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# The dark side of organizational citizenship behaviour: Examining the buffering role of safety climate on employee health complaints

Elita Widianti[1*], Tulus Winarsunu[2] and Djudiah[2]

[1] PT. Paiton Energy Indonesia
[2] Universitas Muhammadiyah Malang, Indonesia
[*]Corresponding author: elitawidianti@gmail.com

**Abstract:** In the context of increasing job demands and organizational changes, employees are increasingly exposed to conditions that may elevate subjective health complaints (SHCs), which often emerge without clear medical diagnoses. Drawing on the Job Demands–Resources (JD–R) framework, Organizational Citizenship Behaviour (OCB) can be conceptualized as a discretionary behaviour that may function as either a personal resource or an additional demand, depending on the organizational context. This study examines the moderating role of safety climate in the relationship between OCB and employees' subjective health complaints. A quantitative moderation design was employed involving 248 employees from a power plant company in Paiton, Indonesia, selected using total sampling. Data were collected using the Organizational Citizenship Behaviour Checklist (OCB-C), the Subjective Health Complaints Scale (SHCs), and the Psychosocial Safety Climate Scale (PSC-12). Moderated Regression Analysis (MRA) was used to test the hypotheses. The findings reveal that OCB has a significant negative association with subjective health complaints. However, safety climate significantly moderates this relationship. Under low safety climate conditions, OCB is positively associated with health complaints, indicating that engaging in extra-role behaviours may exacerbate strain. In contrast, under high safety climate conditions, the relationship between OCB and health complaints becomes non-significant, suggesting a buffering effect of a supportive organizational environment. This study contributes to the literature by clarifying the dual role of OCB within the JD–R framework and highlighting safety climate as a critical boundary condition. Practically, the findings underscore the importance of fostering a strong safety climate to ensure that OCB promotes, rather than undermines, employee well-being.

**Keywords:** Organizational citizenship behaviour, subjective health complaints, safety climate, psychosocial safety climate, job demands–resources theory, employee well-being.

## 1 Introduction

In recent years, rapid organizational transformations and increasingly demanding work environments have substantially reshaped the nature of work, leading to greater employee exposure to psychosocial risks and health-related problems (European Agency for Safety and Health at Work, 2007). Intensified workloads, heightened performance expectations, and persistent job pressures have been consistently associated with elevated stress levels and a range of adverse health outcomes (Bergh et al., 2017).

In the Indonesian context, this concern is reflected in the rising number of occupational incidents reported by the Man Power Insurance Board, which increased from approximately 114,000 cases in 2019 to 177,000 cases in 2020. In addition, organizational records indicate a steady growth in employee visits to workplace clinics between 2022 and 2024, involving both physical and psychological complaints. This trend suggests an increasing prevalence of subjective health complaints (SHCs), which may not always be captured in formal occupational health statistics but nonetheless represent a significant burden for both employees and organizations.

Subjective health complaints refer to commonly reported physical and psychological symptoms—such as headaches, musculoskeletal pain, fatigue, and sleep disturbances—that may occur with or without a clear medical diagnosis (Haugland & Wold, 2001; Ihlebæk et al., 2002). Although often categorized as non-specific conditions, SHCs have important implications for individual well-being and organizational functioning, including increased absenteeism, reduced productivity, and higher healthcare utilization (Eriksen & Ihlebæk, 2002; Waddell & Burton, 2006). Given their multifactorial nature, SHCs are influenced by an interplay of individual characteristics (e.g., age, gender, and coping capacity) and organizational factors (e.g., workload, job demands, and work environment) (Leka & Jain, 2010).

From a theoretical standpoint, the Job Demands–Resources (JD–R) model (Bakker & Demerouti, 2007) provides a robust framework for understanding how work characteristics influence employee health and well-being. Within this model, job demands—such as ex-

cessive workload and role pressure—are associated with physiological and psychological strain, potentially leading to health complaints. In contrast, job resources—such as social support and autonomy—serve to buffer the negative effects of job demands and promote well-being. However, recent developments in the literature suggest that certain work-related behaviors may not fit neatly into this dichotomy.

One such behavior is Organizational Citizenship Behaviour (OCB), defined as discretionary, extra-role actions that are not formally rewarded but contribute to organizational effectiveness (Bateman & Organ, 1983; Pradhan et al., 2016). Traditionally, OCB has been viewed as a valuable organizational resource due to its positive associations with performance, cooperation, and organizational climate. Nevertheless, emerging research has highlighted a potential "dark side" of OCB. Engaging in OCB may require additional time and energy, thereby depleting personal resources, increasing workload, and ultimately leading to fatigue and health complaints (Fu et al., 2022).

At the same time, other studies suggest that OCB can enhance social relationships, foster work engagement, and improve psychological well-being, which in turn may reduce the likelihood of health complaints (Halbesleben & Bellairs, 2016). These inconsistent findings indicate that the relationship between OCB and health outcomes is not straightforward but rather contingent upon contextual and organizational conditions. Therefore, it is necessary to identify boundary conditions that explain when OCB functions as a resource and when it becomes a demand.

One important contextual factor in this regard is safety climate, defined as employees' shared perceptions of organizational policies, practices, and priorities related to safety (Neal & Griffin, 2004; Zohar, 1980). A positive safety climate signals organizational support for employee well-being, encourages safe work practices, and reduces exposure to stressors. Conversely, a poor safety climate may act as a psychosocial risk factor, amplifying job demands and exacerbating strain and health complaints (Golubovich et al., 2014; Kongsvik et al., 2019).

Despite the growing body of research on OCB and employee health, limited attention has been given to the conditions under which OCB becomes either beneficial or detrimental to employee well-being. In particular, the moderating role of safety climate in shaping the relationship between OCB and subjective health complaints remains underexplored. Addressing this gap is important for advancing theoretical understanding as well as for informing organizational practices.

Accordingly, the present study aims to examine (1) the effect of Organizational Citizenship Behaviour (OCB) on employees' subjective health complaints (SHCs), and (2) the moderating role of safety climate in this relationship. By integrating the JD–R framework with safety climate theory, this study is expected to contribute to the literature by clarifying the dual role of OCB and identifying safety climate as a key boundary condition. Practically, the findings are expected to provide insights for organizations in designing supportive work environments that promote employee health and well-being.

## 2 Literature Review

### 2.1 Subjective Health Complaints (SHCs)

Subjective health complaints (SHCs) refer to a broad range of commonly reported physical and psychological symptoms that may occur with or without a clear medical diagnosis, including headaches, gastrointestinal discomfort, musculoskeletal pain, fatigue, and sleep disturbances (Eriksen & Ihlebæk, 2002; Ihlebæk et al., 2002). These complaints exist along a continuum, ranging from mild and transient discomfort to more severe conditions that impair daily functioning and require medical attention. Importantly, SHCs are highly prevalent among working populations and constitute a significant source of absenteeism, reduced productivity, and increased healthcare utilization.

To better understand the underlying mechanisms of SHCs, the Cognitive Activation Theory of Stress (CATS) (Ursin & Eriksen, 2004) offers a comprehensive explanatory framework. According to CATS, exposure to stressors triggers physiological and psychological activation, which may be adaptive when it is short-term and effectively regulated. However, when individuals hold negative or uncertain expectations regarding their ability to cope with demands, this activation becomes prolonged, leading to sustained strain and subsequent health complaints. In this sense, SHCs can be conceptualized as manifestations of prolonged activation resulting from perceived inadequacy in coping with environmental demands. This perspective highlights the importance of both individual cognitive appraisal and contextual factors in shaping health outcomes.

### 2.2 Organizational Citizenship Behaviour

Organizational Citizenship Behaviour (OCB) is defined as discretionary, extra-role behavior that is not formally required by the organization but contributes to its overall effectiveness (Organ, 1988). OCB comprises several dimensions, including altruism, conscientiousness, courtesy, civic virtue, and sportsmanship (Bateman & Organ, 1983). Through these behaviors, employees support colleagues, facilitate coordination, and promote a positive organizational climate.

Traditionally, OCB has been regarded as a beneficial construct associated with improved organizational performance and social functioning. However, recent research has increasingly questioned this one-sided per-

spective by highlighting the potential costs associated with engaging in OCB. From the perspective of the Job Demands–Resources (JD–R) model, OCB may play a dual role. On the one hand, OCB can function as a personal and social resource by enhancing social support, strengthening interpersonal relationships, and fostering work engagement. On the other hand, engaging in OCB often requires additional time, effort, and emotional investment, which may increase workload and deplete personal resources.

Consistent with this dual-role perspective, empirical findings on the relationship between OCB and health outcomes remain inconclusive. Some studies suggest that OCB is positively associated with fatigue, burnout, and health complaints due to resource depletion (Fu et al., 2022). In contrast, other studies indicate that OCB contributes to reduced stress and enhanced well-being by promoting supportive social interactions and a positive work environment (Halbesleben & Bellairs, 2016). These mixed findings suggest that the effects of OCB are contingent upon contextual conditions, underscoring the need to identify moderating variables that explain when OCB becomes beneficial or detrimental.

### 2.3 Safety Climate

Safety climate refers to employees' shared perceptions regarding the importance of safety within the organization, including policies, practices, and leadership commitment to safety (Neal & Griffin, 2004; Zohar, 1980). It reflects the extent to which organizations prioritize employee well-being and safe working conditions.

A strong safety climate is associated with numerous positive outcomes, including increased compliance with safety procedures, greater participation in safety-related initiatives, and improved overall well-being. Conversely, a weak safety climate may signal a lack of organizational support, thereby increasing exposure to psychosocial risks and stressors.

Drawing on the Demand–Control–Support model (Johnson & Hall, 1988), safety climate can be conceptualized as an important contextual resource that mitigates the adverse effects of job demands. In environments characterized by high safety climate, employees are more likely to perceive organizational support, which enhances their coping capacity and reduces strain. In contrast, poor safety climate may function as a psychosocial stressor, contributing to frustration, emotional exhaustion, and increased vulnerability to health problems (Golubovich et al., 2014). Empirical evidence consistently demonstrates that low safety climate is associated with higher levels of fatigue, musculoskeletal complaints, and psychological distress (Hystad et al., 2013; Kongsvik et al., 2019).

### 2.4 The Moderating Role of Safety Climate in the OCB–Health Relationship

Given the dual nature of OCB, identifying boundary conditions that determine its effects on employee health is critical. Safety climate is proposed as a key contextual factor that may shape how OCB influences subjective health complaints.

In organizational environments characterized by a strong safety climate, employees are likely to perceive OCB as voluntary, valued, and supported by the organization. Under such conditions, OCB may function as a resource that enhances social support, facilitates coping, and ultimately reduces health complaints. In contrast, in environments with a poor safety climate, employees may perceive OCB as implicitly expected or even pressured, thereby transforming it into an additional demand. This perception may lead to increased strain, prolonged activation (as explained by CATS), and higher levels of subjective health complaints.

Although prior research has demonstrated the moderating role of safety climate in various organizational relationships—such as between job stress and safety performance (Ayyildiz & Cam, 2020) and between role conflict and workplace outcomes (Hamre et al., 2023)—its role in the relationship between OCB and health outcomes remains largely underexplored. This gap highlights the need for further empirical investigation.

### 2.5 Hypotheses Development

Based on the theoretical integration of the CATS framework, the JD–R model, and safety climate theory, the following hypotheses are proposed:

**H1:** Organizational Citizenship Behaviour is negatively associated with employees' subjective health complaints.

**H2:** Safety climate moderates the relationship between Organizational Citizenship Behaviour and subjective health complaints, such that the negative relationship becomes weaker or may turn positive under conditions of low safety climate.

## 3 Method

This study employed a quantitative, cross-sectional design within a moderation framework to examine the relationship between Organizational Citizenship Behaviour (OCB) and subjective health complaints (SHCs), as well as the moderating role of safety climate. A correlational approach was adopted to test the hypothesized relationships among variables and to assess interaction effects using a regression-based model.

### 3.1 Participants

The participants comprised 248 employees from a power plant company located in Paiton, Indonesia. A total

sampling technique was applied, whereby all accessible members of the target population were invited to participate in the study, thereby minimizing sampling bias and enhancing representativeness.

The sample was predominantly male (n = 224; 90.3%), with a smaller proportion of female employees (n = 24; 9.7%). Participants were drawn from multiple organizational divisions, including Business Support (n = 38), Engineering and Quality Assurance (n = 36), Operational Unit 1 (n = 88), Operational Unit 2 (n = 15), Maintenance Unit 1 (n = 63), Maintenance Unit 2 (n = 7), and Senior Management (n = 1), reflecting a diverse range of functional roles within the organization.

Data were collected using an online questionnaire distributed to all employees. Participation was voluntary, and respondents were assured of the confidentiality and anonymity of their responses.

### 3.2 Measures

**Organizational Citizenship Behaviour (OCB).** OCB was measured using the Organizational Citizenship Behaviour Checklist (OCB-C) developed by Spector et al. (2010), which was translated and culturally adapted into Indonesian following standard translation procedures. The scale consists of 10 items assessing the frequency of discretionary work behaviours across multiple dimensions (e.g., altruism and conscientiousness). Responses were rated on a 5-point Likert scale ranging from 1 (never) to 5 (every day). Sample items include "Helped a coworker learn new skills or shared job knowledge" and "Volunteered for extra work assignments." In the present study, the instrument demonstrated good internal consistency ($\alpha$ = .89), with item-total correlations ranging from .67 to .83.

**Subjective Health Complaints (SHCs).** SHCs were assessed using the Subjective Health Complaints Scale, which measures the occurrence and severity of common somatic and psychological symptoms over the past 30 days. The scale consists of 29 items covering symptoms such as headaches, musculoskeletal pain, anxiety, and sleep disturbances. Each item is rated on a 4-point scale (0 = no complaint to 3 = severe complaint), yielding a total score ranging from 0 to 87, with higher scores indicating greater levels of health complaints. The scale demonstrated acceptable reliability ($\alpha$ = .71), with item-total correlations ranging from .58 to .74. The instrument captures two primary dimensions: somatic complaints and psychological complaints.

**Safety Climate.** Safety climate was measured using the Psychosocial Safety Climate Scale (PSC-12), which assesses employees' perceptions of organizational policies, practices, and procedures related to psychological health and safety. The PSC-12 consists of 12 items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Example items include "Psychological well-being of staff is a priority in this organization" and "My contributions to workplace health and safety issues are listened to." The scale demonstrated excellent internal consistency in this study ($\alpha$ = .91), with item-total correlations ranging from .79 to .97. Higher scores indicate a more positive safety climate.

### 3.3 Procedure

The study was conducted in three stages. First, in the preparation stage, all instruments were translated and adapted into Indonesian using a forward–backward translation procedure and were subsequently reviewed by subject-matter experts to ensure content validity. A pilot study was conducted to assess item clarity and preliminary reliability.

Second, during the data collection stage, the finalized questionnaire was distributed online to employees who met the inclusion criteria. Participants were informed about the purpose of the study, their rights as respondents, and data confidentiality. Informed consent was obtained prior to participation.

Third, in the data processing stage, the collected data were screened, coded, and prepared for analysis. Data quality checks were conducted, including the identification of missing values, outliers, and response inconsistencies.

### 3.4 Data Analysis

Data were analysed using Moderated Regression Analysis (MRA) to examine the moderating effect of safety climate on the relationship between OCB and SHCs. The analysis was conducted using the PROCESS macro (Model 1) developed by Hayes (2013) in IBM SPSS Statistics (Version 27).

Prior to hypothesis testing, preliminary analyses were performed, including descriptive statistics and reliability analysis. All predictor variables were mean-centered to reduce potential multicollinearity before creating the interaction term (OCB $\times$ safety climate).

The moderating effect was evaluated based on the significance of the interaction term. To facilitate interpretation, simple slope analyses were conducted at low ($-1$ SD), mean, and high ($+1$ SD) levels of safety climate. Statistical significance was determined at $p < .05$.

## 4 Results

### 4.1 Descriptive Statistics

Three variables were examined in this study: Organizational Citizenship Behaviour (OCB; X), subjective health complaints (SHCs; Y), and safety climate (M). Descriptive statistics are presented in Table 1.

The empirical mean of SHCs (M = 50.77) exceeded the hypothetical mean (M = 43.50), indicating relatively elevated levels of health complaints among employees.

Table 1: Descriptive Statistics of Study Variables

| Variable | Hypothetical Mean | Hypothetical SD | Empirical Mean | Empirical SD |
|---|---|---|---|---|
| OCB (X) | 30.00 | 6.67 | 30.39 | 2.85 |
| SHCs (Y) | 43.50 | 14.50 | 50.77 | 4.18 |
| Safety Climate (M) | 36.00 | 8.00 | 48.62 | 2.23 |

OCB scores (M = 30.39) were close to the hypothetical mean, suggesting moderate levels of citizenship behaviour. In contrast, safety climate demonstrated a substantially higher empirical mean (M = 48.62) compared to the hypothetical mean (M = 36.00), indicating a generally positive perception of safety climate within the organization.

### 4.2 Preliminary Analyses

Prior to hypothesis testing, assumption tests were conducted. The Kolmogorov–Smirnov test indicated that the data were normally distributed ($p = .055$, $p > .05$). Multicollinearity diagnostics showed acceptable tolerance values ($> .10$) for OCB (0.930), safety climate (0.964), and the interaction term (0.963), indicating no multicollinearity concerns.

### 4.3 Hypothesis Testing

Moderated Regression Analysis (MRA) was conducted to test the proposed model. The results are presented in Table **??**.

OCB had a significant negative effect on SHCs ($\beta = -0.084$, $p = .005$), indicating that higher levels of OCB were associated with lower health complaints. Safety climate also showed a significant negative effect ($\beta = -0.299$, $p < .001$), suggesting that a more positive safety climate is linked to reduced health complaints.

Importantly, the interaction term (OCB $\times$ safety climate) was positive and significant ($\beta = 0.416$, $p = .002$), indicating a moderating effect of safety climate on the relationship between OCB and SHCs. The positive interaction coefficient suggests that the negative relationship between OCB and SHCs becomes weaker as safety climate increases.

To further interpret the interaction effect, simple slope analyses were conducted. The results indicated that under low levels of safety climate, OCB was positively associated with SHCs, suggesting that higher engagement in OCB was related to increased health complaints. Under average levels of safety climate, the relationship between OCB and SHCs was negative and significant. However, under high levels of safety climate, the relationship between OCB and SHCs became non-significant.

These findings indicate that safety climate alters the functional role of OCB in predicting employee health outcomes, shifting it from a potential risk factor under low safety climate to a neutral or beneficial factor under more supportive conditions.

## 5 Discussion

This study examined the relationship between Organizational Citizenship Behaviour (OCB) and subjective health complaints (SHCs), as well as the moderating role of safety climate. The findings provide several important theoretical and practical insights.

First, the results indicate that OCB is negatively associated with subjective health complaints, suggesting that employees who engage in discretionary, prosocial behaviours tend to report better physical and psychological well-being. This finding supports prior research (e.g., Halbesleben and Bellairs, 2016) highlighting the beneficial role of OCB in fostering positive social interactions, enhancing workplace cohesion, and reducing stress.

However, the moderation analysis reveals a more nuanced pattern. Safety climate significantly moderates the relationship between OCB and health complaints. Specifically, under conditions of low safety climate, OCB is associated with higher levels of health complaints. This suggests that in environments characterized by weak safety support, engaging in extra-role behaviours may be experienced as an additional demand rather than a voluntary contribution. In such contexts, OCB may contribute to role overload, resource depletion, and prolonged strain, consistent with the Cognitive Activation Theory of Stress (CATS).

Conversely, under conditions of moderate to high safety climate, the negative relationship between OCB and health complaints becomes weaker and eventually non-significant. This indicates that a supportive and safety-oriented work environment buffers the potential negative consequences of OCB. Employees in such environments may perceive OCB as less burdensome due to greater availability of organizational resources, clearer role expectations, and reduced exposure to psychosocial risks.

These findings are consistent with the psychosocial safety climate framework (e.g., Kongsvik et al., 2019; Vogus et al., 2020), which emphasizes the critical role of organizational context in shaping employee well-being. A strong safety climate enhances resource availability, strengthens coping capacity, and mitigates the adverse effects of job demands.

Importantly, this study challenges the widely held as-

sumption that OCB is inherently beneficial. Instead, the findings demonstrate that OCB can function as a double-edged construct, with its effects depending on contextual conditions. When safety climate is low, OCB may act as an additional demand that exacerbates strain and health complaints. In contrast, when safety climate is high, its potential negative effects are neutralized.

### 5.1 Limitations and Future Directions

This study has several limitations. First, data were collected using self-report questionnaires, which may introduce common method bias and limit the depth of contextual understanding. Second, the cross-sectional design restricts causal inference. Future research is encouraged to employ longitudinal designs and multi-source data to better capture dynamic relationships and strengthen causal conclusions.

Additionally, future studies may explore other potential moderators, such as leadership style, workload, or individual coping strategies, to further clarify the conditions under which OCB becomes beneficial or detrimental.

### 5.2 Practical Implications

The findings suggest that organizations should not only encourage Organizational Citizenship Behaviour but also ensure the presence of a strong safety climate. Interventions should focus on strengthening psychosocial safety climate, managing workload distribution, and preventing the unintended overburdening of highly engaged employees.

Without a supportive organizational context, efforts to promote OCB may inadvertently lead to increased strain and health complaints. Therefore, organizations must adopt a balanced approach that aligns behavioural expectations with adequate resources and support systems.

### 5.3 Conclusion

This study demonstrates that Organizational Citizenship Behaviour is associated with lower subjective health complaints; however, this relationship is contingent upon safety climate. Under conditions of low safety climate, OCB is associated with increased health complaints, whereas under higher safety climate, its effect becomes neutral. These findings underscore the critical role of organizational context in determining whether OCB functions as a resource or a demand for employee well-being.

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