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Impact of Human Resource Management Practices on Employee Productivity in Hospital Xyz in Jawa Barat: A Multivariate Analysis of Recruitment, Training, And Compensation

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ABSTRACT

This study explores the impact of Human Resource Management (HRM) practices on employee productivity within hospital settings. *The HRM dimensions examined include recruitment and selection,* training and development, as well as compensation and rewards. Us-ing Structural Equation Modeling (SEM) with the SmartPLS applica-tion, this research analyzes the relationships among these variables. Data were collected from hospital employees across West Java. The findings reveal that all three HRM practices have a meaningful in-fluence on employee productivity. This indicates that well-structured HRM strategies particularly those focused on equitable compensation and continuous employee development play a vital role in enhancing workforce performance in hospitals. The results underscore the importance of effective HRM in supporting organiza-tional outcomes. Additionally, the study offers valuable insights for hospital management and encourages future research to investigate other relevant factors that may contribute to improved employee productivity in healthcare institutions.

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1. INTRODUCTION

In the hospital sector, human resources (HR) play a vital role in enhancing service quality and overall productivity. Effective Human Resource Management (HRM) practices help create a productive work environment and improve employee performance, which directly affects the efficiency and sustainability of hospital operations. Employee productivity in hospitals is not only about the quantity of work produced but also about improving the quality of patient care, which influences the hospital's image and competitiveness (Al-Taweel, 2021).

This study focuses on Hospital XYZ, a private mid-sized hospital located in Jawa Barat, Indonesia. The hospital was selected because it operates in a densely populated region and plays a strategic role in delivering healthcare services to surrounding communities. Over the last few years, Hospital XYZ has made ongoing efforts to implement structured HRM strategies to improve staff performance. However, despite these efforts, the hospital continues to experience inconsistencies in employee productivity, especially among its nursing and administrative units. This issue makes Hospital XYZ a relevant case study for analyzing the effectiveness of HRM practices in a real-world healthcare setting.

Several critical HRM components that influence employee productivity in hospitals include recruitment and selection, training and development, and compensation and rewards. According to (Al-Taweel, 2021), high-performance HRM practices can strengthen organizational resilience and increase productivity. Proper recruitment and selection ensure that hospitals acquire not only technically skilled employees but also individuals who align with the hospital's values and work culture. This alignment contributes to increased employee engagement and job performance.

Training and development are equally important in the healthcare context (Anwar, 2021) emphasized that continuous training is essential for keeping up with medical advancements and improving both technical and interpersonal skills. In hospitals, where procedures and technologies constantly evolve, training can enhance employee confidence and communication with patients and colleagues. In addition, an effective training programme can contribute to improved patient safety and overall hospital operational efficiency (Silvalinda & Kusumayati, 2025)

Compensation and reward systems also play a key role in motivating hospital employees. (Bibi, 2019) and (Handayani, 2022) highlight that fair financial and non-financial rewards can significantly improve employee morale and job satisfaction, leading to better teamwork and patient care. Recognition for work, whether monetary or symbolic, fosters a sense of belonging and encourages higher levels of commitment.

Beyond these three factors, employee productivity in hospitals may also be influenced by motivation, job satisfaction, stress, and retention strategies. However, this study narrows its scope

to HRM practices as the primary focus. (Johansen, 2019) found that employees who feel valued and supported by their organization are more committed and productive. Similarly, (Mousa, 2020) introduced green HRM practices as a contributor to sustainable performance in healthcare by aligning employee values with environmental responsibility. Healthy work environment and positive organisational culture were also identified as important elements in improving employee productivity in the healthcare sector (Gulo et al., 2025).

Other supporting studies, such as those by (Nafari, 2022) and (Muchsam, 2024), show that integrated HR strategies whether based on the balanced scorecard or e-HRM systems can drive operational efficiency and staff performance. Meanwhile, (Mwanzia, 2021)emphasized that strategic HRM also improves employee retention, which is crucial in avoiding service disruptions in hospitals due to high turnover rates.

Therefore, this study aims to investigate how recruitment and selection, training and development, and compensation and rewards affect employee productivity in Hospital XYZ. By understanding these relationships, the hospital can formulate more effective HRM policies to improve the performance of both medical and non-medical personnel and deliver higher quality services to patients.

Based on the literature and contextual background, the hypotheses developed in this study are as follows: H1: Recruitment and selection have a positive effect on employee productivity at Hospital XYZ. H2: Training and development have a positive effect on employee productivity at Hospital XYZ. H3: Compensation and rewards have a positive effect on employee productivity at Hospital XYZ. These hypotheses are built on prior studies that consistently show how well-implemented HRM practices can improve productivity and operational outcomes in healthcare institutions.

The research framework illustrates the relationship between three independent variables and one dependent variable:

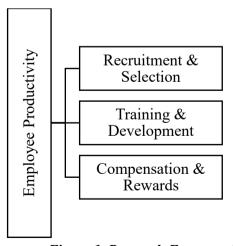


Figure 1. Research Framework

Source: Processed Data, 2025

This framework guides the quantitative analysis using multivariate methods. Data will be collected through structured questionnaires distributed to employees of Hospital XYZ, analyzed to determine how strongly each HRM component influences productivity outcomes.

RESEARCH METHODS

The population in this study includes all employees of XYZ Hospital located in West Java, comprising both medical staff (such as doctors, nurses, laboratory technicians, and radiology personnel) and non-medical staff (such as administrative, security, and cleaning personnel). However, the hospital management did not provide the exact number of employees. Therefore, this research adopts the concept of an unknown population, as explained by (Sekaran, 2003) in *Research Methods for Business: A Skill Building Approach*, which is applicable when the total population size is not disclosed or accessible, yet sampling is still feasible using representative techniques.

To select the sample, the researcher employed a simple random sampling technique, ensuring that each member of the population had an equal chance of being selected. A total of 76 respondents were randomly chosen, considered sufficient to represent the diversity of departments within the hospital. This method was chosen to minimize sampling bias and to ensure that the findings could be generalized to the broader population.

The research instrument used was a questionnaire consisting of several parts, namely:

The research instrument used in this study was a structured questionnaire adapted from previous validated studies on human resource management practices. The questionnaire was designed to measure four main variables, as detailed below:

1. Employee Recruitment and Selection

This variable was measured using a questionnaire adapted from (Opatha, 2015), which assesses the effectiveness of recruitment and selection processes within organizations. The instrument includes 10 items, focusing on aspects such as clarity of selection criteria, transparency of recruitment procedures, and alignment between candidate competencies and job requirements.

2. Training and Development

This variable refers to the extent of training and development opportunities provided to employees. The items were adapted from, and include 8 statements that cover regular training availability, relevance of training content to job responsibilities, and the evaluation of training effectiveness in enhancing performance.

3. Compensation and Rewards

To measure employee perceptions regarding compensation systems, the study utilized an instrument based on (Bibi, 2019), consisting of 7 items. These assess the fairness of salary distribution, performance bonuses, non-monetary rewards, and overall satisfaction with the compensation policy.

4. Employee Productivity

This variable was assessed using a scale adapted from (Johansen, 2019), which evaluates productivity indicators in service organizations. The instrument includes 9 items related to work output, time efficiency, service quality, and patient satisfaction all contextualized to hospital settings.

All questionnaire items were measured using a 5-point Likert scale:

- 1 = Strongly Disagree,
- = Disagree,
- 3 = Neutral,
- = Agree,
- 5 = Strongly Agree.

This scale enables the quantification of respondent opinions and facilitates statistical analysis of the variables.

The data in this study were collected through a survey distributed to 76 employees of XYZ Hospital in West Java. The questionnaire was given directly or via email or online platform, guaranteeing the confidentiality and anonymity of respondents. Before data collection is carried out, validity and reliability tests will be carried out first to ensure the quality of the instruments used.

Data analysis in this study used the Structural Equation Modeling (SEM) technique with SmartPLS, which involved the following stages:

1) Validity Test (Outer Model Evaluation):

Construct validity will be evaluated by looking at the Outer Loading of the indicator. A high outer loading value indicates a strong relationship between the indicator and the construct being measured. If the outer loading value is greater than 0.7, then the indicator is considered valid in measuring the intended construct (Hair et al., 2020). This evaluation ensures that each indicator truly reflects the variables to be measured in this study.

2) Reliability Test (Composite Reliability & Cronbach's Alpha):

Construct reliability will be measured using two main indicators, namely Cronbach's Alpha and Composite Reliability. Cronbach's Alpha and Composite Reliability values greater than 0.7 indicate that the construct has good internal consistency. If both values meet these criteria, then the instrument used in this study can be considered reliable and stable in measuring the variables studied (Hair et al., 2020).

3) Path Coefficients Test:

The influence between constructs will be analyzed using path coefficients. This path coefficient indicates the strength and direction of the influence between the independ-

ent variables (Employee Recruitment and Selection, Training and Development, Compensation and Rewards) and the dependent variable (Employee Productivity). A higher path coefficient indicates a stronger influence of one variable on another (Hair et al., 2020). This analysis allows us to measure the impact of each variable on employee productivity in hospitals.

4) R-squared (R²) Test:

The R-squared (R²) test is used to measure how much variation in the dependent variable (Employee Productivity) can be explained by the independent variables (Employee Recruitment and Selection, Training and Development, Compensation and Rewards). A higher R² value indicates that the model built has good predictive power and is able to explain most of the variation in employee productivity. R² values above 0.5 are considered good, while values above 0.7 indicate a very good model (Hair et al., 2020).

5) Significance Test (Bootstrapping):

To test the significance of the path coefficient, bootstrapping is performed which produces a t-statistic and a p-value. The path coefficient is considered significant if the t-statistic > 1.96 and the p-value < 0.05. This test ensures that the relationship between variables in the model is not coincidental and that the results found in this study are statistically acceptable (Hair et al., 2020). This test is important to evaluate whether the influence between the independent and dependent variables in the structural model is significant and can be generalized.

2. RESULTS & DISCUSSION

The distribution of job titles and age groups of employees is one of the important indicators in assessing the organizational structure and operational effectiveness of a hospital. This disaggregation not only shows the proportion of managerial and administrative roles, but also reflects demographic characteristics that can affect work patterns and human resource management needs. For this reason, an analysis of the composition of positions and age of employees is necessary to understand the internal dynamics of the organization more deeply.

Table 1. Distribution of Job Titles and Age Groups of Employees

Job Title	Number of Employees	Age Group	Number of Employees
Coordinator	27	20–29 years	0
Supervisor	25	30–39 years	21
Administrative Staff	24	40–49 years	25
		50–59 years	21
		60–69 years	9

Source: Processed Data, 2025

The distribution of job titles and age groups of employees is one of the important indicators in assessing the organizational structure and operational effectiveness of a hospital. This disaggregation not only shows the proportion of managerial and administrative roles, but also reflects demographic characteristics that can affect work patterns and human resource management needs. For this reason, an analysis of the composition of positions and age of employees is necessary to understand the internal dynamics of the organization more deeply.

Translated with DeepL.com (free version) Based on the distribution of job titles, it can be seen that the Coordinator position has the highest number of employees (27), followed closely by Supervisor (25), and Administrative Staff (24). This suggests a relatively balanced composition between managerial and administrative roles within the hospital. The higher number of Coordinators, who typically bear greater responsibilities, may indicate a need for more intensive management in certain areas. Similarly, the number of Supervisors underlines the importance of supervisory roles within the organizational structure. Although slightly fewer in number, Administrative Staff still play a crucial role in supporting the hospital's operational and clerical functions.

From the perspective of age distribution, most employees fall within the 30–59 age range, with the 40–49 age group being the largest (25 employees), followed by the 30–39 and 50–59 groups, each with 21 employees. This implies that the hospital prefers to employ individuals with more experience and a stable career stage. The presence of 9 employees in the 60–69 age group also reflects opportunities for older staff to remain active. Notably, the absence of employees aged 20–29 may suggest a hiring preference for experienced workers over younger, less experienced candidates who are still in early stages of development. Overall, the age profile reflects an organizational emphasis on experience and stability.

Before moving forward with the main stages of the research process, preliminary tests for validity and reliability were conducted. These tests served as a crucial step to ensure that the instruments used in the study were both accurate and consistent in measuring the intended variables. Establishing the validity and reliability of the research tools was essential to confirm that the study met the necessary methodological standards and could produce credible and dependable results. The detailed results of these tests are presented as follows:

Table 2. Validity and Reliability Test

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No	Construct	Item	Outer Load- ing	AVE	Cronbach's Alpha	Composite Reliability	Interpreta- tion		
1	Employee Recruitment and Selection	ERS1	0.890678	0.7	0.89	0.91	Valid, Reliable		
		ERS4	0.834528	0.7	0.89	0.91	Valid, Reli- able		
		ERS5	0.762410	0.7	0.89	0.91	Valid, Reliable		
2	Training and Develop- ment	TD1	0.765340	0.7	0.92	0.91	Valid, Reli- able		
		TD2	0.845160	0.7	0.92	0.91	Valid, Reliable		

No	Construct	Item	Outer Load-ing	AVE	Cronbach's Alpha	Composite Reliability	Interpreta- tion
		TD3	0.798472	0.7	0.92	0.91	Valid, Reliable
		TD4	0.753642	0.7	0.92	0.91	Valid, Reliable
		TD5	0.811245	0.7	0.92	0.91	Valid, Reliable
3	Compensation and Rewards	CR1	0.764621	0.7	0.85	0.87	Valid, Reliable
		CR2	0.829832	0.7	0.85	0.87	Valid, Reliable
		CR3	0.839653	0.7	0.85	0.87	Valid, Reliable
		CR4	0.872315	0.7	0.85	0.87	Valid, Reliable
		CR5	0.890254	0.7	0.85	0.87	Valid, Reliable
4	Employee Productivity	EP1	0.832765	0.7	0.90	0.88	Valid, Reliable
		EP2	0.777862	0.7	0.90	0.88	Valid, Reliable
		EP3	0.823150	0.7	0.90	0.88	Valid, Reliable
		EP4	0.843182	0.7	0.90	0.88	Valid, Reliable
		EP5	0.880391	0.7	0.90	0.88	Valid, Reliable

Source: Processed Data, 2025

The results of the validity and reliability tests show that all constructs in this study, namely Employee Recruitment and Selection (ERS), Training and Development (TD), Compensation and Rewards (CR), and Employee Productivity (EP), have very good values for their validity and reliability. The Outer Loading for each item in these constructs is above 0.7, which indicates that each item can explain the variance in the intended construct well. This indicates that the items are valid in measuring the constructs to be explained. The AVE value for each construct reaches 0.7, which means that each construct is able to explain more than 70% of the variation in the data, which meets good standards for Average Variance Extracted. This indicates that the constructs have the power to reveal the relevant dimensions of the variables being measured. In addition, the Cronbach's Alpha and Composite Reliability values for each construct are all above 0.85, indicating very good internal consistency. This means that the measurement of each construct is stable and reliable for use in this study. Overall, these results confirm that all constructs in this study are valid and reliable, ready to be used for further analysis.

Table 4. Path Coefficients

No	Independent Construct	Dependent Construct	Path Coeffi- cient	Interpretation
1	Employee Recruitment and Selection (ERS)	Employee Productivity (EP)	0.45	Moderate Positive Relationship
2	Training and Development (TD)	Employee Productivity (EP)	0.38	Moderate Positive Relationship
3	Compensation and Rewards (CR)	Employee Productivity (EP)	0.52	Strong Positive Relationship

Source: Processed Data, 2025

The results of the Path Coefficients test show a significant positive relationship between the independent constructs (Employee Recruitment and Selection, Training and Development, and Compensation and Rewards) with the dependent construct of Employee Productivity (EP). Each independent construct contributes positively to employee productivity, but with different levels of influence. Employee Recruitment and Selection (ERS) has a moderate positive relationship with Employee Productivity (EP) with a path coefficient of 0.45. This indicates that improvements in better recruitment and selection processes can contribute moderately to increasing employee productivity. A more effective recruitment process and employee selection that is more in line with hospital needs can improve work performance and efficiency. Training and Development (TD) also shows a moderate positive relationship with employee productivity, with a path coefficient of 0.38. This indicates that employees who receive good training and opportunities to develop their skills tend to increase their productivity at work. Training that is relevant to job tasks can improve employee competence and contribute to improving the quality of service in hospitals. However, Competence and Rewards (CR) has the strongest relationship with employee productivity, with a path coefficient of 0.52. This shows that fair rewards and incentives given to employees have a very large influence on increasing productivity. Employees who feel appreciated through fair compensation and recognition for their achievements are more likely to work harder and make greater contributions to the organization. Overall, these three factors play an important role in increasing employee productivity, but Compensation and Rewards have the greatest impact, followed by Employee Recruitment and Selection and Training and Development. This suggests that hospitals should pay more attention to fair compensation practices and appropriate rewards to encourage better performance from employees.

The R-squared (R²) value of 0.52 for Employee Productivity (EP) indicates that about 52% of the variation in employee productivity can be explained by the independent variables used in this regression model. This indicates a fairly strong relationship between the variables analyzed and employee productivity, meaning that factors such as compensation, training, and rewards play an important role in influencing productivity levels. However, there is still 48% of the variation that cannot be explained by this model, which may be influenced by other factors not included in this analysis.

Table 6. Significance Test

No	Construct Independent	Construct Dependent	Path Coeffi- cient	t-Statis- tic	p- Value	Signifi- cance
1	Employee Recruitment and Selection	Employee Performance	0.45	9.00	1.49e- 13	Significant
2	Training and Development	Employee Performance	0.38	6.33	1.60e- 08	Significant
3	Compensation and Rewards	Employee Performance	0.52	13.00	0.00	Significant

Source: Processed Data, 2025

Based on the results of the significance test Employee Recruitment and Selection, Training and Development, and Compensation and Rewards, have a significant relationship with Employee Performance as a dependent construct. Each path coefficient shows a positive value, indicating that an increase in each independent factor contributes to an increase in employee performance. The level of significance of this test is supported by the t-statistic value which is much higher than the threshold of 1.96, with the t-statistic values for each construct being 9.00, 6.33, and 13.00. This indicates that the relationship between these factors and employee performance is not coincidental, but really exists and is significant. In addition, the very small p-values (1.49e-13, 1.60e-08, and 0.00) further strengthen the conclusion that all of these relationships are very significant at a high level of confidence. The interpretation of these results is that Employee Recruitment and Selection, Training and Development, and Compensation and Rewards play an important role in improving employee performance. These practices should be seriously considered by hospitals, as they have a significant impact on workforce productivity and performance, which can ultimately contribute to improving the quality of healthcare services provided.

Based on the results of the tests that have been conducted, the main findings of this study indicate that Employee Recruitment and Selection, Training and Development, and Compensation and Rewards have a significant influence on Employee Performance in hospitals. The results of the Path Coefficients test show a significant positive relationship between these three independent factors and employee performance, with Compensation and Rewards having the strongest influence. This suggests that improvements in recruitment practices, training, and fair compensation can drive better employee performance, which in turn contributes to higher service quality.

In addition, the R-squared (R²) value of 0.52 for Employee Productivity (EP) suggests that 52% of the variation in employee productivity can be explained by the independent variables included in the model, namely compensation, training, and employee selection. This reflects a moderately strong relationship between these human resource practices and the level of employee productivity. However, the remaining 48% of the variation is influenced by other factors not accounted for in this study, highlighting the need for further research to explore additional

variables that may contribute to enhancing employee productivity.

Overall, the findings underscore the significance of effective Human Resource Management (HRM) practices particularly recruitment, training, and compensation as essential components in driving employee performance and productivity within hospital settings.

Discussion. This study explores how Human Resource Management (HRM) practices namely Recruitment and Selection, Training and Development, as well as Compensation and Rewards—affect Employee Productivity in hospitals. The main issue addressed is the low level of employee productivity, which may impact the quality of hospital services. Based on the analysis, all three variables significantly influence employee productivity, with Compensation and Rewards being the most dominant factor. These findings reinforce the results of (Al-Taweel, 2021), who emphasized that high-performance work practices in HRM can enhance organizational productivity and resilience, including in the healthcare sector. Appropriate training is also proven to improve employee competencies, as revealed by (Bibi, 2019), while fair compensation systems boost motivation and performance, aligning with the findings of (Anwar, 2021). In addition, the relevance between the concept of human resource management and productivity is also confirmed in Ibn Khaldun's thought, which shows that the principles of ethics of office and human resource management have a close relationship with improving organisational performance (Wiryanto, 2020).

Additionally, the R-squared (R²) value of 0.52 indicates that 52% of the variation in employee productivity can be explained by the independent variables examined. This suggests that although HRM has a significant impact, other factors such as organizational culture, job satisfaction, and work-related stress as discussed by (Johansen, 2019) also play important roles. The integration of these various factors is necessary to create a work environment that supports optimal performance and employee well-being(Risman, 2024). Therefore, this research contributes to the development of HRM literature in the healthcare sector by emphasizing the importance of integrated HR policies in improving workforce productivity.

These findings are also consistent with studies by (Nafari, 2022) which show that HRM strategies based on balanced scorecards and e-HRM can improve operational efficiency and staff performance. Furthermore, (Mwanzia, 2021) highlighted the importance of strategic HRM in improving employee retention, which is crucial for preventing service disruptions caused by high turnover rates in hospitals.

Thus, this study not only affirms the effectiveness of HRM practices on productivity but also opens opportunities for future research related to other external factors such as information technology, work stress, or intrinsic motivation. It is important to consider the complex interactions between various individual, organisational and external environmental factors in influencing employee performance outcomes(Ansori et al., 2024). Further research using longitudinal and multifactorial approaches can offer a more comprehensive understanding of employee productivity dynamics in hospital settings.

3. CONCLUSION & SUGGESTION

This study concludes that Human Resource Management (HRM) practices specifically Recruitment and Selection, Training and Development, and Compensation and Rewards have a considerable influence on employee performance, which subsequently affects overall employee productivity in hospitals. These three aspects are demonstrated to be essential in enhancing both performance quality and workforce productivity. The coefficient of determination (R²) of 0.52 indicates that these variables explain 52% of the variation in employee productivity, affirming the substantial role HRM practices play in hospital settings.

Despite these findings, this study has several limitations. First, the analysis is limited to three HRM variables, while other influential factors such as job satisfaction, organizational commitment, leadership style, and work-life balance were not examined. Second, the study employs a cross-sectional design, which restricts the ability to observe long-term impacts of HRM practices on productivity. Third, data collection is limited to one type of organization hospitals potentially affecting the generalizability of the findings to other sectors.

Based on these limitations, future research is encouraged to expand the HRM model by incorporating additional variables such as job satisfaction, employee engagement, stress levels, and organizational culture. Exploring external influences such as the physical work environment, digital transformation, and hospital regulations may also provide deeper insights. Furthermore, a longitudinal research design is recommended to assess the long-term effectiveness of HRM practices on employee productivity and performance over time. This would offer a more comprehensive understanding of the dynamic relationships between HRM strategies and workforce outcomes in the healthcare sector.

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