



# Clinical leadership and organizational climate on the performance of healthcare personnel mediated by quality of work life

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## ABSTRACT

The performance of health workers is one of the main factors influencing hospital improvement. The better the healthcare personnel's performance, the more patients will feel satisfied and this can influence the patient's interest in returning to the hospital. There is a decrease in the number of patients at the xyz military hospital from 2017-2023 and the number of complaints is 5-10 cases every month. This research aims to determine the influence of clinical leadership and organizational climate on job performance which is mediated by quality of work life. In this research, the cross-sectional method was used to obtain quantitative data from physical questionnaires. This research is a census study which takes the entire population as the research sample, namely health workers at the XYZ military hospital who have worked for 3 months with a total of 150 people and then the data analyzed using SmartPLS. The research results showed there is a positive and significant influence between clinical leadership and organizational climate on the quality of work life, organizational climate on job performance, and quality of work life on job performance. Quality of work life has also been proven to mediate clinical leadership and organizational climate on job performance.

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## INTRODUCTION

Human resources are one of the most important resources in hospitals because the quality of health services depends on the performance of the health workers who provide these services (Weldegebriel et al., 2016). Based on data from the Ministry of Health of the Republic of Indonesia, the number of hospitals in Indonesia increased by 9.6% from 2017, namely 2,776 to 3,042 in 2021 and will continue to increase every year (Kementrian Kesehatan Republik Indonesia, 2022).

XYZ Military Hospital is classified as a type C hospital which has a very strategic location but does not achieve targeted performance. By referring to the summary of data on patients who received outpatient and inpatient treatment from 2017 to 2019, There was a progressive decline, then in 2020 to 2022 there was a drastic spike due to the COVID-19 pandemic, but in 2023 to

September 2023, the results of inpatients were less than fifty percent of the previous year. From this data it can be seen that patient visits fluctuate and tend to decrease. Not only that, there are an average of five to ten complaints from patients in every month.

The results of research at Syekh Yusuf Regional Hospital, Gowa showed that 70% of nurses showed poor performance, namely 21 out of 30 nurses had poor performance (Hafid, 2014). Other research was also conducted at the Kendari City Regional Hospital and the results showed that there was still poor performance of nurses at 20.8%, namely 16 out of 61 nurses (Hakman et al., 2021), and not only that, in Kampar Regency it was found that 43.3% of nurses namely 13 out of 17 who had poor performance at the Tapung Health Regional Technical Implementation Unit (Librianty, 2018).

In improving the performance of medical personnel in providing health services, hospitals develop clinical leadership skills among nurses and hospital professionals which is a very important element (Daly et al., 2014), and organizational climate influence staff performance which leads to success and continuous improvement of organizational capabilities (Obeng et al., 2021). Good Quality of Work Life can also create more committed employees, create feelings of safety and comfort when working and increase employee productivity which of course can reduce expenses in the organization or workplace (Nurbiyati, 2014.)

Based on data obtained at the XYZ military hospital and previous research, research has never been conducted on the factors that influence the performance of health workers at the XYZ military hospital in East Jakarta, and there has been no research relating to Quality of Work Life as a mediating factor in Job Performance. Job satisfaction is one of the dimensions of Quality of Work Life (Easton & Van Laar, 2018) and Quality of Work Life as a mediating factor is not only Job satisfaction as in previous research, but there are other dimensions such as General Well Being, Home-Work Interface, Control at Work, Working Conditions, and Stress at Work which are based on important theories and have an influence on the quality of a person's work life and not only that, previous research has been conducted which states that Job Satisfaction mediates Organizational Climate on employee performance (Rifai & Tirtoprojo, 2023), and Quality of work life also positively and significantly mediates leadership and job performance (Junita et al., 2022).

This research aims to analyze the influence of clinical leadership and organizational climate on job performance with quality of work life as a mediating variable, which will be used as a reference objective in improving the performance of health workers, especially in military hospitals.

There are several differences between previous research and this research because this research is an innovation and adaptation from two previous journals (Al-Dossary, 2022; Li et al., 2021), namely the difference in the number of research samples and research objects. This research was conducted on all health workers at the xyz military hospital, whereas in previous research it was only conducted on nurses. Not only that, Quality of work life as a mediating factor that mediates clinical leadership and organizational climate on job performance is something new and has never been studied before, so it is possible that there are differences in results in previous research and current research.

The results of this research can provide managerial implications in the form of suggestions for human resources in improving the quality of work life of all health workers who work in the hospital to improve job performance through clinical leadership and organizational climate, because the higher or better the performance of the staff, the more patients will feel satisfied with the staff's services, which can influence the patient's interest in returning to the hospital (Nur Safitri & Wahyono, 2021).

## RESEARCH METHOD

The design of this research is a cross sectional study (Suliyanto, 2018) and is a quantitative research using a physical questionnaire (Bougie & Sekaran, 2020). To explain the dependent variable, namely job performance, this research analyzes two independent variables, namely clinical leadership and organizational climate. This research also uses a mediating variable, namely quality of work life. This research is a census study which takes all health workers in military hospitals as a sample who have worked for 3 months with a total of 150 people, then the results are analyzed using the PLS-SEM application. The research model can be seen in Figure 1.

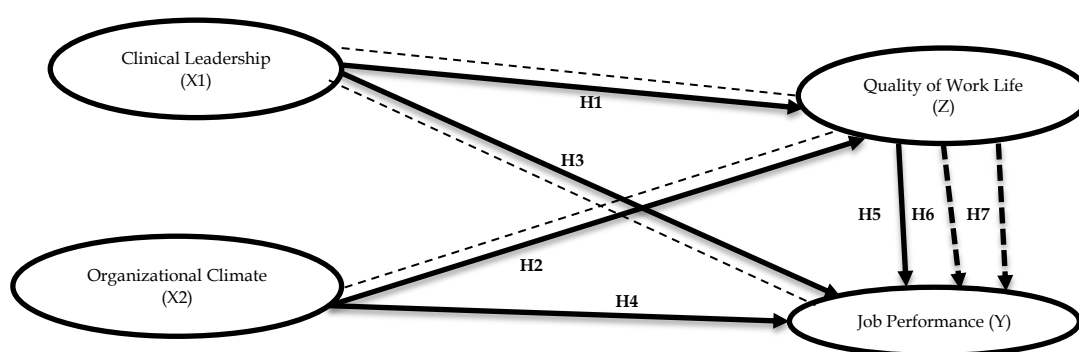


Figure 1. Illustration of the research model

Figure 1 illustrate the model of the research, the hypotheses which will be tested:

H1: Clinical Leadership has a positive and significant impact on Quality of Work Life

H2: Organizational Climate has a positive and significant impact on Quality of Work Life

H3: Clinical Leadership has a positive and significant impact on Job Performance

H4: Organizational Climate has a positive and significant impact on Job Performance

H5: Quality of Work Life has a positive and significant impact on Job Performance

H6: Quality of Work Life mediates the relationship between Clinical Leadership on the Job Performance

H7: Quality of Work Life mediates mediates the relationship between Organizational Climate on the Job Performance

## RESULTS AND DISCUSSIONS

Respondents data obtained in this study amounted 150 respondents, and the results were used in the analysis. Information about respondent profiles can be found in Table 1.

Table 1. Characteristics of respondent

Description	Category	Total	Percentage (%)
Gender	Male	41	27,3%
	Female	109	72,7%
Age	<20 years old	3	2%
	20-30 years old	70	46,7%
	31-40 years old	42	28%
	41-50 years old	21	14%
	>50 years old	14	9,3%
Marital Status	Single	65	43,3%
	Married	82	54,7%
	Divorced	3	2%

Number of Children	0	76	50,7%
	1-2	56	37,3%
	≥ 3	18	12%
Education	High School	18	12%
	Diploma	79	52,6%
	S1	43	28,7%
	S2	10	6,7%
	1-3 years	45	30%
Working Period	3-5 years	30	20%
	5-10 years	35	23,3%
	>10 years	40	26,7%
	Total	150	100%

The research results obtained were then analyzed using SmartPLS and the following results of the outer model in this research:

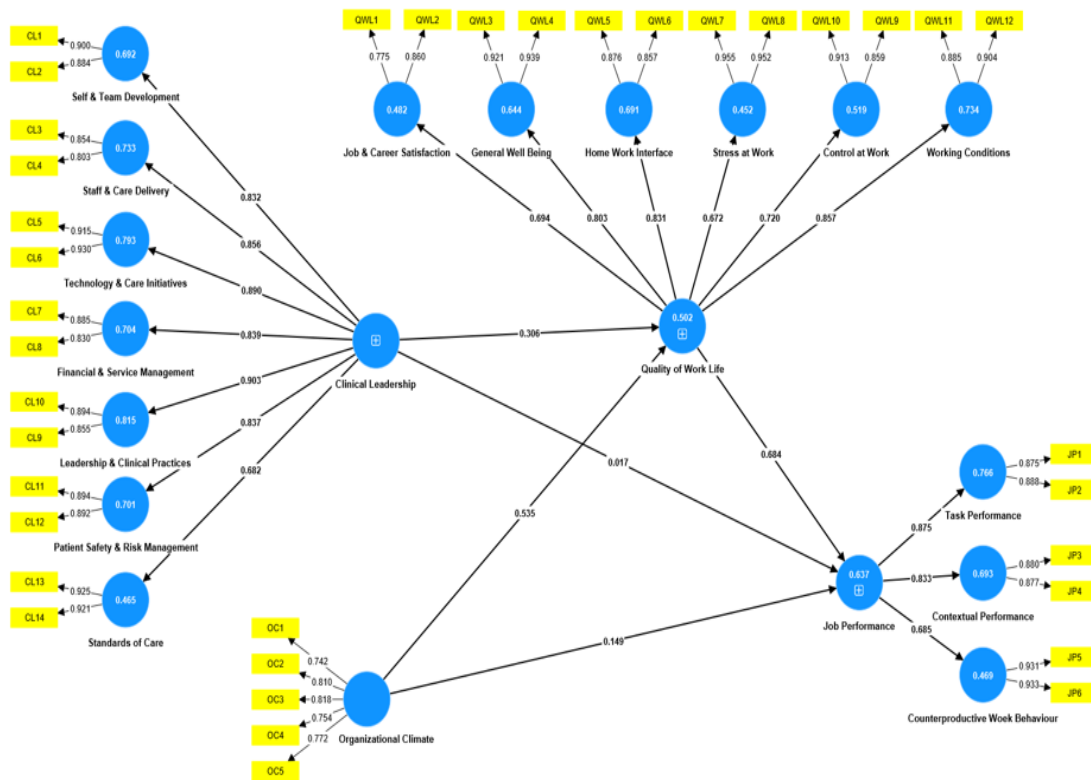


Figure 2. First stage measurement model

The measurement model analysis consists of convergent validity, discriminant validity, reliability tests, and predictive prevalence ( $Q^2$ ). It can be seen that in the picture above, the outer model shows 37 valid indicators for measuring the construct according to the outer loading value, namely  $>0.7$  (Hair et al., 2022).

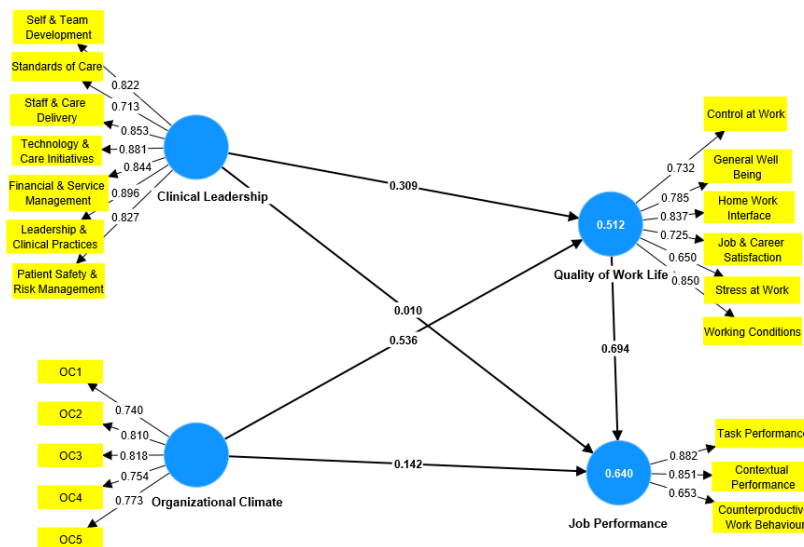


Figure 3. Second stage measurement model

In the dimensional variables, namely Clinical Leadership, Quality of Work Life and Job Performance, indicators are changed according to the dimensions using latent variable data obtained from the results of the first stage of analysis. There are 5 indicators in the construct variable and 16 indicators in the form of dimensions that represent the dimensional construct variable. The results of the analysis show that there is an outer loading of  $<0.7$ , namely the Stress at Work dimension in the Quality of Work Life variable is 0.650 and the Counterproductive Work Behavior dimension in the Job Performance variable is 0.653. However, an outer loading of  $0.4 < x < 0.7$  can still be declared valid if the AVE is  $>0.5$  (Hair et al., 2021), so that each indicator is declared valid for measuring the construct. Next, discriminant validity testing was carried out using the Fornell-Lacker Criterion value.

Table 2. Discriminant Validity

Variable	Clinical Leadership	Job Performance	Organizational Climate	Quality of Work Life
Clinical Leadership	0,835			
Job Performance	0,426	0,802		
Organizational Climate	0,392	0,602	0,779	
Quality of Work Life	0,519	0,763	0,657	0,767

Table 2 shows the results of discriminant validity measurements as seen from the Fornell-Lacker Criteria values for the entire sample for each indicator which produces valid Fornell-Lacker Criteria values.

In this outer model analysis, a reliability test was also carried out by assessing the Cronbach's alpha and composite reliability values with the criterion that if the value is  $>0.7$  then it is reliable (Hair et al., 2021, 2022).

Table 3. Reliability Test

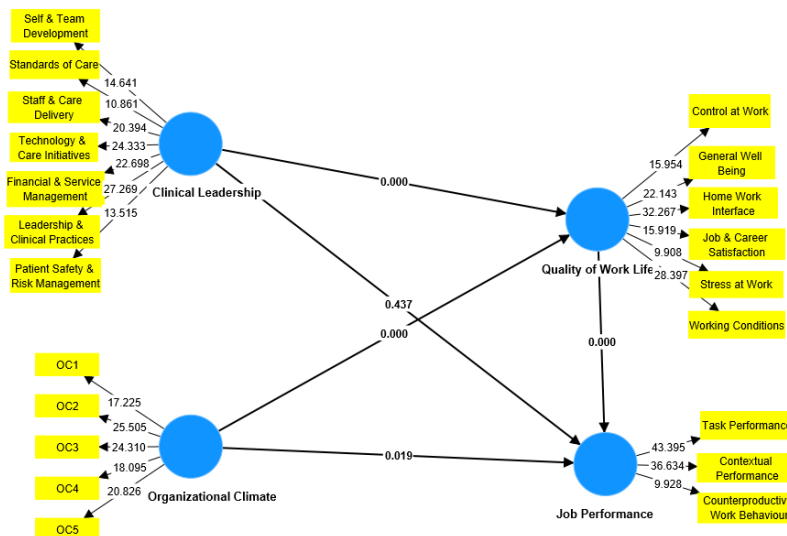
Variable	Cronbach's Alpha	Composite Reliability (CR)
Clinical Leadership	0,927	0,942
Organizational Climate	0,840	0,885
Quality of Work Life	0,857	0,894
Job Performance	0,715	0,842

It can be seen in table 3 that the Cronbach's alpha and composite reliability values for all variables are above 0.7 so all variables are declared reliable. The next analysis is to test the Q2 value to test the extent to which the research model can predict correctly when data parameters change, used to validate the predictive ability of the research model. This Good of Fit model is fulfilled when the Q<sup>2</sup> value exceeds the value 0 (Faizah et Al, 2021) and if the Q<sup>2</sup> value is between 0-0.25 then it has small predictive relevance. If Q<sup>2</sup> has a value of 0.25-0.5 then the predictive relevance value is moderate, and if the Q<sup>2</sup> value>0.5 the predictive relevance value is large (Hair et al., 2021).

**Table 4.** Predictive Relevance Values (Q<sup>2</sup>)

Dependent Variable	Q <sup>2</sup> Predict
Job Performance (Y)	0,375
Quality of Work Life (Z)	0,457

Table 4 shows the Q<sup>2</sup> value of 0.25 - 0.5 for the two dependent variables, namely job performance and quality of work life, thus these two values indicate Good of Fit and have moderate predictive relevance (Hair et al., 2021). After the measurement model analysis meets the requirements, a structural model analysis is continued to test the research hypothesis using bootstrapping techniques to determine the direction and significance of the relationship for each latent variable, as shown in Figure 4.



**Figure 4.** Path diagram t-statistics structural model

When the direction of the hypothesized influence is known to be positive or negative, then the appropriate statistical test is a one-tailed test. In this context, it can be considered that there is a significant positive influence if the T statistical value > the T-table critical value (1.645) at the 5% significance level (alpha = 0.05). On the other hand, if the T-statistic value is < the T-table critical value (1.645), then there is no significant influence between the two variables (Hair et al., 2022; Henseler et al., 2015).

**Table 5.** Hypotheses testing

Hypotheses	Path Coefficient	T Statistics	P-Value	Decision
H1: Clinical Leadership → Quality of Work Life	0,309	4,639	0,000	Supported, Positive
H2: Organizational Climate → Quality of Work Life	0,409	5,456	0,000	Supported, Positive

H3: Clinical Leadership → Job Performance	0,010	0,159	0,437	Unsupported, Positive
H4: Organizational Climate → Job Performance	0,142	2,069	0,019	Supported, Positive
H5: Quality of Work Life → Job Performance	0,694	9,623	0,000	Supported, Positive
H6: Clinical Leadership → Quality of Work Life → Job Performance	0,215	4,288	0,000	Supported, Mediating
H7: Organizational Climate → Quality of Work Life → Job Performance	0,372	5,595	0,000	Supported, Mediating

From the hypotheses testing result on table 5, we can conclude that: Accept H1, reject H0: Clinical leadership has significant positive effect on quality of work life. The results of this research are in line with research conducted by (Li et al., 2021) who conducted research on 1209 nurses with the conclusion that clinical leadership had a positive and significant influence on the quality of work life., Sun et al (2023) also stated the same thing that the two were positively and significantly related in their research on 473 family doctors, and Akar & Ustuner (2019) who also stated that leadership would have a positive impact on control of work, job and career satisfaction, general well being, home work interface and has a negative impact on stress related to work which will ultimately affect the perception of quality of work life. Accept H2, reject H0: Organizational Climate has significant positive effect on Quality of work life. The results of this research are in line with previous research conducted by Khusnullia & Khoirunnisa (2021) which involved 116 employees and obtained positive and significant influence results. Not only that, other research conducted by Ibrahim & Muhammed (2021) on 108 nurse managers also stated that there was a positive and significant relationship between organizational climate and quality of work life and other research was also conducted by Mazerolle & Eason (2018) and stated that organizational climate related to the quality of work life where a positive climate will facilitate a balanced quality of work life. Accept H0, reject H3: There is no statistically significant connection between clinical leadership and job performance. The results of this research have contradictory results to previous research(Boamah, 2019) and are in line with previous research conducted by Allatif et al (2022) on 32 respondents and it was found that leadership and motivation did not have a significant effect on employee performance. Accept H4, reject H0: Organizational climate has significant positive effect on job performance. The results of this research are in line with previous research (Abdullah Mohamed & Gaballah, 2018; Obeng et al., 2021) Accept H5, reject H0: Quality of work life has significant positive effect on job performance. The results of this research are in line with those conducted by (Bakhshi et al., 2019) on 136 employees at health centers and the research conclusion was that there was a strong and significant correlation between quality of work life and job performance, and (Al-Dossary, 2022) also conducted research on 243 nurses in hospitals and concluded that quality of work life has a positive relationship with job performance. Accept H6, reject H0: Quality of work life significantly mediates the relationship between clinical leadership and job performance. In previous research, no one has examined the mediating role of the quality of work life variable between clinical leadership and job performance, but similar research has been carried out with the leadership style variable which is related to job performance through the mediating role of quality of work life and obtained results that have a significant effect (Hermawati & Mas, 2017). Accept H7, reject H0: Quality of work life significantly mediates the relationship between organizational climate and job performance. In previous research, no one has examined the mediating role of quality of work life variables between organizational climate and job performance, but most have examined job satisfaction as a mediating role. Job satisfaction itself is an important aspect of the quality of work life and is one of the dimensions in this research. Quality of work life as mediation is something new and an innovation in this research model. From previous research that used job satisfaction as a mediator between organizational climate and job performance, it was concluded that job satisfaction research significantly mediates organizational

climate on job performance (Fianita & Wirawan, 2021; Haryono et al., 2019; Rifai & Tirtoprojo, 2023).

## CONCLUSION

This research aims to identify clinical leadership and organizational climate influencing job performance through mediating quality of work life for all health workers in military hospitals. In this research, 5 hypotheses were written between variables directly and 2 hypotheses with a mediating role and the results showed that there was a positive influence which had a high level of significance between clinical leadership on quality of work life, organizational climate on quality of work life, organizational climate on job performance, and quality of work life on job performance. Quality of work life has also been proven to mediate clinical leadership and organizational climate on job performance.

This research consists of theoretical implications and managerial implications. In terms of theoretical implications, this research makes a contribution from the educational aspect by providing new knowledge regarding clinical leadership and organizational climate on job performance which is mediated by the quality of work life in health workers, especially in military hospitals. Quality of work life as a mediating factor that mediates clinical leadership and organizational climate on job performance is new and has never been studied before.

A high level of job performance from all health workers will influence quality aspects which will increase patient satisfaction and ultimately increase the number of patient visits to the hospital. Therefore, human resource managers need to plan the right strategy to improve job performance at military hospital xyz by identifying factors in the workplace that can influence job performance. The results of this research can provide managerial implications in the form of suggestions for human resources in improving the quality of work life of all health workers who work at the hospital to improve job performance. Quality of work life can be improved by improving clinical leadership and organizational climate. This research model also has moderate predictive ability ( $Q2 = 0.457$ ) on the quality of work life variable and ( $Q2 = 0.375$ ) on the job performance variable. Therefore, the independent variables clinical leadership and organizational climate have sufficient ability to predict the quality of work life and job performance of health workers in military hospitals.

This research has several limitations, namely the theoretical literature which is a supporting aspect of the hypothesis is relatively minimal, especially the quality of work life variable which is a mediating factor between clinical leadership and organizational climate on job performance because it is something new and no one has researched it before, and the research results clinical leadership which has no effect on the job performance of health workers at the xyz military hospital. So for further research it is recommended to deepen the search for other literature that supports the research hypothesis so that the support for the theory becomes stronger and because the conclusions of this study cannot be generalized to non-military hospitals due to military institutions having their own culture, it is recommended to carry out research again at non-military hospitals.

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