

The Integral Relationships Among Communicative Behavior and the Transformation of Healthcare Culture into Inclusive & Safety Culture in Strengthening of Human Capital and Employee Performance Conduct to Improve the Healthcare Service Quality

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ABSTRACT

Background: The transformation of healthcare culture towards an inclusive and safety culture is a shared meanings system that influences communicative behaviour and healthcare service dynamics, shaping interactions with human capital and employee performance, which directly impacts an increasing of healthcare service quality.

Aims: To investigate the relationship among the communicative behaviour, the transformation of health care culture to an inclusive culture and safety culture, the human capital, the employee performance and the quality of healthcare services in the hospitals.

Methods: Quantitative methods non-parametric-non-experimental- correlational, non-positivism, ex post facto, cross-sectional VB SEM WarpPls with systematic behaviour evidence-based management analysis according to evidence regarding too subjective perceptions of the employees. Sample is taken with Hair JW Technique and purposive non-random sampling is selected as primary data that is collected through questionnaires.

Results: The finding of this research is fit research model that is fullfill to be generalized to the population and valid to be empiric-based evidence for another research. There are significant positive relationships effect quantitatively among communicative behavior, inclusive culture, safety culture, human capital, employee performance and healthcare quality service. Indirect relationships are found between

- Communicative behaviour and healthcare service quality through human capital and employee performance.
- Inclusive culture and healthcare service quality through human capital and employee performance.
- Inclusive culture and employee performance through human capital.
- Safety culture and healthcare service quality through human capital and employee performance.

Conclusion: This research is proved that there is an integral relationship among communicative behavior, transformation culture towards an inclusive and non-punitive continuous learning safety culture that supported by human capital with good professional employee performance and interpersonal cooperation that conduct to increase the quality of hospital healthcare services.

Novelty: This is Post Positivism paradigm research which holds that there is no absolute truth of knowledge regarding any single theory. Questionnaires are collected as primary data of systematic behavior analysis evidence-based management, that are served to assess perception of employee as human capital and internal consumer, that conduct subjectively. Questionnaires are valid and reliable proved with no significant multicollinearity relationship among variable statistically. Exogen variable are proved of having strong predictive relevancy to endogen variable. The finding of this research is model fit to be generalized to the population and valid to be empiric-based evidence for another research. This research and all of the other field research are ongoing and needs to be carried out to conduct, evaluate, and propose a sustainable reporting system, as well as further studies to assess the integral relationship between an communicative behaviour, inclusive culture, safety culture, human capital, employee performance, and health service quality as feedback to improve the policy of sustainable strategic management and human resources management to increase hospital healthcare service quality.

Keywords: Communicative Behaviour, Inclusive Culture, Safety Culture, Human Capital, Employee Performance, The Quality of Healthcare Services.

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Summary

Communicative behavior and the transformation of healthcare service culture to the inclusive & safety culture are important to conduct the quality of hospital healthcare service. Organizational culture is a system of shared meanings that influences communicative behavior in healthcare service dynamics, shapes interactions with human capital and employee performance, that directly affect healthcare service effectivity. Organizations strive for excellence, which is shaped by their organizational culture.

This is a correlational quantitative research- VBSEM WarpPls, which are supported by a systematic literature review in the form of meta-analysis, which combine data from various previous studies, that have successfully drawn a conclusion regarding the integral relationship among communicative behavior, inclusive culture & safety culture transformation to support human capital and employee performance to enhance healthcare service quality. This research model is fit to be generalized to the population and valid to be an empirical based study for another research.

Introduction

Communicative behavior which adopts the digital-era technology and the healthcare service culture that transforms to inclusive and safety culture is important to conduct the healthcare quality in the hospitals. Organizational culture is a system of shared meanings that influences healthcare service dynamics, shapes the organization behavior, and interacts with human capital and employee performance, which directly impacts the quality of healthcare services. Organizational culture is a model of values, beliefs, and norms that serve as a learned method to deal with experiences that have developed over the history of a particular organization and influencing organizational behavior. How an organization applied its human capital in human resource management and strategic management practices depends on the organizational culture. Hospitals as organizations strive to achieve excellence shaped by organizational culture, maintain and develop human resource talent, support job performance, and healthcare service quality in the line with the organization goals.

This research is conducted to complement a systematic study of behavior based on evidence-based management analysis. The study is carried out using a predictive deductive quantitative approach, relying on the best empirical scientific evidence. The research aim to prove the hypothesis of an integral relationship between communicative behavior that is service-oriented, accountable, competent, harmonious, loyal, adaptive, and collaborative that leverages digital-era technology, an inclusive culture, and a non punitif safety culture with continuous learning, human capital, and employee performance in relation to the quality of healthcare services. There are managerial and operational phenomena in communicative behavior, inclusive culture, safety culture, human capital, and employee performance that show to come down in the quality of service in hospitals, which requires follow-up and attention. This study is expected to provide data as further as feedback for strategic management and human resource management policies in improving hospital service quality to boost profitability, which in some countries has also been reported to be worst. The post-positivist paradigm and the identification of a research gap form the basis for

conducting this study philosophically, where it is believed that there is no absolute truth in a single theory and it can be replaced by another theory [1]. This research is carried out because, in the epistemological perspective philosophy of science, research activities need to be conducted as a scientific method to obtain answers and truth about the research hypotheses that formulated. This study is a recent investigation in the field of management, where ongoing research is needed across all areas to improve the quality of healthcare services and long-term profitability. New research is important regarding healthcare issues and the quality of healthcare services, where according to Abraham Maslow's hierarchy of human needs, health occupies the first and most important position as the foundation for fulfilling human physiological needs for welfare.

Non-experimental, non-parametric quantitative research with a post-positivist correlational ex post facto cross-sectional VBSEM-WarpPls approach is choosen [1]. Questionnaires are used as the main instrument to assess employees' subjective perceptions as service providers as well as internal consumers Kottler P, et.al. in Marketing Management. Alfred Marshall in The New Palgrave: a Dictionary of Economics [2]. This study conducts a correlational approach to analyze the phenomenon of integral relationships between variables, that is cross-sectionally at one point in time in an ex post facto manner, where the researcher does not manipulate the sample to influence the research results.

There is a phenomenon of economic and increasing population growth, accompanied by the rise in the number of patients with chronic illnesses who need access to quality healthcare services. Some managerial and operational issues have been found, leading to the need to improve healthcare service quality by changing behavior, especially communicative behavior that is innovative and adaptive, by maximizing the human capital as a resource with good performance, that issupported by the development of technology and information resources in the digital era, which is hindered by network issues. The changes in communicative behavior are also supported by a safety culture that is non punitive with continuous learning that focused on patient safety regarding life-saving and preventive of infection management, as well as an inclusive culture with an intersectional perspective that values equality in diversity, security, justice, anti-discrimination and accessibility that id supported by infrastructure in improving healthcare service quality. Managerial leadership skills are needed as part of human capital, along with cooperation and interpersonal relationships with good performance, in order to effectively communication by utilizing digital era technology to address these issues.

Several safety cases at AWS General Hospital prompt this research. The background for this study in the form of the safety incident indicators is based on literature, that are sepsis, phlebitis, and pressure ulcers, as well as the mortality rates. According to the Hospital Management Information System data in the sufficiently advanced Electronic Medical Records (EMR), during the period from January to December 2025 in the inpatient ward of AWS Samarinda General Hospital, 1.2% of sepsis cases resulted in death, 0.03% of phlebitis cases resulted in death, and 0.06% of pressure ulcer cases resulted in death due

to their primary illness. These numbers are very small, with a mortality rate of less than 1.5%, which means the quality of care at AWS General Hospital is still very good because it can control the incidence of sepsis, phlebitis, and pressure ulcers, which are safety indicators in hospital healthcare according to AHRQ. The mortality rate, which is one of the Minimum Service Standards for assessing the quality of hospital services according to international standard value, is measured by GDR and NDR. The Gross Death Rate (deaths less than 48 hours) at AWS General Hospital in 2025 is 16%. This figure is below the ideal GDR standard of less than 45%, that indicates the goodness of hospital quality healthcare services. The Net Death Rate (deaths more than 48 hours) at AWS General Hospital in 2025 is 45.4 %. This number is higher than the ideal NDR standard of less than 25%, which shows that the healthcare service quality at AWS Hospital is less than ideal. However, the overall inpatient mortality at AWS General Hospital during 2025 is 6% or 60‰, which is still good value and being below the 70‰ standard for total hospital mortality. These findings indicate that follow-up and attention are still needed to further reduce the mortality rate and improve patient safety and hospital healthcare service quality.



Figure 1: Safety Incident at AWS Samarinda Indonesia Regional Hospital in 2025

Source: AWS Regional Hospital of Samarinda Indonesia EMR 2025

The quality of healthcare services is the type of service that is expected to maximize patient welfare, where a balance is achieved between the benefits and sacrifices that is formed during a comprehensive healthcare process. It is difficult for assessing the quality of healthcare services. Service quality is conducted to be an abstract, its construct is hard to be understood due to three characteristic aspects of service: intangibility/abstractness, heterogeneity, and inseparability between production and consumption. Research in the modern era shows that quality healthcare services focus on patient safety as a core culture, alongside an inclusive safe and anti-discriminatory culture. This model is not only focused on the quality and effectiveness of healthcare services but also on the individual patient experience and satisfaction, which is reflected in patients' perceptions of the availability of infrastructure, facilities, human resource responsiveness, reliability of services provided, service guarantee, and the empathy that patients receive during the healthcare service [3]. Indicators of healthcare service quality, such as structure, process, and outcome measurements reported annually in healthcare units in the United States, show no improvement and have reported to be declined. The declining of hospital services quality at AWS and A Muis Samarinda Indonesia regional hospital, which has been widely discussed

on social media, underpins the need for this study according to social media Instagram-Facebook, Agency for Healthcare Research and Quality.

Safety culture is the set of shared values, beliefs, and norms that prioritize and support patient safety in the safe and ethical way, encouraging open communication, mutual trust, cooperative leadership, and non-punitive approach with continuous learning to minimize the harmfull to the patients, employees, the community and the environment. Inclusive culture is the set of shared values, beliefs, and norms aim to create a fair and non-discriminatory environment with diversity, communication, leadership, where all of patients and employees respected, valued, and able to access safely quality healthcare service. Research has found some evidence linking the culture as a key factor in improving healthcare quality. The culture is often identified as a major cause of healthcare failures, and with cultural reform, mistakes in the field of healthcare service can be corrected.

Communicative organizational behavior is the attitude at the individual, group, and organizational levels to behave in a communicative way that makes it easier to convey information for understanding between the information giver and the information receiver. This is aimed at organizational effectiveness according to the organizational goals [4]. Liu & Wang in their research from 2018 to 2020 mentioned that about 86.1% of disputes in eight hospitals in Shanghai were related to doctors, mainly caused by inadequate communication [5]. Ineffective communication is stated as the biggest barrier to individual and organizational performance. Poor communication is a source of internal conflict [4]. Professional communication between nurses and doctors, as well as a culture of patient safety, has a positive relationship with perceptions of human capital and the quality of healthcare services [6].

Human capital is all the individual qualities in a person, including habits, knowledge, social attributes, and personality and creativity, which is reflected in the ability to work (productivity) and generate economic value Adam Smith, Schultz T, and Becker G. There is a positive relationship between human resource capabilities and the quality of patient care, mediated by the proactive behavior of healthcare workers [7].

Performance is the ability to complete tasks that have been defined in their job descriptions [8]. Research shows that performance can be measured to determine the quality of healthcare services [9]. Studies have reported significant positive effects of motivation in human capital, organizational culture, and organizational behavior on employee performance [10].

Research Gap that is Found: Many indicators of healthcare service quality are worsening, and there is a decline in trust toward hospitals and healthcare professionals according to Agency of Healthcare Research and Quality. Healthcare service quality indicators, which include structure, process, and outcome measurements that reported annually in healthcare units, show of no improvement according to Agency of Healthcare Research and Quality.

- **Aim:** To prove the integral relationship between communicative behavior, inclusive culture and safety culture with human capital, employee performance and the

hospital quality of healthcare services

- **Benefits:** This research Provides additional knowledge about an integral relationship among communicative behavior, the transformation of hospital organizational culture towards an inclusive culture and non-punitive safety culture that prioritizes of continuous learning. It also covers how human capital and employee performance play a role in improving high-quality healthcare services in accordance with clinical governance and current best service standards, based on systematic analysis of evidence-based management and previous empiric literature.

This research improves the quality of healthcare services through management research that provides feedback to strategic management policies and human resource management for further sustainable long-term development, progress, and profitability of hospital healthcare services.

- **Originality:** This is a Post Positivism paradigm research which holds that there is no absolute righteousness regarding any single theory. Questionnaires are collected as primary data of systematic behavior analysis evidence-based management, that are served to assess perception of employee as human capital and internal consumer, that conduct subjectively. Questionnaires are valid and reliable proved with no significant multicollinearity relationship among variable statistically. Exogen variable are proved of having strong predictive relevancy to endogen variable. The finding of this research is model fit to be generalized to the population and valid to be empiric-based evidence for another research. This research and all of the other field research are ongoing and needs to be carried out to conduct, evaluate, and propose a sustainable reporting system, as well as further studies to assess the integral relationship between an communicative behaviour, inclusive culture, safety culture, human capital , employee performance, and health service quality as feedback to improve the policy of sustainable strategic management and human resources management to increase hospital healthcare service quality

Literature Review

Grand Theory, Middle Theory, Applied Theory

Grand Theory of Behavior: Theory of Planned Behavior (TPB) by Icek Ajzen: The Theory of Planned Behavior (TPB) is an abstract theory within the research conceptual framework, serving as a grand theory that applied to explain human intentions and behavior by adding behavior control. It was developed by Icek Ajzen as an extension of the Theory of Reasoned Action (TRA) by Ajzen and Fishbein as a social psychology model [11]. It assumes that behavior is determined by individual intention, which is influenced by two dependent variables: attitude and subjective norms, whether to perform or not perform a certain behavior, along with the addition of perceived behavioral control.

Middle Theory of Organizational Culture: Competing Values Framework (CVF) by Kim Cameron and Robert Quinn: The Competing Values Framework (CVF) theory developed by Kim Cameron and Robert Quinn, professors at the University of Michigan, USA. The measurement tool of CVF is the Organizational Culture Assessment Instrument (OCAI), which has been developed and published in various books since 1999, 2006, and 2011. OCAI

classifies four types of culture: 1) Clan. Emphasizes teamwork, collaboration, and a family-like environment. 2) Adhocracy. Focuses on innovation, creativity, and risk-taking. 3) Market. Driven by results, competition, and market share achievement. 4) Hierarchy. Characterized by formal structure, rules, and control. This framework categorizes culture along two axes: flexibility vs. control, and internal vs. external focus.

Middle Theory of Inclusive Culture: The Social System Theory by Talcott Parsons: Talcott Parsons developed the social system theory in sociology which states that society is a living organism as a complex system working together to promote solidarity and stability [12]. Human actions are based on social norms and cultural values, overcome an individual self-interest. In the social system, there are four functions to maintain social balance, that consisted of Adaptation, Goal, Integration, and Latency, to preserve and pass on moral cultural values and identity to generations through family and education.

Middle Theory of Safety Culture: Balance Theory by Fritz Heider: Fritz Heider's Theory, states The Balance Theory [13]. In his book titled 'The Psychology of Interpersonal Relations,' explains how people consider the causes of their own and others' behavior, which are caused by internal factors (personality, effort) and external factors (situation, environment). Heider's balance theory is also used as a theory to explain how individuals consider events, reasons, and behaviors in organizations, as well as to analyze how organizational values and norms affect productivity.

Middle Theory of Human Capital: Human Capital Theory by Adam Smith: Adam Smith's theory conceptualized the initial idea that individuals have resources that can be contributed to generate wealth. His book 'The Wealth of Nations' identifies labor capacity as an important foundation for economic development and welfare.

Middle Theory of Employee Performance: Goal Setting Theory by Edwin Locke: Goal setting theory is proposed by Edwin Locke based on his research which showed that specific and challenging goals lead to better performance than vague ideas like just trying to "do your best". Edwin Locke and Gary Latham , in their book titled "A Theory of Goal Setting and Task Performance", states that clear goals guide human behavior and setting the right goals boosts motivation and performance. The key points in goal setting theory are: Clarify, Challenge, Commitment, Feedback, Task Complexity [14].

Middle Theory of Health Service Quality: Quality of Care Theory by Donabedian: Donabedian states that Quality of care is the service that is expected to maximize the patient's welfare, where there is a balance between benefits and sacrifices that are made during the complete/thorough health care process. Health services are related to the process of providing complete and thorough patient care with the aim of achieving the highest service quality to maximize patient welfare. The quality-of-care theory is developed according to WHO to provide healthcare services that are effective, efficient, accessible, patient-oriented, equitable, and safe.

Applied Theory of Human Resource Management: Training and Developing Employee Theory by Gary Dessler: The Training and Developing Employee Theory was proposed by Gary Dessler in his book "Human Resource Management" [15]. This book discusses training, development, and apprenticeship programs. The training methods mentioned are: on-the-job training, apprenticeship training, job instruction training, lectures, and programmed learning.

Applied Theory of Strategic Management: Resource Based View (RBV) by Edith Penrose: Resource Based View (RBV) is a theory that focuses on leveraging a company unique and rare internal resources, that is hard to be imitated to create sustainable competitive advantage. The main figure of RBV is Edith Penrose [16]. In her book "The Theory of The Growth of The Firm" she expresses her dissatisfaction with neoclassical economics that focused on price, output, and demand. Penrose states that resources and services, and how they generate growth and diversity (heterogeneity) are very valuable within an organization. Resources include physical resources and human resources as internal resources, and the company capabilities are the key of growth and diversification, which form the foundational basis of RBV.

Communicative Organizational Behavior: Communicative organizational behavior is the attitude at the individual, group, and organizational levels to act communicatively, making it easier to convey information that can be understood between the information giver and the receiver. This is aimed at the effectiveness of the organization according to its goals [4]. Organizational behavior covers various aspects, such as motivation, leadership, communication, interpersonal relationships, decision-making, and organizational culture [4]. Communication is the transfer of information from the sender, accompanied by an understanding of the meaning intended by the receiver [4].

Robbins states that communication involves the transfer of information from the sender along with the understanding of the meaning intended by the receiver. Poor communication is a source of internal conflict. Ineffective communication is identified as the biggest obstacle to group performance. Good communication skills of individuals are considered the foundation for human resource recruitment and a critical indicator of success. Communication can be persuasively by taking cultural context into account. Communication is a motivation booster, which lead to good performance (goal setting theory) [4].

According to Kumari and Pradhan, organizational behavior research aims to improve organizational effectiveness and develop knowledge about behavior in the workplace by observing individuals, workgroups, processes, politics, and power dynamics within organizations. Swanson argues that the main goal of organizational behavior is to enhance organizational effectiveness and improve employee well-being. The success of an organization mainly depends on activating its human resources or elements and improving performance.

Research studies of work behavior and performance are as well as the factors that influence them. Early research began in 1951, when Gaylord et al. conducted criteria-based research

that distinguishes between job performance evaluation from behavioral processes and the outcomes of behavior. Short-term assessments of employee behaviors or traits relate to the job are usually used in evaluations. The research by Ronan and Prien show further contributions to understanding factors that enhance employee behavior. Studying human behavior in organizations involves defining, analyzing, predicting, and controlling employee behavior as they interact with others relevant to the work environment Brief and Weiss, Kwia. Organizations modify or restructure individuals and groups through their structure and culture, which through policies, power, and procedures are expected to be provided.

Inclusive Culture: Inclusive culture is the set of shared values, beliefs, and norms aim to create a fair and non-discriminatory environment with diversity, communication, leadership, where all of patients and employees respected, valued, and able to access safely quality healthcare service. Research has found some evidence linking the culture as a key factor in improving healthcare quality. The culture is often identified as a major cause of healthcare failures, and with cultural reform, mistakes in the field of healthcare service can be corrected.

In Resource Based View (RBV) theory, it addresses the issue of inclusive diversity of internal resources within an organization, which is important for service and organizational growth diversification. RBV focuses on utilizing the organization internal resources that are unique, rare, and hard to be imitated to create growth and diversity as a sustainable competitive advantage. RBV figure: Edith Penrose [16]. In her book titled The Theory of The Growth of The Firm, she expressed her dissatisfaction with the neoclassical economy that focuses on price, output, and demand. Penrose states that resources and services, as well as how they create growth and heterogeneity, are valuable in an organization. Resources include physical resources and human resources as internal assets, and the company capabilities are the key to growth and diversification, which form the foundation of RBV.

There is diversity in the field of healthcare, both from the perspective of employees and patients. An inclusive culture in healthcare means creating an environment where all of patients and staffs, regardless of age, race, gender, sexual orientation, disability, religion, or socioeconomic status, feel respected, valued, and able to access and acquire fair and high-quality care. Dr. Martin Luther King, Jr. said, "Of all the forms of injustice, injustice in healthcare is the most shocking and inhumane. We still have a lot of work to do, to ensure that diversity and inclusion in healthcare become the norm, not the exception" [17].

An inclusive culture encourages a sense of belonging among employees, which leads to higher job satisfaction and stronger commitment to the organization. Key elements of an inclusive culture, like diversity, fairness, and open communication, are identified as critical factors that contribute to a positive employee experience. Leadership plays an important role in creating an inclusive environment, as leaders are key in modeling inclusive behavior and implementing policies that promote diversity. Organizations should prioritize developing an inclusive organizational culture to boost employee well-being, retention, and overall performance. Inclusivity can also serve as a strategic advantage in the competitive global business landscape [18].

Inclusive healthcare services cover aspects of diversity and intersectionality, avoiding discriminatory healthcare practices, to create an open and fair environment and healthcare services for everyone. Intersectionality is an analytical framework that recognizes that various aspects of an individual identity do not exist in isolation but interact and reinforce each other to create unique experiences of discrimination and privilege, according to Kimberlé Crenshaw. Education about diversity and inclusivity that avoids differences and discrimination is very important for all healthcare professions, both in healthcare services, basic training, and ongoing professional education [19].

Safety Culture: Safety culture is the set of shared values, beliefs, and norms that prioritize and support patient safety in the safe and ethical way, encouraging open communication, mutual trust, cooperative leadership, and non punitive approach with continuous learning to minimize the harmfull to the patients, employees, the community and the environment.

Safety culture is most often described as "the result of individual and group beliefs, attitudes, competencies, and behavioral patterns that define the commitment to and style and efficiency of an organization's safety and health management" International Atomic Energy Agency [11]. Safety culture is a combination of values, attitudes, competencies, and behavioral patterns of individuals and groups that determine an organization's commitment, style, and capability toward patient safety programs The Joint Commission. Safety culture emphasizes that patient safety is an organized effort that creates a culture, processes, procedures, behaviors, technology, and environment that consistently reduce the risk of injury to patients in healthcare services (WHO). Patient safety culture is about how much an organization culture supports and promotes patient safety, which is reflected in the values, beliefs, and norms shared by practitioners and staff at the Agency for Healthcare Research and Quality (AHRQ). The difference between safety culture and safety climate is that safety culture relates to a set of organizational values. On the other hand, safety climate refers to how environmental and organizational factors influence those values, which is expressed through perceptions [4].

Safety culture is a set of shared values, beliefs, and norms that prioritize and support patient safety, encourage open communication, trust, teamwork, leadership, and continuous learning to minimize harm to patients and employee safety. Key elements include strong leadership commitment, a non-punitive environment for reporting errors, strong teamwork and communication, employee engagement, adequate resources for safety, and a focus on continuous improvement to enhance service outcomes for patients and staff safety [20]. Safety culture is a set of beliefs, norms, behaviors, roles, and social and technical practices that minimize exposure to risks that could harm employees, management, patients, or other members of society.

The quality of healthcare services is a multi-dimensional concept, where patient safety is one of the most important and influential aspects of the culture. This study highlights the need to improve perceptions of healthcare service quality, especially empathy towards patients, as well as the weaknesses in the patient safety culture, particularly non punitive responses to

mistakes and professional communication skills between nurses and doctors, especially for valuing and sharing information and non-participatory decision-making in healthcare settings [6].

Gillespie, et al in an ethnographic study reported that gaps in communication among surgical health team members lead to patient harm, and the researchers suggested that developing a patient safety culture in hospitals should be built on open discussions about teamwork and mutual expectations between healthcare staff.

The efforts to improve the quality of healthcare services today are aimed at identifying and applying better and more effective patient care practices in almost every health institution. Evidence shows that the culture of patient safety and the quality of care in hospitals can be significantly improved.

Safety climate is a more superficial perspective that concerns to perceptions [4]. Safety climate is also considered a measure of safety culture and how people in an organization view safety in their work environment. Furthermore, safety climate is defined as how individuals perceive safety rules, procedures, and practices at the workplace. Currently, there is no consensus on the dimensions of safety climate, which vary from one industry to another.

The difference between safety culture and safety climate is that safety culture is related to a set of organizational values. On the other hand, safety climate refers to the influence of environmental and organizational factors on those values, which comes in the form of perceptions [4]. Both Guldenmund and Zohar state that safety culture is a fundamental concept in new strategies to improve safety performance outcomes. Safety culture aims to create a good environment where employees are aware of hazards and accident prevention. However, there is no final consensus in the literature regarding the concept of safety performance. Most academics define its meaning based on their own experiences.

Safety culture is key to improving healthcare service quality. Culture is often identified as a main factor in healthcare service failures, and cultural (safety) reforms can fix mistakes in healthcare services [21]. Organizational culture shapes staff interactions and performance, which directly affects patient care and efficiency. A framework like Hofstede Cultural Dimensions and the Competing Values Framework show how culture influences healthcare dynamics. In the Philippines, a positive culture boosts patient care and work morale, while corruption and inefficiency hold back performance. Human Resources strategies like recruitment, performance management, learning, and rewards are the key for keeping skilled healthcare workers and improving performance. Integrating culture, human resources strategies, and climate are essential for healthcare success. A supportive climate enhances human resources practices, retention, and engagement.

Human Capital: Human capital is all the qualities capacity in humans, including habits, knowledge, social attributes, and personality, including creativity, which is reflected in the ability to work (productivity) and generate economic value. Human capital is the human being, which is an economic asset, and is

defined as the capacity and ability of humans to be productive and generate income, which is important as a key element in maintaining quality healthcare services.

The latest understanding of human capital has become broader, referring to the attributes that are inherent in individuals and relevant to economic activities. Adam Smith was the first economist that mention human capital in his book "The Wealth of Nations," where he identifies labor skills as an important foundation for economic development and welfare. He also mentions that investing in human capital affects an individual income and wages.

Alfred Marshal emphasizes the naturalness of long-term human capital investment and the role of the family in shaping it. In his thinking, decision-making related to human capital investment involves both monetary and non-monetary factors, because workers naturally have two roles: as productive factors of production and at the same time as consumers with consumption tendencies in their work environment The New Palgrave: a Dictionary of Economics. Schultz, Becker, Kiker.

The concept of human capital is as old as the concept of economic theory Schultz, Becker, Kiker. Human capital is a set of investments, like education and job training, that increase an individual productivity in the labor market. Yoram. Human capital accumulates over a lifetime, where it is an important set of production factors in economic growth, while individual accumulation is the process that produces individual economic growth.

Human capital is really important for performance, mainly because employees are the ones carrying out tasks, and their performance allows the organization to reach its goals Verma and Singh. Innovation capability is described as the organization ability to propose and implement new strategies in the market Nisula and Kianto, which leads to better service delivery and improved employee performance Sadikoglu and Zehir.

Indicators for assessing human capital potential are :

- a) **Education, Knowledge, Training:** OECD defines human capital as the knowledge, skills, competencies, and qualities of human resources gain through training in institutions at various levels of the education system. World Bank states that human capital is knowledge, ability, and health. Collin and Clark describe human capital as the characteristics of human resources determined by the knowledge they possess. Yoram defines human capital as a collection of investments such as education and job training, which increase productivity in the labor market that are important for economic growth.
- b) **Skills, Abilities/Competencies, Experience:** Edvinsson and Malone state that human capital is the accumulation of employee training value and competencies. Roos et al. state that human capital includes competencies, skills, and individual intellectual abilities of employees. Becker and Rosen state in the human capital theory, argue that workers possess skills and abilities that can be enhanced through education and training. Human capital is related to knowledge, experience, skills, innovation, and employee

actions. Edvinsson and Stenfelt. Human capital represents the human features in an organization consisting of a mix of abilities, training, education, and expertise that shapes individual character. Bontis, et al.. Additionally, human capital also include employees ability to achieve goals by attracting and retaining new customers over time. Kostagiolas and Tsoubrakakou.

- c) **Leadership, Organizational Skills, Motivation:** The dimensions of human capital adapted in this study include training and education, experience and skills, as well as leadership and motivation Sharabati, Jawad, and Bontis, Vidotto, et al.,. Human capital covers employee education, training, professional skills, expertise, adaptability skills, ability to work in teams, and commitment to organizational goals and strategies Corral and Sriborisutsakul. Human capital is described as employees professional skills, leadership capacity, innovation, and problem-solving ability Salehi, Enayati, and Javadi. Additionally, human capital includes employees insights, idealism, tactics, abilities, knowledge, expertise, experience, competencies, education, dedication, creativity, adaptability, and learning capacity.
- d) **Innovation and Creativity:** Zambon states that human capital is the knowledge, creativity, and innovation of organization members. Human capital is influenced by innovation & creativity, learning and education, experience, and expertise. Guilford states that innovation is measured by assessing the ability and capacity of human capital to build and create ideas to support the organization in implementing them. Meanwhile, creativity is the driving force behind innovation.

Malhotra and Bontis define human capital as a combination of knowledge, skills, innovation, and a person ability to perform their tasks. Schermerhorn states human capital as the economic value of human resources relate to their abilities, knowledge, ideas, innovation, energy, and commitment. Human capital is linked to employee's knowledge, experience, skills, innovation, and actions. Human capital shows employees' insights, idealism, tactics, abilities, knowledge, skills, experience, competence, education, dedication, creativity, adaptability, and learning capacity.

Human capital is also very important in developing innovation skills among employees. Human capital is seen as a stimulus that boosts employees capacity to innovate within an organization Waseem, et al. Innovation capability can be defined as the ability to create new resources and produce products and services more effectively and satisfactorily compared to competitors Jeng and Pak.

A resource-based perspective views innovation capability is seen as a unique resource that allows organizations to quickly and efficiently adopt new procedures and practices, as well as create or offer new and better products in response to market changes Agyapong, Ellis, and Domeher, Lawson and Samson. Rajapathirana and Hui state innovation capability as the application of entirely new products or services within an organization or the redevelopment or enhancement of existing services.

- e) **Health:** According to human capital theory, human capital refers to 'investments in education, training, skills, health, and other virtues that cannot be separated from the individual' Becker, Schultz. The World Bank defines human capital as knowledge, abilities, and health. Good health as part of human capital has a significant positive impact on increasing employee productivity Rosendo Silva, et al. Health has a more significant positive relationship with employee productivity compared to education Li and Liang.

How to measure and assess the potential value of human capital assets as human resources in an organization, Jeffrey A. Mello [22]:

- Measurement of human asset characteristics value according to Jeffrey A. Mello includes knowledge (marketing, processes, customers, environment), ability to learn and grow (open to new ideas, additional knowledge and skills), decision-making ability, motivation, commitment, teamwork (interpersonal skills, leadership skills). The measurement of these human asset characteristics will be carried out to determine the value of human assets in this study, that are evaluated through a questionnaire.
- Performance assessment according to Dyer and Reeves includes employee performance (attitude, behavior), organizational performance (productivity, quality), financial and accounting performance (expenses, revenue, profit/profitability), as well as market-based performance (profitability, stock price).
- Three staffing metrics to evaluate human capital are job satisfaction according to Fortune 500 in the United States, Canada, and Europe: employee retention & turnover, company morale & employee satisfaction, and human resource costs as a percentage of operating expenses.
- Calculating giving rewards to employees that match their contributions is important for managing employee retention according to Watson Wyatt Worldwide.
- Evaluation of human capital in relation to organizational culture according to Jack Welch, who mentioned that expensive training costs can be seen as part of an organizational culture.
- Calculation of expected human capital return (EHCR) and actual human capital return (AHCR) according to Dow Chemical.
- The Society for Human Resource Management chart has identified several common metrics for measuring human capital performance and value.

Performance: Performance is the ability to complete tasks that have been specified in the job description, measured based on initial measurement standards that are accurate, complete, effective, and fast. Employee performance is defined as employee behavior in completing the tasks mentioned in their job descriptions [8]. Employee performance is related to results, quality of outcomes, completing work on time, attendance at work, efficiency, and overall effectiveness Mathis & Jackson. Performance is a measure of productivity, satisfaction, profit/turnover, and absenteeism Gibson. Employee performance represents or indicates the degree to which an individual can complete tasks specified in the job description. Performance includes responsibility and completion of required activities according to the job position Nwokie and Unegbu. Performance

is an employees ability to correctly complete tasks that have been set for the effectiveness of the organization Okolie and Kawedo. Performance is the degree to which employees complete their daily tasks. Performance is behavior or actions that are relevant to organizational goals Campbell.

Behavior should be under individual control, and this does not include behavior that cannot be carried out due to environmental constraints Rotundo & Sackett. Job performance classification assessments that can be used as indicators of job performance evaluation according to [23] and Nwokie and Unegbu, show that there are four types of performance, that are as follows :

- a) **Task Performance:** Individual performance mainly focuses on task performance, which is defined as the main skills an individual uses as the core or central technical tasks of their job. Behavior is always served to describe core task performance, including the amount and quality of work as well as the skills and knowledge related to the job Rotundo & Sackett, Campbell. Task performance includes tasks and responsibilities that need to be carried out as part of the job as expected of employees William and Anderson. Core task performance refers to the ability to complete essential main tasks in the job. A short scale has been developed to measure behavior related to task performance, like completing assigned main tasks, fulfilling given responsibilities, and performing tasks as employees are expected to William and Anderson.
- b) **Contextual Performance:** Contextual performance Podsakoff and MacKenzie, Van Scotter and Motowidlo involves the ability to complete jobs or activities that are expected to be done and are not limited to the main or specific tasks within the organization. Contextual performance is defined as behavior that supports the organization, social, and psychological environment where core task performance must operate Borman & Motowidlo. This includes cooperation and interpersonal communication. Contextual performance is defined as behavior that supports the organization, social, and psychological environment where core task techniques must be function Borman & Motowidlo. Behaviors in contextual performance effort and facilitate group performance in a communicative and cooperative way Rotundo & Sackett, Campbell. The scale for assessing contextual performance was developed by Podsakoff & MacKenzie in 1989 and Van Scotter & Motowidlo in 1996, where they measure altruism, which is the attitude or instinct of putting others interests above their own, thoroughness, sportsmanship, courtesy, and virtue. Extra task performance measures interpersonal relationship facilitation and dedication to work.
- c) **Adaptive Task Performance:** Adaptive task performance Pulakos, et al. is characterized as behavior that focuses on main task performance, supporting responses and anticipation of changes that need to be applied to work related to the primary tasks. This includes the ability to adapt by considering the needs and requirements of employees in their social environment. Adaptive task performance can be defined as the range of individual tasks that must be carried out and adjusted in response to changes in job roles or the environment [23].

Adaptive task performance focuses on the growth that is interdependent and uncertain within the work system, and this relates to the natural changes in individual task performance. Adaptive task performance considers that individuals can solve problems creatively, with the ability to adapt to unpredictable and uncertain work situations and learn them as new tasks, along with their technology and procedures. These tasks are flexible and creative and can be adapted to the environment.

- d) **Counterproductive Work Behaviour:** Performance for not engaging in negative or counterproductive work behaviour Bennet & Robinson & Spector, et al. assesses organizational and interpersonal deviance that has harmful effects on organizational well-being. Performance for not engaging in negative behaviour is defined as behaviour that endangers the well-being of the organization Rotundo & Sackett. Such behaviours include absenteeism, task-related misconduct, theft, and substance abuse [23]. Bennet & Robinson and Spector, et al. view this performance as an assessment of deviance in the organization and interpersonal relationships. This includes sabotage (like damaging organizational equipment), withdrawal (like taking longer breaks), production deviance (like doing work incorrectly), theft (like stealing organizational property), and abuse.

Healthcare Service Quality: The quality of healthcare services is service that is expected to maximize patient welfare, where a balance is achieved between the benefits and sacrifices made during a perfect healthcare process Donabedian. Healthcare services are related to the process of perfect patient care with the goal of the highest service quality to maximize patient welfare. The definition of patient welfare relates to the patient health condition, including physical, physiological, and psychological health. According to WHO, health is a state of perfect physical, mental, and social well-being, merely the absence of disease or disability Donabedian, Wheeler & Wyszewianski.

Service quality is the totality characteristics of goods and services that show the ability to satisfy customer needs, whether obvious, hidden, or not [2]. Service quality is also a measure of how good the level of service provided is and whether it meets customer expectations Lewis and Booms. Service quality is the level of excellence that is expected and controlling that level of excellence to meet customer desires. Good service quality will increase customer satisfaction. Satisfied customers consider the quality of the service provided, whether it meets their expectations or not. The service quality provided to customers must be better than expected so that customers are satisfied [3].

Job satisfaction and employee performance can be measured to determine the quality of healthcare services [9]. Many studies highlight the importance of human resource management in improving the quality of healthcare services Yu, Michael, Patrick, and research shows that incentives and bonus systems aligned with competencies can boost motivation and employee performance in hospitals McKinnies and create a significant difference between healthcare organizations with good performance and those with below average performance Edgar and Geare.

Safety culture is key to improving healthcare service quality. Culture is often identified as a main factor in healthcare service failures, and cultural (safety) reforms can fix mistakes in healthcare services [21]. A Frameworks like Hofstede Cultural Dimensions and the Competing Values Framework show how culture affects healthcare dynamics Tabibi, Posarić & Ćorić.

Effective human resource management, which involves managing human capital, has a strong impact to the quality of healthcare services and the performance improvement of hospital staff [24]. There is a positive relationship between human resource capabilities and patient care quality, mediated by the proactive behavior of healthcare workers [7]. Adaptive leadership as human capital indirectly improves better service quality in healthcare settings through employee engagement [25]. Human resources have an impact on healthcare services. Human resource management significantly enhances total quality management in healthcare institutions by increasing employee quality awareness and goodwill [26]. There is a connection between organization and leadership style in the continuous improvement of primary healthcare quality [27]. Professional communication between nurses and doctors, as well as a patient safety culture has a positive relationship with the quality of healthcare services [6].

Service quality is abstract, heterogeneous, and difficult to assess because cannot be separated between production and consumption [3]. Health service quality assessment can be done in the following ways [28]:

- Subjective/humanistic assessment, which is an evaluation of the perceptions of internal and external consumers Holbrook & Corfman [2,3]. According to Philip Kotler, customer satisfaction assessment (including employee satisfaction as internal consumers) starts with the customers and ends with their perception about service quality [2]. Alfred Marshall states that there are two natural aspects of workers: as a productive factor and simultaneously as a consumer in their work environment The New Palgrave: A Dictionary of Economics.
- Objective/mechanistic assessment, which evaluates the quality of goods such as infrastructure availability, tools, technology, and hospital information systems Holbrook & Corfman.
- Systematic human resource behavior assessment: performance-satisfaction-perceived organizational support-human capital potential (Ch. Platis, Elarabi, Eisenberger)

Conceptual Framework and Hypotheses

- **Conceptual Framework:** The inner model consists of 6 latent variables and 28 construct variables, which include 1 dependent variable, Health Service Quality (Z), 2 dependent/intervening variables, Human Capital (Y1) and Employee Performance (Y2), and 3 independent variables, Communicative Behavior (X1), Inclusive Culture (X2), Safety Culture (X3).

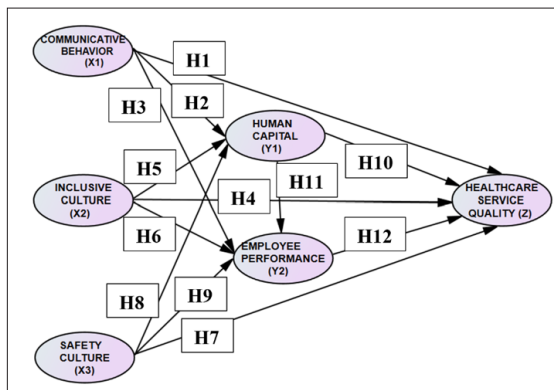


Figure 2: Conceptual Framework Source: VBSEM WarpPls Nurjanti L

- **Hypotheses:** There is a significant positive relationship among communicative behavior, inclusive culture, and safety culture with human capital, employee performance, and health service quality (H1-H12)

Methods

Non parametric non experimental post positivism Correlational ex post facto cross sectional quantitative research methods VB SEM WarpPls is selected according to Creswell and Hair JW [1,24]. Primary data is collected through 144 items of questionnaires that quantified to 5 Likert scale in November 2025 and Februari 2026. Samples are nurses and midwives that are taken from AWS and A Muis Government Regional Hospital of Samarinda Indonesia population. Sample is taken with Hair JW Technique “the rule of ten” and Purposive non-random sampling is selected.

- **Research Design:** Variance-Based Structural Equation Model-Partial Least Squares WarpPls as Non-parametric quantitative study is carried out to prove hypotheses, whether there is a significant strong positive relationship between and among all of the variables studied, which is presented in the conceptual framework. This research conducts post-positivist paradigm as non experimental correlational ex post facto cross-sectional research. This quantitative research is intended to assess predictions to prove specific hypotheses deductively. A systematic analysis of evidence-based management behavior is carried out objectively using questionnaires on employee perceptions as primary data. The data analysis results are analyzed based on the VBSEM WarpPls model fit indices to obtain analytical results and research conclusions from a valid sample that represent the population and can be generalized to the population with good validity as an empirical basis for further research. Model fit compares which research gives the best results to generalize to the population [29].

The post-positivist philosophy research was chosen. Post-positivism represents thinking after positivism, which challenges the traditional idea of absolute truth in knowledge. Phillips and Burbules mention an understanding of the key assumptions of post-positivism where knowledge is conjectural, absolute truth will never be found, and the evidence obtained in the research is always imperfect and can be wrong. Research is conducted to prove hypotheses. Research is a process of proving theories

and then refining or abandoning some theories for other stronger new theories. The aim of research is to develop statements that are relevant and true, which can be applied to explain situations of concern or describe cause and effect relationships between variables.

A correlational design that can predict scores and explain the relationships between variables is chosen. This correlational research method is applied to assess the strength and relationship of two or more variables based on the correlation coefficient. To assess the correlation relationship, a research method is applied to describe and evaluate the degree of relationship or association between two or more predetermined variables in the form of scores or numerical values, [1,30]. Correlational research is a type of descriptive research, where the study aims to describe the relationship between two or more characteristics, Hallonen & Santrock.

This quantitative research was conducted ex post facto, where the researcher does not manipulate to control the variables to assess the relationship between variables, as done in experimental research [1,30]. This quantitative research is conducted cross-sectionally, where samples in the form of questionnaires from the dependent and independent variables were taken at a time [1].

- **Time and Place:** This research is conducted at Abdul Wahab Sjahranie and Abdul Muis Regional Government Hospital in Samarinda Indonesia. The questionnaires are collected in the form of cross-sectional methods in November 2025 and February 2026.
- **Population and Sample Population:** The research population includes all of Abdul Wahab Sjahranie and Abdul Muis Regional Government Hospital of Samarinda Indonesia employee. Employee data of Abdul Wahab Sjahranie Hospital : the number of doctors are 149 people and the number of nurses-midwives is 1,034 people. The total number of employees = 2,229, consisting of civil servants = 845 people, contract workers = 568 people, and honorary staff = 816 people. Employee data of Abdul Muis hospital : the number of doctors are 75 and the number of nurses-midwives are 306 people. The total number of employees = 725, consisting of civil servants = 230 people, contract workers = 136 people, part-time contract workers = 172 people, and honorary staff = 187 people.

Inclusion Criteria:

- Nurses and midwives at Abdul Wahab Sjahranie and Abdul Muis Regional Government Hospital of Samarinda Indonesia who are still actively working in inpatient and outpatient rooms.
- Willing to participate as research respondents and sign the informed consent.
- Employment duration > 6 months until retirement.

Sample: The research samples or respondents are nurses and midwives from Abdul Wahab Sjahranie and Abdul Muis Regional Government Hospital of Samarinda Indonesia who fulfill the inclusion criteria. Sampling is chosen by purposive non-probability sampling methods from Creswell JW, which selects data source samples based on certain considerations and purposes [1]. Samples that are selected, considered to have the

necessary information and an individual's better understanding of the existing phenomenon to obtain valid results as desired [1]. Some purposive sampling strategies that applied in this study are: 1). Homogeneity where samples are selected based on similar education, ability, and competence, 2). Criteria sampling where samples are selected according to desired criteria, 3). Theory sampling where samples are selected for good knowledge, 4). opportunistic sampling where samples are selected based on the benefit the research, 5). Snowball sampling where samples are selected based on suggestions from previous subjects, 6). Convenience sampling where samples are selected in the easiest way possible, [1].

The sample size in the planned study is analyzed using cross-sectional quantitative analysis with VB SEM-WarPLS, based on sample size calculation criteria according to [31], as cited in Barclay, Higgins, & Thompson. VBSEM PLS is non parametric statistical analysis that has strong statistical power even with a small sample size and non-linear distribution. A larger sample size reflects greater precision in the estimates in the research, Hair JF [24]. According to Hair JF, sampling technique highlights that sample size is very important, and a common rule of thumb is applied in Partial Least Square Structural Equation Model (PLS-SEM) analysis, that is the '10 times rule' [24]. This rule states that the minimum sample size in PLS-SEM should be equal to the larger of : minimum sample size is 10 times the largest number of formative indicators used to measure a single construct and maximum sample size is 10 times the largest number of the most complex structural paths directed at a particular construct in the structural model, Hair JF, Barclay, Higgins, & Thompson [24].

In this study, there are 6 latent variables in the inner model, with a minimum of 6 construct variables and a maximum of 28 study construct variables in the outer model. So, the required sample size for this study is at least $6 \times 10 = 60$ and at most $28 \times 10 = 280$. The 10-times rule for determining sample size has been widely used in research using the PLS SEM methods. The characteristics and heterogeneity of the population also play a role, where a more diverse population may require a larger sample size. In this study, the minimum sample size is 60 and the maximum sample size is 280 [24].

Instrument: The main research instrument is in the form of a questionnaire as primary data that are quantified on a 5-point Likert scale. The number of questionnaire questions are 144 with 280 respondents, so the total number of questionnaire responses are 40,320, and the number of questionnaire responses analyzed in this study according to the construct variables are 7,840.

The number of questions in each construct variable:

- Communicative behavior: 7 questions
- Inclusive culture: 7 questions — Equity & anti-discrimination (1), Safe & accessible (2), Communicative leadership (4)
- Safety culture: 38 questions — non punitive continuous learning (14), Communicative -leadership-teamwork (10), Safe & ethical (14)
- Human capital: 31 questions — Education-knowledge-training (7), Skills-competence-experience (4), Leadership - organization ability - motivation (5), Innovation-creativity (11), Health (4)

- Employee Performance 47 questions: Tax performance (13), Contextual performance (16), Adaptive Performance (8), Counter Productive Work Behavior (10)
- Health Service Quality 14 questions: Management-system-policy (3), tangible (7), reliability (1), responsiveness (1), assurance (1), empathy (1)

Data Analysis Techniques: This study is based on primary and secondary data to be processed as data sources. Primary data is collected through instruments in the form of questionnaires, where the data is quantified based on a 5-point Likert scale to obtain quantitative data as a basis for behavior systematic analysis in the evidence-based management.

VB SEM-WarPLS is a non-parametric statistical analysis that is chosen because it is more flexible to analyze research samples that are distributed abnormally and nonlinearly. VBSEM WarpPLS can be applied in the studies with small sample size, specifically samples < 100 , [24,29].

This study is conducted to prove hypotheses, as non-experimental post-positivism correlational ex post facto cross sectional quantitative research design VBSEM WarpPLS. VB SEM WarPLS predictive analysis proves whether there are relationships between and among variables that have been explained in the conceptual framework, in the both direct and indirect relationships. VBSEM WarpPLS proves whether the research model is fit and valid to be generalized to the population to be the based for further empirical research. VB SEM WarPLS also proves the reliability and validity of questionnaires, proves that no multicollinearity between latent variables, and proves whether the strong and valid relationships of construct variables to their latent variables, both formatively and reflectively, [1,32].

Result

An Overview: Secondary data from Abdul Wahab Sjahranie Government Regional General Hospital of Samarinda Indonesia shows that it is a type A teaching hospital with full accreditation from the Hospital Accreditation Commission (KARS). It has various achievements so far, including improvements in human resources and other resources, according to the Decree of the Minister of Health of the Republic of Indonesia Number HK.02.02/MENKES/390/2014, Abdul Wahab Sjahranie hospital has been designated as one of 14 National Referral Hospitals. It has flagship services that are prioritized: Cancer, Heart Disease, Stroke, and Uro-Nephrology (KJSU). Specifically for cancer services, Abdul Wahab Sjahranie hospital is a Cancer Referral Hospital with nuclear medicine facilities that is the 10 bests among hospitals in Indonesia, offering oncology surgery, chemotherapy, radiotherapy, and nuclear medicine for cancer treatment. Abdul Wahab Sjahranie hospital is a type A teaching Regional General Hospital with 751 beds and 2,229 employees.

The secondary data of Abdul Muis Government Regional Hospital of Samarinda Indonesia shows that it is a hospital that achieved the Excellent Service rating in 2025. Abdul Muis hospital is a Type C Government Regional Hospital with key services in Internal Medicine Outpatient, Orthopedic Surgery, Obstetrics and Gynecology, Pediatrics, Eye, and ENT, with a total of 211 beds and 725 employees.

The minimum hospital services at Abdul Wahab Sjahranie and Abdul Muis Government Regional General Hospital of Samarinda Indonesia, covering assessments in 21 types of services that must be evaluated as indicators of the Minimum Service Standards (Minister of Health Decree 129/Menkes/SK/II/2008, SIRS 2011, Minister of Health Regulation 6/2024) – including Emergency Unit Services, Outpatient, Inpatient, Surgery, Delivery and Perinatology, Intensive Care, Radiology, Clinical Pathology Laboratory, Medical Rehabilitation, Pharmacy, Nutrition, Blood

Transfusion, Services for Poor Families, Medical Records, Waste Management, Management Administration, Ambulance, Mortuary Services, Hospital Facility Maintenance, Laundry, and Infection Control – show fairly good results with a realization ranging between 98-100% Minimum Service Standards in [33]. The Community Satisfaction Index data for Abdul Wahab Sjahranie hospital from January to June 2025 was 87.9% (Good Category). The Community Satisfaction Index for Abdul Muis hospital in 2024 was 93.1% (Good Category).

Characteristics of Research Population and Sample

Table 1: Analysis of Research Population and Sample Data

Research Population	Research Sample Plan	Research Sample Realization
AWS Population (Total 2229, 75.5%) - Doctors: 149 (6.7%) - Nurses and midwives: 1034 (77.2%) - Civil servants: 845 (38%) - Contract worker: 568 (25%) - Honorary staff: 816 (37%)	Plan for the Number of Nurses and Midwives Sample: 280 people (AWS 216 & Abdul Muis 64)	Realization of the number of nurse and midwife samples: 280 people (AWS 216 & A Muis 64)
Abdul Muis Population (Total 725, 24.5%) - Doctors: 75 (10.3%) - Nurses&midwives : 306 (22.8%) - Civil servants: 230 (32%) - Contract worker: 136 (19%) - Honorary staff: 359 (49%)	AWS Sample Plan for Nurses & Midwives: 216 people (77.2%) - Civil Servants : 82 (38%) - Contract worker: 55 (25%) - Honorary staff: 79 (37%) Abdul Muis Sample Plan for Nurses & Midwives: 64 people (22.8%) - Civil Servants : 21 (32%) - Contract worker: 12 (19%) - Honorary staff: 31 (49%)	AWS Sample Realization for nurses & midwives: 216 people (77.2%) - Civil Servants (PNS):: 113 (52%) - Contract worker: 86 (40%) - Honorary staff: 17 (8%) Abdul Muis Sample Realization for nurses & midwives: 64 people (22.8%) - Civil Servants (PNS):: 19 (30%) - Contract worker: 18 (28%) - Honorary staff: 27 (42%)

The characteristics of the planned and realization research sample employment types that are obtained at AWS and A Muis hospital show no significant different statistically, which mean that the characteristics of the planned and realization research sample employment types are same and homogeneous with small variance, that make them ideal for statistical analysis.

Characteristics of Research Respondents

Table 2: Characteristics of Research Respondents

Karakteristik sampel		AWS Hospital	A Muis Hospital	Both of Hospital
Sex	Male	29 (13%)	14 (22%)	43(15%)
	Female	187 (87%)	50 (78%)	237 (85%)
	Total	216	64	280
Age	20-30	10(5%)	22(34%)	32 (11%)
	30-40	111(51%)	32(50%)	143 (51%)
	40-50	68 (31%)	10 (16%)	78 (28%0
	50-60	27 (13%)	0	27 (10%)
	Total	216	64	280
Education	Diploma	124 (57%)	40 (63%)	164 (59%)
	Bachelor degree	83 (39%)	24 (37%)	107 (38%)
	Master degree	7 (3%)	0	7 (2%)
	Doctoral degree	2 (1%)	0	2 (1%)
	Total	216	64	280
Basic Salary	1-2 milion	0	8 (13%)	8 (3%)
	2-3 milion	38 (18%)	31 (48%)	69 (25%)
Basic Salary	3-4 milion	78 (36%)	9 (14%)	87 (31%)
	4-5 milion	57 (26%)	10 (16%)	67 (24%)
	>5 milion	43 (20%)	6 (9%)	49 (17%)
	Total	216	64	280

Work Tenure	6 mth-1 yrs	7 (3%)	10 (16%)	17 (6%)
	1-5 yrs	18 (4%)	18 (28%)	36 (13%)
	5-10 yrs	44 (20%)	17 (26%)	61 (22%)
	10-20 yrs	97 (45%)	19 (30%)	116 (41%)
	>20 yrs	50 (23%)	0	50 (18%)
	Total	216	64	280
Attended Training	Having	181 (84%)	45 (70%)	226 (81%)
	Not having	45 (21%)	19 (30%)	54 (19%)
	Total	216	64	280

Source: Primary Data Processing.

The gender characteristics of respondents at AWS hospital and A Muis hospital show no significant different statistically. This indicates that the gender characteristics of the sample in the both hospitals are homogeneous. The number of female employees (85%) is higher than males (15%).

The age characteristics of respondents at AWS hospital and A Muis hospital show no significant different statistically. This indicates that the age characteristics of research respondents in the both hospitals are homogeneous. Most respondents are aged 30-40 years (51%).

The educational characteristics of respondents at AWS hospital and A Muis hospital show no significant different statistically. This indicates that the educational characteristics of research respondents in the both hospitals are homogeneous. The most common level of education among respondents is a diploma (59%).

The basic salary characteristics of respondents at AWS hospital and A Muis hospital also show no significant different statistically. This indicates that the basic salary characteristics of research respondents in the both hospitals are homogeneous. Most respondents fall in the basic salary range of 3-4 million (31%).

The work tenure characteristics of respondents at AWS hospital and A Muis hospital show no significant different statistically. This indicates that the work tenure characteristics of research respondents in the both hospitals are homogeneous. Most respondents have a work tenure between 10-20 years (41%), meaning that most respondents are quite experienced.

The characteristic of whether or not respondents have attended training at AWS hospital and A Muis hospital show no significant different statistically. This indicates that the characteristic of having or not having attended training among the respondents are the same/homogeneous. Most respondents have attended training (81%).

Questionnaire Responses

Table 3: Results of Analysis and Tabulation of Questionnaire Responses Categories

Latent Variabel	Total Questionnaire Responses	Sum of Total Questionnaire	Likert Scale					Modus	% Modus (Frequency)	Mean	Response Indicator
			Strongly Agree	Agree	Disagree	Strongly Disagree	Totally disagree				
			4,1 - 5	3,1 - 4	2,1 - 3	1,1 - 2	0,1 - 1				
Communicative Behavior (X1)	1960 (25%)	1960 (5%)	707	1226	25	0	2	4	62,6%	4,34	S
Inclusive Culture (X2)	840 (11%)	1960 (5%)	316	510	14	0	0	3,1-4	60,7%	4,29	S
Safety Culture (X3)	840 (11%)	10640 (26%)	248	589	3	0	0	3,1-4	70,1%	3,99	S
Human Capital (Y1)	1400 (18%)	8680 (22%)	647	740	6	7	0	3,1-4	52,9%	4,28	S
Employee Performance (Y2)	1120 (14%)	13160 (32%)	515	598	7	0	0	3,1-4	53,4%	4,27	S

Healthcare Service Quality(Z)	1680 (21%)	3920 (10%)	455	1168	56	1	0	4	69,5%	4,16	S
Total	7840 100%	40320 100%	2888 36,8%	4831 61,6%	111 1,4%	80 1%	2 0,02%	3,1-4	61,6%	4,22	S

The sample questionnaires data are processed and tabulated using a 5-point Likert scale, 5 (Strongly Agree), 4 (Agree), 3 (Disagree), 2 (Strongly Disagree), 1 (Totally Disagree). Overall, the most frequent questionnaire responses (mode) are “Agree” at 61.6%, while the others are “Strongly Agree” at 36.8%, “Disagree” at 1.4%, “Strongly Disagree” at 0.1%, and “Totally Disagree” at 0.02%. The most frequent questionnaire responses (mode) are “Agree” and are found in all construct variables, except for four construct variables where the most frequent responses (mode) are “Strongly Agree”, that are follow in the construct variables leadership-organizational skills-motivation (Y1.3) and health (Y1.5) from the human capital latent variable, as well as the construct variables task performance (Y2.1) and contextual performance (Y2.2) from the employee performance latent variable.

The descriptive data processing shows that the lowest average (mean) is on the safe-ethical construct variable (X3.3) from the latent variable of safety culture, with an average value at 3.91, while the highest average is on the skill-competence-experience construct variable (Y1.2) from the latent variable of human capital, with an average response criterion of "strongly agree" at 4.41.

Descriptive data processing yielded an average questionnaire responses (mean) for all latent variable categories are at the response criterion of "strongly agree," with an average response at 4.28. There are only 3 construct variables with an average responses criterion of "agree": the non punitive continuous learning construct variable (X3.1) in the latent variable of safety culture with an average at 3.95, the safe-ethical construct variable (X3.3) in the latent variable of safety culture with an average at 3.91, and the tangible construct variable (Z.2) in the latent variable of healthcare service quality with an average at 3.96.

The number of questionnaire responses analyzed are 7,840 out of the total of 40,320 questionnaires from 144 questions with 280 respondents. The most analyzed questionnaire responses are from communicative behavior questionnaires at totaling 1,960 (25%), followed by health service quality questionnaires at 1,680 (21%), human capital at 1,400 (18%), employee performance at

1,120 (14%), inclusive culture at 840 (11%), and safety culture at (11%).

Quantitative Analyses VBSEM WarpPls Results

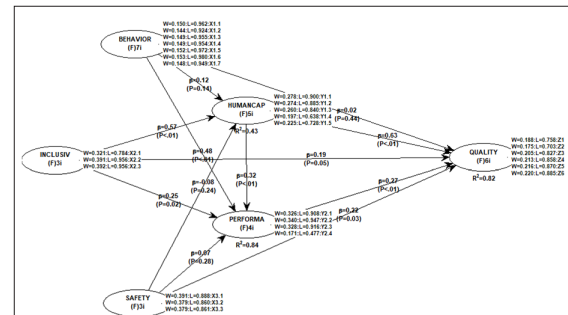


Figure 3: Path Coefficient β & Loading Indicator of The Both of Hospitals & AWS Hospital

Source: Primary Data Analysis VB SEM WarPls

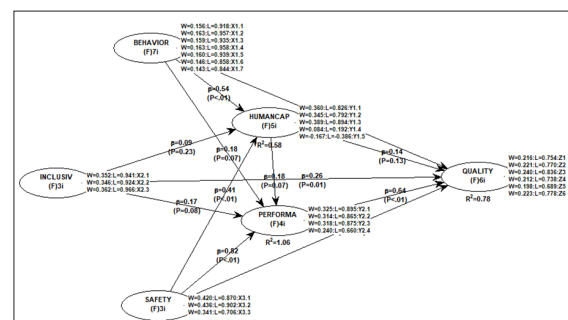


Figure 4: Path Coefficient β & Loading Indicator of a Muis Hospital

Source: Primary Data Analysis VB SEM WarPls

Model Fit Indices VBSEM WarpPls: The analysis of the value of the fit indices model for the feasibility of the results in this study shows that this research model is fit and ideal 100% at the both of hospitals, AWS hospital and A Muis hospital, with no significant different statistically. So, this study is worthy to be generalized to the population and valid to be applied as an empirical basis for further research.

Table 4: VBSEM WarpPls Fit Model at Both Hospitals, AWS & A Muis Hospital

No	Fit model Structural Inner Model	Both of the hospital	AWS Hospital	Abdul Muis Hospital
1	APC	0,267,P=0,005	0,267,P=0,005	0,307 P=0,002
2	ARS	0,697 P<0,001	0,697 P<0,001	0,807 P<0,001
3	AARS	0,68 P<0,001	0,68 P<0,001	0,795 P<0,001
4	AVIF	2,757	2,757	2,575
5	AFVIF	3,255	3,255	2,458
6	Tenenhaus GoF	0,723	0,723	0,747
7	SPR	0,917	0,917	0,917

8	RSCR	0,98	0,98	0,991
9	SSR	1	1	1
10	NLBDR	0,833	0,833	0,917

β Correlation / Path Coefficient Relationships: The analysis of β Path Coefficient at the both of hospitals, AWS hospital and A Muis hospital find that 11 out of 12 (92%) β Path Coefficient direct relationships are positively significant, with statistically significant different are observed. In both hospitals & AWS hospital have 7 β Path Coefficient relationships with significant positive results, with the values ranging from +0.217 to +0.633. Meanwhile, A Muis hospital has 6 β Path Coefficient relationships with significant positive results, with the values ranging from +0.221 to +0.819. There is 1 β Path Coefficient relationship positively non-significant, that is the relationship between communicative behavior and healthcare service quality at the both of hospital, AWS hospital and A Muis hospital,

At the both of hospitals, AWS hospital and A Muis hospital, there are 7 significant positive β Path Coefficient relationships, that are Communicative behavior – performance (+0.477), Inclusive culture – quality of health services (+0.566), Inclusive culture – employee performance (+0.246), Safety culture – quality of health services β = 0.217, Human capital – quality of health services (+0.633), Human capital – employee performance (+0.315), Employee performance – quality of health services (+0.267). Meanwhile, at A Muis hospital, there are 6 significant positive β Path Coefficient relationships, that are Communicative behavior – human capital (+0.539), Inclusive culture – quality of health services (+0.259), Safety culture – quality of health services (+0.221), Safety culture – human capital (+0.412), Safety culture – employee performance (+0.819), Employee performance – quality of health services (+0.636)

Total Effect Relationships: Analysis of the total effect relationships at the both of hospitals, AWS hospital and A Muis hospital, find that 12 out of 12 (100%) total effect relationships are significantly positive, with statistically significant different are observed. At the both of hospitals and AWS hospital, 8 total effect relationships are significantly positive, with the values ranging from +0.235 to +0.717, while at A Muis hospital, 9 total effect relationships are significantly positive, with the values ranging from +0.203 to +0.893.

At the both of hospitals and AWS hospital, 8 total effect relationships are positively significant, that are Communicative behavior – quality of healthcare services (+0.235), Communicative behavior – employee performance (+0.516), Inclusive culture – quality of healthcare services (+0.658), Inclusive culture – human capital (+0.566), Inclusive culture – employee performance (+0.425), Human capital – quality of healthcare services (+0.717), Human capital – employee performance (+0.315), Employee performance – quality of healthcare services (+0.267). Meanwhile, at A Muis hospital, 9 total effect relationships that are positively significant, that are Communicative behavior – quality of healthcare services (+0.203), Communicative behavior – human capital (+0.539), Communicative behavior – employee performance (+0.275), Inclusive culture – quality of healthcare services (+0.391),

Safety culture – quality of healthcare services (+0.845), Safety culture – human capital (+0.412), Safety culture – employee performance (+0.893), Human capital – quality of healthcare services (+0.251), Employee performance – quality of healthcare services (+0.636)

Indirect Relationships: The analysis of indirect relationships at the both of hospitals, AWS hospital and A Muis hospital find 4 significant positive indirect relationships: 3 indirect relationships at the both of hospitals & AWS hospital, and 1 indirect relationship at A Muis hospital, with no significant different statistically. In this study, 3 indirect relationships are found at the both hospitals and AWS hospital between 1) communicative behavior and healthcare service quality through human capital and employee performance as intervening variables (+0.206). 2) Inclusive culture and healthcare service quality through human capital and employee performance as intervening variables (+0.424). 3) Inclusive culture and employee performance through human capital as an intervening variable (+0.015). Meanwhile, at A Muis hospital, 1 indirect relationship is found between safety culture and healthcare service quality through human capital and employee performance as intervening variables (+0.578).

Linearity Relationships: VB SEM WarpPls analysis in this study at the both of hospitals, AWS hospital and A Muis hospital show a non-linear relationship for all relationships between inner model variables, that are 12 relationships with Average Path Coefficient, Average R Square, Adjusted Average R Square values of $P < 0.05$, with no significant different statistically.

Multivariat R²: The analysis of the multivariate R² coefficient values at the both of hospitals, AWS hospital and A Muis hospital, show no significant different statistically. The R² values at the both hospitals and AWS hospital range from +0.430 to +0.840, while at A Muis hospital range from +0.575 to +1.062. This indicates how strong the exogenous variables communicative behavior, inclusive culture, and safety culture affect the endogenous variables human capital, employee performance, and healthcare service quality.

In this study, at the both of hospitals and AWS hospital, a moderate R² is found in human capital with a value of 0.430, a strong R² in employee performance with a value of 0.840, and a strong R² in service quality with a value of 0.828. Meanwhile, at A Muis hospital, a moderate R² is found in human capital p with a value of 0.575, a strong R² in employee performance with a value of 1.062, and a strong R² in service quality with a value of 0.78.

Multivariat Q²: The multivariate Q² analysis at the both of hospitals, AWS hospital and A Muis hospital show no significant different statistically, where the Q² values at the both of hospitals and AWS hospital range from +0.521 to +0.751, while the R² values at A Muis hospital range from +0.438 to +0.790. In this study at the both of hospitals, AWS hospital and A Muis

hospital, the Q^2 value are more than 0.35, which means that the exogenous variables of communicative behavior, inclusive culture, and safety culture have strong predictive relevance for the endogenous variables human capital, employee performance and healthcare service quality. The blindfold and resampling methods in this model have ability to predict the new data outside the original sample which have strongly predictive relevance at the both of hospitals, AWS hospital and A Muis hospital.

In this study, at the both of hospitals and AWS hospital, the Q^2 value for human capital = +0.521, Q^2 for employee performance = +0.751, Q^2 for healthcare service quality = +0.581. Meanwhile, at A Muis hospital, Q^2 for human capital = +0.438, Q^2 for employee performance = +0.790, Q^2 for healthcare service quality = +0.623

Convergent Validity (Outer Model Structural Analysis): The convergent validity analysis of loadings indicator, which show both formative and reflective relationships of latent variables to their construct variables, have no significant different statistically at the both of hospitals, AWS hospital and A Muis hospital. At the both of hospitals and AWS hospital, 100% of the latent variables are significantly and validly related both formatively and reflectively to their constructs, with P values <0.05 and loading values ranging from 0.477 to 0.980. Meanwhile, at A Muis hospital, 93% of the latent variables are significantly and validly related both formatively and reflectively to their constructs, with P-values <0.05 and loading values ranging from 0.660 to 0.966, with 2 construct variables showing non-significant and invalid relationships, that are creativity and innovation construct variable (Y1.4) and the health construct variable (Y1.5) at the latent variable of human capital (Y1).

Table 5: Convergent Validity Analysis at The Both of Hospitals, AWS & A Muis Hospital

Latent Variable		Contract Variables		Both Hospital	AWS Hospital	A Muis Hospital
1	Communicative Behavior	1	X1.1. Service Oriented	0,962	0,962	0,918
		2	X1.2. Accountable	0,924	0,924	0,957
		3	X1.3. Competence	0,955	0,955	0,935
		4	X1.4. Harmony	0,954	0,954	0,958
		5	X1.5. Loyal	0,972	0,972	0,939
		6	X1.6. Adaptive	0,980	0,980	0,858
2	Inclusive Culture	7	X1.7. Colaborative	0,949	0,949	0,844
		8	X2.1. Equity-antidiscrimination	0,784	0,784	0,941
		9	X2.2. Safe-accessible	0,956	0,956	0,924
		10	X2.3. Communicative Leadership	0,956	0,956	0,966
3	Safety Culture	11	X3.1. Non punitive- Continuous Learning	0,888	0,888	0,870
		12	X3.2.Communicative-leadership-teamwork	0,860	0,860	0,902
		13	X3.3. Safe-ethical	0,861	0,861	0,706
4	Human Capital	14	Y1.1.Education-knowledge-training	0,900	0,900	0,826
		15	Y1.2.Skill-competence-experience	0,885	0,885	0,792
		16	Y1.3.Leadership-organization ability-motivation	0,840	0,840	0,894
		17	Y1.4. Innovation - Creativity	0,638	0,638	0,192
		18	Y1.5. Health	0,728	0,728	-0,386
5.	Employee Performance	19	Y2.1. Task Performance	0,908	0,908	0,895
		20	Y2.2. Contextual Performance	0,947	0,947	0,865
		21	Y2.3. Adaptive Performance	0,916	0,916	0,875
		22	Y2.4. Counter productive Work Behavior	0,477	0,477	0,660
6.	Healthcare Service Quality	23	Z1. Management-system-policy	0.758	0.758	0,754
		24	Z2. Tangible	0,703	0,703	0,770
		25	Z3. Reliability	0,827	0,827	0,836
		26	Z4. Responsivity	0,858	0,858	0,738
		27	Z5. Assurance	0,870	0,870	0,689
		28	Z6. Empathy	0,885	0,885	0,778

Questionair Validity and Reliability: The questionnaires in this study are reliable and valid, at the both of hospitals, AWS hospital and A Muis hospital. The questionnaires are reliable, that mean it is stable and can be repeated at different times with consistent results, which is proven by the Composite Reliability values of all latent variables being > 0.7, ranging from 0.897 to 0.987.

and the Cronbach's α values of all latent variables being > 0.6 , ranging from 0.839 to 0.985. The questionnaires are also valid in measuring what it is supposed to measure, with AVE (Average Variance Extract) values > 0.5 , ranging from 0.647 to 0.915.

At the both of hospitals and AWS Hospital, the Composite Reliability scores for the latent variables have no significant different statistically, that are as follows : communicative behavior = 0.987, inclusive culture = 0.929, safety culture = 0.903, human capital = 0.900, employee performance = 0.897, and healthcare service quality = 0.924. Meanwhile, at A Muis hospital, the Composite Reliability scores for the latent variables are as follows: communicative behavior = 0.973, inclusive culture = 0.961, safety culture = 0.868, human capital = 0.655, employee performance = 0.897, and healthcare service quality = 0.892.

At the both of hospitals and AWS Hospital, the Cronbach's α values for the latent variables have no significant different statistically, that are as follows : communicative behavior = 0.985, inclusive culture = 0.882, safety culture = 0.839, human capital potential = 0.899, employee performance = 0.837, and healthcare service quality = 0.901. Meanwhile at A Muis Hospital, the Cronbach's α values for the latent variables are as follows: communicative behavior = 0.968, inclusive culture = 0.938, safety culture = 0.770, human capital potential = 0.559, employee performance = 0.844, and healthcare service quality = 0.855.

At the both of hospitals and AWS Hospital, the AVE values for the latent variables have significant different statistically, that are as follows : communicative behavior = 0.915, inclusive culture = 0.814, safety culture = 0.757, human capital = 0.647, employee performance = 0.697, and health service quality = 0.672. Meanwhile, at A Muis Hospital, the AVE values for the latent variables are as follows: communicative behavior = 0.840, inclusive culture = 0.890, safety culture = 0.690, human capital = 0.459, employee performance = 0.688, and health service quality = 0.581.

Multicollinearity between Variables: In this study, it is found that there is no multicollinearity between latent and construct variables, with no significant different statistically is observed in the value, at the both of hospitals, AWS hospital and A Muis hospital, which means this study is valid and consistent. This is proven by the ideal values of the Variance Inflation Factor (VIF) and the Average Full Collinearity VIF (AFVIF), which are less than 5 at the both of hospitals & AWS hospital, AVIF is 2.757 & AFVIF is 3.255, meanwhile at A Muis hospital, AVIF is 2.575 & AFVIF is 2.468.

At the both of hospitals and AWS hospital, the Average Block VIF (AVIF) in the model fit is 2.757 with AVIF values between 1.816 to 4.010, and the Average Full Collinearity VIF (AFVIF) in the model fit is 3.255 with AFVIF values ranging from 2.377 to 3.872. Meanwhile, at A Muis hospital, the Average Block VIF (AVIF) in the model fit is 2.575 with AVIF values between 1.317 to 5.745 and the Average Full Collinearity VIF (AFVIF) in the model fit is 2.468 with AFVIF values of 1.602 to 3.957

Discussion

Demographic Characteristics Discussion: This study finds that the demographic characteristics has no significant different statistically at AWS hospital and A Muis hospital, across all demographic parameters. This includes employment type for planned and realized samples, gender, age, education, work tenure, basic salary, and the attended training. This shows that the samples that are taken from the both of hospitals are homogeneous, which helps control research confounding factors from external variables such as differences in gender, age, and other subject backgrounds. Having a homogeneous sample is important to reduce unwanted variation or differences among research subjects, making the research results more accurate with low bias and high internal validity. Homogeneous samples also make it easier to be analyzed in VB SEM WarpPLS because the level of dispersion and variance is quite low.

The majority of the samples in the both hospitals are female (85%), with most aged between 30 to 40 years (51%). Most have a diploma education (59%), most earn a basic salary in the range of 3 to 4 million rupiah (31%), and most have work tenure between 10 to 20 years (41%). At about 81% of the samples have ever participated in training. These demographic characteristics show that the quality of human resources are already good, with fairly high enough education, training experience, and excellent work experience, mostly between 10 to 20 years. The salary is also fairly decent, even though there are still many complaints, with a basic salary of 3 to 4 million.

Hospital Healthcare Service Quality Discussion: Assessment of the Minimum Service Standards at 21 healthcare units to objectively evaluate the quality of healthcare services includes the number of services with availability with fast, correct diagnosis and treatment that can be completed on time, GDR mortality less than 0.45% and NDR less than 25%, correct patient identification, employee attendance during service on time, and patient waiting time according to regulations. At both of hospitals in 2024, the results of the healthcare quality are good that represented by Minimum Service Standards scores ranging from 98 to 100%. The analysis of the Community Satisfaction Indexes (CSI), which has been routinely reported in Google Forms, also show that the quality of healthcare services in both hospitals are already good, with the 2025 CSI values more than 80%, that are as follows : AWS hospital CSI score is 87.9% and A Muis hospital CSI score is 93.1%. These show that the overall quality of healthcare services at both hospitals are already quite good, although there are some field that need to be improved, especially in efforts to reduce mortality rates, maintain the availability and completely of equipment and infrastructure, ensure the reliability and accuracy of tools and diagnoses, guarantee the safety of patients, staff community and environment, and provide assurance and empathy in order to further improve healthcare service quality.

The quality of healthcare services that are assessed in the Minimum Service Standards in Indonesia, which is evaluated as part of hospital accreditation according to the Decree of the Health Minister of the Republic of Indonesia, includes the assessment of services in 21 hospital service units, that are as follows : Emergency Installation Services, Outpatient, Inpatient,

Surgery, Labor and Perinatology, Intensive Services, Radiology, Clinical Pathology Laboratory, Medical Rehabilitation, Pharmacy, Nutrition, Blood Transfusion, Services for Poor Families, Medical Records, Waste Management, Management Administration, Ambulance, Funeral Services, Hospital Facilities Maintenance, Laundry, and Infection Control.

The provision of facilities and infrastructure supporting inclusive and safety oriented services, such as information systems in digital era technology of healthcare services with online medical record administration, the availability of special disability and rescue lanes, with a safe and accessible environment, is already well provided at both AWS Regional General Hospital and Abdul Muis Regional General Hospital as Government Referral Hospitals in East Kalimantan Province of Indonesia, with designs built according to regulatory standards.

The implementation of hospital inclusive and safety culture in accordance with the laws of the Republic of Indonesia has been quite good, as seen in ERM data, but there are some shortcomings, such as the complaints about obstacles in interpersonal communication, especially for patients with disabilities. The assessment of the inclusive culture includes : 1) Incident Identification, that prioritizing women, the elderly, and people with disabilities (physical, intellectual, mental, sensory disabilities) 2) Zero complaints/incidents, with no complaints or incidents due to ineffective communication 3) Evaluation of facilities and accessibility, as reporting the provision of wheelchair paths, disability-friendly toilets, accessible signage 4) Participation and communication, that showing the effectiveness of communication and service for dissability patients (sign language) 5) Follow-up on improvement plans from the quality committee. The assessment of the safety culture includes: 1) Accuracy of patient indications 2) Improving effective communication 3) Enhancing the safety of medicines that need to be supervised 4) Ensuring the exact location, correct procedure, and right patient for surgery 5) Reducing the risk of infection related to healthcare services 6) Reducing the risk of patient falls.

The inadequacy of communicative behavior due to network obstacles even though cooperation and performance among medical staff are fairly good, the high number of terminal-stage cases with difficult referrals and various clinical and economic complications, as well as the phenomenon of intersectionality that complicates the efforts for equity, anti-discrimination and patient safety oriented healthcare, are the main causes of failures and declining quality of healthcare in hospitals, which are widely discussed on social media in a small number of cases. Communicative behavior is really important, communication failures are the main reason for failures, disputes, and internal conflicts in healthcare [4-6,18].

The culture is often identified as a major cause of failures in healthcare services. The healthcare service culture transformation reforms to an inclusive and safety culture conduct to fix human capital mistakes in the healthcare service sector. Safety culture, according to safety indicators, is the most commonly measure that is applied that affects performance in improving the quality of healthcare, especially in handling the top 10 diseases in hospitals. Patient safety culture in dealing with medical errors has to be

changed into non punitive response that supports continuous learning to boost human capital capacity in the organization. Adaptive changes in safety culture errors towards non punitive reporting with continuous learning, effective communication, and good teamwork among healthcare professionals are highly prioritized in boosting performance to improve the quality of Health Services [6,21,20,34,].

There is evidence of discrimination and intersectional phenomenon related to diversity among healthcare workers as human capital, and diversity among patients that can be generally accepted and understood, especially in emergencies cases involving disabilities, vulnerable groups, and women. The inclusive culture that prioritizes equity and anti-discrimination in the field of healthcare services is important. The inclusive culture fosters a sense of belonging among employees, with key elements of diversity, fairness, and open communication, that contributes to positive employee experiences, where leadership plays an important role in creating an inclusive environment. It is necessary to organize and improve strategies regarding incentives, workload, experience, and work tenure as regulated in human resource management to address diversity conflicts among human resources as human capital in enhancing the quality of Healthcare Services, Indonesian Ministry of Health Regulation 13/2025, 2/2025 [17,18,35,36].

The managerial and operational phenomenon in human capital find at AWS Regional General Hospital and Abdul Muis Regional General Hospital are quite good, and the number of human capitals as workforce with the required skills are sufficiently met according to the required fields. Descriptive data obtained from the research sample shows that 81% of employees (226 people) at both hospitals have attended training, and only 19% (54 people) have never attended training, and this is still being followed up so that 100% of employees participate in training, either through on-the-job training or lectures [15]. Education and training activities are continuously carried out to improve the skills and competencies of human resources. The educational distribution of the sample at both hospitals shows that the majority have a diploma (59%) and a bachelor degree (38%). This high level of education indicates a fairly good availability of potentially high human capital capacity.

Some managerial and operational phenomenon in performance found at RSUD AWS and RSUD A Muis Hospitals include a declining in performance due to employee incentives dissatisfaction, although overall all patient service tasks can still be completed with fairly good performance scores. Network issues are the main problem cause delays in reporting and longer time health services to be completed, which lead to long waiting times that patients often complain about [5].

The Relationships Among Latent Variable Discussion: The results of the statistical analysis prove the hypothesis that there is a significant positive relationship between communicative behavior and the quality of health services. This aligns with literatures state that professional communication between nurses and doctors has a positive relationship with human capital and health service quality [6]. Medical errors resulting from behavioral mistakes affect performance and the quality of health services [34]. Continuous communication culture,

organizational leadership, teamwork, employee involvement in decision-making, employee recognition and autonomy can boost job satisfaction, encourage organizational performance improvement, increase retention, and improve patient care quality [37]. Hospital organizational behavior significantly impacts doctor-centered patient care. A supportive and innovative culture, effective adaptive behavior, and incentives improve doctor-focused patient care. Addressing resource limitations and high resource demands is crucial to optimize healthcare quality. A supportive and innovation-oriented hospital culture positively influences doctor-centered patient care, whereas a goal-oriented culture negatively affects doctor-centered patient care. In public hospitals, adaptive organizational behaviors like optimizing technology and resources, along with inter-professional teamwork, positively impact doctor-centered patient care. In addition, organizational incentives like employee wellness systems and training programs improve doctor-focused patient care [5].

The statistical analysis results prove the hypothesis that there is a significant positive relationship between communicative behavior and human capital. This aligns with literatures that state that professional communication behavior between nurses and doctors, as well as a patient safety culture, positively affects healthcare professionals [6]. The percentage of medical errors due to employee behavioral mistakes that affect the quality of healthcare services, involving healthcare professionals causing misdiagnosis, therapy errors, preventive mistakes, and other errors such as communication errors, equipment damage, and system errors, are caused by behavioral mistakes [34]. Research shows that modern medical services emphasize behavior in patient-centered care, which prioritizes communicative behavior between doctors and patients to improve hospital service quality and patient experience. Liu & Wang, in their research from 2018 to 2020, mentioned that around 86.1% of disputes in eight hospitals in Shanghai were related to doctors, mainly caused by inadequate communication. Professional communication between nurses and doctors, as well as a patient safety culture, has a positive relationship with human capital [5]. Hospital organizational behavior significantly impacts patient care that focuses on doctors and healthcare workers. Changes in organizational culture and behavior, such as optimizing technology and resources, incentives, and professional teamwork, positively influence patient-centered care by doctors [5]. Employees show a strong sense of responsibility and job satisfaction as well as high information literacy. Education plays an important role [38]. Perceptions of organizational support and the implementation of human resource management in human capital with high commitment are positively related to employees innovative work behavior [39].

The statistical analysis results prove the hypothesis that there is a significant positive relationship between communicative behavior and employee performance. This is in the line with the results of several previous studies. Continuous communication culture, organizational leadership, teamwork, employee involvement in decision-making, employee recognition, and autonomy increase job satisfaction, drive organizational performance, improve retention, and enhance the quality of patient care [37]. Five critical and fundamental factors are found to be the focus of organizational behavior that significantly affect

organizational performance: structure, culture, technology, diverse interpersonal relationships, and organizational processes such as motivation, indicate a strong relationship between organizational behavior and organizational performance [40]. There are significant positive effects of behavior in motivation, bias, and organizational culture on employee performance. Meanwhile, administrative leadership shows minimal influence on performance [10]. There is a positive and significant correlation between organizational performance, organizational culture, human resource strategies, and organizational climate as reflected in organizational behavior [41]. Positive organizational behavior has a strong relationship with job satisfaction, contextual performance, and employee engagement, and this relationship gets even stronger when positive organizational behavior is high [42]. Behavior in education plays an important role, where high school graduates valuing the resources available in the work environment to boost employee engagement and performance [38]. The organizational climate, which reflects organizational behavior and is defined as employees shared perceptions of their work environment, affects motivation and performance (Schneider, 1990).

The statistical analysis results prove the hypothesis that there is a significant positive relationship between an inclusive culture and the quality of healthcare services. This is in the line with the results of several previous studies. Diversity among employees and patients, as well as inclusion, are important for improving healthcare services. In terms of improving healthcare services, diversity is seen as an advantage, where racial, ethnic, and gender diversity among nurses as human capital can be leveraged to enhance the quality of care and reduce health disparities [17]. Inclusive healthcare practices and delivery include aspects of diversity and intersectionality that avoid discriminatory of healthcare, which is crucial for improving the quality of healthcare services by employees. Diversity, equity, inclusion, intersectionality, and a strengths-based approach are five concepts that can be applied across various aspects of diversity to improve healthcare service quality. There are six value themes related to organizational culture formulated in this study, that are as follows : 1) continuous communication, 2) organizational leadership, 3) teamwork, 4) employee involvement in decision making, 5) employee recognition, and 6) autonomy [19]. Applying organizational strategies according to an organizational culture tailored to each cultural theme with diversity increase job satisfaction, boost organizational performance, improve retention, and enhance the quality of patient care [37].

The results of statistical analysis prove the hypothesis that there is a significant positive relationship between an inclusive culture and human capital. This is in the line with the results of several previous studies. Qualitative research emphasizes the importance of leadership in building an inclusive environment, as leaders play a key role in modeling inclusive behavior and implementing policies that promote diversity [18]. In the terms of improving healthcare services, diversity is seen as an advantage, where racial, ethnic, and gender diversity among nurses is inclusive and can be used to improve the quality of care and reduce health disparities [17]. Inclusive health care practices and delivery, covering aspects of diversity and intersectionality in human capital potential, avoid discriminatory health services [19]. There is a relationship between organizational culture

and the implementation and strategies of human resource management, particularly regarding employees' diverse attitudes and behaviors [43].

The statistical analysis results prove the hypothesis that there is a significant positive relationship between an inclusive culture and employee performance. This aligns with the literatures that state there is a significant positive relationship between an inclusive culture and performance. Several previous studies mention the importance of leadership in building an inclusive environment, as leaders play a key role in modeling inclusive behavior and implementing policies that promote diversity as part of managerial performance [18]. Effective organizational culture and behavior in technology and optimizing diverse resources (inclusive), inter-professional teamwork, incentives related to equity (inclusive) employee welfare systems, and development programs show effectiveness in improving doctor-focused patient care performance [5]. Other researches find critical and fundamental factors such as Structure, Culture, Technology, and Diverse Interpersonal Relationships, which are the focus of organizational behavior and significantly affect organizational performance, showing a strong link between organizational behavior and improved performance and helping to achieve the goals and vision of an organization effectively and efficiently [40]. There is a support for the hypothesis that organizational diversity culture indeed impacts healthcare professional performance where this effect is mediated by work discipline [44]. There is also diversity in the assumptions of employees and managers about culture, which affects performance [45]. Six value themes related to diversity and organizational culture have been formulated across these studies, that are as follows: 1) continuous communication, 2) organizational leadership, 3) teamwork, 4) employee involvement in decision-making, 5) employee recognition, and 6) autonomy. Implementing organizational strategies with diversity can improve job satisfaction, encourage better organizational performance, boost retention, and enhance patient care quality [37].

The results of the statistical analysis prove the hypothesis that there is a significant positive relationship between safety culture and the quality of healthcare services. This aligns with findings from several previous studies that state patient safety culture and professional communication between nurses and doctors have a positive relationship with human capital perception and the quality of healthcare services [6]. Research shows that safety culture, especially the percentage of medical errors due to behavior and communication mistakes, affects the quality of healthcare services [34]. Safety culture is key in improving healthcare service quality. The culture is often identified as a major cause of healthcare service failure, and safety culture reformation can correct errors in healthcare services [21]. Hofstede cultural dimensions and the competing values framework show how culture affects healthcare dynamics Tabibi, Posarić & Ćorić.

The statistical analysis results prove the hypothesis that there is a significant positive relationship between safety culture and human capital. This is in the line with some previous studies that show that patient safety culture as well as professional communication between nurses and doctors have a positive relationship with perceptions of human capital and the quality

of healthcare services. Organizational culture, especially patient safety culture in handling medical errors, should be changed to a non-punitive response, supporting a learning culture within the organization [6]. Patient safety culture is influenced by a number of factors, both internal resources from employees and some external resources for hospitals like relevant laws. Research found the percentage of medical errors by healthcare workers as human capital, including diagnostic errors, therapy errors, preventive errors, and other errors such as communication mistakes, equipment damage, and system errors [34]. Human resource management is the management of the workforce that is responsible for attracting human resources, selection, training, assessment, and rewarding employees. It also oversees leadership and culture within the organization and compliance with employment and labor regulations Ulrich, O'Brien, Patrick. Human resource specialization can symbolically solve managerial legitimacy issues where individual management is reinforced by organizational culture Keenoy & Anthony. The basis for determining the relationship between organizational culture and human resource management is the adoption of its definition, which states that organizational culture is a pattern of values and methods learned to cope with experiences that have developed over the history of a particular organization and that tend to appear in people behavior Sun. The way of an organization engages its human capital partly depends on its organizational culture. Human resource management practices influence organizational culture. Therefore, organizational culture becomes a subject of consideration in the context of its relationship with human resource management. Various studies have shown the impact of organizational culture on different variables, including individual commitment and personal efficiency [7]. Combined with human resource management practices, organizational culture affects employees' attitudes and behaviors, which in turn impacts the organization operational results Katou. The results employees achieve are linked to their motivation. A high level of uniformity, which is a trait of a strong and homogeneous organizational culture, allows for better outcomes. Organizational effectiveness is also related to labor costs, which are influenced by the organization remuneration system and the competence level of employees. Organizational culture serves as a source and foundation for work methods and behaviors, making it a factor that supports personnel management in achieving the organization goals [43].

The results of statistical analysis prove the hypothesis that there is a significant positive relationship between safety culture and employee performance. This aligns with findings from several studies show that a safety culture combined with continuous learning can help companies improve their safety performance [20]. The Patient Safety Indicator from the Agency for Healthcare Research and Quality (AHRQ) is the most commonly applied measure for patient safety performance. It includes 16 classes of patient safety incidents to prevent errors in healthcare and is intended for patient safety improvement as feedback in relevant organizational behavior to enhance healthcare performance and quality [34]. A supportive and innovative culture, effective behavior change, and incentives boost doctor-focused patient care performance [5]. Organizational culture shapes staff interaction and performance, which directly impacts patient care and efficiency Schein. In the Philippines, a positive culture improves patient care and moral, while corruption and

inefficiency hinder performance Ramos & Calidgid, Hechanova et al. Human Resources strategies like recruitment, performance management, learning, and rewards are crucial for retaining skilled healthcare workers and boosting performance Blštáková & Palenčárová. Organizational culture influence organizational performance, so it is important to manage and change it (O'Reilly and Chatman). Organizational culture has a strong effect on individuals and their performance as well as the work environment Molenaar. There is a significant positive impact of motivation, bias, and organizational culture on employee performance, while administrative leadership shows minimal effect on performance.

The results of the statistical analysis proved the hypothesis that there is a significant positive relationship between human capital and the quality of healthcare services. This aligns with previous researches show that effective human resource management related to managing human capital potential has a strong impact on healthcare service quality and improving hospital staff performance [31]. There is a positive relationship between human resource capabilities and patient care quality, mediated by proactive behavior of healthcare workers [7]. Adaptive leadership in human capital indirectly improves better service quality in healthcare settings through employee engagement [25]. There is an impact of human resources on healthcare services. Human resource management significantly improves total quality management in healthcare institutions by increasing employee's quality awareness and goodwill [26]. There is a link between organization and leadership style in the continuous improvement of primary healthcare services [27]. Professional communication between nurses, doctors, and other healthcare workers, as well as a patient safety culture, has a positive relationship with the quality of healthcare services [6]. Education, training, and knowledge are important in boosting human capital and improving the quality of human resources [46]. Transformational leadership encourages high engagement, better patient care and sustainable growth Santos & de Guzman, Lacap. A positive climate fosters trust, satisfaction, and efficiency, while a negative climate increases dissatisfaction and employee turnover Denison et al. Ethical leadership is crucial for building a supportive climate and reducing burnout Santana & Pérez-Rico. Integrating culture, human resources strategies, and climate is essential for successful healthcare services. Wang & Chen, Bahrami et al.

The results of the statistical analysis prove the hypothesis that there is a significant positive relationship between human capital and employee performance. This aligns with findings from previous research that show a significant positive impact of motivation in human capital, organizational culture, and organizational behavior on employee performance [10]. Human capital has a significant and positive influence on innovation capability and job performance. Innovation capability also has a significant and positive impact on job performance [47]. Managing human resources effectively in human resource management is very important for improving performance and the quality of healthcare services, as well as reducing employee turnover and neglect within the organization Rotea CC, et al.. Employees physical and mental health will boost productivity by improving their ability to handle stress, reducing sick days, and increasing work efficiency, which contributes positively,

so overall health will enhance employee satisfaction and performance [48]. Human resource management, as an effective human capital, has a strong impact on the quality of healthcare services and the performance improvement of hospital staff [31]. According to Howard et al., human resource management plays an important role in the success and development of healthcare services. Human resource management pays better attention to both employees and the organizations they work for. It connects job security and certainty with employee talent, and implements programs that improve communication and collaboration between employees and organizational development, as well as boosting employee performance and job satisfaction. A positive environment supports job satisfaction and productivity through leadership, vision, and communication Howell et al. Avolio et al.. Other research mentions that motivation, knowledge, skills, and human capital capacity will lead to better performance. Human capital theory explains that investing in human capital through education, training, and work experience will develop processes and mechanisms that improve performance, which will make work results better and faster. Education, training, and knowledge are important in enhancing human capital and improving the quality of human resources [46]. Human capital is the ability of employees to work, which is an individual attribute that allows them to be more efficient in completing tasks Becker. Human capital enables employees to produce work with good quantity and quality, complete their tasks correctly, which in turn can improve performance Sari. What makes human capital valuable and different is that human capital is the mental ability that allows employees to come up with the most efficient way to carry out the activities required for each of their tasks, which leads to increased work output and produces satisfying performance Wright, McMahan, McWilliam. There is a direct positive relationship between intellectual capital and organizational performance Steward. The unique value of human resources as human capital, like mental abilities, enables employees to develop the most efficient techniques for completing tasks in their work, leading to increased output and better performance Wright, McMahan, McWilliam. On the other hand, the basic premise of the resource-based view is that organization resources are the most important factor in achieving long-term competitive advantage and attaining better performance within an organization Wernefelt. Human capital resources, from a resource-based view perspective, are significant, unique, vital, and diverse resources that can contribute to a competitive advantage for an organization, leading to improved performance Barney and Wright, Seclen-Luna et al. Furthermore, the resource-based view argues that an organization ability to innovate is determined by its human capital resources Barney. The theoretical foundation for this study is human capital theory and the resource-based view. The key principle of human capital theory is that acquiring human capital contributes to increased employee effectiveness, and thus improves employee performance in an organization Bodovski, Chykina, and Khavenson. Human capital is seen as a valuable resource in terms of performance according to human capital theory, similar to how other resources in an organization are viewed Sarto et al.. Furthermore, this theory suggests that human capital, in the form of employee knowledge gained through training and education, enhances employees cognitive abilities, allowing them to carry out their work performance more successfully and efficiently.

The statistical analysis results prove the hypothesis that there is a significant positive relationship between employee performance and the quality of healthcare services. This is in the line with previous researches that state there is a significant relationship between performance and job satisfaction and the improvement of healthcare service quality [9]. Human resource management significantly enhances total quality management in healthcare institutions and has a greater impact on customer satisfaction and employee performance, as well as improving the quality of healthcare services [26].

Convergent Validity Discussion: The results of the convergent validity analysis of the loadings indicator show the strength of the latent variables in forming their construct variables both formatively and reflectively, with no significant different statistically are observed in the loading values at the both of hospitals, AWS hospital and A Muis hospital. The strong relationship of the construct variables in forming latent variables both formatively and reflectively aligns with what are stated in the literature as the basis for this study. Agency for Healthcare Research and Quality (AHRQ) [3,4,17-19,22,31,37,48-51].

Conclusion

The finding of the study, that is conducted a quantitative approach and supported by literatures and previous researchs as an empirical basis in the form of meta analyzes study as the Systematic Literature Review, manage to form a conclusion that at the both of hospitals, AWS hospital and A Muis hospital, the quality of healthcare services is influenced by the integral relationship among communicative behavior, the transformation of healthcare service culture towards an inclusive culture and safety culture, human capital and employee performance, both directly and indirectly [52-55].

The results of this quantitative research, that conducted at both hospitals, RSUD AWS and RSUD A Muis are obtained as follows:

- The research model is fit and valid to be generalized to the population and can be applied as an empirical basis for further research.
- A significant and valid non linear relationship is found in all latent variable relationships in the hypothesis, both directly and indirectly among communicative behavior, inclusive culture, safety culture, human capital, employee performance, and healthcare service quality.
- The research questionnaires are proven to be valid and reliable with no significant multicollinearity are found among variables statistically.
- In this study, the endogenous variables of healthcare service quality, human capital, and employee performance are strong influenced by the exogenous variables of communicative behavior, inclusive culture, and safety culture.
- In this study, a strong relevance prediction are found from the exogenous variables of communicative behavior, inclusive culture, and safety culture toward the endogenous variables of the quality of health care services, human capital, and employee performance.
- All construct variables in this study are proven valid and meaningful as formative and reflective components of their latent variables.

There is a complex and unique phenomenon regarding the assessment of Healthcare Service quality at the Hospital, which is abstract, heterogeneous, and inseparable between production and consumption [56]. Even though the service providers have met the service quality standards, objectively evaluated through Minimum Service Standard assessments, Hospital accreditation evaluations, safety incident and inclusive incident assessments, e-performance evaluations and the availability of human resources according to the law, and also subjectively evaluated through the Public Satisfaction Index that filled out online, that rarely does not match with the perception of satisfaction in a small portion of patients regarding the quality of healthcare services [57-60].

Research findings emphasize the importance of communication and interpersonal relationships as part of human resource management in strengthening human capital to improve employee performance to achieve a better hospital quality healthcare services. The failure of effective professional communication and collaboration leads to a breakdown in healthcare culture in interacted with human capital, resulted in lower employee performance and decreased quality of healthcare services in hospitals [61].

There is a unique and complex phenomenon in assessing the relationship among communicative behavior and an inclusive & safety culture transformation to interact with human capital and employee performance to improve the quality of healthcare services, where hospitals must carry out sustainable comprehensive, safe, effective, anti discrimination clinical governance focused on patient safety. The results of this study are important to provide feedback in strategic management and human resource management policies to improve hospital healthcare service quality.

Effective and transparent communication is important to preserve the trust and engagement among employees in improving high quality of healthcare services in a safe, effective and non-discriminatory way [62-65]. An inclusive and safety culture interact with human capital, encouraging motivation, innovation, and creativity, enhancing the adaptive and communicative leadership roles with good teamwork and interpersonal relationships, which provide a sustainable competitive advantage. Leadership as part of human capital, plays a key role in shaping and maintaining an inclusive and safety culture, ensuring these cultures align with strategic goals and adapting the changing of environmental conditions. The development of a non-punitive safety culture that priorities continuous learning ensures that organizations remain responsive to external changes. In addition, the emphasis on cultural diversity and inclusivity that enriches the work environment, encourages creativity and innovation as well as motivation as a part of human capital [66].

Hospitals, as organizations that invest in developing a strong and adaptive culture, especially an inclusive and safety culture, will be better prepared to face challenges, seize opportunities, and achieve sustainable successfully and profitability [67]. As the business environment continues to change in maintaining quality and improving healthcare services to sustain patient trust, an inclusive and safety culture as a shared system of meaning within the organization that are supported by communicative

behavior and aligned with the organization innovative and adaptive strategic goals, is very important and cannot be ignored. Organizations that invest in developing a strong, aligned, and adaptive culture are practicing human resource management and strategic management policies to overcome challenges, seize opportunities, and achieve sustainable success as their environment keeps changing [68].

Suggestion

Researchs need to be conducted as an effort for evaluation as well as continuous reporting systems and further studies in all fields, especially research and development in health technology, that carried out ethically based on the latest science to improve the quality of healthcare services. Likewise, research in management is also necessary to provide feedback on strategic management and human resources management policies adaptively, in an effort to improve the quality of healthcare services [69].

The findings of this study highlight the importance of professional communication combined with interpersonal relationships, that supported by leadership teamwork within the diversity of human capital that conducting employee performance in improving patient-oriented healthcare quality, moving toward comprehensive healthcare services in line with current governance, with a shared understanding of healthcare meaning, transforming towards an inclusive culture with diversity and a non punitive safety culture along with continuous learning [70-73].

Electronic Medical Records (EMR) applications need to be continuously promoted and equipped. EMR includes the recording and reporting system of the patient identity, diagnosis, and treatment, complemented by documenting safety incidents and inclusivity, which greatly support continuous learning that make it easier to provide further feedback in a promotive, preventive, curative, and rehabilitative way to enhance the quality of healthcare services [74].

Limitation: Filling out the questionnaire is completed after working hours, even though it is disrupted the performance and tasks, even though it only took a short time to complete the questionnaire.

Most of the respondents seemed reluctant although they keep completed the questionnaire thoroughly, properly, and sincerely [75]. It is caused by doing frequently surveys and incident reporting system in the field, where employees have performed demanding healthcare service in duties.

Contribution: Providing additional knowledge and giving an empirical basis for further research by conducting studies on how the integral relationship among communicative behavior, organizational culture transformation at the hospitals towards an inclusive culture, and a non-punitive safety culture that priorities continuous learning, human capital, and employee performance in improving healthcare service quality, based on systematic analysis of evidence-based management and previous literature [76,77].

Improving the quality of healthcare services by conducting research in management that supports managerial evaluation in a continuous reporting system as a form of self-introspection

and feedback in strategic management and human resource management policies for a sustainable development that conducting the quality of hospital healthcare services, where further researchs in all areas are also needed [78-80].

The community get hold of a high productivity quality healthcare services in a complete manner, in the line of good and up to date clinical governance, safely, effectively and non-discriminatorily with a safety culture that minimizes risks to patients, employees, community, and the environment, by means of communicative behavior that is service-oriented, accountable, competent, harmony, loyal, adaptive, and collaborative, supporting by human capital with good performance, good interpersonal relationships and good teamwork [81-84].

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