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The Influence of Effort-Reward Imbalance, Organizational Support, and Work Procrastination on Counterproductive Behavior of Health Workers

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Abstract. Counterproductive Work Behavior (CWB) can hinder the achievement of organizational goals. In the healthcare sector, particularly hospitals, CWB by healthcare workers can reduce the quality of patient care and create a non-conducive work environment. This study aims to determine the effect of Effort-Reward Imbalance (ERI), Perceived Organizational Support (POS), and Workplace Procrastination (WP) on CWB of healthcare workers at Ciawi Regional General Hospital (RSUD). The method used in this study was quantitative confirmatory. research using probabilistic and stratified sampling techniques random sampling. The data analysis technique was carried out using the Partial Sample method. Least Squares – Structural Equation Modeling (PLS-SEM). The analysis results indicate that ERI, POS, and CWB are able to explain 58.5% of the variation in CWB among healthcare workers at Ciawi Regional Hospital. This value is categorized as adequate, so this model is suitable for use to explain the phenomenon of counterproductive behavior in healthcare organizations. The results of the study indicate that ERI and WP have a positive and significant influence on healthcare workers at Ciawi Regional Hospital, while POS has a negative and significant influence on CWB. The simultaneous equation of the SEM model, namely CWB = 0.330·ERI − 0.320·POS + 0.335·WP, proves that the higher the ERI and WP, the higher the tendency of healthcare workers to engage in CWB, while the higher the POS, the lower the tendency of CWB. A comprehensive managerial strategy based on these research indicators is expected to be the basis for creating a productive work environment and maintaining service quality at Ciawi Regional Hospital.

Keywords. Counterproductive Work Behavior , Effort – Reward Imbalance , Perceived Organizational Support , Workplace Procrastination , Health Workers, Hospitals

Introduction

Health efforts are all forms of activities and/or a series of activities carried out in an integrated and continuous manner to maintain and improve the health status of the community in the form of promotive, preventive, curative, rehabilitative, and/or palliative care by the central government, regional governments, and/or the community (Law Number 17 of 2023). Currently, the number of health workers in health care facilities in Indonesia based on 2021 data is 1,251,621 people. The largest number of health workers are nursing staff (nurses), which

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is 40.5% of the total health workers, while the smallest number of health workers are traditional health workers, which is 0.01% (Ministry of Health of the Republic of Indonesia, 2022). Outside of health workers, there are also those referred to as medical personnel. Medical personnel are any person who devotes themselves to the health sector and has a professional attitude, knowledge, and skills through professional education in medicine or dentistry which for certain types requires the authority to carry out health efforts (Law Number 17 of 2023). Based on the number of medical personnel in Indonesia, there are 173,707, with general practitioners accounting for 60%. Sixty-three percent of the total medical personnel are located on the islands of Java and Bali, with the largest number spread across the provinces of DKI Jakarta (24,235), followed by East Java and West Java. The province with the fewest medical personnel is West Sulawesi (485), followed by North Kalimantan and Gorontalo (Ministry of Health of the Republic of Indonesia, 2022).

Based on the data above, the distribution of medical personnel in Indonesia remains uneven. Hospitals are one of the most important healthcare facilities for providing healthcare services. Healthcare services in hospitals are provided by healthcare workers and medical personnel, or what we call health workers. The largest number of healthcare workers in Indonesian hospitals are nurses, with 334,091, followed by 107,430 medical personnel (Ministry of Health of the Republic of Indonesia, 2022). This uneven distribution of healthcare workers and medical personnel can increase the workload of healthcare workers, especially in areas with a shortage of healthcare workers (Hikmah et al. , 2019). al. , 2020). The workload of health workers has a significant influence on the emergence of work stress, namely 62.8%, while the rest is influenced by factors other than workload (Solaeman et al. , 2022). A heavy workload can trigger stress at work, leading to fatigue. This fatigue can certainly disrupt healthcare services, resulting in poor-quality and unsafe healthcare (Krisdiana et al. , 2022). Based on data from the Indonesian Ministry of Health through the 2017 Risnakes program , it was found that 28.4% of nurses working in hospitals in Indonesia received compensation/salaries that were still below the UMP (Provincial Minimum Wage) in their respective regions. Further research showed that 28.6% of midwives working in community health centers in Indonesia were still paid below the UMP in their respective regions (Santoso et al. , 2021). This can certainly impact work motivation and workload, as previously mentioned (Al Shdaifat , 2017). Job satisfaction is closely related to rewards/income. One of the intrinsic factors that influences this is income (Marwa and Marijani , 2016; Chen et et al. , 2022).

Workload is closely related to the effort put into performing a task. There is an indicator for measuring the benefits derived from that effort. This indicator is called Effort-Reward. Imbalance (ERI) and is measured through a questionnaire called the ERI Questionnaire (ERIQ).

Human resources play a direct role in all activities and act as the driving force of the company's life (Horváth & Szabó , 2019; Hakim et al ., 2024). When this aspect is weak, the company's goals cannot be achieved optimally. Employee contribution is key to creating good work results from more potential human resources. A company's success depends on the work ethic of its employees (Azizah et al. , 2023). Counterproductive work behavior is an action that is detrimental or intended to be detrimental to a company or organization (e.g., customers, coworkers, clients, superiors, etc.) (Fida et al , 2015; Marcus et al , 2016). This phenomenon, which can include deviant behavior in the workplace, can spread easily and threaten the function and effectiveness of the organization. Counterproductive Work Workplace Workplace Behavior (CWB) is a serious concern in understanding the dynamics of behavior in the workplace. Behavior that intentionally violates organizational norms can harm the well-being

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of an organization and its members (Carpenter et al. , 2021). In the context of work, employees often exhibit various behaviors. There are three determinants of behavior in an organization or company: individual, group, and structure (Husniati & Pangestuti, 2018). Although it is expected that employees will contribute positively by working diligently and carrying out activities that improve organizational performance (Juliningrum & Sudiro, 2014; Raziq & Maulabakhsh , 2015), on the other hand, the potential for detrimental behavior can arise and can pose a risk to the productivity of employees, coworkers, and the company as a whole, such as work sabotage, aggressive or intimidating behavior , gossip and slander, theft or misuse of company resources, dishonest absences, non-compliance with company SOPs, and disloyalty to the company (Hakim, 2024; Samnani & Singh , 2014; Wartono & Mochtar, 2015; Efandi et al. , 2018). et al. , 2023).

When it comes to productivity, it's undeniable that both productive and unproductive work behaviors exist within organizations. Other terms for counterproductive work behavior include counterproductive work behavior, workplace aggression, workplace deviance, and harm to the company (Nugraheni & Wahyuni, 2016). This type of behavior can involve explicit actions, such as aggression or theft, but can also be more subtle and passive, such as failing to fulfill tasks, recklessly following instructions, or performing work improperly. This type of behavior is potentially harmful to the organization because it can directly affect its functions or property, as well as harm employees by reducing their effectiveness (Suyasa, 2017). Problems that arise in human resource management are a crucial aspect that directly impacts the continuity of a company's operations. Human resources play a direct role in all activities and are the driving force behind the company's life (Hakim, 2024; Horváth & Szabó , 2019). When this aspect is weak, the company's goals cannot be optimally achieved. Employee contributions are key to producing good work results from highly skilled human resources. A company's success depends on its employees' work ethic (Hakim, 2024, Azizah et al. al. , 2023). CWB can be considered a deviant behavior that, if continuously carried out, can cause serious problems in any organization and has the potential to harm organizational integrity. CWB can lead a company or organization to detrimental outcomes (Carpenter et et al. , 2021).

Researchers are interested in using CWB measurement tools because they can help organizations shape a positive and ethical work culture. Understanding the variables associated with CWB can help design organizational interventions aimed at improving work ethics and productive behavior. Although CWB, or counterproductive work behavior, is not a new concept in Human Resource Management (HRM), it has long been a focus of research in organizational psychology. In Indonesia, CWB is common among employees, particularly civil servants (ASN) in government agencies. As reported in an online news article, approximately 50% of employees at a government agency in Bandung Regency were absent simultaneously at some point during the workday (Setianingsih, 2020). CWB measurement tools have been widely used and developed by Western researchers and have been widely declared valid and reliable for measuring levels of CWB in employees. However, the domains or aspects contained within them do not necessarily represent aspects of the quality of life of Indonesian society, so it is important for organizations to understand the level of CWB of each employee. In addition, Perceived Organizational Support or POS can cause the emergence of CWB (Kurtessis , et al. , 2015). Eisenberger (2002) stated that employee perceptions regarding how the organization values contributions and cares about employee welfare will influence the occurrence of CWB (Paillé , Bourdeau , & Galois , 2010).

Another employee behavior problem is procrastination at work, namely workplace procrastination (WP). WP refers to the behavior of employees who voluntarily postpone an

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intended action plan, even though they know that the delay will have adverse consequences (Metin et al. , 2018). Chronic WP can have significant implications for CWB. Indeed, WP affects leaders and causes adverse effects such as decreased business performance and productivity.

For example, WP in leadership causes detrimental situations such as deviant behavior and dissatisfaction in the workplace (Legood et et al. , 2018; Ma et al. , 2021). WP accounts for more than one and a quarter of workdays and costs companies approximately $10,000 per employee (Nguyen et al. , 2013). According to Metin et al. (2018), employees who procrastinate work longer to complete their daily work (causing low concentration levels and more fatigue) or rush their work (possibly resulting in errors). Especially in professions that involve human life, procrastination becomes more critical. According to Khoshouei (2017), one of the most common problems that occur in nurses is procrastination due to heavy workloads and continuous changes in the health sector. The heavy work and tasks carried out by nurses both physically and mentally and also the dangers that can occur at any time cause nurses to easily experience physical fatigue (Burnout Syndrome) and cause a heavy workload. The results of the study of workload and work saturation variables on nurse performance at Bandung City Hospital are that workload and work saturation simultaneously (together) have a significant effect on nurse performance at Bandung City Hospital. The results of the T-test (Partial) of the workload variable on performance stated that workload had a negative effect on nurse performance, meaning that if the workload was low, performance would be high and vice versa (Widjaja, et al. et al. , 2021)

The results of research by Widjaja, et al. et al. (2021) showed that work conflict has a negative and significant effect on employee performance, work stress has a negative and significant effect on employee performance, and simultaneously, work conflict and work stress have a significant effect on employee performance.

Ciawi Regional General Hospital (RSUD) is one of four Class B hospitals in Bogor Regency. As a regional referral hospital, Ciawi Hospital faces increasingly complex service demands, especially in an era of changing health systems and increasing public expectations for service quality. This condition requires all medical and healthcare personnel to demonstrate high work discipline, adherence to operational standards, and a commitment to safety and the overall patient care process. Internal data from Ciawi Hospital SIMRS for the last two years (2023–June 2025) shows trends that require attention. First, there has been a decline in the attendance rate of healthcare, marked by an increase in unexcused absences of up to 21% in the 2024 period. Second, the punctuality of outpatient specialist doctors has decreased consistently to 1-2 hours and 30 minutes (BPJS Online Queue Achievement Data for 2024), which has impacted patient waiting times. Third, the rate of compliance with visits before 2:00 PM for specialists and subspecialists for inpatients will decline to 18% by 2024, posing a risk of delays in therapy changes and clinical decisions. Furthermore, delays in completing medical summaries of less than 24 hours will reach more than 15% by 2023, hindering the discharge process. planning , BPJS claims, and medical documentation as legal aspects of the hospital.

These phenomena indicate the potential for CWB, work behaviors that intentionally or unintentionally hinder productivity and organizational goals. Decreased attendance discipline, service delays, non-compliance with visitation , and procrastination in completing medical resumes are tangible forms of CWB that can directly impact service quality, patient safety, operational costs, and even hospital image.

This research is highly relevant because the healthcare sector, particularly hospitals, relies heavily on the optimal performance of healthcare workers. Counterproductive behavior, whether in the form of negligence, decreased service quality, or even conflict among healthcare

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workers, can have a very detrimental impact on the quality of patient care and the work environment. Therefore, it is important to understand the factors that influence counterproductive behavior in the hospital environment and develop effective interventions to improve the well-being of healthcare workers and the quality of care provided. The author's goal is to gain a deeper understanding of counterproductive behavior by applying measurement instruments such as effort- reward imbalance , perceived organizational support, and procrastination behavior to analyze counterproductive work behavior among healthcare workers and medical personnel, thereby contributing to the understanding and management of a more productive work environment. Previous research is still fragmented because it only partially examines the relationship between work stress, organizational support, or work behavior. Therefore, there is no study that comprehensively examines the simultaneous influence of effort-reward. imbalance (ERI), perceived organizational support (POS), and workplace procrastination (WP) is counterproductive work behavior (CWB). The role of WP as a behavioral mechanism linking organizational factors to the emergence of CWB is also rarely studied, especially in the context of medical and healthcare workers. Furthermore, previous studies have not positioned POS as a job resources capable of suppressing the negative impact of ERI on counterproductive behavior. Thus, this study fills an important gap by building a model that integrates ERI, POS, and WP simultaneously to explain the determinants of CWB in the hospital context. The research gaps in this study are as follows: 1. Previous research has not examined the influence of ERI, POS, and WP simultaneously on CWB in a single integrated model. 2. ERI research is more often associated with work stress than negative CWB behaviors. 3. The role of WP as a behavioral mechanism linking organizational factors to CWB has not been widely studied, especially in the context of healthcare workers. 4. CWB is generally only treated as a final outcome and a link to psychological outcomes (stress, satisfaction), so it has not been analyzed as a behavior influenced by a combination of unproductive behaviors. effort-reward balance (ERI), organizational support (POS), and task procrastination (WP). 5. There has been no research that focuses on the relationship between ERI–POS–WP and CWB specifically in the hospital healthcare sector. Research on the influence of Effort-Reward Imbalance (ERI), Perceived Organizational Support and Workplace Procrastination is Counterproductive Work The behavior of health workers at Ciawi Regional Hospital is important to be carried out, in order to provide a scientific overview, policy basis, and appropriate intervention strategies for improving performance and quality of services at Ciawi Regional Hospital.

Research methods

This study uses a quantitative approach which aims to test the influence of Effort-Reward Imbalance (ERI), Perceived Organizational Support (POS) and Workplace Procrastination (WP) is Counterproductive Work Behavior (CWB). The study was conducted at Ciawi Regional Hospital in December 2025. Ciawi Regional Hospital in Bogor Regency implemented a policy of providing additional income based on a remuneration system.

The population in this study was all medical and healthcare personnel working at Ciawi Regional General Hospital, Bogor Regency. This population encompasses various medical and healthcare professionals who provide direct services to patients. The population size was 702 individuals.

The sample for this study was taken from the population of healthcare workers who provide direct services to patients. In quantitative research using the SEM-PLS approach, the

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minimum sample size is 10 times the number of indicators in the questionnaire (Hair et et al. , 2017)

Sampling or sampling techniques often use probability theory, so based on the technique, they are categorized into two, namely probability sampling and non- probability sampling.

Data Analysis Techniques using SEM-PLS (Structural Equation Model – Partial Least Square).

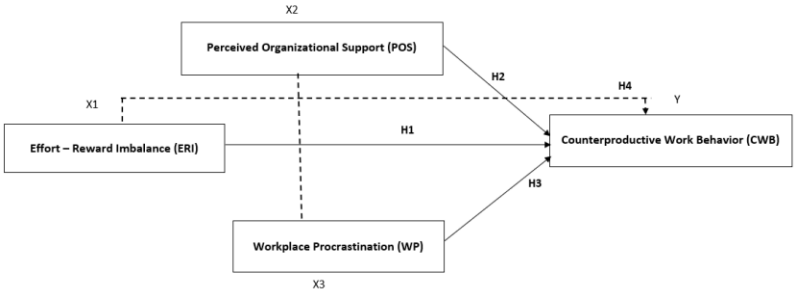

Figure 1. Conceptual framework

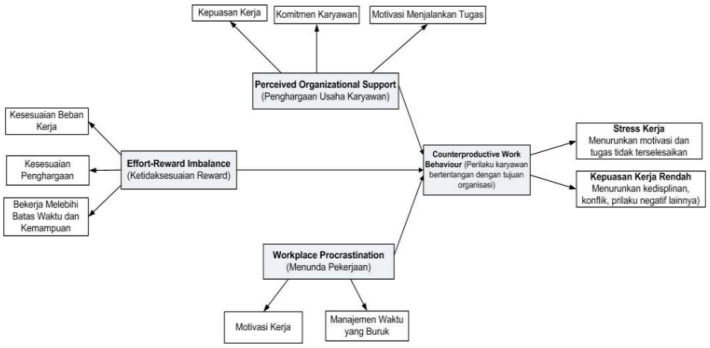

Figure 2. Research model

Research Results and Discussion

This study aims to test the influence of Effort – Reward Imbalance (ERI), Perceived Organizational Support (POS), and Workplace Procrastination (WP) is Counterproductive Work Behavior (CWB) among healthcare workers at the Ciawi Regional General Hospital (RSUD). Based on data analysis from 100 respondents consisting of doctors (specialists, subspecialists , general practitioners), nurses, and midwives, using the Partial Least Squares Structural Equation Modeling (PLS-SEM) yielded comprehensive results. The following presents the empirical findings along with an in-depth discussion related to the theoretical framework and research context.

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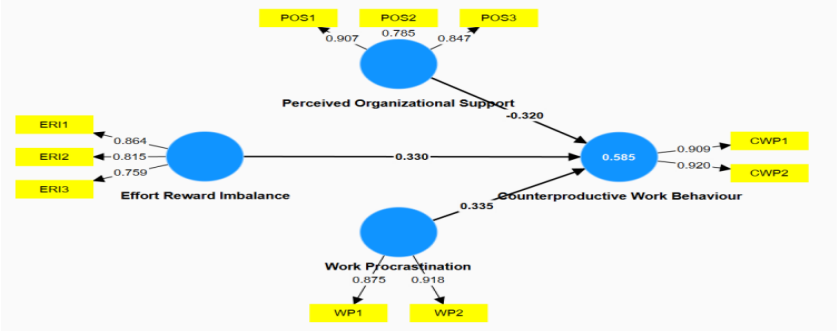

Figure 3. the pattern of relationships among constructs based on the SEM structure

1. Description of Respondent Characteristics

Before discussing the results of the hypothesis testing, it is important to understand the profile of the respondents who served as the data source. Of the 100 healthcare workers at Ciawi Regional Hospital, the distribution by profession was dominated by nurses (70%), followed by midwives (10%), specialist doctors (9%), general practitioners (8%), subspecialist doctors (2%), and specialist dentists (1%). The majority of respondents were female (66%), with the largest age group being 26–35 years old (52%). In terms of education, Diploma III (46%) and Bachelor's degree (41%) were the most common levels of education. These characteristics reflect the typical composition of healthcare workers in government hospitals in Indonesia, where nurses constitute the largest group, interacting directly with patients and bearing a significant operational workload.

2. Results of Measurement Model Testing (Outer Model)

Before testing the structural relationship, an evaluation of the measurement model was first conducted to ensure the validity and reliability of the instrument. Confirmatory analysis results Factor Analysis (CFA) shows that all indicators have loading factor above 0.70, meets the criteria set by Hair et al. (2017). Average Value Variance Extracted (AVE) for each construct was above 0.50, indicating adequate convergent validity. Meanwhile, the Composite Reliability (rho_c) and Cronbach's Alpha for all constructs exceeded 0.70, indicating strong internal reliability.

Table. 1 Construct Validity and Reliability

Construct	Cronbach's Alpha	Composite Reliability (rho_c)	Average Variance Extracted (AVE)	Information
Effort – Reward Imbalance (ERI)	0.744	0.854	0.662	Reliable and Valid
Perceived Organizational Support (POS)	0.805	0.884	0.719	Reliable and Valid
Workplace Procrastination (WP)	0.758	0.891	0.804	Reliable and Valid

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Counterproductive Work Behavior (CWB)	0.805	0.914	0.837	Reliable and Valid

3. Results of Structural Model Testing (Inner Model) and Hypothesis

After the measurement model was declared valid and reliable, the next step was to test the causal relationships between constructs in the structural model. The results of a bootstrapping analysis using 5,000 subsamples yielded the following findings:

Table 2. Hypothesis Testing Results

Hypothesis	Path Coefficient (β)	T-Statistics	P-Values	Hypothesis Decision	Information
H1: ERI → CWB	0.330	3,198	0.002	Accepted	Significant positive effect
H2: POS → CWB	-0.320	4,134	0,000	Accepted	Significant negative impact
H3: WP → CWB	0.335	3,679	0,000	Accepted	Significant positive effect
H4: ERI, POS, WP → CWB (Simultaneous)	-	-	-	Accepted	R^2 = 0.585 (58.5% of CWB variance explained)

The structural equation formed is: CWB = 0.330·ERI – 0.320·POS + 0.335·WP

3.1 Discussion of Hypothesis 1: The Effect of ERI on CWB

The results of the analysis prove that Effort – Reward Imbalance (ERI) has a positive and significant effect on Counterproductive Work Behavior (CWB) (β = 0.330; p = 0.002). This finding is consistent with Siegrist's (1996) theory, which states that an imbalance between high effort and low reward creates psychological distress and negative emotions, which can then manifest in work behaviors that are detrimental to the organization. In the context of Ciawi Regional Hospital, this condition is relevant considering the high clinical and administrative workload, while the remuneration and non-financial reward system is considered not fully proportional. Health workers who feel their contributions are not fairly appreciated tend to develop apathy, reduce work engagement, or even violate procedures as a form of veiled protest. This finding is also in line with research by Notelaers et al. (2019) which states that ERI increases employee vulnerability to negative behavior in the workplace.

3.2 Discussion of Hypothesis 2: The Effect of POS on CWB

Perceived Organizational Support (POS) was shown to have a negative and significant effect on CWB (β = -0.320; p = 0.000). This means that the higher the perceived organizational support felt by healthcare workers, the lower their tendency to exhibit counterproductive behavior. These results strengthen the Organizational Support Theory (Eisenberger et al., 1986)

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emphasizes that when employees believe the organization cares about their well-being and values their contributions, they will reciprocate with positive behavior and loyalty. At Ciawi Regional Hospital, organizational support can take the form of recognition for performance, clear policy communication, availability of work facilities, and emotional support from superiors. POS functions as a job resource. resource) that can moderate the negative impact of job demands, thereby reducing motivation to engage in CWB. This finding is in line with research by Vatankhah et al. (2017) which showed that POS mediates the relationship between high-performance work practices and decreased CWB.

3.3 Discussion of Hypothesis 3: The Effect of WP on CWB

Workplace Procrastination (WP) has a positive and significant effect on CWB (β = 0.335; p = 0.000). This indicates that the habit of procrastinating is a strong predictor of counterproductive behavior. According to Steel (2007), procrastination is a failure of self-regulation that arises from the inability to manage motivation and time. In a dynamic and high-risk hospital environment, delays in tasks—such as delays in medical documentation, visits , or patient care—can lead to procedural errors, negligence, and decreased service quality. WP not only impacts individuals but also disrupts team coordination and organizational workflow. These findings support the research of Metin et al. (2016) which states that procrastination in the workplace is correlated with increased dysfunctional behavior and work deviance.

3.4 Discussion of Hypothesis 4: Simultaneous Effect of ERI, POS, and WP on CWB

Simultaneously, the three independent variables were able to explain 58.5% of the variance in CWB (R^2 = 0.585). The R- square value The adjusted value of 0.572 confirms that the proposed model has adequate (moderate) predictive power according to Hair et al.'s (2017) criteria. The remaining 41.5% of variance is explained by other factors not included in the model, such as personality characteristics, direct leadership, team climate, or hospital-specific contextual factors. These results indicate that CWB is a multifaceted phenomenon influenced by the interaction between organizational factors (ERI, POS) and individual behavioral factors (WP).

Model fit was evaluated using Standardized Root Mean Square Residual (SRMR), with a result of 0.079. Since this value is below the threshold of 0.080, it can be concluded that the developed structural model has a good fit with the empirical data.

Conclusion

Based on the research findings, it can be concluded that Counterproductive Work Counterproductive Workflow Behavior (CWB) among healthcare workers at Ciawi Regional Hospital is a multidimensional phenomenon significantly triggered by structural imbalance between effort and reward (ERI) and procrastination (WP), while it can be effectively suppressed through strong perceived organizational support (POS). The analysis results prove that ERI and WP act as positive causal predictors with coefficients of 0.330 and 0.335, respectively, indicating that uncompensated work pressure and failure of self-regulation in completing tasks directly contribute to detrimental organizational behavior. On the other hand, POS functions as a strategic protective mechanism with a negative coefficient of -0.320, confirming that investment in recognition, facilities, and management attention can neutralize the negative impact of these triggering factors. Overall, the three variables are able to explain 58.5% of the variance in CWB, confirming that counterproductive behavior is not simply an

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individual deviation, but an accumulated response to systemic dysfunction in the hospital work environment. The fundamental implication is that efforts to reduce CWB must move beyond conventional disciplinary approaches to holistic systemic transformation , by simultaneously reforming fair remuneration systems, strengthening supportive organizational cultures, and building collective task execution discipline—without integrated interventions on these three aspects, efforts to improve health service performance and quality will be fragmented and unsustainable.

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