; Mahadewi, Hidayat, & Susanty, 2024; Surbakti & Wijaya, 2021). Resilience has also been found to transmit the effects of emotional intelligence and self-efficacy onto role-relevant behavior (Meslhy Mohamed & Ibrahim Mohamed, 2022; Mangundjaya, Arumi, & Wicaksana, 2024; Wardani, Oktaviana, & Nasution, 2022).

Despite these separate strands, how personal resources are converted into citizenship behavior among precarious non-ASN health workers and specifically whether resilience is the conduit that carries that conversion remains under-examined in the Indonesian Puskesmas context. This study therefore builds and tests an integrated model in which emotional intelligence and self-efficacy influence organizational citizenship behavior both directly and indirectly through resilience. The model advances seven hypotheses: H1: Emotional intelligence has a positive effect on resilience. H2: Self-efficacy has a positive effect on resilience. H3: Resilience has a positive effect on organizational citizenship behavior. H4: Emotional intelligence has a positive effect on organizational citizenship behavior. H5: Self-efficacy has a positive effect on organizational citizenship behavior. H6: Resilience mediates the relationship between emotional intelligence and organizational citizenship behavior. H7: Resilience mediates the relationship between self-efficacy and organizational citizenship behavior.

The reliance on non-ASN staff is itself a feature of recent public-sector workforce policy, under which many routine health-service functions are delivered by contract and part-time government workers rather than by tenured civil servants. For these employees, recognition and advancement are often less certain than for their ASN counterparts, yet patients make no distinction between the two when they judge the quality of care they receive. Prior work in Indonesian Puskesmas has shown that citizenship behavior is tied to the performance of health units and that employment status can shape how such behavior is expressed (Nurcholila et al., 2022; Suwandi & Fikri, 2025). This makes the non-ASN group a theoretically and practically meaningful setting in which to study the antecedents of discretionary behavior. Conceptually, the study draws these strands together under the positive organizational behavior and psychological capital perspective, which treats emotional intelligence, self-efficacy, and resilience as developable personal resources rather than fixed traits (Luthans, 2002; Luthans et al., 2007). From this standpoint, emotional intelligence and self-efficacy are antecedent resources that help employees build and renew resilience, and resilience is the proximal state that releases the discretionary energy expressed as citizenship behavior. Framing the model this way foregrounds a mechanism question not merely whether these resources matter, but how they reach behavior which the mediating hypotheses are designed to answer.

Methods

This research adopts an explanatory quantitative, cross-sectional design and relies on partial least squares structural equation modeling (PLS-SEM). PLS-SEM was selected because the aim is prediction and explanation of target constructs in a relatively complex model that combines direct and mediating paths, and because the technique does not require multivariate normality and performs well with the sample size available here (Hair, Hult, Ringle, & Sarstedt, 2017, 2021; Sekaran & Bougie, 2016; Creswell, 2014; Sugiyono, 2019). The population comprised all 167 non-ASN employees of Puskesmas

.

Kecamatan Pulogadung, and a census (saturated) sampling approach was used so that every member of the population was invited to participate. Questionnaire data were then screened for quality. Sixteen responses were removed six for missing more than 50% of items, six for straight-lining, and four for a zigzag response pattern leaving a final analytical sample of 151 respondents.

Every construct was operationalized with reflective indicators scored on a five-point Likert scale anchored at 1 (strongly disagree) and 5 (strongly agree). The instrument contained 40 items in total: 15 items for emotional intelligence, adapted from the self-report measure of Schutte et al. (1998) built on the ability model of Salovey and Mayer (1990); 9 items for self-efficacy, grounded in Bandura (1997); 6 items for resilience, developed within the positive organizational behavior and psychological capital framework that treats resilience as a state-like, developable capacity (Luthans, 2002; Luthans, Avolio, Avey, & Norman, 2006); and 10 items for organizational citizenship behavior, reflecting the dimensions described by Organ (1988), Williams and Anderson (1991), and Podsakoff et al. (2000). Analysis was conducted in SmartPLS 4 (Ringle, Wende, & Becker, 2024). Convergent validity of the measurement (outer) model was judged from outer loadings and average variance extracted (AVE ≥ 0,50), while internal consistency relied on composite reliability (CR ≥ 0,70), Cronbach's alpha, and rho_A. Discriminant validity was checked by comparing the square root of each construct's AVE against its inter-construct correlations (Fornell–Larcker criterion) and by inspecting the heterotrait–monotrait ratio (HTMT < 0,90) (Fornell & Larcker, 1981; Nunnally & Bernstein, 1994; Henseler, Ringle, & Sarstedt, 2015).

The structural (inner) model was evaluated through the coefficient of determination (R^2), the out-of-sample predictive relevance Q^2predict obtained via PLSpredict (Shmueli et al., 2019), and effect sizes f^2 (Cohen, 1988). Path coefficients and their significance were obtained from a bias-corrected bootstrap of 5.000 resamples, which produced the t-statistics, p-values, and 95% confidence intervals. Mediation was examined by decomposing total effects into direct and indirect components and computing the variance accounted for (VAF), with the resulting pattern classified as no-effect, complementary (partial), or indirect-only (full) mediation. Overall model fit was summarized by the standardized root mean square residual (SRMR < 0,08) (Hair et al., 2021). Data were collected through a structured questionnaire distributed to the non-ASN staff of the health center, with participation on a voluntary basis and responses treated confidentially and used only in aggregate. Because the design is a full census rather than a probability sample, the results describe the population of non-ASN employees at this health center directly, without the need to generalize from a sampled subset to that population.

The data-screening rules applied before analysis were intended to protect the quality of the responses rather than to trim the data toward any expected pattern. Cases missing more than half of their items leave too little information for reliable estimation; straight-lining, in which a respondent selects the same option throughout, and zigzag patterns, in which answers alternate mechanically, both signal inattentive responding that would distort the covariances the model relies upon. Removing these sixteen cases therefore improves the trustworthiness of the remaining 151 responses without altering the substance of the measures.

Results and Discussions

1. Measurement Model: Convergent and Discriminant Validity

The reflective measurement model satisfied the convergent-validity and reliability criteria for all four constructs. Composite reliability ranged from 0,876 to 0,943 and Cronbach's alpha from 0,830 to 0,934, comfortably above the 0,70 threshold, indicating strong internal consistency. Average variance extracted was 0,529 for emotional intelligence, 0,489 for self-efficacy, 0,542 for resilience, and 0,520

for organizational citizenship behavior. The self-efficacy AVE of 0,489 falls marginally below the 0,50 benchmark, but convergent validity was retained because its composite reliability of 0,896 is well above the required level; under these conditions the construct's convergent validity can still be considered adequate (Fornell & Larcker, 1981; Nunnally & Bernstein, 1994). One emotional-intelligence indicator, EI8, carried a comparatively low outer loading of 0,414; it was retained rather than deleted because removing it did not raise the construct's AVE or composite reliability and because keeping it preserved content coverage, a decision in line with the recommendation that loadings falling roughly between 0,40 and 0,70 may be retained unless their removal raises reliability or validity (Hair et al., 2021).

Discriminant validity was likewise supported. Under the Fornell–Larcker criterion, the square root of each construct's AVE (0,727 for emotional intelligence, 0,699 for self-efficacy, 0,736 for resilience, and 0,721 for organizational citizenship behavior) exceeded that construct's correlations with the others. The heterotrait–monotrait ratios reinforced this conclusion, with the largest value reaching only 0,617, well under the 0,90 ceiling (Henseler et al., 2015). Table 1 summarizes the reliability and convergent-validity results. Beyond the aggregate indices, the indicator pattern within each construct is informative for practice. The indicators that contributed most strongly described, for resilience, the ability to find new ways to keep delivering good service when policies or procedures change; for emotional intelligence, the use of a positive mood to keep working through job challenges; for self-efficacy, the belief that the best result can be achieved by continuing to try; and for organizational citizenship behavior, giving one's best effort on every task beyond what is formally required. These dominant indicators give the constructs a concrete behavioral meaning that is used later to frame the managerial implications.

Table 1. Construct reliability and convergent validity

Construct	Cronbach's α	rho_A	CR	AVE	√AVE
Emotional Intelligence	0,934	0,942	0,943	0,529	0,727
Self-Efficacy	0,869	0,874	0,896	0,489	0,699
Resilience	0,830	0,838	0,876	0,542	0,736
Organizational Citizenship Behavior	0,895	0,905	0,914	0,520	0,721

Note. All composite reliability values exceed 0,70. The self-efficacy AVE (0,489) is retained on the basis of its composite reliability (0,896).

2. Structural Model and Hypothesis Testing

The structural model showed satisfactory explanatory and predictive performance. Emotional intelligence and self-efficacy jointly explained 38,7% of the variance in resilience (R^2 = 0,387; adjusted R^2 = 0,379), and the three antecedents together explained 38,9% of the variance in organizational citizenship behavior (R^2 = 0,389; adjusted R^2 = 0,377). Both endogenous constructs returned positive Q^2predict values 0,354 for resilience and 0,295 for citizenship behavior indicating out-of-sample predictive relevance. The standardized root mean square residual was 0,061, below the 0,08 threshold, supporting the model's overall fit. Effect sizes (f^2) indicated a medium effect of emotional intelligence on resilience (0,258), small effects of self-efficacy on resilience (0,141), of emotional intelligence on citizenship behavior (0,125), and of resilience on citizenship behavior (0,095), and essentially no effect of self-efficacy on citizenship behavior (0,014).

Table 2 reports the path coefficients, bootstrap t-statistics, p-values, confidence intervals, and hypothesis decisions. Six of the seven hypotheses were supported the four direct paths H1–H4 and the two mediating paths H6–H7 while the single direct path from self-efficacy to citizenship behavior (H5) was not supported. The explained variance in both endogenous constructs falls in a weak-to-moderate range, which is typical for behavioral models in which a single study captures only part of a broad outcome such as citizenship behavior. The value of the model lies less in the absolute magnitude of R^2 than in the positive out-of-sample predictive relevance signaled by the Q^2predict values, which indicate that the estimated relationships hold up when applied to cases not used to build the model (Shmueli et al., 2019; Hair et al., 2021). Read together with the effect sizes, this profile points to emotional intelligence as the most influential resource in the system carrying the largest effect on resilience and a substantial direct effect on citizenship behavior while the near-zero f^2 of the self-efficacy–citizenship path foreshadows the mediation result reported below.

Table 2. Path coefficients and hypothesis testing (5.000 bootstrap resamples)

Path	β	t	p	95% CI	Decision
H1: EI → RE	0,429	6,188	< 0,001	[0,280; 0,556]	Supported
H2: SE → RE	0,317	4,083	< 0,001	[0,152; 0,458]	Supported
H3: RE → OCB	0,308	3,506	< 0,001	[0,133; 0,476]	Supported
H4: EI → OCB	0,335	4,278	< 0,001	[0,163; 0,471]	Supported
H5: SE → OCB	0,106	1,232	0,218	[−0,070; 0,268]	Not supported
H6: EI → RE → OCB	0,132	2,891	0,004	[0,055; 0,234]	Supported
H7: SE → RE → OCB	0,098	2,514	0,012	[0,035; 0,186]	Supported

Note. EI = emotional intelligence; SE = self-efficacy; RE = resilience; OCB = organizational citizenship behavior. The confidence interval for H5 includes zero.

The mediation analysis in Table 3 clarifies how the two personal resources reach citizenship behavior. For emotional intelligence, a significant direct effect coexists with a significant indirect effect through resilience, and because both components point in the same direction the pattern is complementary (partial) mediation, with resilience accounting for 28,3% of the total effect. For self-efficacy, the direct effect is non-significant while the indirect effect through resilience is significant, which defines indirect-only (full) mediation; here resilience accounts for 48,0% of the total effect.

Table 3. Mediation analysis (variance accounted for)

Relationship	Direct	Indirect	Total	VAF	Mediation type
EI → OCB (via RE)	0,335	0,132	0,467	28,3%	Complementary (partial)
SE → OCB (via RE)	0,106	0,098	0,204	48,0%	Indirect-only (full)

Note. For SE → OCB the direct effect is non-significant; the significant indirect path defines full (indirect-only) mediation.

3. Discussion

The strongest path in the model was from emotional intelligence to resilience (β = 0,429), supporting H1. Employees who can recognize and regulate their own emotions appear better equipped to absorb workload pressure and status uncertainty and to recover from setbacks. This is consistent with the view that emotion regulation and the strategic use of positive emotions underpin the capacity to bounce back (Gross, 1998; Tugade & Fredrickson, 2004) and with evidence linking emotional intelligence to resilience among health workers (Pujiyanto, 2022; Hashmi et al., 2024). Self-efficacy also

strengthened resilience (β = 0,317), supporting H2. The belief that one can reach a good outcome by continuing to try provides a cognitive foundation for persistence in the face of adversity, echoing Bandura's (1997) account of efficacy beliefs and findings that self-efficacy sustains employee resilience under threatening conditions (Mangundjaya et al., 2024).

Resilience, in turn, promoted organizational citizenship behavior (β = 0,308), supporting H3. Employees who can restore themselves after pressure retain the discretionary energy needed to contribute beyond formal requirements for instance, by finding new ways to keep services running smoothly when policies or procedures change. This aligns with research connecting resilience and psychological capital to citizenship behavior in health and public-service organizations (Boakye et al., 2022; Yuliani, 2025; Rezaei & Kalani, 2021). Emotional intelligence additionally exerted a direct effect on citizenship behavior (β = 0,335), supporting H4. Emotional sensitivity allows employees to read unspoken needs and respond with supportive, extra-role actions, consistent with studies reporting an emotional-intelligence–OCB link (Cohen & Abedallah, 2015; Barika et al., 2025).

In contrast, self-efficacy did not produce a detectable direct effect on citizenship behavior (β = 0,106; t = 1,232; p = 0,218), so H5 was not supported. Because the bootstrap confidence interval ranges from −0,070 to 0,268 and therefore includes zero, the appropriate interpretation is that there is no evidence of a direct effect not that the effect is merely weak. This result is consistent with studies in which self-efficacy reaches citizenship behavior only through an intervening state rather than directly (Rohmah et al., 2025; Panjaitan & Mutiasari, 2024), and it stands in contrast to settings where a direct association has been reported (Amir et al., 2023). The mediation findings explain this pattern and constitute the study's central mechanism contribution. For emotional intelligence, resilience provided complementary (partial) mediation (indirect β = 0,132; VAF 28,3%), supporting H6: emotional intelligence operates through two simultaneous routes, shaping citizenship behavior directly while also building the resilience that further supports it (Meslhy Mohamed & Ibrahim Mohamed, 2022).

For self-efficacy, resilience provided indirect-only (full) mediation (indirect β = 0,098; VAF 48,0%), supporting H7. This is the flagship finding: self-efficacy influences citizenship behavior only once that confidence has consolidated into resilience. Rather than rescuing the non-significant direct path, the result reframes the role of self-efficacy its contribution to discretionary behavior is realized through the capacity to withstand and recover from adversity, consistent with the psychological-capital premise that developable resources work in concert (Luthans et al., 2007; Masten, 2001; Mangundjaya et al., 2024). For managing non-ASN health workers, this implies that building self-efficacy alone is unlikely to raise citizenship behavior unless it is accompanied by deliberate cultivation of resilience. Taken as a whole, the seven results cohere into a single story rather than a list of separate effects. Emotional intelligence is the most consequential resource in the system: it is the strongest driver of resilience and the only antecedent with both a direct and a resilience-mediated route to citizenship behavior. Resilience sits at the center of that story, receiving the influence of both personal resources and passing it on to behavior. Self-efficacy matters, but in this setting it matters indirectly, taking effect once it has been translated into the capacity to recover and adapt. This integrated reading is consistent with the psychological-capital argument that developable resources are most powerful when they operate in combination, and it offers a parsimonious account of why efforts to raise discretionary behavior succeed or fail depending on whether they reach resilience (Luthans et al., 2006, 2007; Stajkovic & Luthans, 1998).

Theoretically, the results extend the positive organizational behavior and psychological capital perspective by specifying the route through which two antecedent resources reach discretionary

behavior among precarious public-health workers. The pattern suggests that resilience is not simply one more predictor of citizenship behavior but the proximal state through which more distal resources are expressed. Emotional intelligence operates on two levels at once shaping behavior directly and building the resilience that supports it whereas self-efficacy, in this setting, is a more distal resource whose behavioral payoff depends on being converted into resilience first. This differentiation refines the common assumption that personal resources act interchangeably or additively on outcomes, and it is consistent with accounts in which positive emotions and efficacy beliefs feed an adaptive, trainable capacity to recover (Masten, 2001; Tugade & Fredrickson, 2004; Luthans et al., 2007).

Practically, the findings direct managerial attention toward resilience as the leverage point for raising citizenship behavior among non-ASN staff. Because self-efficacy did not translate into citizenship behavior directly, programs that build confidence alone are unlikely to change discretionary behavior unless they also strengthen the capacity to withstand and recover from workload pressure and status uncertainty. Interventions can be anchored on the dominant indicators identified earlier: helping staff develop new ways to sustain service when procedures change, encouraging the use of a positive mood to persist through challenges, and reinforcing the belief that persistent effort yields good results. Emotional-intelligence development is especially valuable because it pays off through both the direct and the resilience-mediated routes. For a workforce that carries much of the service load without the security of tenure, investing in resilience offers a realistic path to protecting the discretionary behavior on which service quality depends (Surbakti & Wijaya, 2021; Rezaei & Kalani, 2021; Mahadewi et al., 2024).

Conclusion

This study tested an integrated model of how emotional intelligence and self-efficacy shape the organizational citizenship behavior of non-ASN employees at a community health center, with resilience as the connecting mechanism. Six of the seven hypotheses were supported. Emotional intelligence strengthened both resilience and citizenship behavior; self-efficacy strengthened resilience; and resilience, in turn, promoted citizenship behavior. Self-efficacy showed no evidence of a direct effect on citizenship behavior, and its influence was transmitted entirely through resilience. Two mechanism findings stand out. Emotional intelligence reaches citizenship behavior through a dual pathway directly and through resilience (complementary mediation, VAF 28,3%) whereas self-efficacy reaches citizenship behavior solely through resilience (indirect-only mediation, VAF 48,0%). Together these results identify resilience as the pivotal conduit that converts personal resources into discretionary service behavior among precarious health workers.

Practically, managers of Puskesmas and comparable public-health units should treat resilience as a deliberate development target rather than a byproduct. Programs that help non-ASN staff find new ways to sustain good service when procedures change, that train employees to use a positive mood to keep working through job challenges, and that reinforce the belief that persistent effort yields good outcomes correspond to the highest-contributing indicators of resilience, emotional intelligence, and self-efficacy, respectively. Because self-efficacy does not translate into citizenship behavior on its own, efficacy-building initiatives are most useful when paired with resilience-building. Several limitations temper these conclusions and point to future work. The study drew on a single-site census of non-ASN staff at one Puskesmas and used a cross-sectional design, which constrains causal and generalizing claims. The model left more than 60% of the variance in both resilience and citizenship behavior unexplained, so additional antecedents such as perceived organizational support or leadership and longitudinal or multi-site designs would help extend and confirm the mechanism identified here.

Acknowledgements

The author would like to express sincere gratitude to all respondents and stakeholders who contributed to this study. Their participation and insights were invaluable in examining the relationships between emotional intelligence, self-efficacy, resilience, and organisational citizenship behaviour among non-permanent civil servant employees at a community health centre. The author also acknowledges the contributions of previous researchers whose work informed the development of this study.

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