

Examining Quality of Work Life Factors That Drive Employee Performance Private Hospitals In Bali Province

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Abstract

This study aims to identify factors of Quality of Work Life (QWL) that drive employee performance in private hospitals in Bali Province. The background of this study is based on the high demands of the community for the quality of health services and complaints that still often arise regarding services in private hospitals. This study adopts a quantitative approach with factor analysis and hypothesis testing methods. The nine QWL components analyzed include employee involvement, compensation, job security, work environment safety, pride in the institution, career development, facilities, problem solving, and communication. The results of the study indicate that several QWL factors have a significant influence on improving employee performance, both medical and non-medical personnel. These findings provide practical implications for hospital management in designing strategies to improve work welfare in order to improve patient performance and satisfaction. This study also provides theoretical contributions by enriching the study of the relationship between QWL and performance in the context of private health services in tourist destinations.

Keywords: *quality work life, employee performance, private hospital*

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INTRODUCTION

Indonesia as the largest archipelagic country in the world with a population of more than 270 million people, faces various challenges in the health sector. According to (Trisnantoro et al., 2020) several strategic issues related to the world of health in Indonesia are the need to increase the competence and number of health workers, as well as regarding health infrastructure and facilities such as the need to increase the number and quality of hospitals, health centers, and other health facilities. Facing these strategic issues, the Indonesian government continues to strive to improve the quality of health services through various programs and policies. Collaboration between the government, the private sector, and the community is key to realizing the vision of a Healthy Indonesia. Various strategic programs and initiatives carried out by the Indonesian government also aim to achieve the Sustainable Development Goals (SDGs),

especially SDGs 3 which focuses on ensuring a healthy life and improving welfare for all.

The health sector in the SDGs has 4 goals, one of which is Good Health and Well Being which substantially increases health financing and recruitment, development, training, and retention of health workers in achieving Universal Health Coverage, including access to quality basic health services for everyone (Ermalena, 2017). According to the United Nations, (2020) health is one of the main problems in the world including in Indonesia as stated in the Sustainable Development Goals (SDGs) in 2015 to 2030. Although there have been various efforts made to improve access and quality of health services in Indonesia, the achievement of SDGs related to health has not been optimally met. Several significant challenges such as inequality in the competence of medical personnel, health facilities, and improving the quality of health services have also slowed down Indonesia's efforts to achieve the SDGs targets in the health sector. This is supported by research (Fitriani et al., (2024) that the Implementation of National Quality Indicators carried out in achieving Hospital Accreditation Standards at Bangkinang Hospital in 2023 is still not up to standard due to several factors, including the absence of organizational culture, the absence of commitment from hospital staff, the use of the online registration application system is not optimal, the use of the electronic medical record application is not optimal and support from hospital management. In addition, a qualitative study conducted at Puri Husada Tembilahan Hospital showed that the quality of nursing services is still a major problem due to problems with educational background, workforce status, and distribution of nurses (Lestari et al., 2022). In an effort to improve the quality of services in hospitals, it is necessary to pay attention to the demands of the community for quality health services. Improving the quality of services will also be related to improving the quality of human resources (HR) as providers of these health services, especially in Bali Province. Although Bali is one of the main tourist destinations in Indonesia with a high number of visits, the quality of health services in several hospitals in Bali Province still faces challenges in meeting the established service standards.

The results of a qualitative study conducted by Agung et al., (2023) showed that the implementation of hospital policies at Pucuk Permata Hati Hospital, Denpasar, was not optimal. This can be seen from the inadequate competence of human resources in implementing hospital policies and the commitment of several hospital staff and cross-sectors was not optimal. Other research on performance management analysis at Siloam Hospitals Bali, measured by key performance indicators, illustrates that the mandatory e-learning training program and surveys have not met the target due to the different shifts of each employee and when the training schedule is on, the employee concerned is on leave or off night shift. Without adequate training, health workers may not be able to work efficiently, which can slow down the service process and increase the workload. This can also affect the overall management of time and hospital resources (Virnanda et al., 2023).

Hospitals are a sector engaged in health services and play an important role in the health development sector. The national health system is one of the national development efforts directed towards achieving awareness, willingness

and ability to live healthily for every resident in order to realize the highest level of public health. The success of the Hospital in carrying out its functions is marked by the quality of excellent Hospital services. Hospital quality is greatly influenced by several factors. The most dominant factor is human resources. Hospitals as a place of service for human health needs, generally have a mission to provide quality and affordable health services to the community in order to improve public health (Setyawan & Supriyanto, 2020). In hospitals, the personnel directly involved in providing services to patients are doctors, nurses, midwives, pharmacists, other medical experts including radiographers, laboratory technicians, pharmacists, physiotherapists, and psychologists. In addition to medical personnel, there are also non-medical personnel who play an important role in maintaining the quality of health services in hospitals, namely administrative staff, marketing staff, information technology officers, human resources division staff, financial officers, logistics, etc. Both medical and non-medical personnel play a very important role in providing quality health services to patients and have a significant contribution in ensuring smooth operations and improving the quality of services. Thus, the implementation of quality of work life (QWL) is essential to improve working conditions and increase organizational effectiveness, as expressed by Parvar et al., (2013), where quality of work life is an effective program in improving working conditions (from the employee's perspective) and greater organizational effectiveness (from the manager's perspective). Quality of work life also plays a role in monitoring employees about the quality of their work and helping managers to get ideas for improvement in an organization.

Quality of work life (QWL) is the level of satisfaction, motivation, involvement and experience of individual commitment regarding their life at work. QWL also means the degree to which individuals are able to satisfy their individual needs. The benefits obtained by organizations whose environment organizes QWL effectively, namely employees will have a sense of belonging, a sense of responsibility and a high willingness to participate in organizational activities, and even in the entire organization. In a simpler sense, QWL that is organized effectively will create and develop high loyalty and dedication to the organization and even to leaders or managers (Tjahyanti, 2013). Quality of work life has a very large influence on improving organizational work and organizational performance is greatly influenced by the good or bad performance of individuals or employee performance, because in the organizational framework there is a relationship between individual performance and organizational performance. The most influential component in realizing the goals and objectives of the organization is its human resources. In order to improve performance, there must be a good working atmosphere or atmosphere where employees can feel involved with the organization or company, such as their participation in decision making in the work environment, compensation, a sense of job security, safety in the work environment, a sense of pride in the job or institution, good and clear career development, facilities, satisfactory problem solving and good communication between employees and superiors (Cascio, 2010).

Private hospitals often have the flexibility to offer competitive employee welfare packages, including health insurance, mental health programs, adequate facilities, opportunities for development, and good management so that they can motivate employees to work better and improve the quality of work life. Private hospitals that maintain high QWL tend to have better patient care. Employee welfare can affect interactions with patients, thus having a positive impact on the quality of care provided (Indriani et al., 2024). Private hospitals in Bali do have a good image in the eyes of the public in providing quality health services, but this does not make private hospitals free from patient complaints. The high demand from the public for quality health services is also the reason why there are still complaints even though the health service provider has provided services in accordance with standard operating procedures.

In general, this study is to determine the performance of employees in Private Hospitals in Bali. The selection of Private Hospitals as the object of this study is based on the consideration that patients who visit have the status of paying their own hospital service fees and do not have any connection that requires patients to seek treatment at the Private Hospital. Patients are free to choose a place of treatment according to their own choice, based on the quality that is considered appropriate and satisfactory. In addition, the rapid growth of private hospitals in Bali has created competition in terms of the quality of health services and has a diversity of management systems compared to state hospitals.

This study was conducted with the reason to find out how employee performance is in Private Hospitals in Bali and considering that there has never been a study on employee performance reviewed from the quality of work life in Private Hospitals in Bali. Based on the explanation from (Cascio, 2010) the factors that influence employee performance are employee involvement (employee participation), compensation (compensation), job security, work environment safety (work environment safety), pride in the institution (pride), career development (career development), facilities (wellness), problem solving (conflict resolution), and communication (communication). Finding out the factors that most influence employee performance in Private Hospitals in Bali so that they can provide solutions to Private Hospitals in Bali to reduce patient complaints and increase patient service satisfaction. In addition, there are differences in the results of previous studies which found that quality of work life has a positive and significant effect on the performance of medical employees and show that increasing quality of work life can encourage better performance (Aifu et al., 2024). However, different results were found in other studies stating that there was no significant relationship between nurses' quality of work life and their performance (Rohmayanti & Wijayanti, 2023a). These differences in findings raise important questions regarding the factors that influence quality of work life among medical and non-medical personnel and emphasize the importance of further exploration to explain this research gap. Regarding the urgency of this research which lies in several aspects such as the increasing public demand for quality health services, especially in Bali as a major tourist destination where until now there are still complaints regarding services that are considered less than satisfactory, competition between hospitals which can be seen from the rapid growth of private hospitals in Bali which can create competition in terms of

quality of health services and the existence of a research gap regarding the influence of quality of work life on the performance of health workers, where some studies show a significant positive relationship, while other studies find no significant relationship. Therefore, researchers are interested in further researching "what quality of work life factors drive employee performance at Private Hospitals in Bali Province".

METHODOLOGY

This study was conducted in private hospitals in Bali Province. There are a total of 58 private hospitals in this area with a total of 30,169 health workers, consisting of medical and non-medical personnel. This study was conducted in private hospitals in Bali Province. There are a total of 58 private hospitals in this area with a total of 30,169 health workers, consisting of medical and non-medical personnel. Simple Random Sampling is the taking of sample members from a population that is carried out randomly without considering the strata in the population. Determination of the number of samples can be done by statistical calculation, namely by using the Slovin Formula so that 100 samples are obtained in this study. This study uses validity and reliability tests, descriptive statistical analysis, classical assumption tests and confirmatory factor analysis tests.

RESULTS AND DISCUSSION

Kaiser Mayer Oikin (KMO) Test and Bartlett's Test of Sphericity

The Kaiser Mayer Olkin (KMO) test is conducted to assess sample adequacy or determine sample eligibility. Factor analysis is considered eligible if the KMO value is greater than 0.5. Bartlett's Test of Sphericity is used to test that the variables in the sample are correlated. The following are the calculation results using KMO and Bartlett's Test of Sphericity:

Tabel 1. KMO dan Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0,901
Bartlett's Test of Sphericity	Approx. Chi-Square	6284,339
	df	351
	Sig.	0,000

Source: Data processed (2025)

The Kaiser-Meyer-Olkin MSA (KMO-MSA) value of 0.901 already shows that the results are good (> 0.50). Thus, the requirements for the first factor analysis can be met so that it can be continued for further testing. Second, the Bartlett's Test of Sphericity value is 6284.339 at a significance of 0.000. This value indicates that the factors forming the variables are good.

Anti Image Matrices

In addition to checking the Kaiser Mayer Olkin (KMO) Test and Bartlett's Test of Sphericity, it is also important to check anti-image matrices. This examination is useful for determining whether partial variables are worthy of

analysis and do not need to be removed from the testing process. Based on the results of the analysis, it shows that the MSA value (diagonal number in Anti Image Correlation) marked "a" which forms a diagonal line from the Employee Participation, Compensation, Job Security, Work Environment Safety, Pride, Career Development, Wellness, Conflict Resolution, and Communication factors are each greater than 0.5, then the value of each existing factor can be predicted and analyzed further.

Communalities

After conducting the Kaiser Mayer Olkin (KMO) Test, Bartlett's Test of Sphericity and checking the anti-image matrices, the next step is to check the Communalities. Communalities are values that indicate how much a variable contributes to the factors formed.

From the results of the analysis, the majority of indicators have a communalities value > 0.5, meaning that the indicators used have a strong relationship with the factors formed. The greater the value of the communalities, the better the factor analysis. This value describes the level of relationship between each indicator and the factors that drive employee performance at Private Hospitals in Bali. The highest value is shown by the work environment factor (Safety Training) with the statement that "I have received adequate safety training to improve readiness to face dangerous situations" which is 93%, followed by the same factor in the Adequacy of Safety Equipment and Facilities indicator with the statement ". While the Employee Participation indicator which reads "I actively participate in decision making or hospital activities that support the achievement of common goals" is the indicator with the lowest value of 67%. This shows that environmental factors such as the work environment have a greater influence on factors that drive the performance of private hospital employees than employee participation.

Factoring Process

Total Variance Explained is used to determine the number of factors formed. The factors formed must have an eigenvalue ≥ 1 . Here is the Total Variance Explained table:

Tabel 2. Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	18,737	69,397	69,397	18,737	69,397	69,397	9,276	34,355	34,355
2	1,573	5,827	75,225	1,573	5,827	75,225	7,925	29,352	63,707
3	1,371	5,077	80,302	1,371	5,077	80,302	4,481	16,595	80,302

Source: Data processed (2025)

Based on table 4.19, it shows that the first component, second component, third component, and fourth component (Initial Eigenvalues) in the total column have values of 18.737, 1.573, and 1.371, or > 1 , which means that these values can be formed into new factors. Meanwhile, the first component and second component (Initial Eigenvalues) in the % of variance column have values of 69.397%, 5.827%, and 5.077%, respectively, which means that the factors (dimensions) used in factor analysis are able to explain variations of 69.397%, 5.827%, and 5.077%, respectively. Through Table 4.19, it is known that 3 factors have eigenvalues greater than 1 with a cumulative variance of 80.302%, which means that of the 27 existing factors, only 80.302% can be extracted into 3 factors, while the rest cannot be extracted. This is because the fifth to twenty-seventh components have total values (Initial Eigenvalues) produced respectively with values of 0.877, 0.638, 0.515, 0.465, 0.425, 0.343, 0.269, 0.251, 0.223, 0.210, 0.163, 0.158, 0.145, 0.125, 0.109, 0.089, 0.071, 0.058, 0.047, 0.044, 0.036, 0.024, 0.019, and 0.016 or < 1 .

Factor Grouping and Rotation

Based on the results, it shows that the 27 initial factors will be included in component 3 (new factors), this is because in this study there are only four new factors formed. If the number of respondents is 100 people, then the factor loading limit value is 0.55. Based on the results of the Component Matrix processing, 27 indicators are only grouped into 1 factor. This is not in accordance with the results of the Total Variance Explained. So, to ensure a variable is included in which factor group, it can be determined by looking at the largest correlation value between the variable and the factor (component) formed through the Component Matrix rotation results.

Interpretation of Factors

Based on the results of the factor analysis, it is known that out of 27 reduced factors, only 3 factors were successfully formed, namely:

- 1) Factor 1 is formed by 12 indicators consisting of Safety Training, Adequacy of Safety Equipment and Facilities, Incident and Injury Frequency, Involvement in Organizational Development, Management Support, Management Support in Employee Welfare, Role Certainty, Satisfaction with Organizational Reputation, Awareness of Opportunity, Perceived Job Stability, Comfortable Working Environment, and Career Equity. This factor reflects the organization's commitment to a safe and stable work structure, while management support, organizational reputation, and awareness of career opportunities indicate comprehensive support for employee development and well-being. Therefore, this factor is called Structural Assurance System.
- 2) Factor 2 is formed by 11 indicators consisting of Two-Way Feedback, Communication Frequency, Conflict Resolution Training, Work-Life Balance Programs, Existence of Conflict Resolution Procedures, Career Satisfaction, Mediation and Collaborative Approach, Pay Equity/Fairness, Compensation

Satisfaction, Availability of Health Facilities, and Existence of Conflict Resolution Procedures. This factor describes a dynamic, interconnected, and adaptive work system that facilitates open communication, conflict resolution, and employee well-being and satisfaction. Therefore, this factor is called Interactive Works System.

- 3) Factor 3 is formed by 4 indicators consisting of Job Involvement, Collaboration, Employee Participation, and Transparency and Clarity of Compensation Structure. Overall, this factor reflects an organizational culture that encourages active employee participation in work activities and decision-making, as well as transparency in the reward system. These four indicators indicate that employees feel part of a team, heard, involved, and appreciated for their contributions, which is the core of a collaborative work culture. Therefore, this factor is called Collaborative Work Culture.

Hypothesis Test

H1 = Employee Participation, Compensation, Job Security, Work Environment Safety, Pride, Career Development, Wellness, Conflict Resolution, and Communication, Have a Positive Influence on Employee Performance in Private Hospitals in Bali. This hypothesis can be accepted with the addition of 3 new factors, namely Structural Assurance System which is a combination of Job Security, Work Environment Safety, Pride, Career Development, and Wellness factors. The second factor formed is the compensation factor, Career Development, Wellness, Conflict Resolution, Communication. The third factor formed is the Collaborative Work Culture factor, which is a combination of the Employee Participation and Compensation factors

Conclusions of Each Hypothesis

Based on the findings and analysis of the research results, the following conclusions can be drawn:

- 1) Structural Assurance System has a positive effect on employee performance in private hospitals in Bali Province. The results of the study indicate that the Structural Assurance System, which consists of job security, a comfortable work environment, pride in the organization, career development, welfare, and conflict resolution, has a positive effect on employee performance. With strong structural assurance, including job security, management support, and effective work safety procedures, employees feel more secure, motivated, and committed to their work, which ultimately increases their productivity.
- 2) Interactive Work System has a positive effect on employee performance in private hospitals in Bali Province. The findings of the study indicate that the Interactive Work System, which consists of effective communication, involvement in decision making, work-life balance, and transparent and adequate compensation, contributes significantly to improving employee performance. Two-way communication mechanisms and clarity of information within the organization help create a more interactive and supportive work environment, so that employees feel more appreciated and more motivated in carrying out their duties.

- 3) Collaborative Work Culture has a positive effect on employee performance in private hospitals in Bali Province. The results of the analysis show that Collaborative Work Culture, which consists of work participation, teamwork, involvement in decision making, and fairness in compensation, has a significant effect on employee performance. A collaborative work culture increases employee engagement and loyalty, which ultimately impacts work efficiency and the quality of services provided in hospitals.

Discussion of the Most Influential Factors

First Factor

The first factor formed is a new factor called the Structural Assurance System, which is a combination of the factors Job Security, Work Environment Safety, Pride, Career Development, and Wellness. The name Structural Assurance System was chosen because this factor reflects the organization's efforts to build a structured work system and support the creation of a sense of security, career stability, and overall employee welfare. This is the result of the relationship between various important elements such as work safety, institutional reputation, comfortable work environment, role clarity, and access to equal career development. Thus, the Structural Assurance System represents a work environment that provides protection, certainty, and long-term support for employees as part of the organization's strategy to increase employee loyalty and performance.

The Structural Assurance System factor is the factor with the largest variance explained in this study, which is 35.355%, which shows a dominant contribution in explaining data variability. The strongest indicator in forming this factor is Safety Training with the statement "I have received adequate safety training to improve readiness to face dangerous situations," which has a varimax rotation value of 0.902. This shows that employee readiness in facing work risks through adequate safety training is the main foundation in creating a work system that ensures safety and psychological stability in the workplace.

The results of the study showed that the majority of employees in private hospitals in Bali Province are in the age range of 25-35 years, which is 102 people or 68%. This age group reflects a workforce that is at the peak of productivity and career growth, so they pay close attention to factors such as job security, career development opportunities, and the quality and safety of the work environment. This is in line with the indicators in the Structural Assurance System, such as perceptions of job stability, awareness of development opportunities, management support for welfare, and comfort of the work environment, which overall reflect the importance of structural guarantees for young employees in building their careers.

In addition, as many as 60 people or 40% of employees have a work period of between 1-5 years, indicating that many of them are still in the early stages of their working relationship with the organization. During this adaptation period, factors such as role clarity, support from management, and organizational procedures that provide a sense of security and fairness are crucial in forming loyalty and emotional attachment to the institution. Therefore, the

implementation of a good Structural Assurance System can be an important instrument to maintain employees with young work periods to stay motivated and grow with the organization. This also contributes to reducing turnover and creating workforce stability in the healthcare sector. This finding supports the Organizational Citizenship Behavior (OCB) Theory proposed by Organ (1988), which explains that employees who feel safe, appreciated, and supported by the organization tend to demonstrate extra-role work behaviors such as discipline (conscientiousness), active participation (civic virtue), and helping each other (altruism). In addition, these results are also in line with the Social Exchange Theory by Homans (1958) which states that work relationships are reciprocal, where employees will respond to the organization's positive treatment with high work commitment and contribution. These findings also strengthen the relevance of Person-Organization Fit (Schneider, 1987), which emphasizes the importance of the fit between employee values, expectations, and needs with the organizational system. In the context of private hospitals in Bali, the implementation of the Structural Assurance System is the key to creating a stable, healthy work environment that supports long-term workforce productivity.

Second Factor

The second factor formed is a new factor called Interactive Work System, which is a combination of Compensation, Career Development, Wellness, Conflict Resolution, and Communication factors. The name Interactive Work System was chosen because this factor reflects a work system that emphasizes the importance of open interaction, responsive communication, and organizational support for employee needs in terms of emotion, professionalism, and well-being. This is the result of the relationship between elements such as two-way feedback, effective conflict resolution, satisfaction with compensation, adequate health facilities, and clarity of career development paths. Thus, the Interactive Work System represents a dynamic and adaptive work environment, where the reciprocal relationship between the organization and employees encourages the creation of trust, involvement, and improved performance quality.

The Interactive Work System factor is the second dominant factor in this study, with a variance explained value of 29.352%, which indicates that this factor makes a major contribution to explaining data variability. The strongest indicator in forming this factor is Two-Way Feedback, with the statement "I can provide feedback to management, and they listen and respond well.", which has a varimax rotation value of 0.871. This finding shows that employee involvement in an open communication system is a major pillar in creating a participatory and mutually respectful work system. Other indicators such as frequency of communication, availability of health facilities, career satisfaction, and fairness and satisfaction with compensation also strengthen the structure of this interactive work system, which unites aspects of communication, rewards, and work-life balance.

The results of the study showed that the majority of employees in private hospitals in Bali Province are in the 25-35 year age range, which is 102 people or 68%. This age group is known as a generation that is accustomed to open communication patterns, responsive to change, and has high expectations for

self-development and balance between work and personal life. This is in line with the indicators in the Interactive Work System, where employees in this age group highly value the opportunity to provide feedback, clarity of communication, work-life balance programs, and fairness in the reward system. In addition, they tend to want collaborative and supportive working relationships, which further strengthens the important role of an interactive work system. In addition, as many as 60 people or 40% of employees have a work period of between 1-5 years, which shows that many employees are still in the adaptation stage with the hospital work system. This work period is a crucial phase in building perceptions and loyalty to the organization. In this context, the Interactive Work System becomes very important because it provides a space for active participation, access to training, and transparency in the reward system and conflict resolution. The presence of a responsive and communicative system can help employees in the early stages of work feel appreciated, supported, and have a place to grow, thereby strengthening their attachment to the organization and preventing potential turnover. The results of this study support the Organizational Citizenship Behavior (OCB) Theory proposed by Organ (1988), which explains that employees who work in a fair, open, and participatory work system will be more likely to demonstrate extra-role behaviors such as altruism, courtesy, and civic virtue. An interactive work environment allows employees to express their opinions, resolve conflicts in a healthy way, and feel appreciated in decision making.

This finding is also in line with Social Exchange Theory (Homans, 1958), which states that a give-and-take relationship between the organization and employees will create positive reciprocity, where employees feel encouraged to make greater contributions to the organization. In addition, this finding is in line with Person-Organization Fit (Schneider, 1987), where the fit between employee expectations and the organization's work culture will increase work satisfaction, commitment, and motivation. In the context of private hospitals in Bali, the implementation of the Interactive Work System is an important foundation for building a healthy, productive, and mutually beneficial working relationship between the organization and the workforce.

Third Factor

The third factor formed is a new factor called Collaborative Work Culture, which is a combination of Employee Participation and Compensation factors. The name Collaborative Work Culture was chosen because this factor reflects a work culture that encourages active employee involvement in work and harmonious interaction with coworkers, which is reinforced by a transparent and fair compensation system. This is the result of the complex relationship between these elements, where employee participation in the organization and effective teamwork are often influenced by the reward system and fairness in compensation. Thus, Collaborative Work Culture represents a work environment that emphasizes cooperation, involvement in decision making, and fair appreciation of employee contributions, all of which contribute to their motivation and performance.

The Collaborative Work Culture factor is the factor with the smallest variance explained in this study, which is 16.595%, but still has a significant contribution in explaining data variability. The strongest indicator in forming this factor is Job Involvement with the statement "I feel my job is an important part of my life and I am fully committed to my duties.", which has a varimax rotation value of 0.877. This shows that emotional involvement and employee dedication to their work are the main foundations in building a collaborative work culture. The results of the study showed that the largest percentage of employees in private hospitals in Bali Province were in the 25-35 year age range, which was 102 people or 68%. The dominance of this age group reflects that the workforce in private hospitals is dominated by individuals who are still in the career development stage, have high work enthusiasm, and are more open to teamwork and participation in the organization. This is in line with the indicators in Collaborative Work Culture, where employees in this age group tend to have high job involvement, make work an important part of their lives, and show full commitment to the tasks they carry out. In addition, this group also tends to collaborate actively with coworkers (collaboration) in achieving common goals, and is more often involved in organizational decision-making (employee participation), which is an important part of a collaborative work culture. In addition to the participation factor, this age group also demands more clarity in the compensation system, as reflected in the indicator of clarity of the compensation structure (transparency and clarity).

Young employees generally have high expectations for a clear and transparent reward system, including policies regarding salaries, bonuses, and other incentives. In addition, research also shows that the largest percentage of employees have a work period of between 1-5 years, which is 60 people or 40%. This length of service indicates that many employees are still in the process of adjusting to the work environment and in the process of building loyalty to the organization. Therefore, the existence of a collaborative work culture that encourages involvement in decision-making, effective cooperation, and transparency in the compensation system is very important in maintaining employees with this length of service so that they remain motivated and do not experience the desire to move to another organization. The high number of employees with relatively short tenure can also be an indication of challenges in workforce retention in private hospitals in Bali, which can be overcome by strengthening the implementation of Collaborative Work Culture. With a collaborative work culture, employees with 1-5 years of tenure can feel more involved in decision-making, so that they have a sense of ownership of the organization and are more motivated to contribute. In addition, a work system based on strong collaboration between employees can create a more supportive work environment, where employees feel valued and have closer working relationships with their colleagues. Transparency in the compensation system is also a very important factor for employees in the early stages of their careers, because clarity regarding the mechanisms for providing salaries, benefits, and incentives can increase their sense of fairness and job satisfaction.

The results of this study support the Organizational Citizenship Behavior (OCB) Theory proposed by Organ (1988). OCB explains that employees who

have high involvement in the organization and work in a collaborative environment will be more likely to demonstrate extra-role work behaviors that support organizational effectiveness. In addition, this study is also in line with the Social Exchange Theory (Homans, 1958) which explains that when employees feel fairness in compensation and support for working together in a team, they will respond with higher work commitment and more productive behavior.

The results of this study are also related to Person-Organization Fit (Schneider, 1987), which explains that the suitability between individual values and organizational work culture will increase employee job satisfaction and loyalty. Collaborative Work Culture creates a work environment that is in accordance with employee expectations, especially in terms of involvement in the organization and appreciation for their contributions. In the context of private hospitals in Bali, a collaborative work culture that encourages active employee participation and transparency in compensation is essential to creating a more productive, loyal workforce that is ready to face the challenges of the dynamic health industry.

CONCLUSION

This study examines in depth the Quality of Work Life (QWL) factors that contribute to employee performance in private hospitals in Bali Province. Using factor analysis methods and hypothesis testing on 100 respondents, it was found that quality of work life has a significant influence on the performance of medical and non-medical personnel. From the results of the analysis, three new main factors were formed that drive employee performance:

1) Structural Assurance System

This factor includes aspects of job security, comfortable work environment, pride in the institution, career development, and welfare. This factor shows that strong structural assurance provides a sense of security and increases employee loyalty and productivity. This factor explains the largest data variance (35.355%).

2) Interactive Work System

This factor includes two-way communication, conflict resolution, work-life balance, compensation satisfaction, and health facilities. An interactive and adaptive work environment encourages active employee participation, increases engagement, and supports work efficiency. This factor explains 29.352% of the variance.

3) Collaborative Work Culture

This factor emphasizes participation, collaboration, and clarity of compensation structure. Collaborative work culture creates emotional engagement of employees, boosts morale, and strengthens work relationships. Although explaining a smaller variance (16.595%), this factor remains significant to performance improvement.

Overall, these three factors indicate that the success of private hospitals in improving employee performance is highly dependent on the creation of a safe, communicative, and collaborative work environment. The results of this study support theories such as Organizational Citizenship Behavior (OCB), Social Exchange Theory, and Person-Organization Fit, all of which emphasize the

importance of the fit between individual values and organizational systems in shaping optimal behavior and performance.

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