

## Linking Competency Based Leadership To Organizational Citizenship Behavior: Moderating Role Of Commitment In Nurses

Boni Lambang Pramana<sup>1\*</sup>

<sup>1</sup>Management Science Doctoral Program, Halu Oleo University, Kampus Hijau Bumi Tridharma, Anduonohu, Kec. Kambu, Kota Kendari, Sulawesi Tenggara  
bonilambangpramana@gmail.com

### Abstract

This study is an explanatory quantitative study that aims to examine the causal relationship between competence, Organizational Citizenship Behavior, organizational commitment, and nurse performance in South Konawe Regency. Data was collected through a closed-ended questionnaire with a five-level Likert scale from strongly disagree to strongly agree. The instruments are compiled based on theories and findings of previous research, then evaluated through validity and reliability testing to ensure that each indicator is able to measure constructs accurately and consistently. Data analysis was carried out using Structural Equation Modeling based on Partial Least Squares because it is able to test the relationship between variables simultaneously, is more flexible to the characteristics of the data, and is suitable for research models with many indicators. Data processing is carried out using the latest version of SmartPLS with the evaluation stages of measurement models and structural models. The results of the analysis showed that organizational commitment did not have a significant direct effect on nurse performance. On the other hand, competence has been shown to have a positive and significant effect on performance, and has a very strong influence on Organizational Citizenship Behavior. Organizational Citizenship Behavior has also been shown to have a positive and significant effect on performance. In addition, organizational commitment plays a role as a moderator that strengthens the influence of Organizational Citizenship Behavior on performance, so that the impact of extra role behavior on performance becomes greater when nurse commitment is high. These findings confirm that improving nurse performance needs to be directed at strengthening competencies and forming Organizational Citizenship Behavior, and supported by organizational strategies that increase commitment so that results are more optimal.

**Keywords:** Competence, Organizational Citizenship Behavior, Commitment, Nurse Performance

### Abstrak

Penelitian ini merupakan penelitian kuantitatif eksploratif yang bertujuan untuk menguji hubungan kausal antara kompetensi, Perilaku Kewarganegaraan Organisasi, komitmen organisasi, dan kinerja perawat di Kabupaten Konawe Selatan. Data dikumpulkan melalui kuesioner tertutup dengan skala Likert lima tingkat dari sangat tidak setuju hingga sangat setuju. Instrumen disusun berdasarkan teori dan temuan penelitian sebelumnya, kemudian dievaluasi melalui pengujian validitas dan reliabilitas untuk memastikan bahwa setiap indikator mampu mengukur konstruk secara akurat dan konsisten. Analisis data dilakukan menggunakan Structural Equation Modeling berbasis Partial Least Squares karena mampu menguji hubungan antar variabel secara simultan, lebih fleksibel terhadap karakteristik data, dan sesuai untuk model penelitian dengan banyak indikator. Pengolahan data dilakukan menggunakan SmartPLS versi terbaru dengan tahapan evaluasi model pengukuran dan model struktural. Hasil analisis menunjukkan bahwa komitmen organisasi tidak memiliki pengaruh langsung yang signifikan terhadap kinerja perawat. Di sisi lain, kompetensi telah terbukti memiliki pengaruh positif dan signifikan terhadap kinerja, dan memiliki pengaruh yang sangat kuat terhadap Perilaku Kewarganegaraan Organisasi. Perilaku Kewarganegaraan Organisasi juga telah terbukti memiliki pengaruh positif dan signifikan terhadap kinerja. Selain itu, komitmen organisasi berperan sebagai moderator yang memperkuat pengaruh Perilaku Kewarganegaraan Organisasi terhadap kinerja, sehingga dampak perilaku peran tambahan terhadap kinerja menjadi lebih besar ketika komitmen perawat tinggi. Temuan ini menegaskan bahwa peningkatan kinerja perawat perlu diarahkan pada penguatan kompetensi dan pembentukan Perilaku Kewarganegaraan Organisasi, dan didukung oleh strategi organisasi yang meningkatkan komitmen sehingga hasilnya lebih optimal.

**Kata kunci:** Kompetensi, Perilaku Kewarganegaraan Organisasi, Komitmen, Kinerja Perawat

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✉Corresponding author: Boni Lambang Pramana

Email Address: bonilambangpramana@gmail.com (Kampus Hijau Bumi Tridharma, Sulawesi Tenggara)

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## **INTRODUCTION**

The environment of public service organizations such as hospitals, the quality of performance of health workers, especially nurses, greatly determines the effectiveness and efficiency of services to the community. Nurse performance is not only influenced by technical factors such as competence, but also by extra-role behaviors that employees exhibit in supporting organizational goals, such as Organizational Citizenship Behavior (OCB). Previous studies have shown that OCB behavior has a significant positive impact on overall organizational effectiveness (Miao, 2011; Widayati et al., 2020). In the context of hospitals, volunteer work behaviors such as helping colleagues, loyalty to institutions, and high initiative are essential in maintaining the continuity of quality patient services.

However, in practice, nurse performance is often influenced by many interacting factors, such as an individual's level of competence, attitude toward the organization, and work commitment. Competence, which includes a combination of knowledge, skills, and personal character (Ali et al., 2021; Kibugi & Yusuf, 2021), has proven to be one of the key determinants in supporting effective performance in various sectors, including health (Dawar et al., 2024). However, competence alone is not necessarily enough to guarantee the emergence of extra work behaviors such as OCB, which are also influenced by psychological and emotional aspects, as well as employee commitment to the organization (Fitriani & Wulandari, 2021).

Competence is the basic foundation in carrying out professional duties in the public service sector, including in the health sector. Competency refers not only to technical skills, but also to the cognitive, emotional, and social abilities required to carry out tasks effectively (Pleh et al., 2020; Stone & Day, 1980). In the context of nursing, professional competence is the main requirement to maintain the quality of service and patient safety. Dawar et al. (2024) state that competency standards serve as a framework to guarantee safe and responsible professional practice, leading to improved performance. Even outside the health sector, competence has been proven to be the main predictor of performance in both the context of organization, education, and sports (Widohardhono et al., 2021).

On the other hand, Organizational Citizenship Behavior (OCB) is a voluntary work behavior that goes beyond the formal responsibilities of the job. OCB can improve collaboration between employees, operational efficiency, and patient satisfaction in the healthcare sector. Research by Suhardi (2018) shows that individual competence has a positive relationship with the tendency to show OCB. This is reinforced by the findings of Alhashedi et al. (2021), who suggest that transformational leadership and a supportive work culture can strengthen the relationship between competencies and OCB. In other words, the higher the competence and support of the organization, the more likely it is that extra behaviors such as OCB will appear. Although the relationship between competence and performance has been extensively researched, most studies have focused on direct relationships without considering the role of mediators such as OCB. In fact, various literature shows that competence does not necessarily produce high performance without the presence of behavioral variables such as OCB (Suhardi, 2018; Widyaningrum, 2020). This shows that there is a theoretical gap, where the indirect relationship

between competence and performance through OCB is still not widely studied, especially in the context of regional hospitals. In addition, some findings such as those of Yu & Jennings (2020) also emphasize that the relationship between competence and performance can vary depending on the environmental context and level of organizational complexity, indicating that other factors need to be taken into account.

Furthermore, the research gap also arises from the limitations of studies that examine the role of organizational commitment as a moderation variable between competence and OCB. Fitriani & Wulandari (2021) show that employees with a high level of commitment tend to be more motivated to show OCB when they have qualified competencies. Serim et al. (2014) and Redmond (2012) also highlight the importance of perceptions of the competency framework and the strategic relevance of organizations in shaping commitments and OCB. However, these studies are generally conducted in the industrial or educational sector, not in the public health sector which has unique dynamics and challenges such as in regional hospitals.

This study proposes a conceptual model that integrates the relationship of competency to performance with OCB as a mediation and organizational commitment as a moderation between competence and OCB. The model is designed to capture the complexity of relationships between variables, which are not linear in nature. As explained by Masruroh et al. (2024) and Junianto et al. (2024), organizational commitment plays an important role in strengthening the relationship between competence and voluntary work behavior. When employees have a high commitment to the organization, their competencies tend to be more effective in driving the emergence of OCB, which ultimately impacts performance. By empirically testing this model in the context of regional hospitals, this study is expected to provide a new understanding of how nurse performance can be improved through competency management, organizational commitment formation, and OCB improvement. This model also departs from the principle that competence is not just an individual attribute, but can be optimized in a supportive social and organizational context (Ozer, 2011; Khalili, 2017). Therefore, hospital management needs to understand that strengthening OCB and nurse performance is not enough just through technical training, but also through the creation of a work environment that encourages loyalty and commitment.

This research was conducted at the Regional General Hospital (RSUD) of South Konawe Regency, located in Southeast Sulawesi Province. This hospital is the main health service institution in the district and has a vital role in meeting the medical service needs of the community in a large area with challenging geographical access. As a referral hospital, South Konawe Hospital faces various challenges such as limited medical personnel, high workload, and demands to provide quality services amid limited resources. This context makes South Konawe Hospital a strategic location to research the dynamics between competence, OCB, organizational commitment, and nurse performance. With a background as a growing regional hospital, the hospital provides an authentic context to evaluate how internal factors of individuals and organizations interact in influencing work behavior and performance.

In addition, the results of the research are expected to contribute to policy making in the regional health sector that has similar conditions.

This study aims to analyze the influence of competency on nurse performance, examine the role of Organizational Citizenship Behavior (OCB) as a mediator in the relationship between competence and performance, and analyze the role of organizational commitment as a moderator in the relationship between competence and OCB. Theoretically, this research contributes to enriching the literature on organizational behavior models in the health sector, especially through interintegrated mediation and moderation approaches. The study also broadens the understanding of how competence and commitment can facilitate the emergence of OCB, which ultimately positively impacts the improvement of nurse performance. From a practical perspective, the results of this research are expected to provide strategic input for the management of hospitals and similar health institutions regarding the importance of strengthening competencies, forming organizational commitments, and creating a conducive work environment to encourage OCB in order to improve the effectiveness of health services as a whole.

## **METHODS**

This study is designed as an explanatory quantitative study that focuses on testing the relationship and direction of influence between variables in a research model on nurses in South Konawe Regency. A total of 178 nurses were used as respondents to provide an empirical picture according to the context of the health services studied. Data were obtained through a closed-ended questionnaire distributed to respondents, with each statement rated using a five-level Likert scale from strongly disagree to strongly agree. The question items are developed from the theoretical foundation and findings of previous research, then checked for feasibility through validity and reliability testing so that the instrument is truly able to measure constructs accurately and consistently. To analyze the data, this study uses Partial Least Squares-based SEM because it is able to test the causal relationships that are simultaneously interrelated, flexible to data that does not have to be normally distributed, and suitable for testing models with many indicators. The processing and evaluation of measurement models and structural models are carried out in an integrated manner using the latest version of SmartPLS software.

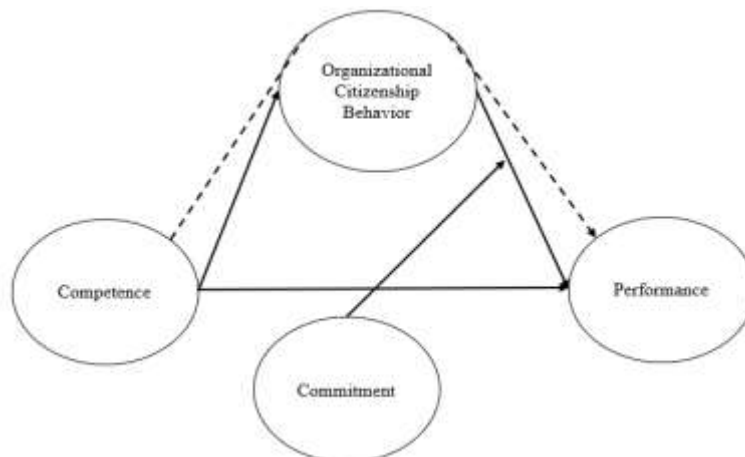


Figure. Research framework

**RESULTS AND DISCUSSION**

**Results**

Based on the characteristics of the respondents in this study, the respondents involved were nurses in South Konawe Regency with a total of 178 people, so that the data obtained were able to provide an empirical picture according to the context of the health services studied. Data collection was carried out through a closed questionnaire that was distributed to all respondents, then each statement was assessed using a five-level Likert scale ranging from strongly disagree to strongly agree. The research instrument is prepared based on the theoretical foundation and findings of previous research, then its feasibility is checked through validity and reliability tests so that each question item is really able to measure the construct accurately and consistently. Furthermore, the characteristics of these respondents are a strong basis for analyzing the relationship between variables because the data collected comes from nurses who directly carry out service activities and interact with organizational dynamics in the workplace. Data analysis was carried out using Partial Least Squares-based SEM because this method allows simultaneous causal relationship testing, is more flexible to data that does not have to be normally distributed, and is suitable for use in models with many indicators. The entire evaluation process of measurement models and structural models is carried out in an integrated manner using the latest version of SmartPLS software, so that the results of the study can describe the interconnectedness of competencies, Organizational Citizenship Behavior, organizational commitment, and nurse performance more comprehensively.

**Table 1.** Outer Model Evaluation based on Loading, AVE, and CR

Variables	Items	Loading	Cronbach's alpha	Composite reliability	Average extracted variance
Commitment	M.1	0,929	0,950	0,961	0,834
	M.2	0,908			
	M.3	0,928			
	M.4	0,877			
	M.5	0,923			
Competence	X.1	0,940	0,948	0,949	0,865
	X.2	0,924			
	X.3	0,924			
	X.5	0,932			
Performance	Y.1	0,936	0,955	0,955	0,880
	Y.3	0,918			
	Y.4	0,949			
Organizational Citizenship Behavior	Y.5	0,951	0,967	0,968	0,883
	Z.1	0,923			
	Z.2	0,942			
	Z.3	0,954			
	Z.4	0,933			
	Z.5	0,947			

Table 1 shows that the evaluation of the outer model has met the criteria of excellent validity and reliability based on loading, AVE, and composite reliability values. All indicators in each variable have

a high loading value in the range of 0.877 to 0.954, so that each item is able to represent its construct strongly. In terms of reliability, Cronbach's alpha value was also very high for all variables, namely commitment of 0.950, competence of 0.948, performance of 0.955, and organizational citizenship behavior of 0.967, then strengthened by the composite reliability value which was also high, namely 0.961 for commitment, 0.949 for competence, 0.955 for performance, and 0.968 for OCB, which confirms that the internal consistency of the instrument is at a very good level. Furthermore, the average variance extracted value for each construct was also high, namely 0.834 for commitment, 0.865 for competence, 0.880 for performance, and 0.883 for OCB, which shows that each variable is able to explain the variance of its indicators in a large proportion and meet the requirements for convergent validity. Overall, these results confirm that the measurement model is feasible to use because all indicators have been proven to be valid and reliable, so that the construct constructs in the study can be used convincingly for testing the relationships between variables at the structural model stage.

**Table 2.** Discriminant Validity

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Commitment	0,913			
Competence	0,398	0,930		
Performance	0,311	0,746	0,938	
Organizational Citizenship Behavior	0,414	0,803	0,806	0,940

Table 2 shows that the discriminant validity test has been well fulfilled based on the Fornell Larcker criterion, that is, the value of the square root of AVE on the diagonal is greater than the correlation between constructs outside the diagonal. This can be seen in the diagonal value of each variable, namely commitment of 0.913, competence of 0.930, performance of 0.938, and organizational citizenship behavior of 0.940, all of which are higher than the correlation value with other constructs. For example, commitment only correlated 0.398 with competence, 0.311 with performance, and 0.414 with OCB, thus indicating that commitment is a different construct and does not overlap with other variables. Competency has a correlation of 0.746 with performance and 0.803 with OCB, but this value is still smaller than the diagonal value of competence which is 0.930, which indicates that competence still has a strong construct uniqueness. The performance also showed a diagonal value of 0.938 which was greater than its correlation with commitment 0.311, competence 0.746, and OCB 0.806, so that performance proved to be specifically measurable. Similarly, OCB has the highest diagonal value of 0.940 which surpasses its correlation with commitment of 0.414, competence of 0.803, and performance of 0.806. Overall, these results confirm that each construct in the study has a clear difference from each other, so the instrument is declared discriminatively valid and suitable for further analysis on structural models.

**Table 3.** R-Square

	<b>R-square</b>
Performance	0,700
Organizational Citizenship Behavior	0,645

Table 3 shows the value of R square which illustrates the extent of the ability of independent variables to explain dependent variables in the structural model. The R-square value for performance of 0.700 indicates that the variation in performance can be explained by 70.0 percent by the predictor variables that make up it in the model, while the remaining 30.0 percent is influenced by other factors outside the study model. Meanwhile, the R square value for organizational citizenship behavior of 0.645 showed that OCB was able to be explained by 64.5 percent by the predictor variables associated in the model, and the remaining 35.5 percent was explained by other variables that were not studied. Overall, these two values show a strong clear power of the model because the proportion of variance that can be explained is relatively high, so that the model has good predictive ability in explaining OCB and performance in the study respondents.

**Table 4.** Hypothesis Testing

	<b>Original sample</b>	<b>P values</b>
Commitment -> Performance	0,035	0,454
Competence -> Performance	0,262	0,016
Competence -> Organizational Citizenship Behavior	0,803	0,000
Organizational Citizenship Behavior -> Performance	0,531	0,000
Commitment x Organizational Citizenship Behavior -> Performance	0,144	0,003

Based on the results of the path analysis, several hypotheses have been tested to see the direct and insignificant effects of interaction between variables, and the results show that there is a significant and insignificant relationship in the research model. First, the relationship between commitment to performance produced an original sample coefficient of 0.035 with a p value of 0.454, so that the effect was declared insignificant. These findings indicate that the commitment of nurses does not necessarily directly improve performance, because performance can be more influenced by other aspects such as technical ability, workload, work systems, and organizational support in the implementation of daily tasks. Second, the effect of competence on performance showed an original sample coefficient of 0.262 with a p value of 0.016, which means that this relationship is positive and significant. These results confirm that the better the competence of nurses, both in knowledge, skills, and the ability to carry out work procedures, the more performance is shown. In other words, competence is an important capital in ensuring that nurses are able to provide appropriate, fast, and standard services, so that work output can be achieved optimally.

Third, the effect of competence on Organizational Citizenship Behavior was proven to be very strong and significant, with an original sample coefficient of 0.803 and a p value of 0.000. These findings show that competencies not only have an impact on formal work outcomes, but also encourage extra-role behaviors that support the organization. Competent nurses tend to be more confident, more adaptive, and more willing to help colleagues, show concern, and are willing to do things outside of the main task for the sake of smooth service, so that a positive work culture is easier to form. Fourth, Organizational Citizenship Behavior has a positive and significant effect on performance, shown by the

original sample coefficient of 0.531 with a p value of 0.000. This means that when nurses more often display OCB behaviors such as helping without being asked, maintaining harmonious working relationships, being proactive, and supporting organizational rules, performance also tends to improve. OCB can facilitate coordination, reduce conflicts, speed up job completion, and improve service quality, which is ultimately reflected in improved overall performance.

Fifth, the results of the moderation test showed that the interaction of commitment and Organizational Citizenship Behavior on performance was significant, with an original sample coefficient of 0.144 and a p value of 0.003. This means that the commitment strengthens the influence of OCB on performance, so that the positive impact of OCB becomes greater when nurses have a higher commitment. In conditions of high commitment, the extra role behavior carried out by nurses tends to be more consistent, more sincere, and more oriented to organizational goals, so that their contribution to performance becomes stronger than when commitment is low.

Overall, the results of this hypothesis test show that nurses' performance is mainly influenced by competence and Organizational Citizenship Behavior, while commitment does not have a direct effect on performance but has an important role as a moderation variable that strengthens OCB's relationship to performance. The implications of these findings show that improving competencies needs to be the main focus because it has a direct impact on performance while encouraging the formation of OCB, and these positive effects will be more optimal if the organization is also able to build and maintain nurse commitment through a supportive work environment, fair rewards, and an organizational culture that strengthens the sense of belonging to the institution.

### ***Discussion***

The results of this study show that competence has a significant influence on nurse performance, thus confirming that the quality of performance in health services is highly determined by the ability of individuals to carry out their duties professionally. The competencies possessed by nurses, both in clinical technical aspects, cognitive understanding of procedures and decision-making, as well as interpersonal skills in communication and cooperation, have proven to be the main foundation in producing optimal performance. These findings reinforce the view that competency improvement is not only oriented towards skill mastery, but also on the accuracy of actions, consistency in the implementation of service standards, and the ability to respond quickly and appropriately to patient conditions. In line with Dawar et al. (2024), professional competency standards in the health sector are directly related to the quality of service results, including patient safety, effectiveness of actions, and efficiency of the service process, so that the higher the competence of nurses, the greater the chance of achieving better performance in daily work activities.

In addition to direct influence, this study also affirms the role of Organizational Citizenship Behavior as an important mechanism that strengthens the relationship between competence and performance, as good competence tends to encourage the emergence of voluntary work behaviors that support the organization. Competent nurses are not only able to complete work according to standards,

but are also better prepared to take the initiative, help colleagues, maintain coordination, and maintain a cooperative attitude that smooths the flow of services. OCBs such as being willing to help without being asked, maintaining harmonious working relationships, and being proactive in solving problems, ultimately contribute to improving overall performance because it reduces work barriers and improves the quality of teamwork. This is in line with Suhardi (2018) who emphasizes that individuals with high competence are more encouraged to perform extra-role behaviors, so that OCB can be understood as a behavioral channel that translates individual abilities into a broader real contribution to organizational effectiveness and performance improvement.

Subsequent findings show that organizational commitment plays a significant role as a moderator that strengthens the relationship between competence and OCB. This means that nurses who have a high commitment to the organization are not only competent, but also more motivated to express their competence through voluntary behavioral behaviors that benefit the hospital. Commitment forms psychological bonds, a sense of belonging, and a willingness to give more effort to the institution, so that the competencies possessed do not stop at the fulfillment of formal tasks only, but develop into additional contributions such as helping colleagues, maintaining work discipline, and actively supporting organizational goals. This finding is in line with Fitriani and Wulandari (2021) who stated that organizational commitment can strengthen the influence of competence on positive work behavior, because individuals who have higher commitment tend to maximize their potential for the benefit of the organization.

However, the results of the study also indicate that organizational commitment does not always have a direct effect on performance, thus suggesting a more complex dynamic in the context of health services. It can be understood that high commitment does not necessarily automatically improve performance if it is not followed by other supporting factors such as the adequacy of resources, a clear work system, a balanced division of tasks, and adequate managerial support. In practice, nurses can have a strong commitment but still face operational constraints such as high workloads, limited facilities, or situational pressures that limit performance actualization. Therefore, commitment in this study seems to play a role as a social behavior enhancer and extra role, which then has an impact on performance through the role of OCB, rather than as a direct predictor of performance itself.

The findings of this research support the conceptual model that was built, namely competence affects performance both directly and indirectly through OCB, and organizational commitment plays a role in strengthening the competency path to OCB. This empirical support for relationships confirms that improving nurse performance is not enough to focus solely on technical training, but also requires an organizational strategy that encourages the emergence of OCB through a healthy work climate, collaborative working relationships, and strengthening employee attachment to the institution. In line with Khalili (2017) and Masrurroh et al. (2024), organizations that are able to build an environment that fosters commitment tend to get maximum benefits from employee competencies because these competencies are easier to actualize in consistent positive work behaviors.

Considering the context of South Konawe Hospital, these results provide important implications for human resource management policies in the regional health service sector. Competency improvement programs need to be implemented on an ongoing basis through clinical training, strengthening procedure standards, and soft skills development, but must be accompanied by efforts to increase commitment such as performance recognition, clear career development paths, fair reward systems, and leadership styles that are able to build trust and work engagement. When competencies are enhanced along with commitment, organizations will more easily form a work culture that encourages extra-role behaviors, and ultimately results in higher nurse performance and better quality of service to the community.

## **CONCLUSION**

Based on the results of the study, it can be concluded that competence has a significant effect on nurse performance, both directly and through Organizational Citizenship Behavior as a variable that strengthens the path of influence. These findings show that competence not only improves nurses' ability to carry out tasks according to standards, but also encourages the emergence of voluntary work behaviors that help smooth service and organizational effectiveness. In addition, organizational commitment has been shown to play a significant role as a moderation variable, so nurses with a higher level of commitment tend to be better able to actualize their competencies in the form of extra-role behaviors that have an impact on improving work outcomes. Thus, this study emphasizes that improving nurse performance is not enough to rely only on strengthening technical competence, but needs to be accompanied by efforts to build positive organizational behavior and strengthen the emotional commitment and attachment of nurses to the institution.

The implications of this study theoretically expand the understanding of performance improvement mechanisms through a more integrated approach, particularly in the context of regional health services that demand high teamwork, coordination, and social contribution. In practical terms, hospital management needs to design a human resource management strategy that not only focuses on training and competency development, but also encourages the formation of a work culture that supports OCB, for example through strengthening collaboration, a fair reward system, supportive leadership, and a work climate that fosters a sense of belonging. For further research, it is recommended that the scope of the study be expanded to more than one hospital or service area to make the findings more robust to generalize, as well as to consider the use of a mixed quantitative and qualitative approach to delve deeper into the motivations, perceptions, and dynamics of nurses' work behaviors, including contextual factors such as workload, organizational support, and work culture characteristics in public service institutions.

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