

LAMPIRAN

Lampiran 1 Kuesioner Penelitian

KUESIONER PENELITIAN

Pengaruh *Innovative Work Behaviour*, *Upskilling*, dan Etos Kerja terhadap Kinerja Tenaga Kesehatan dengan *Intention to Stay* sebagai Variabel Intervening di RSUD Sumberrejo

Kepada Yth. Bapak/Ibu

Sebagai salah satu syarat menyelesaikan studi S2 Manajemen, saya melakukan penelitian mengenai **Pengaruh *Innovative Work Behaviour*, *Upskilling*, dan Etos Kerja terhadap Kinerja Tenaga Kesehatan dengan *Intention to Stay* sebagai Variabel Intervening di RSUD Sumberrejo**. Saya memohon kesediaan Bapak/Ibu untuk mengisi kuesioner penelitian ini. Informasi yang didapat dari hasil kuesioner ini akan dipergunakan untuk kepentingan akademik dan kerahasiaan identitas serta jawaban Bapak/Ibu dijamin sepenuhnya. Oleh karena itu, kesediaan Bapak/Ibu untuk mengisi kuesioner ini sangat saya harapkan.

A. Identitas Responden

No	Keterangan	Pilihan / Isian
1	Nama (boleh inisial)	
2	Jenis Kelamin	☐ Laki-laki ☐ Perempuan
3	Usia	☐ <25 ☐ 25–34 ☐ 35–44 ☐ ≥45
4	Status Kepegawaian	☐ ASN ☐ Non-ASN ☐ Kontrak ☐ Honorer
5	Jabatan / Unit Kerja	
6	Lama Bekerja	☐ <1 thn ☐ 1–3 thn ☐ 4–7 thn ☐ >7 thn
7	Pendidikan Terakhir	☐ SMA/SMK ☐ D3 ☐ S1 ☐ S2 ke atas
8	Status Perkawinan	☐ Belum menikah ☐ Menikah ☐ Lainnya: ...

B. Petunjuk Pengisian:

Beri tanda (✓) pada kolom yang sesuai dengan tingkat persetujuan Anda.

1 = Sangat Tidak Setuju, 2 = Tidak Setuju, 3 = Netral, 4 = Setuju, 5 = Sangat Setuju

X1 – Innovative Work Behaviour

No	Pernyataan	STS	TS	N	S	SS
		1	2	3	4	5
a. Menggali Ide (<i>Idea Exploration</i>)						
1	Saya aktif mencari peluang untuk memperbaiki cara kerja di unit saya.					
2	Saya mencari hal-hal yang dapat ditingkatkan dalam proses kerja.					
b. Mengembangkan Ide (<i>Idea Generation</i>)						

No	Pernyataan	STS	TS	N	S	SS
		1	2	3	4	5
3	Saya mampu mengembangkan ide menjadi solusi yang dapat diterapkan.					
4	Saya mengembangkan cara kerja baru kepada rekan kerja.					
c. Idea Championing						
5	Saya mendapatkan ide baru untuk menyelesaikan pekerjaan.					
6	Saya membantu teman dalam mendapatkan ide baru dalam menyelesaikan pekerjaan.					
d. Menerapkan Ide (Idea Implementation)						
7	Saya menerapkan ide baru dalam pekerjaan saya.					
8	Saya berusaha memperbaiki cara kerja agar lebih efisien.					

X2 – Upskilling

No	Pernyataan	STS	TS	N	S	SS
		1	2	3	4	5
a. Input (Faktor Pendorong)						
1	Saya antusias jika diberikan pelatihan.					
2	Saya berusaha untuk mengikuti pelatihan yang diberikan.					
b. Proses (Pelaksanaan Upskilling)						
3	Metode pelatihan sesuai dengan kebutuhan pekerjaan saya.					
4	Durasi dan intensitas pelatihan sesuai untuk meningkatkan keterampilan saya.					
c. Output (Hasil Langsung)						
5	Pengetahuan saya meningkat setelah mengikuti pelatihan.					
6	Saya siap menghadapi perubahan setelah pelatihan.					
d. Outcome (Dampak Jangka Panjang)						
7	Pelatihan berdampak pada peningkatan kualitas layanan pasien.					
8	Program pelatihan meningkatkan efisiensi kerja tim.					

X3 – Etos Kerja

No	Pernyataan	STS	TS	N	S	SS
		1	2	3	4	5
a. Tanggung jawab						
1	Saya bersungguh-sungguh terhadap pekerjaan					
2	Saya bertanggungjawab terhadap pekerjaan.					
b. Disiplin						
3	Saya mematuhi peraturan kerja dengan baik.					

No	Pernyataan	STS	TS	N	S	SS
		1	2	3	4	5
4	Saya hadir tepat waktu setiap hari.					
c. Semangat Kerja (<i>work enthusiasm</i>)						
5	Saya bekerja dengan antusias.					
6	Saya tidak mudah menyerah menghadapi kesulitan.					
d. Integritas dan Moralitas						
7	Saya berusaha jujur dalam bekerja.					
8	Saya menjunjung tinggi etika dalam pelayanan.					
e. Loyalitas						
9	Saya akan tetap bekerja di RSUD Sumberrejo walaupun ada penawaran lain.					
10	Saya berkomitmen memberikan kontribusi terbaik bagi RSUD Sumberrejo.					
f. Kerjasama						
11	Saya membangun hubungan harmonis dengan rekan kerja.					
12	Saya membantu rekan kerja yang kesulitan.					
g. Ketekunan dan konsistensi						
13	Saya tetap tekun meskipun menghadapi tantangan.					
14	Saya menjaga konsistensi kualitas kerja.					

Z – Intention to Stay

No	Pernyataan	STS	TS	N	S	SS
		1	2	3	4	5
a. Kepuasan Kerja						
1	Saya merasa puas dengan pekerjaan saya di RSUD Sumberrejo.					
2	Saya merasa senang terhadap pekerjaan yang saya lakukan					
b. Loyalitas terhadap supervisor						
3	Saya memiliki hubungan baik dengan atasan.					
4	Saya melaksanakan perintah atasan					
c. Komitmen Organisasi						
5	Saya berkomitmen terhadap aturan organisasi					
6	Saya berkomitmen dalam menyelesaikan pekerjaan					
d. Persepsi Keadilan dan Penghargaan di tempat kerja						
7	Saya mendapatkan keadilan dari tempat kerja.					
8	Saya mendapatkan penghargaan dari tempat kerja.					
e. Dukungan Gaya Kepemimpinan						
9	Gaya kepemimpinan di RSUD Sumberrejo mendukung pekerjaan saya.					
10	Gaya kepemimpinan di RSUD Sumberrejo sesuai dengan kondisi rumah sakit					

No	Pernyataan	STS	TS	N	S	SS
		1	2	3	4	5
f. Kesesuaian <i>person job fit</i> dan <i>person organization fit</i>						
11	Saya mampu menjaga keseimbangan antara pekerjaan dengan kehidupan pribadi.					
12	Pekerjaan yang saya lakukan sesuai dengan kompetensi					
g. Kondisi lingkungan kerja dan fasilitas pendukung						
13	Lingkungan kerja saya nyaman mendukung produktivitas.					
14	Fasilitas kerja yang saya dapatkan telah sesuai					
h. Faktor Personal						
15	Saya berencana tetap bekerja di RSUD Sumberrejo dalam jangka panjang.					
16	Saya mendapatkan kenyamanan dalam pekerjaan saya					

Y – Kinerja Tenaga Kesehatan

No	Pernyataan	STS	TS	N	S	SS
		1	2	3	4	5
a. Kualitas Pekerjaan						
1	Saya bekerja dengan teliti dalam melayani pasien.					
2	Hasil kerja saya sesuai standar pelayanan rumah sakit.					
b. Kuantitas Pekerjaan						
3	Saya mampu menyelesaikan pekerjaan sesuai target.					
4	Saya berkontribusi terhadap pencapaian kinerja unit kerja.					
c. Supervisi						
5	Saya menerima arahan dari atasan dengan baik.					
6	Saya memperbaiki kinerja berdasarkan evaluasi pimpinan.					
d. Kehadiran dan Disiplin						
7	Saya hadir tepat waktu.					
8	Saya mampu menjalankan jadwal kerja.					
e. Konservasi dan Pemeliharaan						
9	Saya menjaga peralatan Rumah Sakit agar tidak rusak.					
10	Saya menggunakan bahan habis pakai dengan efisien.					

Lampiran 2 Karakteristik Responden

Jenis Kelamin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki - laki	42	30.0	30.0	30.0
	Perempuan	98	70.0	70.0	100.0
	Total	140	100.0	100.0	

Status Kepegawaian

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	BLUD	13	9.3	9.3	9.3
	Lainnya	2	1.4	1.4	10.7
	PNS	74	52.9	52.9	63.6
	PPPK	51	36.4	36.4	100.0
	Total	140	100.0	100.0	

Usia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 25 tahun	2	1.4	1.4	1.4
	>= 45 tahun	24	17.1	17.1	18.6
	25 - 34 tahun	75	53.6	53.6	72.1
	35 - 44 tahun	39	27.9	27.9	100.0
	Total	140	100.0	100.0	

Lama Bekerja

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 1 tahun	4	2.9	2.9	2.9
	> 7 tahun	66	47.1	47.1	50.0
	1 - 3 tahun	25	17.9	17.9	67.9
	4 - 7 tahun	45	32.1	32.1	100.0
	Total	140	100.0	100.0	

Pendidikan Terakhir

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	D3	82	58.6	58.6	58.6
	S1/D4	48	34.3	34.3	92.9
	S2 ke atas	3	2.1	2.1	95.0
	SMA/SMK	7	5.0	5.0	100.0
	Total	140	100.0	100.0	

Status Perkawinan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Belum Menikah	16	11.4	11.4	11.4
	Lainnya	4	2.9	2.9	14.3
	Menikah	120	85.7	85.7	100.0
	Total	140	100.0	100.0	

Lampiran 3 *Descriptives Variables*

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
IW1	140	3	5	4.25	.636
IW2	140	3	5	4.30	.572
IW3	140	3	5	4.19	.574
IW4	140	2	5	4.11	.647
IW5	140	3	5	4.22	.576
IW6	140	3	5	4.18	.540
IW7	140	3	5	4.24	.586
IW8	140	2	5	4.36	.590
Valid N (listwise)	140				

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
US1	140	3	5	4.31	.667
US2	140	3	5	4.41	.535
US3	140	3	5	4.44	.539
US4	140	3	5	4.34	.506
US5	140	3	5	4.44	.526
US6	140	2	5	4.33	.568
US7	140	2	5	4.41	.550
US8	140	3	5	4.39	.544
Valid N (listwise)	140				

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
EK1	140	3	5	4.52	.515
EK2	140	1	5	4.49	.662
EK3	140	4	5	4.49	.502
EK4	140	3	5	4.24	.607
EK5	140	3	5	4.44	.552
EK6	140	2	5	4.41	.586
EK7	140	4	5	4.57	.497
EK8	140	3	5	4.54	.514
EK9	140	1	5	4.25	.806
EK10	140	3	5	4.42	.510
EK11	140	3	5	4.46	.515
EK12	140	3	5	4.39	.519

EK13	140	3	5	4.34	.547
EK14	140	3	5	4.39	.519
Valid N (listwise)	140				

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
IS1	140	2	5	4.29	.638
IS2	140	3	5	4.38	.556
IS3	140	3	5	4.34	.570
IS4	140	3	5	4.36	.498
IS5	140	3	5	4.34	.506
IS6	140	3	5	4.44	.513
IS7	140	1	5	4.16	.702
IS8	140	2	5	3.97	.777
IS9	140	2	5	4.14	.712
IS10	140	2	5	4.16	.671
IS11	140	3	5	4.33	.542
IS12	140	2	5	4.33	.628
IS13	140	3	5	4.29	.594
IS14	140	2	5	4.18	.671
IS15	140	1	5	4.22	.857
IS16	140	2	5	4.21	.651
Valid N (listwise)	140				

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
KK1	140	3	5	4.44	.513
KK2	140	3	5	4.37	.514
KK3	140	3	5	4.32	.553
KK4	140	3	5	4.32	.498
KK5	140	3	5	4.34	.489
KK6	140	3	5	4.32	.498
KK7	140	2	5	4.22	.588
KK8	140	3	5	4.29	.527
KK9	140	3	5	4.38	.529
KK10	140	2	5	4.32	.566
Valid N (listwise)	140				

Lampiran 4 Uji Validitas dan Reliabilitas Instrumen

A. Uji Validitas Instrumen

Innovative Work Behaviour

Correlations

		IW1	IW2	IW3	IW4	IW5	IW6
IW1	Pearson Correlation	1	.796**	.598**	.677**	.632**	.354*
	Sig. (1-tailed)		.000	.000	.000	.000	.028
	N	30	30	30	30	30	30
IW2	Pearson Correlation	.796**	1	.713**	.794**	.753**	.657**
	Sig. (1-tailed)	.000		.000	.000	.000	.000
	N	30	30	30	30	30	30
IW3	Pearson Correlation	.598**	.713**	1	.868**	.899**	.592**
	Sig. (1-tailed)	.000	.000		.000	.000	.000
	N	30	30	30	30	30	30
IW4	Pearson Correlation	.677**	.794**	.868**	1	.957**	.654**
	Sig. (1-tailed)	.000	.000	.000		.000	.000
	N	30	30	30	30	30	30
IW5	Pearson Correlation	.632**	.753**	.899**	.957**	1	.677**
	Sig. (1-tailed)	.000	.000	.000	.000		.000
	N	30	30	30	30	30	30
IW6	Pearson Correlation	.354*	.657**	.592**	.654**	.677**	1
	Sig. (1-tailed)	.028	.000	.000	.000	.000	
	N	30	30	30	30	30	30
IW7	Pearson Correlation	.408*	.686**	.732**	.737**	.781**	.674**
	Sig. (1-tailed)	.013	.000	.000	.000	.000	.000
	N	30	30	30	30	30	30
IW8	Pearson Correlation	.599**	.605**	.655**	.603**	.655**	.387*
	Sig. (1-tailed)	.000	.000	.000	.000	.000	.017
	N	30	30	30	30	30	30

Correlations

		IW7	IW8
IW1	Pearson Correlation	.408*	.599**
	Sig. (1-tailed)	.013	.000
	N	30	30
IW2	Pearson Correlation	.686**	.605**
	Sig. (1-tailed)	.000	.000
	N	30	30
IW3	Pearson Correlation	.732**	.655**

IW4	Sig. (1-tailed)	.000	.000
	N	30	30
	Pearson Correlation	.737**	.603**
IW5	Sig. (1-tailed)	.000	.000
	N	30	30
	Pearson Correlation	.781**	.655**
IW6	Sig. (1-tailed)	.000	.017
	N	30	30
	Pearson Correlation	.674**	.387*
IW7	Sig. (1-tailed)		.001
	N	30	30
	Pearson Correlation	1	.559**
IW8	Sig. (1-tailed)	.001	
	N	30	30
	Pearson Correlation	.559**	1

Upskilling

Correlations

		US1	US2	US3	US4	US5	US6
US1	Pearson Correlation	1	.718**	.718**	.524**	.410*	.585**
	Sig. (1-tailed)		.000	.000	.001	.012	.000
	N	30	30	30	30	30	30
US2	Pearson Correlation	.718**	1	.733**	.544**	.733**	.444**
	Sig. (1-tailed)	.000		.000	.001	.000	.007
	N	30	30	30	30	30	30
US3	Pearson Correlation	.718**	.733**	1	.816**	.733**	.570**
	Sig. (1-tailed)	.000	.000		.000	.000	.000
	N	30	30	30	30	30	30
US4	Pearson Correlation	.524**	.544**	.816**	1	.680**	.440**
	Sig. (1-tailed)	.001	.001	.000		.000	.008
	N	30	30	30	30	30	30
US5	Pearson Correlation	.410*	.733**	.733**	.680**	1	.570**
	Sig. (1-tailed)	.012	.000	.000	.000		.000
	N	30	30	30	30	30	30
US6	Pearson Correlation	.585**	.444**	.570**	.440**	.570**	1
	Sig. (1-tailed)	.000	.007	.000	.008	.000	
	N	30	30	30	30	30	30

US7	Pearson Correlation	.500**	.549**	.671**	.573**	.671**	.661**
	Sig. (1-tailed)	.002	.001	.000	.000	.000	.000
	N	30	30	30	30	30	30
US8	Pearson Correlation	.732**	.744**	.744**	.760**	.744**	.472**
	Sig. (1-tailed)	.000	.000	.000	.000	.000	.004
	N	30	30	30	30	30	30

Correlations

		US7	US8
US1	Pearson Correlation	.500**	.732**
	Sig. (1-tailed)	.002	.000
	N	30	30
US2	Pearson Correlation	.549**	.744**
	Sig. (1-tailed)	.001	.000
	N	30	30
US3	Pearson Correlation	.671**	.744**
	Sig. (1-tailed)	.000	.000
	N	30	30
US4	Pearson Correlation	.573**	.760**
	Sig. (1-tailed)	.000	.000
	N	30	30
US5	Pearson Correlation	.671**	.744**
	Sig. (1-tailed)	.000	.000
	N	30	30
US6	Pearson Correlation	.661**	.472**
	Sig. (1-tailed)	.000	.004
	N	30	30
US7	Pearson Correlation	1	.605**
	Sig. (1-tailed)		.000
	N	30	30
US8	Pearson Correlation	.605**	1
	Sig. (1-tailed)	.000	
	N	30	30

Etos Kerja

Correlations

		EK1	EK2	EK3	EK4	EK5	EK6	EK7	EK8	EK9	EK10
EK1	Pearson Correlation	1	.818**	.866**	.323*	.737**	.497**	.339*	.548**	.174	.408*
	Sig. (1-tailed)		.000	.000	.041	.000	.003	.033	.001	.179	.013

	N	30	30	30	30	30	30	30	30	30	30
EK2	Pearson	.818**	1	.818**	.287	.627**	.524**	.396*	.457**	-.031	.279
	Correlation										
	Sig. (1-tailed)	.000		.000	.062	.000	.001	.015	.006	.436	.068
	N	30	30	30	30	30	30	30	30	30	30
EK3	Pearson	.866**	.818**	1	.323*	.737**	.614**	.473**	.683**	.103	.408*
	Correlation										
	Sig. (1-tailed)	.000	.000		.041	.000	.000	.004	.000	.293	.013
	N	30	30	30	30	30	30	30	30	30	30
EK4	Pearson	.323*	.287	.323*	1	.482**	.345*	.422*	.412*	.072	.284
	Correlation										
	Sig. (1-tailed)	.041	.062	.041		.003	.031	.010	.012	.353	.064
	N	30	30	30	30	30	30	30	30	30	30
EK5	Pearson	.737**	.627**	.737**	.482**	1	.729**	.661**	.627**	.154	.595**
	Correlation										
	Sig. (1-tailed)	.000	.000	.000	.003		.000	.000	.000	.209	.000
	N	30	30	30	30	30	30	30	30	30	30
EK6	Pearson	.497**	.524**	.614**	.345*	.729**	1	.551**	.407*	.016	.457**
	Correlation										
	Sig. (1-tailed)	.003	.001	.000	.031	.000		.001	.013	.466	.006
	N	30	30	30	30	30	30	30	30	30	30
EK7	Pearson	.339*	.396*	.473**	.422*	.661**	.551**	1	.800**	.108	.612**
	Correlation										
	Sig. (1-tailed)	.033	.015	.004	.010	.000	.001		.000	.285	.000
	N	30	30	30	30	30	30	30	30	30	30
EK8	Pearson	.548**	.457**	.683**	.412*	.627**	.407*	.800**	1	.111	.572**
	Correlation										
	Sig. (1-tailed)	.001	.006	.000	.012	.000	.013	.000		.279	.000
	N	30	30	30	30	30	30	30	30	30	30
EK9	Pearson	.174	-.031	.103	.072	.154	.016	.108	.111	1	.714**
	Correlation										
	Sig. (1-tailed)	.179	.436	.293	.353	.209	.466	.285	.279		.000
	N	30	30	30	30	30	30	30	30	30	30
EK10	Pearson	.408*	.279	.408*	.284	.595**	.457**	.612**	.572**	.714**	1
	Correlation										
	Sig. (1-tailed)	.013	.068	.013	.064	.000	.006	.000	.000	.000	

	N	30	30	30	30	30	30	30	30	30	30
EK1	Pearson	.675**	.526**	.675**	.372*	.750**	.611**	.573**	.665**	.246	.709**
1	Correlation										
	Sig. (1-tailed)	.000	.001	.000	.021	.000	.000	.000	.000	.095	.000
	N	30	30	30	30	30	30	30	30	30	30
EK1	Pearson	.756**	.618**	.756**	.263	.807**	.534**	.520**	.618**	.099	.463**
2	Correlation										
	Sig. (1-tailed)	.000	.000	.000	.080	.000	.001	.002	.000	.301	.005
	N	30	30	30	30	30	30	30	30	30	30
EK1	Pearson	.645**	.527**	.645**	.308*	.803**	.640**	.564**	.527**	.339*	.757**
3	Correlation										
	Sig. (1-tailed)	.000	.001	.000	.049	.000	.000	.001	.001	.033	.000
	N	30	30	30	30	30	30	30	30	30	30
EK1	Pearson	.645**	.527**	.645**	.308*	.803**	.640**	.564**	.527**	.339*	.757**
4	Correlation										
	Sig. (1-tailed)	.000	.001	.000	.049	.000	.000	.001	.001	.033	.000
	N	30	30	30	30	30	30	30	30	30	30

Correlations

		EK11	EK12	EK13	EK14
EK1	Pearson Correlation	.675**	.756**	.645**	.645**
	Sig. (1-tailed)	.000	.000	.000	.000
	N	30	30	30	30
EK2	Pearson Correlation	.526**	.618**	.527**	.527**
	Sig. (1-tailed)	.001	.000	.001	.001
	N	30	30	30	30
EK3	Pearson Correlation	.675**	.756**	.645**	.645**
	Sig. (1-tailed)	.000	.000	.000	.000
	N	30	30	30	30
EK4	Pearson Correlation	.372*	.263	.308*	.308*
	Sig. (1-tailed)	.021	.080	.049	.049
	N	30	30	30	30
EK5	Pearson Correlation	.750**	.807**	.803**	.803**
	Sig. (1-tailed)	.000	.000	.000	.000
	N	30	30	30	30
EK6	Pearson Correlation	.611**	.534**	.640**	.640**
	Sig. (1-tailed)	.000	.001	.000	.000
	N	30	30	30	30
EK7	Pearson Correlation	.573**	.520**	.564**	.564**

	Sig. (1-tailed)	.000	.000		.000	.000	.000	.001	.002	.000	.001	.001	.007
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS4	Pearson Correlation	.414	.666**	.807**	1	.853**	.850**	.710*	.668**	.661**	.644**	.594**	.471*
		*						*					*
	Sig. (1-tailed)	.011	.000	.000		.000	.000	.000	.000	.000	.000	.000	.004
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS5	Pearson Correlation	.552	.781**	.803**	.853**	1	.853**	.783*	.672**	.674**	.661**	.697**	.553*
		**						*					*
	Sig. (1-tailed)	.001	.000	.000	.000		.000	.000	.000	.000	.000	.000	.001
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS6	Pearson Correlation	.311	.809**	.672**	.850**	.853**	1	.592*	.507**	.575**	.556**	.594**	.589*
		*						*					*
	Sig. (1-tailed)	.047	.000	.000	.000	.000		.000	.002	.000	.001	.000	.000
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS7	Pearson Correlation	.490	.484**	.541**	.710**	.783**	.592**	1	.803**	.715**	.721**	.516**	.409*
		**											
	Sig. (1-tailed)	.003	.003	.001	.000	.000	.000		.000	.000	.000	.002	.012
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS8	Pearson Correlation	.442	.429**	.510**	.668**	.672**	.507**	.803*	1	.868**	.847**	.587**	.340*
		**						*					
	Sig. (1-tailed)	.007	.009	.002	.000	.000	.002	.000		.000	.000	.000	.033
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS9	Pearson Correlation	.476	.670**	.580**	.661**	.674**	.575**	.715*	.868**	1	.976**	.769**	.610*
		**						*					*
	Sig. (1-tailed)	.004	.000	.000	.000	.000	.000	.000	.000		.000	.000	.000
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS10	Pearson Correlation	.485	.662**	.566**	.644**	.661**	.556**	.721*	.847**	.976**	1	.765**	.607*
		**						*					*
	Sig. (1-tailed)	.003	.000	.001	.000	.000	.001	.000	.000	.000		.000	.000
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS11	Pearson Correlation	.512	.791**	.559**	.594**	.697**	.594**	.516*	.587**	.769**	.765**	1	.793*
		**						*					*
	Sig. (1-tailed)	.002	.000	.001	.000	.000	.000	.002	.000	.000	.000		.000
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS12	Pearson Correlation	.488	.740**	.444**	.471**	.553**	.589**	.409*	.340*	.610**	.607**	.793**	1
		**											
	Sig. (1-tailed)	.003	.000	.007	.004	.001	.000	.012	.033	.000	.000	.000	
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS13	Pearson Correlation	.503	.905**	.599**	.526**	.604**	.648**	.336*	.400*	.687**	.687**	.842**	.859*
		**											

	Sig. (1-tailed)	.002	.000	.000	.001	.000	.000	.035	.014	.000	.000	.000	.000
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS14	Pearson	.154	.425**	.401*	.559**	.477**	.447**	.530*	.717**	.771**	.720**	.664**	.527*
	Correlation							*					*
	Sig. (1-tailed)	.208	.010	.014	.001	.004	.007	.001	.000	.000	.000	.000	.001
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS15	Pearson	.195	.269	.507**	.566**	.528**	.354*	.558*	.755**	.691**	.662**	.490**	.278
	Correlation							*					
	Sig. (1-tailed)	.151	.075	.002	.001	.001	.028	.001	.000	.000	.000	.003	.069
	N	30	30	30	30	30	30	30	30	30	30	30	30
IS16	Pearson	.383	.616**	.647**	.703**	.671**	.592**	.657*	.544**	.692**	.693**	.660**	.698*
	Correlation		*					*					*
	Sig. (1-tailed)	.018	.000	.000	.000	.000	.000	.000	.001	.000	.000	.000	.000
	N	30	30	30	30	30	30	30	30	30	30	30	30

Correlations

		IS13	IS14	IS15	IS16
IS1	Pearson Correlation	.503**	.154	.195	.383*
	Sig. (1-tailed)	.002	.208	.151	.018
	N	30	30	30	30
IS2	Pearson Correlation	.905**	.425**	.269	.616**
	Sig. (1-tailed)	.000	.010	.075	.000
	N	30	30	30	30
IS3	Pearson Correlation	.599**	.401*	.507**	.647**
	Sig. (1-tailed)	.000	.014	.002	.000
	N	30	30	30	30
IS4	Pearson Correlation	.526**	.559**	.566**	.703**
	Sig. (1-tailed)	.001	.001	.001	.000
	N	30	30	30	30
IS5	Pearson Correlation	.604**	.477**	.528**	.671**
	Sig. (1-tailed)	.000	.004	.001	.000
	N	30	30	30	30
IS6	Pearson Correlation	.648**	.447**	.354*	.592**
	Sig. (1-tailed)	.000	.007	.028	.000
	N	30	30	30	30
IS7	Pearson Correlation	.336*	.530**	.558**	.657**
	Sig. (1-tailed)	.035	.001	.001	.000
	N	30	30	30	30

IS8	Pearson Correlation	.400*	.717**	.755**	.544**
	Sig. (1-tailed)	.014	.000	.000	.001
	N	30	30	30	30
IS9	Pearson Correlation	.687**	.771**	.691**	.692**
	Sig. (1-tailed)	.000	.000	.000	.000
	N	30	30	30	30
IS10	Pearson Correlation	.687**	.720**	.662**	.693**
	Sig. (1-tailed)	.000	.000	.000	.000
	N	30	30	30	30
IS11	Pearson Correlation	.842**	.664**	.490**	.660**
	Sig. (1-tailed)	.000	.000	.003	.000
	N	30	30	30	30
IS12	Pearson Correlation	.859**	.527**	.278	.698**
	Sig. (1-tailed)	.000	.001	.069	.000
	N	30	30	30	30
IS13	Pearson Correlation	1	.543**	.286	.644**
	Sig. (1-tailed)		.001	.063	.000
	N	30	30	30	30
IS14	Pearson Correlation	.543**	1	.738**	.662**
	Sig. (1-tailed)	.001		.000	.000
	N	30	30	30	30
IS15	Pearson Correlation	.286	.738**	1	.628**
	Sig. (1-tailed)	.063	.000		.000
	N	30	30	30	30
IS16	Pearson Correlation	.644**	.662**	.628**	1
	Sig. (1-tailed)	.000	.000	.000	
	N	30	30	30	30

Kinerja Tenaga Kesehatan

		Correlations						
		KK1	KK2	KK3	KK4	KK5	KK6	KK7
KK1	Pearson Correlation	1	.659**	.537**	.537**	.472**	.404*	.462**
	Sig. (1-tailed)		.000	.001	.001	.004	.013	.005
	N	30	30	30	30	30	30	30
KK2	Pearson Correlation	.659**	1	.585**	.739**	.676**	.612**	.101
	Sig. (1-tailed)	.000		.000	.000	.000	.000	.298
	N	30	30	30	30	30	30	30
KK3	Pearson Correlation	.537**	.585**	1	.489**	.737**	.641**	.308*

	Sig. (1-tailed)	.001	.000		.003	.000	.000	.049
	N	30	30	30	30	30	30	30
KK4	Pearson Correlation	.537**	.739**	.489**	1	.737**	.641**	.168
	Sig. (1-tailed)	.001	.000	.003		.000	.000	.187
	N	30	30	30	30	30	30	30
KK5	Pearson Correlation	.472**	.676**	.737**	.737**	1	.906**	.190
	Sig. (1-tailed)	.004	.000	.000	.000		.000	.157
	N	30	30	30	30	30	30	30
KK6	Pearson Correlation	.404*	.612**	.641**	.641**	.906**	1	.217
	Sig. (1-tailed)	.013	.000	.000	.000	.000		.125
	N	30	30	30	30	30	30	30
KK7	Pearson Correlation	.462**	.101	.308*	.168	.190	.217	1
	Sig. (1-tailed)	.005	.298	.049	.187	.157	.125	
	N	30	30	30	30	30	30	30
KK8	Pearson Correlation	.538**	.302	.477**	.325*	.535**	.605**	.787**
	Sig. (1-tailed)	.001	.052	.004	.040	.001	.000	.000
	N	30	30	30	30	30	30	30
KK9	Pearson Correlation	.524**	.440**	.659**	.373*	.584**	.665**	.600**
	Sig. (1-tailed)	.001	.008	.000	.021	.000	.000	.000
	N	30	30	30	30	30	30	30
KK10	Pearson Correlation	.478**	.511**	.558**	.423**	.616**	.686**	.366*
	Sig. (1-tailed)	.004	.002	.001	.010	.000	.000	.023
	N	30	30	30	30	30	30	30

Correlations

		KK8	KK9	KK10
KK1	Pearson Correlation	.538**	.524**	.478**
	Sig. (1-tailed)	.001	.001	.004
	N	30	30	30
KK2	Pearson Correlation	.302	.440**	.511**
	Sig. (1-tailed)	.052	.008	.002
	N	30	30	30
KK3	Pearson Correlation	.477**	.659**	.558**
	Sig. (1-tailed)	.004	.000	.001
	N	30	30	30
KK4	Pearson Correlation	.325*	.373*	.423**
	Sig. (1-tailed)	.040	.021	.010
	N	30	30	30
KK5	Pearson Correlation	.535**	.584**	.616**

	Sig. (1-tailed)	.001	.000	.000
	N	30	30	30
KK6	Pearson Correlation	.605**	.665**	.686**
	Sig. (1-tailed)	.000	.000	.000
	N	30	30	30
KK7	Pearson Correlation	.787**	.600**	.366*
	Sig. (1-tailed)	.000	.000	.023
	N	30	30	30
KK8	Pearson Correlation	1	.882**	.646**
	Sig. (1-tailed)		.000	.000
	N	30	30	30
KK9	Pearson Correlation	.882**	1	.783**
	Sig. (1-tailed)	.000		.000
	N	30	30	30
KK10	Pearson Correlation	.646**	.783**	1
	Sig. (1-tailed)	.000	.000	
	N	30	30	30

** . Correlation is significant at the 0.01 level (1-tailed).

* . Correlation is significant at the 0.05 level (1-tailed).

B. Uji Reliabilitas

Innovative Work Behaviour

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.941	8

Upskilling**Case Processing Summary**

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.929	8

Etos Kerja**Case Processing Summary**

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.921	14

Intention to Stay**Case Processing Summary**

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.953	16

Kinerja Tenaga Kesehatan

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.917	10

Lampiran 5 *Smart PLS Analysis Result*

A. Outer Model

KONVERGEN VALIDITY

Outer loading Tahap 1

Outer loadings - Matrix						
	Eta Kerja	Innovative Work Behaviour	Intention to Stay	Kinerja Tenaga Kesehatan	Upskilling	
EK1	0.781					
EK10	0.823					
EK11	0.803					
EK12	0.799					
EK13	0.782					
EK14	0.818					
EK2	0.444					
EK3	0.735					
EK4	0.828					
EK5	0.798					
EK6	0.722					
EK7	0.705					
EK8	0.785					
EK9	0.888					
IS1			0.732			
IS10			0.838			
IS11			0.729			
IS12			0.755			
IS13			0.783			
IS14			0.707			
IS15			0.877			
IS16			0.795			
IS2			0.783			
IS3			0.782			
IS4			0.784			
IS5			0.782			
IS6			0.775			
IS7			0.785			
IS8			0.740			
IS9			0.840			
IW1		0.738				
IW2		0.825				
IW3		0.820				
IW4		0.780				
IW5		0.872				
IW6		0.789				
IW7		0.804				
IW8		0.888				
KK1				0.795		
KK10				0.785		
KK2				0.807		
KK3				0.798		
KK4				0.783		
KK5				0.789		
KK6				0.848		
KK7				0.721		
KK8				0.813		
KK9				0.834		
LS1					0.750	
LS2					0.820	
LS3					0.883	
LS4					0.830	
LS5					0.838	
LS6					0.850	
LS7					0.787	
LS8					0.799	

Outer loading Tahap 2

Outer loadings - Matrix						
	Etos Kerja	Innovative Work Behaviour	Intention to Stay	Kinerja Tenaga Kesehatan	Upskilling	
EK1	0.785					
EK10	0.524					
EK11	0.513					
EK12	0.511					
EK13	0.782					
EK14	0.515					
EK3	0.780					
EK5	0.795					
EK6	0.721					
EK7	0.722					
EK8	0.775					
IS1			0.733			
IS10			0.531			
IS11			0.728			
IS12			0.762			
IS13			0.755			
IS14			0.701			
IS15			0.755			
IS2			0.757			
IS3			0.763			
IS4			0.771			
IS5			0.770			
IS6			0.755			
IS7			0.750			
IS8			0.729			
IS9			0.534			
IW1		0.755				
IW2		0.530				
IW3		0.526				
IW4		0.753				
IW5		0.572				
IW6		0.770				
IW7		0.505				
KK1				0.725		
KK10				0.755		
KK2				0.505		
KK3				0.725		
KK4				0.754		
KK5				0.750		
KK6				0.545		
KK7				0.715		
KK8				0.512		
KK9				0.534		
US1					0.750	
US2					0.520	
US3					0.553	
US4					0.530	
US5					0.535	
US6					0.550	
US7					0.757	
US8					0.755	

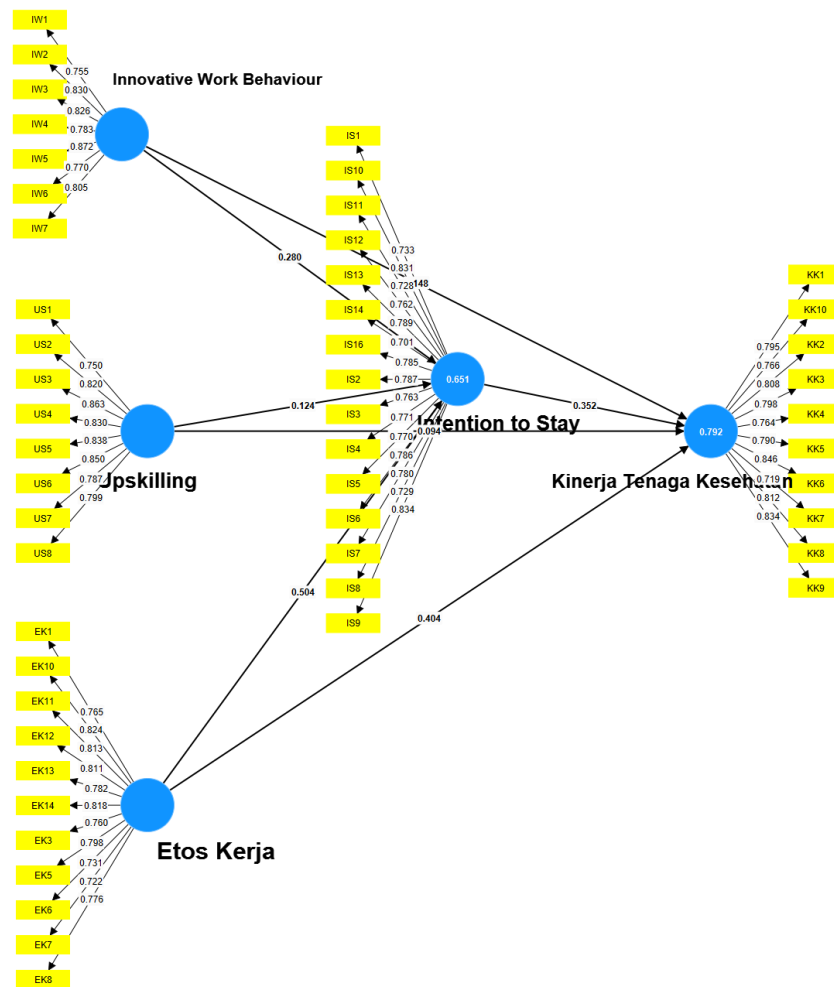
Discriminant validity - Cross loadings

	Elos Kerja	Innovative Work Behaviour	Intention to Stay	Kinerja Tenaga Kesehatan	Upskilling	
EK1	0.785	0.439	0.541	0.881	0.989	
EK10	0.824	0.450	0.642	0.875	0.815	
EK11	0.813	0.449	0.606	0.840	0.592	
EK12	0.811	0.440	0.597	0.882	0.809	
EK13	0.782	0.524	0.674	0.759	0.882	
EK14	0.818	0.470	0.692	0.737	0.808	
EK3	0.780	0.488	0.529	0.830	0.804	
EK5	0.798	0.509	0.603	0.843	0.577	
EK6	0.721	0.526	0.603	0.801	0.532	
EK7	0.722	0.306	0.472	0.538	0.479	
EK8	0.776	0.383	0.515	0.616	0.592	
I81	0.519	0.426	0.733	0.598	0.480	
I810	0.555	0.527	0.831	0.609	0.515	
I811	0.598	0.617	0.728	0.690	0.592	
I812	0.542	0.582	0.782	0.617	0.584	
I813	0.599	0.626	0.789	0.704	0.588	
I814	0.429	0.484	0.701	0.588	0.438	
I816	0.574	0.396	0.785	0.639	0.488	
I82	0.682	0.493	0.787	0.712	0.574	
I83	0.608	0.429	0.783	0.572	0.490	
I84	0.701	0.488	0.771	0.692	0.602	
I86	0.691	0.510	0.770	0.688	0.588	
I88	0.733	0.584	0.786	0.688	0.633	
I87	0.489	0.439	0.780	0.544	0.437	
I88	0.490	0.435	0.729	0.530	0.392	
I89	0.527	0.544	0.834	0.612	0.487	
IW1	0.491	0.755	0.503	0.548	0.887	
IW2	0.494	0.830	0.545	0.532	0.578	
IW3	0.427	0.828	0.548	0.581	0.502	
IW4	0.385	0.783	0.432	0.448	0.492	
IW5	0.539	0.872	0.575	0.603	0.593	
IW6	0.527	0.770	0.588	0.587	0.580	
IW7	0.502	0.809	0.522	0.540	0.543	
KK1	0.692	0.823	0.588	0.798	0.830	
KK10	0.644	0.883	0.645	0.788	0.517	
KK2	0.682	0.524	0.616	0.808	0.611	
KK3	0.689	0.513	0.651	0.798	0.572	
KK4	0.632	0.575	0.653	0.764	0.601	
KK6	0.653	0.589	0.660	0.790	0.571	
KK8	0.688	0.583	0.738	0.548	0.599	
KK7	0.590	0.484	0.642	0.719	0.503	
KK8	0.624	0.541	0.651	0.612	0.581	
KK9	0.754	0.572	0.684	0.634	0.641	
U81	0.562	0.573	0.515	0.584	0.750	
U82	0.598	0.574	0.588	0.634	0.820	
U83	0.605	0.584	0.572	0.621	0.883	
U84	0.589	0.584	0.583	0.594	0.830	
U85	0.633	0.516	0.492	0.588	0.838	
U86	0.688	0.615	0.672	0.673	0.850	
U87	0.627	0.513	0.524	0.587	0.787	
U88	0.590	0.481	0.539	0.580	0.799	

CONSTRUCT RELIABILITY AND VALIDITY

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
Etos Kerja	0.937	0.940	0.945	0.612
Innovative Work Behaviour	0.910	0.913	0.929	0.651
Intention to Stay	0.951	0.953	0.956	0.594
Kinerja Tenaga Kesehatan	0.935	0.936	0.944	0.630
Upskilling	0.929	0.932	0.942	0.669

B. Inner Model / Model Struktural



R SQUARE (R²)

	R-square	R-square adjusted
Intention to Stay	0.651	0.644
Kinerja Tenaga Kesehatan	0.792	0.786

EFFECT SIZE

f-square - Matrix						Copy
	Etos Kerja	Innovative Work Behaviour	Intention to Stay	Kinerja Tenaga Kesehatan	Upskilli	
Etos Kerja			0.321	0.262		
Innovative Work Behaviour			0.118	0.050		
Intention to Stay				0.208		
Kinerja Tenaga Kesehatan						
Upskilling			0.016	0.015		

DIRECT EFFECT

Path coefficients - Mean, STDEV, T values, p values							Copy to Excel	Copy to R
	Sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (IO/STDEV)	P values			
Etos Kerja -> Intention to Stay	0.504	0.512	0.108	4.674	0.000			
Etos Kerja -> Kinerja Tenaga Kesehatan	0.404	0.390	0.117	3.444	0.000			
Innovative Work Behaviour -> Intention to Stay	0.280	0.282	0.091	3.086	0.001			
Innovative Work Behaviour -> Kinerja Tenaga Kesehatan	0.148	0.147	0.076	1.945	0.026			
Intention to Stay -> Kinerja Tenaga Kesehatan	0.352	0.364	0.109	3.230	0.001			
Upskilling -> Intention to Stay	0.124	0.120	0.116	1.073	0.142			
Upskilling -> Kinerja Tenaga Kesehatan	0.094	0.097	0.089	1.057	0.145			

INDIRECT EFFECT

Total indirect effects - Mean, STDEV, T values, p values							Copy to Excel	Copy to R
	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (IO/STDEV)	P values			
Etos Kerja -> Kinerja Tenaga Kesehatan	0.177	0.188	0.076	2.342	0.010			
Innovative Work Behaviour -> Kinerja Tenaga Kesehatan	0.099	0.104	0.049	2.012	0.022			
Upskilling -> Kinerja Tenaga Kesehatan	0.044	0.040	0.042	1.042	0.149			

Lampiran 6



YAYASAN PERGURUAN 17 AGUSTUS 1945 SURABAYA
UNIVERSITAS 17 AGUSTUS 1945 (UNTAG) SURABAYA
FAKULTAS EKONOMI DAN BISNIS

PROGRAM STUDI MANAJEMEN (S1)
PROGRAM STUDI AKUNTANSI (S1)
PROGRAM STUDI EKONOMI PEMBANGUNAN (S1)
PROGRAM STUDI MAGISTER MANAJEMEN (S2)
PROGRAM STUDI DOKTOR ILMU EKONOMI (S3)

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Kampus: Jl. Semolowaru 45 Surabaya 60118, Telp (031) 5931800 Ext 140 , 141, E-mail: feb@untag-sby.ac.id

Nomor : 2136 /K/FEB/IX/2025

Lampiran : -

Perihal : **Permohonan Ijin Penelitian**

Kepada : Yth. Bapak/Ibu Direktur RSUD Sumberrejo, Kabupaten Bojonegoro

Sehubungan dengan Penyusunan **Tesis** yang berjudul "PENGARUH INNOVATIVE WORK BEHAVIOUR, UPSKILLING DAN ETOS KERJA TERHADAP KINERJA TENAGA KESEHATAN MELALUI INTENTION TO STAY SEBAGAI VARIABEL INTERVENING DI RSUD SUMBERREJO." oleh mahasiswa Program Studi **Magister Manajemen** Fakultas Ekonomi Dan Bisnis Universitas 17 Agustus 1945 Surabaya, maka mahasiswa dibawah ini memerlukan sumber data (referensi) guna melakukan Penelitian lapangan. Berkenaan dengan hal tersebut diatas, maka kami mohon perkenan Bapak/Ibu untuk memberikan ijin & bantuan kepada mahasiswa di bawah ini :

Nama : DWI YANA RAHMAWATI
N. P. M : 1262400051
Fakultas / Program Studi : Ekonomi dan Bisnis / Magister Manajemen
Alamat : Ds. Butoh RT.12/RW.05 Kec. Sumberrejo Bojonegoro
Telp./Hp. : 085648097553

Guna melakukan penelitian pada :
"RSUD SUMBERREJO KABUPATEN BOJONEGORO"

Demikian permohonan kami, atas perhatian serta kerjasamanya kami sampaikan terima kasih.



Surabaya, 22 September 2025

Dekan

Prof. Dr. Pri Ratnawati, Ak., MS., CA., CPA
NPP. 20220.85.0043

Lampiran 7

Surat Keterangan Selesai Penelitian



PEMERINTAH KABUPATEN BOJONEGORO
DINAS KESEHATAN
RUMAH SAKIT UMUM DAERAH SUMBERREJO
 Jl. Raya No. 231 Sumberrejo Bojonegoro 62191
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SURAT KETERANGAN
NO. 440 / 2025 / 412.202.40 / 2025

Yang bertanda tangan di bawah ini :

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 NIP. : 19790121 201001 2 002
 Pangkat/Gol. : Pembina / IV a
 Jabatan : Direktur RSUD Sumberrejo Kab. Bojonegoro.

Dengan ini menerangkan bahwa yang tersebut di bawah ini :

Nama : DWI YANA RAHMAWATI
 NIM : 1262400051
 Program Studi : Magister Manajemen
 Fakultas : Ekonomi dan Bisnis
 Universitas : Universitas 17 Agustus 1945 Surabaya

Telah melaksanakan penelitian di RSUD Sumberrejo dengan judul "Pengaruh *Innovative Work Behaviour, Upskilling* dan Etos Kerja Terhadap Kinerja Tenaga Kesehatan Melalui *Intention To Stay* Sebagai Variabel Intervening di RSUD Sumberrejo" terhitung mulai tanggal 06 September s/d 26 November 2025.

Demikian surat keterangan ini dibuat untuk dipergunakan sebagaimana mestinya.

Bojonegoro, 18 Desember 2025
DIREKTUR RSUD SUMBERREJO
KABUPATEN BOJONEGORO



dr. RATIH WULANDARI, M.H., M.M.
 Pembina/IVa
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Lampiran 9
Turnitin

The Influence of Innovative Work Behaviour, Upskilling, and Work Ethic on Health Worker Performance through Inten- tion to Stay as an Intervening Variable at RSUD Sumberrejo

by Dwi Yana Rahmawati

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The Influence of Innovative Work Behaviour, Upskilling, and Work Ethic on Health Worker Performance through Intention to Stay as an Intervening Variable at RSUD Sumberrejo

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Abstract: This study aims to analyze the influence of Innovative Work Behaviour, Upskilling, and Work Ethic on the Health Workers Performance with Intention to Stay as an intervening variable at RSUD Sumberrejo. The background of this research stems from challenges in improving service quality, high workload, and the need in strengthening competency and retention among health workers. The study employs a quantitative approach using a survey method through the distribution of questionnaires, with data analyzed using Partial Least Squares-Structural Equation Modeling (PLS-SEM) through SmartPLS version 4.0. The population consists of 236 employees, and the sampling technique used is non-probability sampling, resulting in 140 respondents. The findings reveal that Innovative Work Behaviour, Work Ethic, and Intention to Stay have a significant positive effect on the performance of health workers. In addition, Innovative Work Behaviour and Work Ethic significantly influence Intention to Stay. However, Upskilling shows a positive but non-significant effect on both Intention to Stay and Performance, indicating that skill enhancement requires managerial support and motivation to contribute effectively to employee performance. Intention to Stay serves as a mediating variable in several relationships among the constructs. Strengthening innovative behaviour, work ethic, and competency development, accompanied by appropriate retention strategies, is essential for improving the performance of health workers in regional hospitals. Further studies are recommended to develop the research model by incorporating additional variables that may have stronger effects on Intention to Stay and Performance.

Keywords: Innovative Work Behaviour; Upskilling; Work Ethic; Intention to Stay; Health Workers Performance

1. Introduction

Hospitals operate as complex service organizations in which the performance of health professionals plays a decisive role in determining service quality, patient satisfaction, and institutional trust. In regional public hospitals, these performance dynamics become even more critical due to structural resource limitations, fluctuating workloads, and constrained professional development opportunities. RSUD Sumberrejo, a public hospital in East Bojonegara, faces similar conditions, where health worker performance, retention, and capability enhancement remain persistent challenges requiring systematic investigation. Accordingly, this study focuses on analyzing the interplay between innovative work behaviour (IWB), upskilling, work ethic, and intention to stay, and how these factors shape the job performance of health workers.

Prior research on health-sector performance enhancement has predominantly employed behavioral, organizational, and competency-based approaches, including the assessment of task performance, contextual performance, adaptive performance, and counterproductive work behavior [1]. Studies on innovative work behaviour highlight its relevance for public and private organizations, emphasizing idea exploration, idea generation, idea championing, and implementation as key mechanisms driving performance improvement [2], [3]. Existing methods frequently adopt quantitative cross-sectional surveys, SEM-based modelling, and organizational behaviour frameworks. These methods underscore the importance of individual creativity, leadership quality, digital readiness, and supportive climates for fostering innovation in healthcare organizations.

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However, evidence regarding the direct effect of IWB on performance remains mixed. Some studies report positive contributions of innovation to service outcomes [3], whereas others demonstrate non-significant or inconsistent effects, suggesting potential intervening variables such as job satisfaction, engagement, or retention [4]. Similarly, upskilling interventions—whether through traditional training, shadowing, seminars, or digital simulations such as AR/VR—demonstrate strengths in enhancing technical proficiency [5], yet face weaknesses related to time constraints, cost, sustainability, and uneven transfer of training within overstretched health systems. Meanwhile, work ethic has shown robust associations with discipline, commitment, and performance outcomes in regional health offices [6], [7], though its interaction with innovation-driven performance remains underexamined.

Despite substantial development in human resource research, important gaps persist. First, limited studies integrate IWB, upskilling, work ethic, and intention to stay into a unified explanatory model of performance, particularly within regional public hospitals in developing countries. Second, while intention to stay has been recognized as a precursor to turnover and a key determinant of organizational sustainability [8] its mediating role in linking behavioural and competency factors to health worker performance remains insufficiently tested. Third, most existing research focuses on large hospitals or urban health institutions, leaving district-level hospitals comparatively underrepresented in empirical literature.

2. Literature review

2.1 Human Resource Management in Health Organizations

Human Resource Management (HRM) is a strategic function that integrates human resource planning, recruitment and selection, training and development, career management, and organizational development with the overall goals of the organization. Its core objective is to maximize organizational productivity by optimizing employee effectiveness while simultaneously enhancing employees' quality of work life and recognizing them as a highly valuable resource [9]. In public hospitals, HRM must balance institutional goals, such as service quality, efficiency, and accountability, with individual needs, including professional growth, job security, and well-being. Effective HRM therefore involves: Integrated human resource planning, which anticipates future challenges and opportunities so that the workforce remains competitive and responsive; Efficient and lawful implementation of HRM functions, ensuring high productivity while complying with labor regulations; and Systematic evaluation of HRM policies and practices, to determine whether they effectively support both organizational performance and employee needs [9]. Within this framework, constructs such as innovative work behaviour, upskilling, work ethic, intention to stay, and employee performance can be understood as critical levers through which HRM contributes to organizational outcomes in healthcare.

2.2 The Resource-Based View (RBV)

The Resource-Based View (RBV) posits that an organization's sustainable competitive advantage arises from internal resources that are valuable, rare, inimitable, and non-substitutable (VRIN) [10]. Not all resources equally contribute to competitive advantage; intangible assets often play a greater role than tangible ones. In contemporary health and service organizations, intellectual capital has emerged as a key intangible resource. Intellectual capital typically comprises: Human capital: employees' knowledge, skills, experience, and innovative capabilities; Structural capital: integrated information systems, efficient business processes, supportive technology, and organizational routines that enable knowledge use and innovation; and Capital employed: the effective utilization of tangible assets in combination with intellectual capital to create value [11].

When these components are effectively integrated, they form a configuration that is difficult for competitors to imitate, thereby enhancing organizational responsiveness and performance. In knowledge-based economies, organizations, including hospitals, are increasingly required to mobilize intellectual capital to achieve superior financial, environmental, and organizational outcomes. In this perspective, innovative work behaviour, work ethic, upskilling, and intention to stay can be viewed as manifestations or enablers of human and structural capital that underpin performance advantages in healthcare settings.

2.3 Innovative Work Behaviour

Innovative work behaviour (IWB) refers to a set of intentional behaviours through which employees generate, promote, and implement new and useful ideas in their work roles.

Scott and Bruce (1994) conceptualize IWB as a process encompassing problem recognition, idea generation, idea promotion, and implementation of innovative solutions. Thus, innovation is not limited to creativity (idea generation) but includes mobilizing support and translating ideas into practice [4]. [12] Describe innovative work behaviour as behaviour directed at realizing change and applying new knowledge to improve work processes and outcomes. Similarly, Kleysen and Street (2001) define innovation-related behaviour as a broad range of individual actions leading to the emergence, introduction, and application of novel and beneficial ideas. These ideas may involve new products or technologies, revised administrative procedures, or novel ways of organizing work that improve effectiveness and efficiency.

Innovative work behaviour is strongly linked to employee creativity, which provides the raw material for innovation [2]. Employees exhibiting IWB identify problems or opportunities, propose new solutions, seek support from colleagues and leaders, and actively implement and refine new practices [13]. In service organizations and healthcare settings, such behaviours are essential for responding to dynamic environmental changes, technological advances, and rising public expectations [14].

De Jong and Den Hartog (2010) further operationalize IWB into four main indicators, often used as measurement dimensions:

1. Idea exploration, scanning for opportunities, identifying gaps or problems, and recognizing areas that need improvement;
2. Idea generation, developing original or improved ideas, concepts, or solutions;
3. Idea championing, mobilizing support, persuading others, and advocating for ideas; and
4. Idea implementation, testing, applying, and refining ideas in daily work.

IWB is influenced by individual factors and contextual. In healthcare, the degree to which professionals can act innovatively is closely associated with service quality, patient safety, and system adaptability [14]. Accordingly, IWB is positioned in this study as a key predictor of both intention to stay and performance, though prior findings indicate that its direct impact on performance can be complex and context-dependent [4].

2.4 Upskilling

Upskilling describes the process of enhancing existing skills or acquiring higher-level competencies so that workers remain relevant and effective amid evolving job demands. In healthcare, upskilling ensures that professional practice remains safe, evidence-based, and aligned with current standards [5]. Unlike reskilling, which prepares workers for entirely new roles, upskilling focuses on deepening and updating capabilities within current roles to meet growing complexity and technological change [15].

Implementation-science-oriented training programs that emphasize evidence-based practice have been shown to increase health workers' confidence, conceptual understanding, and capacity to integrate implementation methods into routine care [16]. Upskilling also enhances workforce flexibility, role delegation, and crisis responsiveness, as demonstrated during the COVID-19 pandemic, where rapid capacity building was essential, especially for frontline nurses [17].

Forms and Methods of Upskilling

The literature distinguishes between conventional and technology-enhanced upskilling approaches [5]:

1. Conventional methods include workshops, seminars, shadowing and mentoring by senior practitioners, and self-directed learning using textbooks or e-learning modules. These methods are familiar and relatively easy to organize but may be constrained by time, workload, and variable transfer into practice.
2. Technology-based methods leverage Virtual Reality (VR) and Augmented Reality (AR) to simulate clinical scenarios in safe, interactive environments, enhancing technical skill transfer to real practice [5]. Interactive online programs and low-cost digital platforms have also proven effective. For instance, a competency-based e-learning program in Greece improved health workers' knowledge scores by 17% [18], while the TutorConnect initiative in Nigeria used Zoom and WhatsApp to enhance pedagogical skills among over 700 health tutors at a fraction of conventional training costs [19].
3. Contextual and community-based approaches train local care providers to perform basic clinical tasks, thereby strengthening community health systems. The Nefyn pilot in Wales demonstrated that upskilling home-care workers in basic observations reduced general

practitioner visits and enhanced community service capacity during COVID-19 [20]. Similarly, obstetric training initiatives in Papua New Guinea improved confidence and competence among community-based health workers [21].

Empirical studies document multiple benefits of upskilling:

1. Improved knowledge and skills, often reflected in significant gains in test scores [18];
2. Enhanced safety and quality of care, as VR/AR-based training allows risk-free practice and better transfer of skills [5];
3. Greater health equity, where upskilling unregulated care providers helps mitigate workforce shortages in underserved communities [22]; and
4. Technological readiness, preparing workers to engage with AI, digital tools, and complex systems through improved digital literacy and problem-solving skills [15].

At the same time, upskilling efforts face significant challenges, including high initial resource costs (especially for advanced technology), cultural resistance or negative attitudes towards new training methods, unequal access in remote areas, and structural workforce crises. In the European Union, for example, health workers, constituting about 7% of the labour force, face skill shortages, heavy workload, and medical “deserts”, prompting calls for large-scale upskilling to safeguard patient rights and system sustainability [23].

From a measurement perspective, upskilling can be conceptualized through input, process, output, and outcome indicators, capturing driving factors (e.g., skill gaps, organizational support), training implementation, immediate improvements in knowledge/skills, and long-term impacts such as service quality, retention, and system resilience.

2.5 Work Ethic

Work ethic is generally understood as a set of positive work-related attitudes and behaviours rooted in fundamental beliefs and accompanied by a strong commitment to an ideal paradigm of work. It goes beyond technical performance, encompassing intrinsic motivation, moral integrity, and loyalty towards one's profession and organization [24][25]. In empirical research, work ethic has been operationalized through dimensions such as responsibility, discipline, work enthusiasm, integrity and morality, loyalty, cooperation, and perseverance [6], [7], [26], [27]. These dimensions capture the extent to which individuals complete their tasks conscientiously, adhere to rules and schedules, show enthusiasm for their work, uphold ethical principles, remain committed to the organization, collaborate with colleagues, and persist in the face of challenges.

In public and healthcare organizations, work ethic forms an essential foundation for professionalism and high-quality service delivery. Employees with a strong work ethic are more likely to behave responsibly, respect ethical standards, and align their actions with societal expectations of public service [25]. Most empirical studies document a positive relationship between work ethic and employee performance, though the strength and direction of this effect may vary by context. In several health organizations, work ethic has been shown to improve work attitudes and performance, sometimes indirectly through mediating variables such as work attitudes or job satisfaction. For instance, in the Tegal City Health Office, work ethic influenced work attitudes, which in turn affected performance; in RS Permata Cirebon, work ethic, motivation, and job satisfaction jointly explained 56.9% of doctors' performance, with job satisfaction being the dominant factor [28], [29].

Other studies report significant direct effects of work ethic on performance in primary health care settings, as seen in Puskesmas Jombang [30], while findings from Puskesmas Aro indicated a negative relationship between work ethic and performance, even though discipline and commitment had positive effects [27]. Such discrepancies suggest that the impact of work ethic is context-sensitive, shaped by organizational culture, management practices, and broader social conditions [7]. Overall, however, the literature supports the notion that strengthening work ethic is a critical strategy for improving health worker performance and public service quality.

In healthcare, work ethic is directly linked to patient safety, trust, and service quality. Strong work ethic reflects moral integrity, empathy, and accountability in patient care and can be reinforced by effective leadership [25]. Studies in hospitals and primary care facilities show that employees with higher work ethic tend to display greater discipline, responsibility, and service orientation [7], [26], [28].

Key factors shaping work ethic include:

1. Organizational culture supportive of discipline, collaboration, and innovation;
2. Work motivation (intrinsic and extrinsic);

3. Job satisfaction regarding work content, environment, and rewards;
4. Leadership style, particularly ethical, participative, and inspiring leadership;
5. Individual characteristics such as personality, values, and emotional intelligence; and
6. Work environment, including the physical and psychosocial climate [6], [7], [25], [30].

These determinants highlight the role of HRM and leadership in cultivating a strong work ethic to support improved performance and sustainable health systems.

2.6 Intention to Stay

Intention to stay refers to an employee's conscious, deliberate plan or tendency to remain with their current employer for a specified period. It is conceptually opposite to turnover intention or intention to quit. In competitive labor markets, unplanned or unwanted voluntary turnover of high-value employees poses a serious risk to organizational stability and performance, especially in sectors with talent shortages such as healthcare. Retention strategies typically involve competitive compensation, comprehensive benefits, incentive schemes, and other initiatives that signal appreciation and recognition of employees' contributions [31]. Intention to stay is thus an early and modifiable indicator of actual retention, making it a valuable target for managerial interventions. Given global and persistent shortages of health workers, strengthening intention to stay is a critical strategy to stabilize human resources and protect the continuity and quality of health services [32].

Indicators of intention to stay, as synthesized in prior research, include: job satisfaction, loyalty to supervisors, organizational commitment (affective, normative, continuance), perceived fairness and recognition, leadership support, person-job and person-organization fit, work environment quality, and personal factors such as work-life balance and intrinsic motivation [33]. These variables emphasize that intention to stay is shaped by a combination of work conditions, relational dynamics, and personal evaluations of the employment relationship.

2.7 Health Worker Performance

Performance may be defined as the quality and quantity of work achieved by an employee in line with their responsibilities and organizational standards, taking into account legal, moral, and ethical considerations [9], [34], [35]. In healthcare, performance reflects the extent to which health workers deliver services that are technically accurate, timely, patient-centered, and aligned with institutional objectives. Kriegseld et al. (2022) propose a comprehensive framework for health worker performance consisting of four dimensions:

1. Task performance, execution of core clinical and professional duties (e.g., diagnosis, treatment, procedures);
2. Contextual performance, extra-role behaviours such as teamwork, communication, and organizational citizenship;
3. Adaptive performance, ability to adjust to new technologies, protocols, and emergencies; and
4. Counterproductive work behaviour, actions that harm organizational goals, such as absenteeism or unsafe practices.

Performance is shaped by individual factors (e.g., competence, motivation), organizational factors (e.g., workload, incentives, leadership, supervision), and contextual/environmental factors (e.g., infrastructure, social relations, health system policies) [36], [37], [38], [39]. Effective performance management commonly involves continuous training and upskilling, motivation and incentive schemes, supportive supervision and feedback, conducive work environments, and appropriate workload management [35], [37], [40].

2.8 Hypotheses

Based on the theoretical framework and previous studies described above, the hypotheses of this research are as follows:

- a. H1: Innovative Work Behaviour has a significant effect on Intention to Stay at RSUD Sumberejo.
- b. H2: Innovative Work Behaviour has a significant effect on Health Worker Performance at RSUD Sumberejo.
- c. H3: Upskilling has a significant effect on Intention to Stay at RSUD Sumberejo.
- d. H4: Upskilling has a significant effect on Health Worker Performance at RSUD Sumberejo.

- e. H5: Work Ethic has a significant effect on Intention to Stay at RSUD Sumberrejo.
- f. H6: Work Ethic has a significant effect on Health Worker Performance at RSUD Sumberrejo.
- g. H7: Intention to Stay has a significant effect on Health Worker Performance at RSUD Sumberrejo.

3. Proposed Method

3.1. Data Types and Sources

The type of research employed in this study is quantitative research. Quantitative research is characterized by a systematic, planned, and clearly structured design from the initial stage through the development of the research framework. According to Syono and Ali Sodik (2015), quantitative research requires extensive use of numerical data, from data collection, data interpretation, to the presentation of results. The conclusion-drawing stage is also strengthened by the use of visual supports such as tables, figures, graphs, and other statistical displays, ensuring that findings are communicated objectively and accurately. Furthermore, quantitative research is grounded in the positivist philosophy, which views reality as measurable, observable, and independent of the researcher. As stated by Sugiyono (2013), quantitative methods are utilized to examine a specific population or sample, using standardized research instruments, while the data analysis relies on quantitative or statistical techniques to test predetermined hypotheses. This approach enables researchers to determine patterns, relationships, and influences among the measured variables.

The present study adopts a causal explanatory research design, which aims to explain cause-and-effect relationships among variables. Specifically, this study examines the influence of Innovative Work Behaviour, Upskilling, and Work Ethic on Health Worker Performance, with Intention to Stay serving as a mediating variable. This hypothesis-testing design is formulated based on theoretical foundations and empirical evidence relevant to human resource management and healthcare performance. Through the use of structured instruments, numerical measurement, and statistical modeling, this quantitative approach allows for a rigorous examination of how behavioural and competency-related factors contribute to performance outcomes within RSUD Sumberrejo.

3.2. Population and Sample

The population refers to the overall group of objects or subjects possessing specific quantities and characteristics determined by the researcher to be studied and drawn into conclusions. Population does not only represent the number of observed units but also encompasses all attributes and characteristics inherent to those units. In this study, the population consists of all health workers employed at RSUD Sumberrejo. According to internal records, the hospital currently employs a total of 216 personnel, comprising 129 civil servants (PNS), 73 government contract employees (PPPK), 3 partner workers, and 11 RSUD staff members. The sampling technique applied is non-probability sampling, specifically judgmental or purposive sampling, as the sample is selected based on criteria relevant to the research objectives. To determine the minimum sample size, the study uses the Slovin formula, with a margin of error of 5% and a confidence level of 95%, resulting 140 respondents.

3.3. Research Variables and Operational Variables

In this study, there are three types of variables, namely independent variables, intervening variables and the dependent variables.

a. Independent Variables

Independent variables are those that cause or influence changes in the dependent variable. The independent variables in this study are Innovative Work Behaviour (X_1), Upskilling (X_2), and Work Ethic (X_3).

b. Intervening Variables

Intervening Variables is a variable that mediates the relationship between an independent variable and a dependent variable. The intervening variables in this study is Intention to Stay (Z).

c. Dependent Variable

The dependent variable is the variable that is influenced by or becomes the outcome of the independent variables. The dependent variable in this study is Health Worker Performance (Y).

Table 1. Operational Definition of Research Variables

Research Variable	Definition	Indicators	Measurement Scale
Innovative Work Behaviour (X ₁)	Innovative Work Behaviour refers to an employee's intentional actions aimed at generating, promoting, and implementing novel ideas within the workplace.	1. Idea exploration 2. Idea generation 3. Idea championing 4. Idea implementation	Likert Scale
Upskilling (X ₂)	Upskilling is defined as a structured process of developing and enhancing employees' competencies to meet evolving job demands and technological advancements.	1. Input indicators 2. Process indicators 3. Output indicators 4. Outcome indicators	Likert Scale
Work Ethic (X ₃)	Work Ethic represents a set of moral principles and behavioral values that guide individuals in performing their duties responsibly and professionally.	1. Responsibility 2. Discipline 3. Work enthusiasm 4. Integrity and morality 5. Organisational loyalty 6. Teamwork 7. Perseverance or consistency	Likert Scale
Intention to Stay (Z)	Intention to Stay refers to an employee's conscious and deliberate desire to remain in their current organization.	1. Job satisfaction 2. Loyalty to supervisors 3. Organizational commitment 4. Perceived fairness and recognition 5. Leadership support 6. Person-job and person-organization fit 7. Work environment quality 8. Personal factors	Likert Scale
Health Worker Performance (Y)	Health Worker Performance describes the extent to which healthcare employees effectively carry out their tasks in accordance with organizational standards.	1. Quality of work 2. Quantity of work 3. Supervision received 4. Attendance and discipline 5. Conservation behaviors	Likert Scale

4. Results and Discussion

The data analysis in this study was carried out using research instruments by Smart PLS 4.0 version, including validity testing, reliability testing, and hypothesis testing.

4.1. Validity Test Results

In this study, a questionnaire item was considered valid based on the decision criterion that if the calculated *r*-value (*r*-count) is greater than the *r*-table value, the statement is deemed valid. The validity test was conducted on 30 respondents, resulting in an *r*-table value of 0.361 for the sample size, with the following results.

Table 2. Validity Test Results

Variable	Item	<i>r</i> -count	<i>r</i> -table	Conclusion
Innovative Work Behaviour (<i>X₁</i>)	X1.1	0.664	0.361	Valid
	X1.2	0.626	0.361	Valid
	X1.3	0.695	0.361	Valid
	X1.4	0.629	0.361	Valid
	X1.5	0.607	0.361	Valid
	X1.6	0.587	0.361	Valid
	X1.7	0.610	0.361	Valid
	X1.8	0.606	0.361	Valid
Upskilling (<i>X₂</i>)	X2.1	0.661	0.361	Valid
	X2.2	0.509	0.361	Valid
	X2.3	0.509	0.361	Valid
	X2.4	0.498	0.361	Valid
	X2.5	0.509	0.361	Valid
	X2.6	0.535	0.361	Valid
	X2.7	0.556	0.361	Valid
	X2.8	0.547	0.361	Valid
Work Ethic (<i>X₃</i>)	X3.1	0.507	0.361	Valid
	X3.2	0.504	0.361	Valid
	X3.3	0.507	0.361	Valid
	X3.4	0.548	0.361	Valid
	X3.5	0.535	0.361	Valid
	X3.6	0.583	0.361	Valid
	X3.7	0.507	0.361	Valid
	X3.8	0.504	0.361	Valid
	X3.9	0.664	0.361	Valid
	X3.10	0.466	0.361	Valid
	X3.11	0.490	0.361	Valid
	X3.12	0.479	0.361	Valid
	X3.13	0.450	0.361	Valid
	X3.14	0.450	0.361	Valid
	X3.15	0.507	0.361	Valid
Intention to Stay (<i>Z</i>)	Z1	0.695	0.361	Valid
	Z2	0.504	0.361	Valid
	Z3	0.535	0.361	Valid
	Z4	0.479	0.361	Valid
	Z5	0.450	0.361	Valid
	Z6	0.479	0.361	Valid
	Z7	0.607	0.361	Valid
	Z8	0.696	0.361	Valid
	Z9	0.634	0.361	Valid
	Z10	0.819	0.361	Valid
	Z11	0.484	0.361	Valid
	Z12	0.610	0.361	Valid

Health Worker Performance (Y)	Z13	0.592	0.361	Valid
	Z14	0.643	0.361	Valid
	Z15	1.017	0.361	Valid
	Z16	0.648	0.361	Valid
	Y1	0.504	0.361	Valid
	Y2	0.498	0.361	Valid
	Y3	0.450	0.361	Valid
	Y4	0.450	0.361	Valid
	Y5	0.430	0.361	Valid
	Y6	0.407	0.361	Valid
	Y7	0.548	0.361	Valid
	Y8	0.504	0.361	Valid
	Y9	0.535	0.361	Valid
	Y10	0.568	0.361	Valid

Source: Processed by the author in 2025

Based on the results of the validity test conducted on 30 respondents, the r-table value obtained was 0.361. An item is considered valid if the r-count value is greater than the r-table value (r-count > 0.361). The results can be explained as follows:

- Innovative Work Behaviour (X₁)**
The testing of 8 statement items under the Innovative Work Behaviour variable shows that all items obtained r-count values greater than 0.361. Thus, it can be concluded that all 8 items for variable X₁ (Innovative Work Behaviour) are valid.
- Upskilling (X₂)**
The testing of 8 statement items under the Upskilling variable indicates that all items obtained r-count values greater than 0.361. Therefore, it can be concluded that all 8 items for variable X₂ (Upskilling) are valid.
- Work Ethic (X₃)**
The testing of 14 statement items under the Work Ethic variable demonstrates that all items obtained r-count values greater than 0.361. Hence, it can be concluded that all 14 items for variable X₃ (Work Ethic) are valid.
- Intention to Stay (Z)**
The testing of 16 statement items under the Intention to Stay variable demonstrates that all items obtained r-count values greater than 0.361. Hence, it can be concluded that all 16 items for variable Z (Intention to Stay) are valid.
- Health Worker Performance (Y)**
The testing of 10 statement items under the Health Worker Performance variable shows that all items obtained r-count values greater than 0.361. Accordingly, it can be concluded that all 10 items for variable Y (Health Worker Performance) are valid.

4.2. Reliability Test Results

According to Ghazali (2021), the basis for decision-making in the reliability test is as follows:

- If the Cronbach's Alpha value is > 0.60, then the statement is considered reliable.
- If the Cronbach's Alpha value is < 0.60, then the statement is considered not reliable.

Table 3. Reliability Test Results

Variable	Number of Questions	Cronbach's Alpha Value	Result
Innovative Work Behaviour (X ₁)	8	0.941	Reliable
Upskilling (X ₂)	8	0.929	Reliable
Work Ethic (X ₃)	14	0.921	Reliable
Intention to Stay (Z)	16	0.953	Reliable
Health Worker Performance (Y)	10	0.917	Reliable

Source: Processed by the author in 2025

Based on the results of the reliability test above, which was conducted on 30 respondents, it can be stated that if the Cronbach's Alpha value > 0.60 , then the data in this study is considered reliable. The explanation is as follows:

- a. The reliability test result for the Innovative Work Behaviour variable (X_1), based on the output of the reliability test in the table above, which was tested on 30 respondents with 8 statement items, shows a Cronbach's Alpha value of 0.941. Thus, it can be concluded that the Innovative Work Behaviour variable (X_1) has a Cronbach's Alpha value of 0.941 > 0.60 , meaning that the 8 statement items for this variable are reliable, with a good reliability criterion.
- b. The reliability test result for the Upskilling variable (X_2), based on the output of the reliability test in the table above, which was tested on 30 respondents with 8 statement items, shows a Cronbach's Alpha value of 0.929. Thus, it can be concluded that the Upskilling variable (X_2) has a Cronbach's Alpha value of 0.929 > 0.60 , meaning that the 8 statement items for this variable are reliable, with a good reliability criterion.
- c. The reliability test result for the Work Ethic variable (X_3), based on the output of the reliability test in the table above, which was tested on 30 respondents with 14 statement items, shows a Cronbach's Alpha value of 0.921. Thus, it can be concluded that the Work Ethic variable (X_3) has a Cronbach's Alpha value of 0.921 > 0.60 , meaning that the 14 statement items for this variable are reliable, with a good reliability criterion.
- d. The reliability test result for the Intention to Stay variable (Y), based on the output of the reliability test in the table above, which was tested on 30 respondents with 16 statement items, shows a Cronbach's Alpha value of 0.953. Thus, it can be concluded that the Intention to Stay variable (Y) has a Cronbach's Alpha value of 0.953 > 0.60 , meaning that the 16 statement items for this variable are reliable, with a good reliability criterion.
- e. The reliability test result for the Health Worker Performance variable (Y), based on the output of the reliability test in the table above, which was tested on 30 respondents with 10 statement items, shows a Cronbach's Alpha value of 0.917. Thus, it can be concluded that the Health Worker Performance variable (Y) has a Cronbach's Alpha value of 0.917 > 0.60 , meaning that the 10 statement items for this variable are reliable, with a good reliability criterion.

4.3. Results of the Determination Coefficient Test (R^2)

The Coefficient of Determination Test (R^2) serves as a measure of the contribution of the independent variables (X) to the dependent variable (Y). In other words, the coefficient of determination (R^2) is useful for predicting and determining the extent to which the independent variables (X_1 , X_2 , and X_3) collectively influence the dependent variable (Y).

Table 4. Results of the Determination Coefficient Test (R^2)

Dependent Variable	R Square	Adjusted R Square
Intention to Stay	0.651	0.644
Health Worker Performance	0.792	0.786

Source: Processed in 2025

Based on Table 4, the analysis results show that the R-Square value for the Intention to Stay variable is 0.651 (moderate), indicating that 65.1% of the variance in this variable can be explained by the independent variables in the model, while the remaining 34.9% is influenced by factors outside the model. This suggests that the relationship between the independent variables and Intention to Stay can be considered very strong. Meanwhile, the R-Square value of 0.792 (strong) for the Health Worker Performance variable indicates that 79.2% of the variance in this variable is explained by the independent variables in the model, with 20.8% influenced by external factors. This value signifies a very strong relationship, meaning that the model is capable of explaining the factors affecting Health Worker Performance, although some influence still originates from outside the model.

4.4. Test Results Effect Size

Effect size is used to evaluate the specific impact of independent variables on the prediction of the dependent variable. This measurement is conducted by observing the change in

the effect size value after a particular independent variable is removed from the model. The effect size is interpreted as very small if it is less than 0.02, small if it ranges between 0.02 and 0.15, medium if it falls between 0.15 and 0.35, and large if it is greater than 0.35. By calculating the effect size, researchers can identify which independent variables have the greatest influence on the dependent variable within the model, thereby providing deeper insights into the dynamics of relationships among latent variables).

Table 5. Effect Size

Variable	Intention to Stay	Health Worker Performance
Innovative Work Behaviour (X_1)	0.118	0.050
Upskilling (X_2)	0.016	0.015
Work Ethic (X_3)	0.321	0.262
Intention to Stay (Z)		0.208
Health Worker Performance (Y)		

Source: Processed in 2025

Based on the results Based on the results presented in Table 5, the findings can be explained as follows:

1. Innovative Work Behaviour on Intention to Stay: The effect size for this path is 0.118, indicating a small effect. The Innovative Work Behaviour variable contributes slightly yet significantly to increasing Intention to Stay. This shows that innovative work behaviour plays a minor but meaningful role in explaining variations in health workers' intention to remain. Employees who are able to generate and implement new ideas tend to feel valued, which in turn encourages them to continue working at RSUD Sumberrejo.
2. Innovative Work Behaviour on Health Worker Performance: The effect size for this path is 0.050, indicating a small effect. Innovative Work Behaviour provides a modest yet significant contribution to improving Health Worker Performance. This suggests that while innovative behaviour positively influences efficiency and creativity in healthcare services, overall performance is not solely determined by individual innovation. Organizational systems, facilities, and supervisory support also play critical roles.
3. Upskilling on Intention to Stay: The effect size for this path is 0.016, indicating a very small effect. Upskilling, through skill enhancement and training, does not contribute meaningfully to health workers' willingness to stay.
4. Upskilling on Health Worker Performance: The effect size for this path is 0.015, also indicating a very small effect. Training outcomes have not been fully transferred into daily work practices, possibly because skill improvements are perceived merely as administrative obligations rather than as essential efforts to enhance performance.
5. Work Ethic on Intention to Stay: The effect size for this path is 0.321, indicating a medium effect and representing one of the largest impacts in the model. Work Ethic exerts a strong influence on Intention to Stay. Employees who possess strong work values, such as discipline, responsibility, loyalty, and integrity, tend to develop higher affective commitment and stronger loyalty to the institution.
6. Work Ethic on Health Worker Performance: The effect size for this path is 0.262, indicating a medium effect. Work Ethic contributes substantially to performance improvement. Employees with a strong work ethic demonstrate moral responsibility, work with integrity, and maintain service quality, all of which directly enhance productivity and work outcomes.
7. Intention to Stay on Health Worker Performance: The effect size for this path is 0.208, indicating a medium effect. Intention to Stay plays an important role in enhancing health worker performance. Employees who have a strong desire to remain in the organization tend to show emotional attachment and long-term commitment, resulting in more consistent work behaviour.

4.5. Hypothesis Results

The significance testing of relationships in PLS-SEM is conducted to determine whether the relationships among latent variables in the model can be considered statistically significant. This process uses the bootstrapping technique, in which the data are resampled to calculate the path coefficient values and their standard error. The results

are presented in the form of t-statistics or p-values. A relationship is considered significant if the p-value is smaller than the predetermined significance level. In this study, a significance level of 0.05 was used. Significant path coefficients indicate that the relationship between the independent and latent dependent variables has strong statistical support, thereby allowing the proposed hypotheses to be accepted. Figure 1 presents the PLS-SEM Algorithm output



Figure 1 The PLS-SEM Algorithm output

The results of the bootstrapping for the direct effects can be seen in Table 6 as follows:
Table 6. Path Coefficient Bootstrapping direct effect Results

Hyp	Influences	Coeff	T Stat	P values	Sign
H1	Innovative Work Behaviour → Intention to Stay	0.280	3.086	0.001	Sign
H2	Innovative Work Behaviour → Health Worker Performance	0.148	1.945	0.026	Sign
H3	Upfilling → Intention to Stay	0.124	1.075	0.142	Non Sign
H4	Upfilling → Health Worker Performance	0.094	1.057	0.145	Non Sign
H5	Work Ethic → Intention to Stay	0.904	4.674	0.000	Sign
H6	Upfilling → Health Worker Performance	0.904	3.444	0.000	Sign
H7	Intention to Stay → Health Worker Performance	0.552	3.250	0.001	Sign

Note: Sign: If p-value ≤ 0.05

Based on the results of the Path Coefficient Bootstrapping direct effect in the table above, the conclusions are as follows:

A. Innovative Work Behaviour has a significant effect on Intention to Stay at RSUD Sumberrejo

Firdausi et al. (2024) state that individual and organizational factors such as innovative behaviour, a positive work environment, and active employee participation in the organization can enhance employee loyalty and their intention to stay. In other words, innovative behaviour contributes to creating a balance between job roles and personal satisfaction, thereby strengthening employees' commitment to remain in healthcare institutions. Based on Table 6, Innovative Work Behaviour has a significant positive effect on Intention to Stay, with a coefficient value of 0.280 and a p-value of 0.001 (<0.05). This indicates that the better the implementation of Innovative Work Behaviour, the higher the employees' Intention to Stay within the organization. Health workers who demonstrate innovative work behaviour tend to want to continue working at the hospital. Employees who are willing to explore and implement new ideas to improve patient services feel professionally valued. Managerial support for innovation creates a positive work climate, which ultimately fosters long-term retention. Employees who are given opportunities to innovate develop stronger emotional attachment to the hospital.

B. Innovative Work Behaviour has a significant effect on Health Worker Performances at RSUD Sumberrejo

According to Alshahrani et al. (2023), studies conducted in the healthcare sector in Saudi Arabia found that innovative work behaviour among health workers significantly improves the performance of healthcare service organizations. Similarly, the literature review by Sriahayu et al. (2023), Kusumaningrum et al. (2025), and the study by Pham et al. (2024) reported that Innovative Work Behaviour contributes positively to individual performance and the effectiveness of public organizations. Even in the field of education, Novita et al. (2022) demonstrated that teachers' innovative behaviour significantly influences teaching performance. Research by Nurhayati et al. (2025) at the Office of Culture, Youth, Sports, and Tourism of Surabaya City also found that employees' innovative behaviour has a positive and significant effect on both competence and performance. These findings reinforce that, regardless of the sector, Innovative Work Behaviour is a key factor in enhancing performance. Based on Table 6, Innovative Work Behaviour has a significant positive effect on Health Worker Performance, with a coefficient value of 0.148 and a p-value of 0.026 (<0.05). This finding is consistent with the literature, which states that: "Innovative work behaviour acts as a driving force for performance improvement because it fosters creative thinking, adaptive problem-solving, and the creation of added value for the organization" [14]. The coefficient value of 0.148 indicates that Innovative Work Behaviour is not the sole determinant of health worker performance. While it significantly enhances performance, its effect is moderate. Employees who exhibit innovative behaviour are able to develop more efficient and higher-quality work methods, improve adaptability, and contribute to better public service delivery. These results highlight the importance of fostering an innovative culture within hospitals, especially in addressing challenges related to efficiency, digitalization, and patient-oriented services.

C. Upskilling has a non significant effect on Intention to Stay at RSUD Sumberrejo

The study by Wang & Jiang (2024) shows that training improves employability and may even "open an exit pathway" for individuals if the organization does not provide a supportive environment for retention or career development. This is relevant for health workers who may find better career opportunities elsewhere. Based on Table 6, the effect of Upskilling on Intention to Stay is statistically non-significant, with a p-value of 0.142, which is above the 0.05 threshold, and a coefficient of 0.124. Upskilling does not significantly influence the Intention to Stay of health workers at RSUD Sumberrejo. Upskilling tends to be perceived as an obligation rather than a personal motivation for development, so training does not generate emotional attachment or a desire to remain in the workplace. With enhanced skills, health workers may feel more confident in seeking employment in other institutions. This finding aligns with Johanim et al. (2012), who reported that training, career development, and performance appraisal do not significantly affect the intention to stay. Their study emphasizes that compensation and benefits play a key role in employee retention, while other human resource practices require additional strategies to effectively support workforce retention. Furthermore, this research is consistent with Laguerre & Farrell (2025), who argue that the implementation of upskilling or training based on Self-Determination Theory must be accompanied by organizational support that strengthens autonomy and career opportunities in order to enhance motivation and intention to stay.

D. Upskilling has a non significant effect on Health Worker Performances at RSUD Sumberrejo

Laguerre & Farrell (2025) emphasize that internal motivation has a far greater impact on long-term commitment than external motivation. When training is conducted without emotional engagement, its outcomes do not contribute to performance improvement. Based on Table 6, the effect of Upskilling on Health Worker Performance is statistically non-significant, with a coefficient value of 0.094 and a p-value of 0.145 (>0.05). Upskilling that is not accompanied by a sense of ownership or intrinsic motivation to excel will lose its effectiveness. If health workers participate in training merely to fulfill administrative requirements, the results will not become internalized into their work behavior. This finding is consistent with Johanim et al. (2012), who found that training, career development, and performance appraisal do not significantly influence the intention to stay, emphasizing instead that compensation and benefits play a key role in retaining employees.

Other human resource practices require additional strategies to effectively support workforce retention.

E. Work Ethic has a significant effect on Intention to Stay at RSUD Sumberrejo

Strategies to enhance employees' Intention to Stay should focus, among others, on strengthening work ethic as well as affective and normative commitment, in order to effectively reduce turnover rates. This means that when an organization successfully instills a strong work ethic, such as a culture that values integrity and hard work, employees feel more morally and emotionally bound to remain (Ghosh et al., 2013). Based on Table 6, Work Ethic has a significant positive effect on Intention to Stay, with a coefficient value of 0.504 and a p-value of 0.000 (<0.05). This result indicates that a high level of work ethic directly contributes to an increase in Intention to Stay. The higher the levels of responsibility, discipline, loyalty, and integrity demonstrated by health workers, the stronger their intention to remain at RSUD Sumberrejo. These findings reinforce that moral factors, affective commitment, and work values are essential foundations for employee retention in the public sector.

F. Work Ethic has a significant effect on Health Worker Performances at RSUD Sumberrejo

Iskandar et al. (2023) found that work motivation and work ethic simultaneously have a significant effect on employee performance, highlighting the role of work ethic as a driver of performance alongside other motivational factors. Similarly, Nurhasanah et al. (2024) and Andrianaella (2025) reported that work ethic positively enhances employee performance. In other words, the stronger the work values internalized by employees, the higher their level of work achievement. Based on Table 6, Work Ethic has a significant positive effect on Health Worker Performance, with a coefficient value of 0.404 and a p-value of 0.000 (<0.05). The higher the work ethic, which includes responsibility, discipline, integrity, loyalty, and cooperation, the higher the performance of health workers at RSUD Sumberrejo.

G. Intention to Stay has a significant effect on Health Worker Performances at RSUD Sumberrejo

Saptopeaseyo et al. (2024) explain that employees' Intention to Stay reflects organizational stability, where highly committed employees view the organization's success as part of their personal achievement. This drives them to deliver their best performance and to be proactive in contributing to workplace improvement. Based on Table 6, Intention to Stay has a significant effect on H

Health Worker Performance, with a coefficient value of 0.352 and a p-value of 0.001 (<0.05). The stronger the intention of health workers to remain at RSUD Sumberrejo, the higher their enthusiasm, discipline, and sense of responsibility in providing services. Intention to Stay thus becomes a reinforcing factor within the hospital's human resource system, sustaining performance continuity and the quality of public services.

5. Comparison

Comparison with state-of-the-art is an essential component for positioning the contribution of this study within the broader body of knowledge. This comparison highlights how the empirical findings of this research align with, extend, or diverge from previously established models and evidence in the domains of human resource management, organizational behaviour, and public healthcare performance.

First, the finding that Innovative Work Behaviour (IWB) significantly influences both Intention to Stay and Health Worker Performance is consistent with the global literature. Studies by Akhsarani et al. (2023), Setiawati et al. (2023), Kusumoningrum et al. (2025), and Pham et al. (2024) similarly report that innovative behaviours enhance individual adaptability, job performance, and organizational effectiveness. The effect size in this study, moderate for Intention to Stay (0.118) and small but significant for Performance (0.050), is in line with Janssen's (2000) theoretical assertion that innovation acts as a performance driver through creative problem solving and value creation. Therefore, this research reinforces existing state-of-the-art findings while contributing contextual evidence from the Indonesian public healthcare sector, which has previously received limited empirical attention.

In contrast, the finding that Upskilling does not significantly affect Intention to Stay or Health Worker Performance diverges from several international studies that emphasize the

positive impact of training on retention and performance. Research by Wang & Jiang (2024) and Laguerre & Farrell (2025) argues that training increases employability, motivation, and long-term commitment, particularly when supported by organizational structures that enhance autonomy and career development. However, the non-significant effects observed in this study align with Johanni et al. (2012), who found that training alone is insufficient to influence retention or performance unless accompanied by supportive compensation, meaningful career pathways, and intrinsic motivation. This indicates that in the context of RSUD Sumberejo, upskilling is still perceived as a procedural obligation rather than a strategic developmental mechanism, thereby limiting its behavioural and performance impact.

The findings regarding Work Ethic provide strong alignment with state-of-the-art evidence across sectors. Consistent with Iskandar et al. (2023), Nuthasanah et al. (2024), and Andinazella (2025), this study demonstrates that work ethic is one of the most influential determinants of both Intention to Stay and Performance. The effect sizes, 0.321 for Intention to Stay and 0.262 for Performance, represent some of the largest observed influences within the structural model. These results confirm that moral values such as responsibility, integrity, discipline, and loyalty act as powerful behavioural drivers in public-sector work environments. This reinforces the theoretical perspective that internalized work values, not merely extrinsic incentives, sustain long-term commitment and performance stability among healthcare workers.

Furthermore, the significant influence of Intention to Stay on Performance, with a coefficient of 0.352, aligns strongly with contemporary literature. Studies such as Saptopeasyo et al. (2024) argue that employees with strong retention intention display greater emotional attachment, stability, and proactive engagement, ultimately leading to improved service quality and productivity. This research contributes further evidence that retention intention is not merely an HR outcome but a strategic variable with direct performance implications.

Overall, the comparison reveals that this study:

1. Strengthens existing evidence that TWB and Work Ethic are robust predictors of performance and retention.
2. Provides contrasting empirical insights regarding the limited effectiveness of upskilling in environments lacking intrinsic motivation and career support.
3. Extends state-of-the-art models by demonstrating the centrality of Intention to Stay as a reinforcing factor in public healthcare performance systems.
4. Offers new contextual contributions to the literature on Indonesian regional hospitals, an area where empirical data remain scarce.

Thus, this study not only aligns with the broader theoretical landscape but also enriches it with nuanced insights into how behavioural and organizational variables operate within public healthcare institutions in developing regions.

6. Conclusions

This study provides a comprehensive understanding of the determinants that influence Intention to Stay and Health Worker Performance at RSUD Sumberejo. The findings highlight that Innovative Work Behaviour and Work Ethic serve as the most substantial drivers of both retention intention and performance outcomes. Innovative Work Behaviour enhances performance and strengthens employees' desire to remain in the organization by fostering creativity, adaptability, and a sense of professional value. Likewise, Work Ethic emerges as a critical behavioural foundation that reinforces discipline, responsibility, integrity, and loyalty, attributes that are directly linked to sustained performance and long-term organizational commitment.

In contrast, Upskilling demonstrates a non-significant effect on both Intention to Stay and Health Worker Performance. This suggests that training initiatives at RSUD Sumberejo have not yet translated into meaningful behavioural or performance improvements. The lack of intrinsic motivation, limited career pathways, and perceptions of training as a mere administrative requirement reduce the strategic impact of upskilling efforts. These results underscore the need for aligning training programs with personal development expectations, organizational support systems, and competency-based career frameworks to unlock their full potential.

The study also confirms that Intention to Stay significantly enhances Health Worker Performance, indicating that retention is not only an HR outcome but a crucial predictor of

service quality and operational stability. Employees who are emotionally attached and committed to remaining in the institution demonstrate stronger motivation, consistency, and accountability in delivering healthcare services.

Overall, the findings reinforce the importance of cultivating an organizational culture that promotes innovation, strong ethical values, and meaningful employee engagement. To maximize performance outcomes, RSUD Sumberejo must prioritize strategies that strengthen work ethic, encourage innovative behaviour, and transform upskilling initiatives into intrinsically motivating, career-enhancing processes. The integration of these elements will contribute to improved workforce stability, enhanced service quality, and long-term organizational effectiveness in the public healthcare sector.

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