

Recharge to contribute: Psychological Detachment as a Pathway from Perceived Organizational Support to Citizenship Behaviour and Subjective Well-being

Mengisi Kembali Energi untuk Berkontribusi: Detasemen Psikologis sebagai Jalur dari Persepsi Dukungan Organisasi menuju Perilaku Kewarganegaraan dan Kesejahteraan Subjektif

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Abstract

Healthcare workers face high job demands, limited medical resources, the need to provide high-quality care, and complex emotional pressures, all of which have the potential to undermine their well-being and work behavior. This study aims to examine the role of psychological detachment as a mediator in the relationship between perceived organizational support and subjective well-being and organizational citizenship behavior among healthcare workers. This study employs a quantitative approach using a cross-sectional survey design. The study sample consisted of 432 healthcare workers employed at various healthcare facilities. Data were collected using a questionnaire that measured perceived organizational support, psychological detachment, subjective well-being, and organizational citizenship behavior. Data analysis was conducted using Partial Least Squares-based Structural Equation Modeling (PLS-SEM) with the assistance of SmartPLS 4 software. The results indicate that perceived organizational support has a positive and significant effect on psychological detachment. Psychological detachment also has a positive effect on subjective well-being and organizational citizenship behavior. Furthermore, psychological detachment was found to act as a mediator in the relationship between perceived organizational support and these two variables. These findings suggest that the organizational support perceived by healthcare workers can enhance psychological well-being and prosocial behavior in the workplace through individuals' ability to detach from work demands. The implications of this study underscore the importance of healthcare organizations in creating a work environment that supports the psychological recovery of healthcare workers in order to improve their well-being and performance.

Keywords: Organizational Citizenship Behavior, Psychological Detachment, Subjective Well-being

Abstrak

Tenaga kesehatan menghadapi tuntutan kerja yang tinggi, keterbatasan sumber daya tenaga medis, intensitas pelayanan yang berkualitas, serta tekanan emosional yang kompleks sehingga berpotensi menurunkan kesejahteraan dan perilaku kerja. Penelitian ini bertujuan untuk menguji peran psychological detachment sebagai mediator dalam hubungan antara perceived organizational support dengan subjective well-being dan organizational citizenship behavior pada tenaga kesehatan. Penelitian ini menggunakan pendekatan kuantitatif dengan desain survei cross-sectional. Partisipan penelitian berjumlah 432 tenaga kesehatan yang bekerja di berbagai fasilitas pelayanan kesehatan. Data dikumpulkan menggunakan kuesioner yang mengukur perceived organizational support, psychological detachment, subjective well-being, dan organizational citizenship behavior. Analisis data dilakukan menggunakan Structural Equation Modeling berbasis Partial Least Squares (PLS-SEM) dengan bantuan perangkat lunak SmartPLS 4. Hasil penelitian menunjukkan bahwa perceived organizational support berpengaruh positif dan signifikan terhadap psychological detachment. Psychological detachment juga berpengaruh positif terhadap subjective well-being dan organizational citizenship behavior. Selain itu, psychological detachment terbukti memediasi hubungan antara perceived organizational support dan kedua variabel tersebut. Temuan ini menunjukkan bahwa dukungan organisasi yang dirasakan tenaga kesehatan dapat meningkatkan kesejahteraan psikologis dan perilaku prososial di tempat kerja melalui kemampuan individu untuk melepaskan diri dari tuntutan pekerjaan. Implikasi penelitian ini menekankan pentingnya organisasi kesehatan dalam menciptakan lingkungan kerja yang mendukung pemulihan psikologis tenaga kesehatan guna meningkatkan kesejahteraan dan kualitas kinerja mereka.

Kata Kunci: Kesejahteraan Subjektif, Perilaku Kewarganegaraan Organisasi, Kesejahteraan Subjektif.

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INTRODUCTION

Health workers with civil servant status play a vital dual role. They must be able to provide public services and serve as the frontline of the national health system. Due to the uneven distribution of public health services across regions, Debsarma & Choudhary (2025) reported that disparities in the availability of healthcare personnel and facilities hinder the delivery of equitable and high-quality healthcare services, particularly in rural and underserved areas. Consequently, healthcare workers are frequently required to perform responsibilities beyond their formal job descriptions to ensure continuity of healthcare services. Such circumstances make discretionary work behaviors increasingly important within the public healthcare sector. Moreover, Indonesian public organizations operate within a collectivist cultural context characterized by social harmony, cooperation, solidarity, and loyalty to superiors (Hardiansyah et al., 2025). These cultural values encourage employees to voluntarily support one another and prioritize collective goals over individual interests, thereby strengthening the emergence of Organizational Citizenship Behavior (OCB).

Organizational Citizenship Behavior (OCB) in Indonesian public organizations extends beyond discretionary employee behavior and serves as an important social foundation for maintaining organizational effectiveness and teamwork. Within Indonesia's collectivist culture, employees are more likely to demonstrate OCB through voluntary cooperation, mutual assistance, and interpersonal support rather than merely complying with formal organizational rules (Suharnomo & Hashim, 2019). In the healthcare sector, where shortages of personnel often require employees to assume responsibilities beyond their assigned roles, OCB becomes essential for maintaining service quality and ensuring continuity of patient care. Employees who identify strongly with their organization and are motivated to contribute to collective success are therefore more willing to assist colleagues, share workloads, and perform extra-role behaviors that benefit both the organization and the community.

Although Organizational Citizenship Behavior contributes substantially to organizational effectiveness, sustaining such extra-role behaviors requires employees to continuously invest psychological, emotional, and physical resources (Liang et al., 2026). In demanding healthcare environments, repeatedly performing beyond formal job responsibilities may gradually deplete these personal resources if employees do not experience adequate recovery. Consequently, the sustainability of Organizational Citizenship Behavior depends not only on employees' willingness to contribute but also on their psychological condition. Subjective well-being (SWB), therefore, becomes an essential psychological resource because it reflects employees' capacity to maintain positive functioning despite demanding work conditions (Hasan et al., 2020).

Subjective well-being refers to individuals' cognitive and affective evaluation of their overall quality of life, encompassing life satisfaction together with the presence of positive emotions and the absence of negative emotions (Diener, 2001; Diener et al., 1985). Employees with high subjective well-being tend to demonstrate greater psychological resilience, optimism, and emotional stability when facing demanding work situations (Asheghi et al., 2026). These positive psychological conditions enable employees to regulate stress more effectively, maintain constructive interpersonal relationships, and remain motivated to contribute beyond their formal responsibilities.

Consequently, healthcare workers with higher subjective well-being are more likely to sustain Organizational Citizenship Behavior because positive psychological functioning equips them with greater emotional resilience and cognitive resources to cope with demanding work conditions. Rather than simply enhancing positive emotions, subjective well-being strengthens employees' emotional resilience and cognitive capacity to cope with demanding work conditions (Diener et al., 2015; Manulik et al., 2025). As a result, employees are better able to maintain constructive interpersonal relationships, voluntarily assist colleagues, and continue performing extra-role behaviors despite prolonged work pressures.

This theoretical argument is supported by empirical findings demonstrating that employees with higher subjective well-being exhibit greater resilience and are better able to cope with demanding work environments. Manulik et al. (2025) reported that job satisfaction, life satisfaction, and optimism enhance healthcare workers' resilience. Likewise,

Pratiwita (2020), found that job satisfaction encourages employees to engage in Organizational Citizenship Behavior,

while Aristaningrum et al. (2024) demonstrated a significant positive relationship between job satisfaction and Organizational Citizenship Behavior. Collectively, these findings suggest that maintaining employees' Subjective Well-Being is essential for sustaining Organizational Citizenship Behavior because employees with higher levels of well-being possess greater psychological resources to cope with demanding work conditions and continue engaging in extra-role behaviors.

Despite the important role of subjective well-being in sustaining Organizational Citizenship Behavior, maintaining healthcare workers' well-being remains a significant challenge. Healthcare professionals are continuously exposed to demanding workloads, emotional interactions with patients, time pressure, and staff shortages, all of which threaten their psychological functioning. When these work demands exceed employees' available psychological resources, subjective well-being gradually declines, increasing the likelihood of emotional exhaustion, chronic stress, and reduced work performance. Consequently, preserving healthcare workers' subjective well-being is not only essential for protecting their mental

health but also for maintaining high-quality healthcare services and sustaining extra-role behaviors.

Recent evidence indicates that maintaining healthcare workers' well-being has become an increasingly critical issue in Indonesia. The Intellect report (2025) revealed that 45% of Indonesian employees experience mental health problems, while approximately 70% report work-related stress that negatively affects their productivity. Furthermore, Indonesia's employee well-being score is only 53.26%, considerably lower than neighboring countries such as Malaysia (67.89%) and Singapore (68.23%). Similar findings were reported among healthcare professionals. Aunguroch et al. (2024) also revealed that more than 50% of nurses in Indonesia sometimes feel stressed and do not always have their usual energy, while 7.3% experience significant physical and emotional exhaustion (Intellect, 2025).

The challenge becomes even greater in regions with limited healthcare resources, such as North Maluku Province. According to the Badan Kepegawaian Negara (2024), North Maluku has only 3,806 civil servants and PPPK healthcare workers. Meanwhile, data from the Kementerian Kesehatan RI (2024), indicate that North Maluku ranks eleventh among Indonesian provinces with shortages of healthcare personnel in disadvantaged areas, with only one physician available for every 1,000 residents, a figure that remains below the World Health Organization standard. Such shortages substantially increase employees' workloads and place greater psychological demands on healthcare workers. Consistent with this situation, Lohmann et al. (2019) reported that shortages of healthcare personnel increase work pressure and reduce employees' well-being. Similarly, Rink et al. (2023) identified workload, staff shortages, and technological demands as major sources of stress among healthcare workers, while Fernandes et al. (2025) emphasized that healthcare occupations are characterized by exceptionally high physical and emotional demands that substantially increase the risk of burnout when adequate organizational support is unavailable.

Taken together, these findings suggest that the primary challenge faced by healthcare workers is not merely the presence of high job demands but also the limited opportunity to recover psychologically from those demands. Continuous exposure to stressful working conditions without adequate recovery gradually depletes employees' psychological resources, resulting in declining subjective well-being and increasing vulnerability to burnout (Zhang et al., 2023). Therefore, psychological recovery becomes an essential mechanism for restoring depleted personal resources and maintaining employees' well-being (Rus et al., 2022).

One of the most widely recognized recovery mechanisms in occupational health psychology is psychological detachment, which refers to employees' ability to mentally disengage from work-related thoughts and responsibilities during non-working hours (Sonnentag &

Fritz, 2007). Rather than merely taking a break from work, psychological detachment enables employees to restore depleted cognitive and emotional resources, maintain positive psychological functioning, and cope more effectively with demanding work environments.

The importance of psychological detachment has been consistently supported by empirical evidence. Rus et al. (2022) reported that healthcare personnel generally experience low levels of recovery experiences, including relaxation, control, and mastery experiences. Consequently, limited opportunities to recover outside working hours increase employees' need for recovery and contribute to short-term work fatigue. Similarly, Agolli & Holtz (2023), through a systematic literature review, demonstrated a reciprocal relationship between exhaustion, resource depletion, and psychological detachment. Their findings indicate that poor well-being reduces employees' ability to psychologically detach from work, whereas inadequate detachment further hinders recovery and intensifies exhaustion.

Consistent with these findings, Wang et al. (2018) showed that psychological detachment reduces stress, restores energy, enhances positive affect, and improves employees' well-being. Koch et al. (2024) further demonstrated that psychological detachment facilitates energy recovery and promotes positive activities that subsequently contribute to improved well-being. Collectively, these findings indicate that psychological detachment serves as an essential recovery mechanism for preserving employees' psychological resources under demanding work conditions.

Although psychological detachment is primarily considered an individual recovery experience, employees' ability to psychologically detach from work is also influenced by organizational resources. One of the most important organizational resources is Perceived Organizational Support (POS), which reflects employees' belief that their organization values their contributions and genuinely cares about their well-being. When employees perceive strong organizational support, they are more likely to experience psychological safety, reduced work-related concerns, and greater opportunities to recover from demanding work conditions. Consequently, organizational support not only promotes positive work attitudes but also creates conditions that facilitate effective psychological recovery.

Empirical evidence consistently supports the important role of POS in shaping employee attitudes, well-being, and work behavior. Firmansyah et al. (2022) found that POS positively influences organizational commitment and Organizational Citizenship Behavior among healthcare workers during the COVID-19 pandemic. Similarly, Pratiwita (2020) identified POS as an important antecedent of Organizational Citizenship Behavior, while Putrie & Faraz (2022) demonstrated that organizational support reduces

organizational cynicism by strengthening employees' trust in their organization.

Similarly, Park & Kim (2024) demonstrated that employees who perceive greater organizational support develop a stronger sense of reciprocity, become more engaged in their work, and are more willing to perform Organizational Citizenship Behavior beyond their formal job responsibilities. Collectively, these findings suggest that Perceived Organizational Support functions as an important job resource that not only motivates employees to contribute beyond their formal responsibilities but also provides a supportive psychological environment that enables employees to cope more effectively with demanding work conditions. Such organizational support is therefore expected not only to motivate employees to perform Organizational Citizenship Behavior but also to facilitate psychological recovery that preserves employees' subjective well-being and enables them to sustain positive work behavior over time.

Previous studies also indicate that the relationship between organizational support and employees' well-being is not always direct. Demirdelen Alrawadieh & Alrawadieh (2022) found that POS does not directly affect life satisfaction but becomes significant when mediated by quality of work life. Li et al. (2025) demonstrated that psychological detachment mediated the relationship between social support and burnout. Buechel & Solinas (2025) further reported that although managers acknowledge the benefits of psychological detachment for employee well-being and performance, detachment is often misunderstood as a lack of work commitment. Aldbyani et al. (2025) similarly confirmed that positive psychological resources contribute significantly to psychological well-being. These findings indicate that organizational support alone may not be sufficient to improve employees' well-being unless it is accompanied by effective psychological recovery.

Taken together, the existing literature suggests that Perceived Organizational Support, Psychological Detachment, Subjective Well-Being, and Organizational Citizenship Behavior are not independent constructs but represent interconnected psychological processes. Perceived Organizational Support provides employees with valuable job resources that facilitate psychological detachment from work. Successful psychological detachment enables employees to recover from demanding work conditions, thereby preserving their Subjective Well-Being. Employees with higher levels of Subjective Well-Being subsequently possess greater psychological resources to maintain Organizational Citizenship Behavior despite continuously facing demanding work environments (Blake et al., 2025; Koch et al., 2024).

Despite substantial evidence supporting the motivational role of Perceived Organizational Support and the recovery role of Psychological Detachment, previous studies have generally examined these mechanisms independently. Consequently, limited research has explained

how organizational support is translated into sustainable Organizational Citizenship Behavior through employees' psychological recovery and Subjective Well-Being, particularly among civil servant healthcare workers facing persistent job demands. Addressing this limitation, the present study proposes Psychological Detachment as the mediating mechanism linking Perceived Organizational Support, Subjective Well-Being, and Organizational Citizenship Behavior.

Accordingly, a theoretical framework capable of integrating both motivational and recovery processes is required to explain these relationships comprehensively. This study is grounded in the Job Demands–Resources (JD-R) Theory proposed by Demerouti et al. (2001), which explains that every occupation consists of job demands that consume employees' physical and psychological resources and job resources that stimulate motivation and facilitate work performance. Kinnunen et al. (2011) extended this perspective by emphasizing that recovery experiences complement the motivational process by enabling employees to restore depleted psychological resources after work. Accordingly, the present study argues that Perceived Organizational Support represents an important job resource that facilitates Psychological Detachment. Successful detachment restores employees' psychological resources, preserves Subjective Well-Being, and ultimately enables them to sustain Organizational Citizenship Behavior despite demanding work conditions.

Based on the above arguments, this study aims to examine the influence of Perceived Organizational Support on Subjective Well-Being and Organizational Citizenship Behavior through the mediating role of Psychological Detachment among civil servant healthcare workers in Indonesia. The findings are expected to contribute theoretically by extending the Job Demands–Resources framework through the integration of motivational and recovery processes. Practically, the findings are expected to provide evidence for designing organizational support policies and sustainable mental health interventions that enhance both employee well-being and positive work behavior in Indonesia's public healthcare sector.

RESEARCH METHODS

We used a correlational design with a quantitative non-experimental approach (Creswell & Creswell, 2018). Our information was collected using a self-report questionnaire. The study population consisted of civil servants working in healthcare institutions in North Maluku Province who had at least 2 years of service. This criterion was applied so that participants would have sufficient work experience to understand the dynamics of organizational support and job demands that could affect subjective well-being and organizational citizenship behavior.

The Study employed Daniel Soper's SEM sample size calculator to establish the minimum sample size requirement.

The estimation was based on parameters such as an expected effect size of 0.25, a desired power level of 0.80, four latent constructs, 42 observed items, and a 0.05 significance level. Based on these calculations, the minimum sample size required was 229 participants. The convenience sampling technique was used, a non-probability sampling method that involves selecting individuals based on their ability to participate in the study (Gravetter & Forzano, 2018). This methodology was chosen because it allows researchers to obtain samples that meet the research criteria more practically and increases accessibility in the data collection process (Andrade, 2021).

Several instruments with tested validity and reliability were applied to measure the study variable. A scale developed by Eisenberger et al. (2020) was used to measure Perceived Organizational Support (POS), resulting in a reliability value of $\alpha = 0.94$. Psychological detachment was measured by adopting the Recovery Experience Questionnaire (REQ) from Sonnentag & Fritz (2007), which consists of four items and has an internal consistency value of $\alpha = 0.84$. The Organizational Citizenship Behavior (OCB) variable was measured using a questionnaire developed by Lee & Allen (2002), consisting of 16 items divided into two dimensions, which are OCB-I ($\alpha = 0.90$) and OCB-O ($\alpha = 0.87$), with a total reliability of $\alpha = 0.94$. Meanwhile, the Subjective Well-being (SWB) was assessed using the Satisfaction with Life Scale (SWLS) by Diener et al. (1985), which has a reliability of $\alpha = 0.88$.

Data collected using the self-report method has the potential to cause common method bias (CMB) because all variables are measured using one data collection method (Podsakoff et al. 2024). To minimize the potential for bias, the researchers used a marker variable approach Miller & Simmering, (2023) and added attention check questions to filter participant responses to maintain data quality (Kung et al., 2018). Before the analysis process, a data cleaning stage was carried out using Microsoft Excel to ensure that all responses met the research criteria.

Structural Equation Modeling (SEM) with the Partial Least Squares (PLS-SEM) technique was utilized to analyze the data using SPSS 26 and SmartPLS version 4 software. The analysis started with descriptive statistics to describe the participants' characteristics based on the frequency and percentage of demographic data. Then, SEM analysis was performed in two stages. Evaluation of the measurement model (outer model) and the structural model (inner model). The outer model was assessed to examine convergent validity using criteria of outer loading ≥ 0.70 and average variance extracted (AVE) ≥ 0.50 , and discriminant validity and construct reliability were evaluated based on composite reliability and Cronbach's alpha ≥ 0.70 .

The inner model evaluation process involved looking at the coefficient of determination (R^2), effect size (f^2), and variance inflation factor ($VIF < 5$) values to ensure that there were no multicollinearity problems. Hypothesis testing,

including the mediating effect of psychological detachment, was carried out using the Bootstrapping method with 5,000 resamples and a confidence interval of 95%. The mediating effect was declared significant if the resulting confidence interval did not include zero.

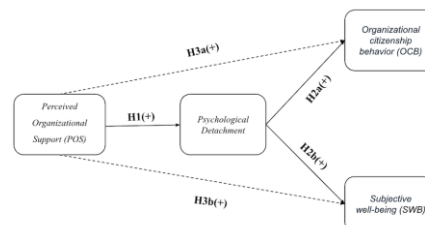


Figure 1. The proposed Research Model

Hypothesis

According to previous literature, the researcher assumes that the perceived organizational support of healthcare workers will be able to influence their psychological detachment, which will eventually impact their Organizational citizenship behavior and subjective well-being. Hence, the hypotheses in this study are provided as follows:

H1: Perceived organizational support positively affects psychological detachment.

H2a: Psychological detachment has a positive effect on organizational citizenship behavior.

H2b: Psychological detachment has a positive effect on subjective well-being.

H3a: Perceived organizational support has a positive effect on organizational citizenship behavior.

H3b: Perceived organizational support has a positive effect on subjective well-being.

H4a: Psychological detachment serves as a mediator in the relationship between perceived organizational support and organizational citizenship behavior.

H4b: Psychological detachment mediates the relationship between perceived organizational support and subjective well-being.

RESEARCH RESULTS

After screening the initial data, 432 participants qualified for the study and proceeded to the data analysis stage. Table 1. Most participants in the study were female (71%), with an age of 30–45 years (71.5%), ≤ 5 years of work experience (42.8%), a D1/D2/D3 level of education (42.6%) and working as nurses (35.9%).

Table 1. Participant Characteristics (n = 432)

Characteristics (n=432)	Number (n)	Percentage (%)
Gender		
Female	307	71%
Male	125	28%
Age		
≤ 29 years	91	21.1%

Characteristics (n=432)	Number (n)	Percentage (%)
30-45 years	309	71.5%
46 -61 years	32	7,4%
Work Experience		
≤ 5 years	185	42.8%
6 - 10 years	162	37.5%
11 - 15 years	50	11.6%
≥ 16 years	35	8%
Educational Level		
D1/D2/D3	184	42.6%
Bachelor's degree (S1/ D4	122	28.2%
Professional (doctor, Nurse, Psychologist)	101	23.4%
Master's degree (S2) / Specialist 1 (Sp. 1)	24	5.6%
Doctoral degree (S3) / Sub-specialist 2 (Sp. 2)	1	0.2%
Occupation		
Doctor (General/Specialist)	51	11.8%
Nurse	155	35.9%
Midwife	48	11%
Pharmacist	32	7.4%
Nutritionist	40	9.3%
Physiotherapist	11	2.5%
Public Health Worker	45	10.4%
Medical Laboratory/ Radiographer/Medical Record Officer	37	8.6%
Others	13	3%

Table 2 presents the descriptive statistics and score categories of the study variables. Perceived organizational support (POS) was predominantly at the moderate level ($M = 3.4$, $SD = 0.99$). Psychological detachment (PD) and subjective well-being (SWB) were predominantly classified as low, despite both having mean scores of 3.5 ($SD = 1.00$ and 0.99 , respectively). In contrast, organizational citizenship behavior (OCB) was predominantly categorized as high ($M = 3.5$, $SD = 0.85$). Overall, the findings indicate that healthcare workers demonstrated high organizational citizenship behavior, whereas psychological detachment and subjective well-being tended to be low, while perceived organizational

Table 2. Descriptive Statistics (n = 342)

	Mean	Sd. Dev	Low n (%)	Moderate n (%)	High n (%)
POS	3.4	.99	144 (33%)	149 (34%)	139 (32%)
PD	3.5	1.00	169(39%)	138(32%)	125(29%)

	Mean	Sd. Dev	Low n (%)	Moderate n (%)	High n (%)
SWB	3.5	.99	172 (40%)	138 (32%)	122 (28%)
OCB	3.5	.85	18 (4%)	57 (13%)	357 (83%)

Notes: POS = Perceived Organizational Support, PD = Psychological Detachment, SWB = Subjective Well-being, OCB = Organizational Citizenship Behavior.

Table 3. Normality Test

Variable	Skewness	Kurtosis
POS	0.10	-0.32
PD	0.11	-0.44
SWB	-0.05	-0.29
OCB	0.10	-0.41

Assumption testing was conducted through normality assessment by examining skewness and kurtosis values, considering the relatively large sample size ($N = 432$). As presented in Table 3, the normality test results showed that the skewness values ranged from -0.05 to 0.11, which were within the recommended range of -1 to +1 (Hair et al., 2019). The kurtosis values ranged from -0.44 to -0.29, which were also within the acceptable threshold of -7 to +7 (Byrne, 2010). These findings indicate that all variables met the normality assumption and were suitable for further analysis. Furthermore, construct reliability and validity were assessed through factor loadings and average variance extracted (AVE). As presented in Figure 2, all indicators demonstrated factor loadings above the recommended threshold, confirming adequate indicator reliability.

Table 4. Confirmatory Factor Analysis, Convergent Validity, and Reliability.

	Factor Loading	CriT	AVE	CR	CA
POS	0.75-0.85	0.69-0.80	0.66	0.95	0.94
PD	0.79-0.85	0.63-0.73	0.69	0.90	0.85
SWB	0.79-0.86	0.68-0.77	0.69	0.92	0.89
OCB	0.72-0.81	0.66-0.78	0.61	0.95	0.95

Note: CA= Cronbach's alpha, CR= Composite Reliability (ρ_c), AVE = Average variance extracted

Table 4 presents the results of confirmatory factor analysis (CFA), convergent validity, and reliability assessment. The factor loading values for perceived organizational support (POS) ranged from 0.75 to 0.85, , psychological detachment (PD) from 0.79 to 0.85, subjective well-being (SWB) from 0.79 to 0.86, and organizational citizenship behavior (OCB) from 0.72 to 0.81. All factor loading values exceeded the recommended threshold of 0.50, indicating adequate indicator reliability. Furthermore, the average variance extracted (AVE) values ranged from 0.61 to 0.69, exceeding the recommended cut-off value of

0.50, which confirms satisfactory convergent validity (Hair et al., 2017). The composite reliability (CR) values ranged from 0.90 to 0.95, and Cronbach's alpha (CA) values ranged from 0.85 to 0.95, indicating strong internal consistency reliability across all constructs. Therefore, all measurement models met the criteria for validity and reliability.

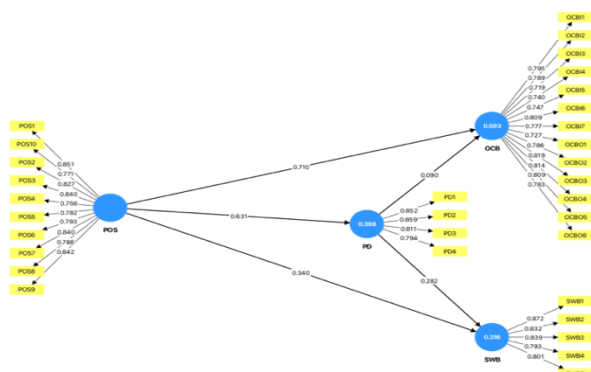


Figure 2. Result of the Measurement Model

Table 5. Common Method Bias

	Without Marker Variable β	p-value	With Marker Variable β	p-value
POS $\rightarrow$ PD	0.63	<0.001	0.63	<0.001
POS $\rightarrow$ SWB	0.34	<0.001	0.34	<0.001
POS $\rightarrow$ OCB	0.71	<0.001	0.71	<0.001
PD $\rightarrow$ SWB	0.24	<0.001	0.24	<0.001
PD $\rightarrow$ OCB	0.09	0.02	0.09	0.02
Marker $\rightarrow$ PD	-	-	-0.00	0.98
Marker $\rightarrow$ SWB	-	-	0.04	0.32
Marker $\rightarrow$ OCB	-	-	0.01	0.83

Furthermore, this study also tested for common method bias (CMB) using the marker variable approach, as the data were collected cross-sectionally through a self-report questionnaire (Podsakoff et al., 2012). As presented in Table 5, the inclusion of the marker variable did not substantially change the path coefficients or significance levels of the structural relationships. For instance, the path coefficient between psychological detachment and subjective well-being remained unchanged after adding the

marker variable ($\beta = 0.24$, $p < 0.001$). Similar patterns were observed across other hypothesized relationships, indicating that the model estimates were stable. Moreover, the marker variable did not significantly influence psychological detachment ($\beta = -0.001$, $p = 0.980$), subjective well-being ($\beta = 0.04$, $p = 0.324$), or organizational citizenship behavior ($\beta = 0.01$, $p = 0.828$). This suggests that the research model has a good level of stability and there are no serious common method bias issues (Kalnins & Praitis Hill, 2025)

Subsequently, discriminant validity was tested using the Heterotrait-Monotrait Ratio (HTMT). The findings showed that all HTMT values were below the recommended threshold of 0.85 (Henseler et al., 2015). The highest HTMT values, observed between POS and OCB, were 0.806, still within the acceptable range. Furthermore, based on the Fornell-Larcker criterion, the square root of AVE for each construct exceeded its inter-construct correlations, supporting the establishment of discriminant validity.

Multi-collinearity VIF The analysis results were summarized by reviewing the variance inflation factor (VIF) for each indicator. (Hair & Alamer, 2022) state that the ideal VIF value is < 5.0 , indicating no multicollinearity issues. According to the results, all items had VIF values ranging from 1.726 to 3.169, which is still within the limits, and the measurement model was declared to meet the criteria.

Table 6. Goodness-of-Fit Indices of the Structural Model

Fit Index	Value	Cut-Off Value	Result
Chi- Square (X^2)	941	-	$p < .001$
df	458	-	-
CFI	.950	$\geq .90$	Good Fit
TLI	.946	$\geq .90$	Good Fit
NFI	.891	$\geq .90$	Acceptable
RMSEA	.049	$\leq .08$	Good Fit
SRMR	.047	$\leq .08$	Good Fit

$N = 432$. X^2 = chi-square, df = degree of freedom, SRMR = Standardized Root Mean Squared Residual, RMSEA = Root Mean Square Error Of Approximation, CFI = Comparative fit index, TLI = Tucker-Lewis index, NFI = Normed Fit Index.

Model fit was assessed to evaluate the extent to which the proposed structural model adequately represented the empirical data. As presented in Table 6, the model demonstrated an acceptable fit based on several goodness-of-fit indices. The Standardized Root Mean Square Residual (SRMR) value was 0.047, which was below the recommended threshold of 0.08, indicating a good model fit (Hu & Bentler, 1998). Furthermore, the CFI (0.950) and TLI (0.946) values exceeded the recommended cut-off value of 0.90, supporting the adequacy of the model fit. The RMSEA value of 0.049 also indicated a good fit, as it was below the recommended value of 0.08. Although the NFI value (0.891) was slightly below the recommended threshold of 0.90, it remained within an acceptable range output (Hair Jr. et al., 2021). Overall, these results indicate that the proposed

structural model demonstrated a satisfactory fit with the empirical data and was appropriate for hypothesis testing.

Testing of the hypothesis was undertaken using Partial Least Squares (PLS)-based Structural Equation Modeling (SEM) software SmartPLS version 4.1.1.8. An analysis of the structural model was conducted to test direct effects and indirect effects between research variables. As shown in the Table. 7. Perceived organizational support (POS) positive and significant effect on psychological detachment (PD) ($\beta = 0.631$, $p < 0.05$). Moreover, psychological detachment also has a significant effect on organizational citizenship behavior (OCB) ($\beta = 0.090$, $p = 0.013$) and subjective well-being (SWB) ($\beta = 0.282$, $p < 0.05$).

Findings show that the ability of health workers to detach themselves from work demands psychologically is related to increased subjective well-being and a tendency to exhibit prosocial behavior in the workplace. In particular, perceived organizational support was found to have a positive and significant effect on organizational citizenship behavior ($\beta = 0.710$, $p < 0.05$) and subjective well-being ($\beta = 0.340$, $p < 0.05$).

Table 7. Direct Effects

	Estimate	Std. Error	Z-value	p
POS → PD	0.631	0.027	23.149	0.000
PD → OCB	0.090	0.041	2.216	0.013
PD → SWB	0.282	0.047	5.934	0.000
POS → OCB	0.710	0.033	21.582	0.000
POS → SWB	0.340	0.050	6.788	0.000

The indirect effect analysis reported in Table 8. confirms that perceived organizational support has a significant indirect effect on organizational citizenship behavior and subjective well-being. psychological detachment ($\beta = 0.057$; $p = 0.014$; $\beta = 0.178$; $p < 0.001$). Evidence from this study shows that psychological detachment acts as a mediating variable in the relationship between perceived organizational support and organizational citizenship behavior, as well as subjective well-being.

Table 8. Indirect Effects

	Estimate	Std. Error	Z-value	p
POS → PD → OCB	0.057	0.026	2.201	0.014
POS → PD → SWB	0.178	0.032	5.625	0.000

DISCUSSION

The findings of the study align with the Job Demands- Resources- Recovery (JD-R-R) framework proposed by Kinnunen et al. (2011), indicating that recovery experiences, including psychological detachment, play a crucial role in connecting job resources to well-being. Within this context, perceived organizational support is viewed as a job resource that can help employees recover their energy after facing high job demands (Kinnunen & Feldt, 2013; Rattrie et al., 2022).

The outcome of the first hypothesis test demonstrated that perceived organizational support is significant and positively affects psychological detachment. It shows that when healthcare workers feel supported by the organization, they are more capable of mentally detaching from work. From the JD-R-R perspective, organizational support functions as a resource that facilitates the process of restoring employee energy. Chaudhary (2026) explains that perceived organizational support can legitimize rest time and reduce anxiety related to job responsibilities, thereby facilitating the process of mental repair. Also, Sonnentag et al. (2024) state that organizational support can also be shown through respect for personal boundaries, like limiting work communication outside of work hours. A trusting and flexible organizational culture also help employees set boundaries between work and personal life, thereby preventing repetitive thoughts about unfinished tasks (Mutschler et al., 2021). Hence, organizational support is an important factor that enables healthcare workers to achieve psychological detachment more effectively.

Furthermore, the results indicate that psychological detachment positively affects organizational citizenship behavior and subjective well-being. It shows that the ability of healthcare workers to detach from work demands after hours helps restore the psychological resources needed to perform their job roles optimally. Sonnentag et al. (2024) pointed out that psychological detachment consists of a key recovery experience that serves as an emotion regulation mechanism, thereby reducing negative effects and increasing positive emotions. The effect of detachment on subjective well-being in this study was found to be stronger than that on OCB. This indicates that the ability to rest mentally has a greater contribution to the psychological well-being of healthcare workers. Huang et al. (2024) further found that the ability to detach from work stress is an important factor in maintaining the professional happiness of medical personnel. Meanwhile, the influence of detachment on OCB is relatively smaller because this behavior is not only influenced by energy recovery but also by other factors such as professional values and moral calling in the health profession (Liao et al., 2025).

Although de Jonge et al. (2012) described psychological detachment as a "double-edged sword," suggesting that excessive detachment may delay psychological re-engagement with work, the present study

found only positive associations between psychological detachment, organizational citizenship behavior, and subjective well-being. One possible explanation is the occupational context of this study. Healthcare professionals are exposed to sustained cognitive and emotional job demands, making psychological detachment a particularly important recovery mechanism. This interpretation is supported by Yue Hu et al. (2024), who found that insufficient psychological detachment increased emotional exhaustion among healthcare workers, highlighting the importance of adequate recovery from work demands.

Similarly, Song et al. (2021) reported that daily psychological detachment protects employees from emotional exhaustion and subsequent negative work outcomes. Taken together, these findings suggest that the effects of psychological detachment are context dependent. In high-demand healthcare settings, psychological detachment primarily functions as a recovery mechanism that replenishes depleted psychological resources. Consistent with the JD-R-R framework, these recovery experiences become especially important under high job demands, which may explain why the potential adverse effects proposed by de Jonge et al. (2012) were not evident in the present study.

Employees' perception of organizational support has a favorable impact on both organizational citizenship behavior and subjective well-being. According to organizational support theory, when employees sense that the organization values them, they are motivated to pay that support by enhancing their engagement and contributions (Eisenberger et al., 2023). Among public health workers, organizational support can enhance professional responsibility, encouraging extra-role behaviors such as assisting colleagues or providing better patient care. Kao et al. (2023) reported that perceived organizational support is likewise OCB. In addition, organizational support also contributes to an increase in subjective well-being by fulfilling employees' interpersonal needs in the workplace (Martela, 2025). Wang et al. (2025) stated that organizational support can increase employees' vigor and energy when they return to work, while Zheng et al. (2024) found that POS has a direct influence on employee well-being.

An important finding in this study is the mediating role of psychological detachment in the relationship between perceived organizational support and OCB and subjective well-being. These results show that organizational support not only has a direct impact on employee work behavior and well-being but also works through a process of psychological recovery.

According to the JD-R-R framework, psychological detachment protects employees from resource depletion caused by high job demands (Varol et al., 2024). By mentally disengaging from work during non-work hours, healthcare workers can replenish their resources and are better able to engage in proactive behaviors such as OCB (Garmendia et al.,

2023). Conversely, inadequate psychological detachment may increase vulnerability to emotional exhaustion and reduce employees' willingness to perform extra-role behaviors (De Clercq et al., 2021). Therefore, psychological detachment not only facilitates recovery but also protects healthcare professionals' well-being under conditions of high job demands (Hu et al., 2024). This aligns with research by Hasan et al. (2020), which highlights that recovery mechanisms are essential for supporting health workers in maintaining a balance between their professional and personal lives.

The findings of this study have several practical implications. Healthcare organizations should strengthen perceived organizational support by fostering supportive leadership, respecting employees' non-work time, providing adequate staffing where feasible, and promoting recovery opportunities after work. Such initiatives may facilitate psychological detachment, thereby enhancing healthcare workers' subjective well-being and encouraging organizational citizenship behavior. Theoretically, this study extends the JD-R-R framework by demonstrating the mediating role of psychological detachment in explaining how perceived organizational support contributes to both employee well-being and positive work behaviors among public healthcare workers.

Despite these contributions, this study has several limitations. First, the cross-sectional design limits causal inference between the study variables. Second, the sample consisted only of Indonesian public healthcare workers (ASN), which may limit the generalizability of the findings to other occupational or cultural contexts. Third, all variables were measured using self-reported questionnaires, which may increase the possibility of common method bias. Future studies are encouraged to employ longitudinal designs, include more diverse occupational settings, and examine whether the relationship between psychological detachment and work outcomes varies across different levels of job demands or organizational support. In addition, future research could incorporate other antecedents of organizational citizenship behavior, such as coworker support, supervisor support, team climate, or interpersonal relationships at work, to provide a more comprehensive understanding of the factors that promote extra-role behaviors among healthcare workers.

CONCLUSION

This study concluded that all hypotheses proposed were proven significant, confirming that psychological detachment is a crucial mediating mechanism in the Job Demands-Resources-Recovery (JD-R-R) model among civil servant health workers in North Maluku Province. Specifically, perceived organizational support (POS) was found to effectively increase health workers' psychological detachment from their work, which in turn positively impacted organizational citizenship behavior (OCB) and

subjective well-being (SWB). These findings show that organizational support not only has a direct impact on extra performance and well-being but also acts as a protective resource that enables the process of mental energy recovery. Without adequate psychological detachment, the effectiveness of organizational support in encouraging voluntary behavior and maintaining the mental health of health workers will be limited. Therefore, the ability to break cognitive attachment to work outside of office hours is key to successfully transforming institutional support into productive and prosperous work outcomes.

The novelty of this study lies in its integration of motivational and recovery processes into a single framework by extending the Job Demands–Resources theory into a Job Demands-Resources-Recovery (JD-R-R) model, in which psychological detachment is positioned as the mechanism explaining how POS is translated into OCB and SWB, rather than merely testing their direct relationships. This addresses a gap in previous literature, which has largely examined POS, well-being, and OCB through separate or unrelated mediators (e.g., quality of work life, burnout), with limited attention to psychological recovery processes among civil servant health workers facing persistent job demands. By focusing on this occupational group within the public healthcare sector of North Maluku Province, a context that remains underexplored, this study extends the applicability of the JD-R framework beyond its conventional motivational scope and provides new empirical evidence on the recovery pathway linking organizational support to sustainable employee well-being and citizenship behavior.

The results of the study indicate that perceived organizational support has a positive effect on psychological detachment. These findings show that organizational support as a job resource can increase employee engagement while also aiding the psychological recovery process from work demands. These results are in line with the Job Demands-Resources-Recovery (JD-R-R) perspective, which emphasizes that the availability of job resources not only increases work motivation but also supports the recovery process of employees through the ability to psychologically detach from work after working hours. Thus, organizational support plays an important role in supporting the well-being of healthcare workers and maintaining a balance between work demands and the individual recovery process.

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ETHICAL APPROVAL

This study received ethical approval from the Ethics Committee of the Faculty of Psychology under Ethical Clearance No. 263/Fpsi. Komite Etik/PDP.04.00/2025, issued on November 5, 2025. The research was conducted in accordance with the applicable ethical principles for research involving human participants. Written informed consent was obtained from all participants before they participated in the study.

DECLARATION OF INTEREST

The author declares that there are no conflicts of interest regarding the publication of this article.

TRANSPARENCY OF DATA

The data supporting the findings of this study are available from the corresponding author upon reasonable request. Participant confidentiality has been maintained in accordance with ethical standards.

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AUTHORS' CONTRIBUTIONS

The author was solely responsible for the conception and design of the study, data collection, data analysis, interpretation of the findings, manuscript preparation, manuscript revision, and approval of the final version of the manuscript. The supervisor provided continuous academic guidance, conducted periodic reviews of the research progress, offered technical support throughout the study, and critically reviewed the manuscript.

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