JOURNAL LA MEDIHEALTICO

VOL. 06, ISSUE 01 (207-216), 2025
DOI: 10.37899/journallamedihealtico.v6i1.1957

Implementation of Leadership Commitment to Employee Performance Quality Using the Six Building Blocks Method

Cynthia Agustina[1], Yeni Indriyani[1], Ameilia Nurhadiyastuti[1], Agus Setyawan[2]

[1]Public Health Study Program, Faculty of Health Sciences, Muhammadiyah University of Surakarta
[2]Subdivision of Education, Training and Research, Ir. Soekarno Regional General Hospital

**Corresponding Author: Cynthia Agustina*
E-mail: cynthiaagustinaa98@gmail.com

Article Info

Article history:
Received 21 January 2025
Received in revised form 12 February 2025
Accepted 24 February 2025

Keywords:
Leadership Commitment
Employee Performance
Six Building Blocks
Hospital Leadership
Health Workforce

Abstract

Hospital leadership commitment plays a crucial role in planning environmental health initiatives by allocating the necessary resources. Although the achievement of Minimum Service Standards at Ir. Soekarno Regional General Hospital is considered outstanding, challenges remain, such as expired training certifications, unmet opportunities for training renewal, and procedural non-compliance by some staff members. Therefore, leadership must enhance employee career development to foster organizational commitment and improve the quality of service delivery. This study aims to analyze leadership commitment in improving employee performance at Ir. Soekarno Regional General Hospital using the six building blocks method. The research design is qualitative, utilizing semi-structured interviews with both leadership and employees. Informant sampling was conducted through purposive sampling, with data verification carried out using source and technique triangulation. The findings reveal that the leadership has established organizational commitment through policy support, optimization of information systems, training budgets, and active employee participation in decision-making. However, the application of the six building blocks method in the context of employee performance based on leadership commitment remains suboptimal, particularly in the health workforce component. While physical health support for employees is adequately addressed, mental health support in the workplace is still lacking. Therefore, more intensive dissemination of policies and mental health programs is necessary, particularly for staff in underrepresented units.

Introduction

The commitment of hospital leaders plays a role in planning environmental health initiatives in hospitals by allocating the necessary resources and complying with the legal requirements of Regulation of the Minister of Health of the Republic of Indonesia Number 7 of 2019. Leaders must be able to create organizational commitment that empowers employees to provide safe, patient-centered care through team collaboration, creativity, and effective communication (Kang et al., 2023). Leadership that has a humble commitment can help increase employees' sense of responsibility (Zhou et al., 2021). In addition, hospital leaders should be committed to advancing integrated care documentation and collaborative problem solving (Ginting et al., 2022). The existence of clear instructions is the role of the leader on employee commitment to improve the quality of employee performance in providing services (Pahi et al., 2020). Service quality has a positive and significant effect on loyalty to patient satisfaction indirectly. This

can be achieved if employees provide excellent service at the hospital which is supported by a good work culture in the work environment (Perwita et al., 2020). Excellent service has a 99% positive impact on patient satisfaction (Putri, 2013 in Rina, 2021). This is supported by the implementation of minimum service standards (MSS) according to the indicators set by the Ministry of Health.

In order to strengthen health systems, the World Health Organization (WHO) has formulated a six building blocks framework that has been widely used to study and describe national health systems and evaluate the impact of reform initiatives on health systems. The benefits of applying the six building blocks for goal setting at the local level and monitoring the progress of the goals from the evaluations already conducted. Effective governance in health sector planning is essential to improve service coverage, strengthen financial security, and better deliver services centered on people's health needs and support the achievement of universal health coverage (Amon et al., 2024). Reliable information is key to decision-making for policy implementation, governance and regulation, human resource development, service delivery and financing. Funding must support to maximize health system performance. Strategic leadership and policies must be in place to ensure this, along with efficient oversight, regulation, accountability (WHO, 2007 in Borghi & Brown, 2022).

Ir. Soekarno Regional General Hospital is one of the hospitals in Sukoharjo Regency that has a Minimum Service Standard (MSS) achievement of 96.76% with a very high category. However, there are still several service indicators that are below the established standards. Minimum Service Standards for Medical Services that have not been achieved, namely emergency service providers who are ATLS/BTLS/ACLS/PPGD certified (which is still valid) have only reached 53%. This is because all emergency room staff have been trained but there are some training certificates that have expired and have not had the opportunity to attend training updates. In addition, the achievement of ICU/ICCU certified intensive unit services was 74.44% because there were officers who were not yet ICU ICCU certified while the schedule and organization of ICU training was limited with a limited number of participants as well. The less than optimal completeness of 24-hour medical record filling is due to the lack of compliance of Medical PPAs with documentation compliance.

The Minimum Service Standard (SPM) for Support Services that has not been achieved is that there are no instances of medication errors with an achievement of 99.99%. This is due to several factors such as lack of officer accuracy and officers not complying with procedures. This needs to be corrected and hospital managers need to implement organizational commitment rules that support employee performance in improving excellent service standards. This study aims to determine the commitment of leaders in improving the quality of employee performance at Ir. Soekarno Regional General Hospital by using the six building blocks method.

Methods

The research design used is qualitative research to explore in-depth and comprehensive information about the situation in the field. This research was conducted at Ir. Soekarno Regional General Hospital on August 8-23, 2024. The informant sampling technique used purposive sampling. Informants in this study were divided into two categories, namely key informants and supporting informants. Key informants in this study were the Director of Ir. Soekarno Hospital, Head of Treasury and Fund Mobilization Subdivision, Head of Human Resources and Institutional Subdivision, Head of Nursing Services Section. While supporting informants are medical personnel.

The technique used was semi-structured interviews using interview guidelines through questions that were developed and still related to the interview guideline questions. The semi-structured interview consisted of 22 questions covering six main components, namely

organizational commitment, health information system, access to essential medicine, health workforce, financing, and leadership. This approach was to identify between these components and the quality of employee performance, thus providing a deeper insight into employee performance.

In addition, data collection through observation and documentation in the form of documents or data relevant to the research topic. Primary and secondary data were then processed and described in narrative form according to the needs of the discussion. Researchers verified the data by triangulating sources and triangulating techniques to ensure data validity. Triangulation techniques based on different data collection through semi-structured interviews, observation, and documentation. In addition, using source triangulation consisting of several key informants and supporting informants to obtain data from different sources. This research has obtained an ethical permit from the Health Research Ethics Commission (KEPK) of the Faculty of Health Sciences, Muhammadiyah University of Surakarta with reference number 822/KEPK-FIK/I/2025.

Result and Discussion

The six building blocks are leadership, health workforce, access to essential medicine, health information system, service delivery and health care financing. Strengthening the health system means improving the six building blocks of the health system so as to achieve more equitable and sustainable improvements across health services. The six pillars are a unity that has intermediate goals such as access, coverage, quality, and health safety that will produce outcomes such as improved health status, responsiveness, social risk protection, and financial and health efficiency improvements. This study focuses on organizational commitment using five components of the six building blocks, namely health information system, access to essential medicine, health workforce, financing, and leadership.

Organizational Commitment

Leaders play an important role in encouraging organizational commitment among their members. Leaders can build organizational commitment by setting an example, being firm, and consistently following the rules. Organizational commitment can be seen from how leaders support in improving the quality of performance. The most important support is the fulfillment of employee rights such as incentives, promotions, health insurance and work accident insurance. Organizational commitment can also be increased by benefit programs such as career development programs (Qatrunnada, 2021).

> *"... the support provided can be in the form of supporting policies that support employee welfare, providing adequate resources, training and professional development, establishing effective communication" (I_7).*

Leadership efforts in strengthening hospital governance by monitoring and evaluating quality indicators, making policies in accordance with applicable regulations, fulfilling access and employee rights and obligations which are then socialized to staff. This shows that good governance not only includes internal aspects of the hospital, but also builds and maintains the trust of external parties and fulfills the interests of human resources to carry out effective governance (Hutajulu et al., 2024).

> *"...make policies that are socialized to all staff and they must comply, then there is monitoring of quality achievement indicators because we have very many quality indicators..." (I_2)*

The formulation of organizational policies that include workers' rights will make employees have a high emotional bond with the organization so as to increase the availability to stay for a long period of time and employees want to give their best performance to the organization.

"...provided with reasonable working hours, decent salary compensation and incentives, as well as career and educational development" (I_7)

But more important than that, employees want to give their best to the agency, even willing to do more than what the agency targets. This can only happen if employees feel happy and satisfied at the agency concerned. In addition, a conducive work environment will increase employee commitment to the agency (Pujiastutik & Suwaji, 2020). Leaders have built an inclusive culture in the hospital environment according to their responsibilities that support employee productivity and welfare through adjusting employee rights and duties. However, there is still a gap between the number of male and female employees which will cause fluctuations in the level of attendance at the agency. This is supported by Government Regulation of the Republic of Indonesia Number 11 of 2017, the implementation of leave that should be given to female employees, one of which is the right to maternity leave (Trivani & Hasan, 2022). So it is necessary to adjust the composition of employees along with their duties and functions to ensure that the workload remains balanced and the productivity of the agency is not disturbed.

> *"Hospital leaders have built an inclusive culture in the hospital environment" (I_7)*
>
> *"There is a lot here besides the gap between men and women. If it is actually for self-care...the only difference is the salary" (I_1)*

The status of employees in the hospital also affects the salary received by employees. The status of workers, whether regional public service agency (BLUD), freelance daily workers (THL) or civil servants (PNS), does not show a gap if they can work fully and do not commit attendance violations. In addition, it is very important to have rewards and punishments from superiors to encourage greater motivation in the workplace and increase employee professionalism in providing services (Nuriyati et al., 2021). The rewards have been regulated by management such as service services, task rotations, incentives, while punishments such as reprimands, mutations, decreasing employee status from regional public service agency (BLUD) to casual daily labor (THL), from nurses to non-nurses.

> *"For rewards, yes, there are services, then for promotion" (I_2)*
>
> *"...the sanction also adjusts, it can be demotion, it can be from permanent to non-permanent employee..." (I_6)*

The provision of *rewards* is based on work assessment indicators which include discipline, behavior, productivity and quality indicators and then get *feedback* from superiors (leaders).

> *"Now this continues for behavior, there is also a basic behavior, the orientation of the shadow is accountable for the order" (I_1)*
>
> *"The first indicator of performance is discipline from attendance" (I_2)*

Thus, leaders have a vital role in building organizational commitment to improve the quality of employee performance.

Health Information System

The hospital uses *e-library* as an information system that includes standard operating procedures (SOP), regulations, decrees and hospital data.

> *"As for the availability of information, we already have something called an e-library" (I_3)*

The monitoring system is tiered from the *bottom up*, which is carried out every quarter including financial monitoring and evaluation (Regional Government), services (Ministry of Health) and employees, then if it has not fulfilled the Corrective Follow-up Plan (RTP).

Employee evaluation is based on annual performance targets which are divided monthly according to the targets to be achieved.

> *"...for monitoring and evaluation in quality it is integrated with the Ministry of Health. In finance, our monitoring and evaluation is integrated with the local government..." (I_5)*

The attendance system for civil servants (PNS) & government employees with work agreements (P3K) employees uses *finger print* which is integrated with the local government. regional public service agency (BLUD) & freelance daily workers (THL) employees also use *finger print* but are only recorded to the hospital admin. The use of *finger print* attendance can increase the effectiveness of employee work and in accordance with the direction and goals of the organization (Rahayu, 2024). In addition, with the finger print attendance, employees can improve and improve the work process in a timely manner, this means that finger print attendance has a positive and significant effect on work effectiveness.

> *"Our employee attendance uses android-based which links to the local government with finger print..." (I_2)*

The hospital has an information system that supports hospital operations and procurement of goods in accordance with applicable regulations.

Access to Essential Medicine

Procurement of medicines, medical devices, food, non-medical devices, etc. is managed by the Activity Technical Implementation Officer (PPTK). The ordering process is done through e-catalogue in accordance with government regulations. This shows that the procurement process is carried out through an e-catalogue from the Government Procurement Policy Agency (LKPP) for available goods or through tenders/selections for goods that are not listed (Wahyuddin et al., 2024).

> *"The procurement of medicines, medical devices, food, non-medical devices, etc. uses e-catalogue" (I_6)*

> *"...it turns out that there is no example in the e-catalogue, there should be something like a notification letter and accept to the regional secretariat..." (I_4)*

The need for goods that are not in the e-catalogue needs to make a reasoning or reason for procurement. Based on Presidential Regulation of the Republic of Indonesia Number 12 of 2021, if the required goods are not available in the e-catalogue, the drug procurement process needs approval from the Commitment Making Officer (PPK) who is responsible for ensuring that the goods/services procurement process is in accordance with applicable regulations. This is appropriate if the drug is not available in the e-catalogue, then shopping is done directly to PBF as a drug provider (Indriana et al., 2021).

Health Workforce

A hospital leader must be able to encourage, encourage, which means motivating employees to continue to be passionate and enthusiastic at work so that their performance and productivity run well (Rima et al., 2023). In order to develop careers and work motivation, leaders organize in-house training (IHT), workshops, training, and rewards. This is tailored to the needs of employees and the needs of the hospital (Dewi et al., 2020). In addition, it also organizes capacity building which is accommodated by management. This activity is in the form of outbound which is held twice a year for leaders and employees to ensure mental health, social spirituality, togetherness in employees. Capacity building activities every year as a strengthening of employee work culture so that employees are expected to improve work quality and become a strong team (Widyastuti et al., 2023).

" Eee...here career development we do training with the training team, conduct workshops, IHT to training outside the hospital has been running " (I_3)

"That's good. Motivating staff to improve service quality with IHT, there are workshops included" (I_1)

In addition, leaders also support mental and emotional well-being by providing integrated coaching post (Posbindu) and counseling. Previous research shows that employees who experience work-life balance have higher levels of well-being, which in turn contributes to increased productivity and employee retention (Hendratri et al., 2023).

"...routinely conducts posbindu for employees, there is joint exercise, followed by employee health checks, after which it is continued (if there are special cases such as mental disorders) with a referral to the MMPI test or other tests to look at psychological health" (I_6)

"It should be, but maybe in the form of what is a bit lacking if from the top manager, you know yes" (I_4)

Although many options have been implemented by top managers to support employees, one informant revealed that support for employees mental and emotional well-being has not fully reached the units in the field. Employees who are less familiar with technology may experience stress in carrying out their work. Although each room has its own ways and tips to overcome this, further evaluation is needed to ensure employees get the support they need. In this context, leaders have made efforts to increase employee motivation, but support for employees mental well-being in the work aspect is still not fully met.

Financing

The hospital has allocated resources to improve employee competencies through trainings, workshops, and seminars. The process of improving employee competence is carried out in a structured manner to ensure that each unit can identify training needs that are in accordance with job demands. The flow of submission is by filling out a *form* that is distributed to each unit according to the competencies needed, then the Subdivision of Education, Training and Research will randomize to determine the employee and the type of training. If a new service is to be opened, employees who will attend training are proposed. In addition, there are submissions in the form of proposals and proposed training.

"*We have a gform at the end of the year for the following year from the training there is a gform that is distributed to each unit of all" (I_4)*

"...receiving suggestions, for example, if someone is weak in one area, he wants to take certain training and will be proposed to take the training" (I_6).

The Subdivision of Education, Training and Research will accommodate the budget and training for employees based on the needs of the hospital. However, the informant did not specifically explain the budget allocation provided for employee training. This career development affects the performance and job satisfaction of an employee, of course, with the most concrete form being financial development and welfare (Abadi, 2024).

" There is. There is a budget plot for special seminars, workshops, training. For resources that take care of that in training there is" (I_5)

The budget for the health human resources capacity building program in 2023 has reached 99.80%, which means that it almost meets the set budget target. This shows that the budget has met the needs of human resource development in terms of employee training through an assessment process according to existing guidelines (Nurfadila et al., 2023).

Leadership

Leaders involve employees in decision making based on proposals and meeting results. This research is in line with Yantu (2021) that hospital leaders always involve their subordinates in the decision-making process, but when decision-making is still carried out by the director, while still considering matters that have been agreed upon in deliberations.

> *"Leaders involve employees in decision making for example by conducting regular monthly meetings..." (I_7)*

> *"The commitment of leaders in making policies is often from the bottom unless there are certain regulations/policies that come from the Ministry" (I_8)*

Leaders are responsive in responding to and addressing issues such as complaints on *google view, gform, Whatsapp* groups. Complaints related to the hospital both internal and external will be immediately identified and if it affects the service, patient safety incident reporting will be carried out. Furthermore, an investigation is carried out to find the root of the problem and its solution.

> *"Very responsive whenever a problem is reported, whether it is from internal or external such as the patient's family or patients, or even visitors to the patient" (I_2)*

> *"Responsive because we have less than 24 hours to report if there is something" (I_4)*

This is influenced by the way communication is applied and carried out by leaders towards their subordinates. Communication between leaders and employees verbally through coffee morning to discuss in one forum and summons, periodically with face-to-face socialization and morning ceremony, while in writing through field reviews, staffing reviews, service reviews, financial reviews, etc. based on conveying the problem, the law, and the proposed follow-up. Then the director will get a disposition to coordinate with others. Communication will have a good impact in increasing employee morale in carrying out their duties and being able to increase credibility (Latifah & Muksin, 2020).

> *"...basically, any information that is often conveyed must be conveyed either in writing or orally. But if it is oral or face-to-face, it depends on the needs of the unit..." (I_2)*

Policies related to staff working hours refer to Sukoharjo Regent Regulation Number 18 of 2022 with structural employees 5 working days per week and functional employees 6 working days per week. If there is a violation, the sanction is in the form of a cut in additional income, the amount of which is in accordance with the amount of delay so that the leadership will conduct an evaluation and guidance. The sanctions are made so that employees do not violate the rules and pay more attention to the disciplinary rules applied in the work environment (Sitorus, 2022).

> *"The working hours are set in the regent's regulation, although there are national ones. But we cannot comply with the national level (employee)" (I_4)*

This shows that leaders have implemented active participation that involves employees in decision-making and responsiveness to problems. In addition, leaders apply effective communication and clear discipline to improve employee morale and productivity. Strengthening the leadership component means having clear goals, strong drive and commitment to realize the vision, and the competencies needed to achieve these goals (Sholahuddin et al., 2024).

Conclusion

Based on the results of research and discussion, it can be concluded that the application of the six building blocks method to employee performance based on leadership commitment is less than optimal in the health workforce component. Although support for physical health has been

fulfilled, the mental support of employees in the aspect of work is still not fully fulfilled. So there needs to be more intensive socialization of mental health policies and programs to all staff, especially in units that are less accessible. In implementing other components, leaders have built organizational commitment with the support of policies that provide equal employee rights. The hospital's information system is able to accommodate the needs of the hospital both internally and externally. Leaders have implemented active participation in decision-making to increase employee productivity.

References

Abadi, I. (2024). Determinan Kinerja Pegawai Pada Rumah Sakit Siloam di Kota Makassar: Peran Pelatihan, Pengembangan Karir, Dan Motivasi Kerja. *Malomo: Jurnal Manajemen Dan Akuntansi*, *2*(1), 49–63.

Amon, S., Gerold, J., Akweongo, P., Bulthuis, S. E., Agyemang, S. A., & Aikins, M. (2024). De facto health governance policies and practices in a decentralized setting of Ghana: Implication for policy making and implementation. *SSM - Health Systems*, *3*, 100017. https://doi.org/10.1016/j.ssmhs.2024.100017

Borghi, J., & Brown, G. W. (2022). Taking Systems Thinking to the Global Level: Using the WHO Building Blocks to Describe and Appraise the Global Health System in Relation to COVID-19. *Global Policy*, *13*(2), 193–207. https://doi.org/10.1111/1758-5899.13081

Dewi, V. N., Wajdi, M. F., & Isa, M. (2020). Peran Motivasi Sebagai Mediasi Dalam Hubungan Antara Gaya Kepemimpinan, Budaya Organisasi Dengan Pengembangan Karier Pegawai Negeri Sipil di Lingkungan Pemerintah Kota Surakarta. *Jurnal Ekonomi Manajemen Sumber Daya*, *22*(1), 38–59. http://dx.doi.org/10.23917/dayasaing.v22i1.10849

Ginting, L., Susilaningsih, F. S., Suryati, Y., & Dedi, B. (2022). Komparasi Kompetensi Kepemimpinan Klinis Perawat Primer Berdasarkan Perspektif Evaluasi Diri dan Evaluasi Kepala Ruangan. *Jurnal Keperawatan Silampari*, *5*(2), 1259–1267. https://doi.org/10.31539/jks.v5i2.3483

Hendratri, B. G., Iswanto, J., Tohawi, A., Subekan, & Dianto, A. Y. (2023). Pengaruh Fluktuasi Harga Cabai Rawit dan Dampaknya pada Daya Beli Konsumen di Pasar Wage Nganjuk. *Jurnal Kolaboratif Sains*, *6*(11), 1595–1600. https://doi.org/10.56338/jks.v6i11.4651

Hutajulu, S. M., Nuraini, & Nasution, R. S. (2024). Analisis Implementasi Kebijakan Manajemen Tata Kelola Di Rumah Sakit Mitra Medika Medan Amplas. *Jurnal Kesehatan Masyarakat*, *9*(2), 179–186. https://doi.org/10.31943/afiasi.v9i2.383

Indriana, Y. M., Darmawan, E. S., & Sjaaf, A. C. (2021). Analisis Pengelolaan Obat di Instalasi Farmasi RSUA Tahun 2020. *PROMOTIF: Jurnal Kesehatan Masyarakat*, *11*(1), 10–19. https://doi.org/10.56338/pjkm.v11i1.1512

Kang, J. Y., Lee, M., Fairchild, E. M., Caubet, S. L., Peters, D. E., Matti, L., & Howell Jr, T. G. (2023). Do Organizational Values and Leadership Impact Staff Engagement, Wellbeing, and Patient Satisfaction? *Journal of Healthcare Leadership*, *Volume 15*, 209–219. https://doi.org/10.2147/jhl.s421692

Kementerian Kesehatan Republik Indonesia. (2019). Permenkes RI No 7 Tahun 2019 tentang Kesehatan Lingkungan Rumah Sakit. Jakarta: Kementerian Kesehatan RI.

Latifah, W., & Muksin, N. N. (2020). Kontribusi Metode Coaching Dalam Komunikasi Persuasif Pegawai DI RSUD R. Syamsudin, Sh Kota Sukabumi. *Sebatik*, *24*(2), 213–

221. https://doi.org/10.46984/sebatik.v24i2.1151

Nurfadila, L., Mahsuni, A. W., & Junaidi. (2023). Analisis Akreditasi, Kebutuhan Pelatihan Pegawai, Ketersediaan Anggaran Pelatihan Pegawai dan Serapan Anggaran Pelatihan Pegawai Tahun 2022 di Rumah Sakit Umum Daerah (RSUD) Kota Malang. *E_Jurnal Ilmiah Riset Akuntansi*, *12*(2), 798–806. http://jim.unisma.ac.id/index.php/jra,

Nuriyati, N., Ummah, F., Kusbiantoro, D., & Majakin, A. (2021). Pengaruh Budaya Organisasi Terhadap Kinerja Pegawai. *Journal Of Health Care*, *2*(2).

Pahi, M. H., Ahmed, U., Sheikh, A. Z., Dakhan, S. A., Khuwaja, F. M., & Ramayah, T. (2020). Leadership and Commitment to Service Quality in Pakistani Hospitals: The Contingent Role of Role Clarity. *SAGE Open*, *10*(4). https://doi.org/10.1177/2158244020963642

Pemerintah Kabupaten Sukoharjo. (2022). *Peraturan Bupati Sukoharjo No 18 Tahun 2022 Tentang Hari dan Jam Kerja di Lingkungan Pemerintah Kabupaten Sukoharjo*. Sukoharjo: Pemerintah Kabupaten Sukoharjo.

Pemerintah Republik Indonesia. (2017). *Peraturan Pemerintah Republik Indonesia No 11 Tahun 2017 Tentang Manajemen Pegawai Negeri Sipil*. Jakarta: Pemerintah Republik Indonesia.

Pemerintah Republik Indonesia. (2021). *Peraturan Presiden Republik Indonesia Nomor 12 Tahun 2021 Tentang Perubahan atas Peraturan Presiden Nomor 16 Tahun 2018 Tentang Pengadaan Barang/Jasa Pemerintah*. Jakarta: Pemerintah Republik Indonesia.

Perwita, F. D., Sandra, C., & Hartanti, R. I. (2020). Pengaruh Pelayanan Prima Terhadap Kepuasan Pasien di Instalasi Rawat Inap Rumah Sakit Derah Kalisat Kabupaten Jember. *Jurnal Ikesma*, *16*(1), 27–35. http://dx.doi.org/10.19184/ikesma.v16i1.16925

Pujiastutik, L., & Suwaji, R. (2020). Pengaruh Suasana Kerja, Iklim Organisasi Dan Komitmen Organisasi Terhadap Kepuasan Kerja Pegawai Dinas Kesehatan Kabupaten Pasuruan. *Journal Management and Business Applied*, *1*(1), 69–78.

Qatrunnada, R. Z. (2021). Analisis Komitmen Organisasi Karyawan Dalam Perspektif Etika Kerja Islam. *Suhuf*, *33*(2), 181–188. https://doi.org/10.23917/suhuf.v33i2.16585

Rahayu, N. S. (2024). Pengaruh Penggunan Finger Print Terhadap Kualitas Kerja dan Efektivitas Kerja Pegawai Sebagai Variabel Mediasi Pada Rumah Sakit Umum Daerah (RSUD) Haji Makassar. *Study of Scientific and Behavioral Management (SSBM)*, *5*(1), 102–113. https://doi.org/10.24252/(ssbm).v5i1.46383

Rima, R., Hildayanti, S. K., & Wulandari, T. (2023). Pengaruh Motivasi Kerja Dan Disiplin Kerja Terhadap Kinerja Perawat Pada RSIA Tiara Fatrin Palembang. *Jurnal Bisnis, Manajemen, dan Ekonomi*, *4*(3). https://doi.org/10.47747/jbme.v4i3.1182

Rina, D. (2021). Pengaruh Pelayanan Prima Terhadap Kepuasan Pasien di Rumah Sakit: Literature Review. *Jurnal Komunikasi Dan Organisasi (J-KO)*, *3*(1), 20–29. https://doi.org/10.26644/jko.v3i1.9079

Sholahuddin, M., Rahmawati, R. Y., & Rahmawati, S. D. (2024). Optimalisasi Tata Kelola dan Peningkatan Komitmen Organisasi: Studi Pada Pelatihan Kepemimpinan di PCIM Malaysia. *Jurnal Pengabdian Nasional (JPN) Indonesia*, *5*(1), 204-220. https://doi.org/10.35870/jpni.v5i1.654

Sitorus, I. F. (2022). Analisis Disiplin Kerja Pegawai pada Rumah Sakit X di Bandung. *Prosiding FRIMA (Festival Riset Ilmiah Manajemen Dan Akuntansi)*, *4*, 507–514. https://doi.org/10.55916/frima.v0i4.419

Trivani, A., & Hasan, E. (2022). Kebijakan Gubernur Aceh Tentang Peraturan Gubernur (Pergub) Nomor 49 Tahun 2016 Pemberian Cuti Melahirkan (Studi Analisis Cuti Pemberian Asi Eksklusif). *Jurnal Ilmiah Mahasiswa FISIP Unsyiah*, *8*(1), 1–14.

Wahyuddin, A. W., Amelia, A. R. A., & Muchlis, N. (2024). Analisis Sistem Manajemen Logistik Alat Kesehatan di Rumah Sakit Umum Daerah Prof. Dr. H. M. Anwar Makkatutu Kabupaten Bantaeng Tahun 2024. *Journal of Aafiyah Health Research (JAHR) 2024*, *5*(1), 374–387. https://doi.org/10.52103/jahr.v5i1.1816

Widyastuti, Y., Rizkiyani, T., & Rahayu, S. (2023). Employer Branding Dalam Pelayanan Publik Bidang Kesehatan di RSUD Banten. *Jurnal Ilmiah Ilmu Administrasi*, *13*(2), 74–82. https://doi.org/10.33592/jiia.v13i2.3575

Yantu, I. (2021). Gaya Kepemimpinan Direktur Rumah Sakit Umum Daerah di Provinsi Gorontalo. *Jurnal Aplikasi Manajemen Dan Inovasi Bisnis*, *3*(2), 2621–3230. https://doi.org/10.47201/jmn

Zhou, X., Wu, Z., Liang, D., Jia, R., Wang, M., Chen, C., & Lu, G. (2021). Nurses' voice behaviour: The influence of humble leadership, affective commitment and job embeddedness in China. *Journal of Nursing Management*, *29*(6), 1603–1612. https://doi.org/10.1111/jonm.13306