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# The Influence of Compensation, Competence, and Discipline on Employee Performance: A Study at RSUD dr. Sayidiman Magetan

**David Zola Mandak[1]*,Tatik Mulyati[2] , & Ahadiati Rohmatiah[3]**

[1]Management Study Program, Faculty of Economics, Universitas Merdeka Madiun, Indonesia
[2]Management Study Program, Faculty of Economics, Universitas Merdeka Madiun, Indonesia
[3]Management Study Program, Faculty of Economics, Universitas Merdeka Madiun, Indonesia

*Corresponding author: davidzola93@gmail.com
https://orcid.org/0000-0002-7867-270X

**Abstract**

*This research aims to analyze the partial and simultaneous influence of Compensation, Competence, and Discipline on Employee Performance at RSUD dr. Sayidiman Magetan. This study employs a quantitative research design with a sample size of 270 employees. The data analysis techniques utilized include multiple linear regression analysis, t-test (partial), F-test (simultaneous), and the coefficient of determination (R2). The results of the research indicate that: 1) Partially, Compensation, Competence, and Discipline have a significant influence on Employee Performance at RSUD dr. Sayidiman Magetan; 2) Simultaneously, the variables of Compensation, Competence, and Discipline jointly influence Employee Performance at RSUD dr. Sayidiman Magetan; and 3) Discipline is the most dominant variable influencing Employee Performance.*

**Keywords: Compensation, Competence, Discipline, Employee Performance**

## INTRODUCTION

In the contemporary era of dynamic global competition, Human Resources (HR) serve as the strategic asset that determines organizational survival and performance. In



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public sector institutions, the demand for excellent, transparent, and accountable service has intensified, pushing government entities to implement continuous bureaucratic reforms aimed at increasing apparatus performance. Healthcare institutions occupy an exceptionally critical position within public service; as labor-intensive organizations, their primary output is healthcare services directly tied to human safety, leaving zero tolerance for operational errors. Consequently, individual employee performance across all functional lines including doctors, nurses, medical technicians, and administrative staff acts as the core determinant of patient satisfaction, therapeutic efficacy, and institutional public trust. Employee performance itself is defined by Pramudya (2022) as the qualitative and quantitative work achievements realized by an individual in executing duties according to designated responsibilities.

As the primary regional referral hospital, RSUD dr. Sayidiman Magetan is continuously required to deliver high-quality public healthcare. However, preliminary field observations indicate an empirical performance gap, evidenced by persistent patient complaints regarding service waiting times, rigid procedural manners, and inconsistent compliance with the hospital's Service Quality Indicators (IML). This performance tension is further compounded by a rapid digital transformation mandate, including the optimization of the Hospital Management Information System (SIMRS) and the integration of real-time digital attendance systems. This transition creates a dual burden: employees must expand technical competencies to navigate complex software platforms, while adjusting to high-precision discipline constraints that eliminate absenteeism. Unpreparedness in adapting to this digital ecosystem poses a serious risk of causing severe service bottlenecks, emphasizing the urgency to evaluate the core structural drivers of employee productivity.

The theoretical framework specifies that optimizing healthcare performance requires a holistic configuration of strategic behavioral predictors, notably compensation, competence, and work discipline. Compensation represents the fundamental extrinsic motivator for performance. Ningrum (2024) defines compensation as the entirety of rewards, whether in financial currency, goods, or operational benefits, allocated by an organization to employees in return for their performance contributions. Perceptions of inequitable, uncompetitive, or delayed compensation directly degrade job satisfaction and organizational loyalty, creating high disengagement among medical personnel. Secondly, the high-risk operational landscape of clinical services demands rigorous competence. Risnawati (2023) conceptualizes competence as an individual's underlying capabilities that enable structured, precise, and expert execution of specialized duties. Insufficient workplace competence spanning theoretical knowledge (*knowledge*), clinical skills (*skill*), and clinical empathy (*attitude*) precipitates a dramatic spike in human errors and hazardous medical



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procedural failures. Thirdly, work discipline acts as the ultimate protective pillar ensuring compliance with clinical protocols, professional ethics, and organizational mandates. According to Bukit (2023), discipline is manifested when employees consistently respect operational hours, complete tasks meticulously, and comply with all systemic rules. Strong discipline ensures structural consistency, administrative order, and clinical patient safety.

Extensive empirical studies have validated these relationships. Research conducted by Arsyad (2021), Tandiyono (2023), and Risnawati (2023) consistently found that compensation, competence, and discipline exert strong positive and significant effects on workforce performance, both partially and simultaneously. Nevertheless, noticeable inconsistencies persist regarding the partial individual strength of these variables. While several models isolate compensation as the most influential driver, other structural assessments, such as Aurellegi's (2024) analysis in the heavy construction industry, report diverging variations determined by unique sectoral features and worker demographics. This variation demonstrates that the explanatory weight of each behavioral predictor is highly contextual.

A significant contextual research gap exists because no empirical study has yet evaluated the integrated effects of compensation, competence, and work discipline within the unique administrative ecosystem of RSUD dr. Sayidiman Magetan. As a public healthcare institution operating under a dual staffing model combining traditional Civil Servants (PNS) and regional public service agency personnel (BLUD) its corporate culture and flexible remuneration mechanisms differ fundamentally from private enterprises (Ningrum, 2024) or family-owned businesses (Tandiyono, 2023). Consequently, the empirical novelty of this research lies in its contextual confirmation and systemic testing of established behavioral models in an unmapped public medical environment. This study provides empirical evidence to formulate specific, custom-tailored administrative recommendations for hospital executives to bridge performance gaps. Hence, this research is designed to resolve several analytical questions regarding whether compensation, competence, and discipline partially and simultaneously influence employee performance, as well as identifying which variable exerts the most dominant effect within this public healthcare setting.

## THEORETICAL REVIEW

Compensation serves as a baseline extrinsic driver within human resource management, acting as a structural mechanism to attract, engage, and retain high-performing personnel. In service-oriented public organizations, an equitable and competitive remuneration structure is essential to maintain workforce stability and


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operational focus. Effectively managed compensation structures directly increase employee morale, which subsequently elevates the overall quality of public services.

Scholars define compensation from several administrative viewpoints. Ningrum (2024) conceptualizes compensation as the complete array of returns, encompassing monetary wages, physical goods, or operational amenities provided by an enterprise to employees for their performance inputs. Similarly, Aurellegi (2024) characterizes compensation as the explicit rewards gained by personnel in exchange for their continuous institutional contributions. This framework is expanded by Arsyad (2021), who characterizes compensation as a balanced blend of financial and non-financial rewards distributed by an organization as a systematic counter-performance for an individual's output. Furthermore, Risnawati (2023) categorizes compensation into direct monetary forms disbursed systematically and non-monetary physical assets provided directly to the workforce. Synthesizing these perspectives, compensation constitutes all forms of tangible financial returns (such as base salaries and discretionary performance incentives) and intangible non-financial returns (such as healthcare benefits and workplace facilities) allocated to employees as an institutional acknowledgment of their operational time, expertise, and labor.

The structural distribution and volume of organizational compensation are governed by multiple contextual factors. According to Wajdi (2022), the baseline determination of employee compensation is highly dependent on labor market conditions, which reflect the equilibrium between labor supply and demand for specialized professional skills. Furthermore, organizations must adhere to government regulations that dictate statutory minimum standards established by state authorities, including regional minimum wage mandates (UMR/UMK), overtime compensation rules, and universal social security obligations such as BPJS. These structures are often formally operationalized through employment agreements, which represent legally binding wage scales and benefit packages negotiated between administrative management and labor unions or professional associations. Internally, compensation is stratified by the managerial hierarchy, meaning that advanced functional roles, greater organizational accountability, and high task complexity inevitably dictate larger compensation configurations. However, the actual execution of these structures depends heavily on the financial capacity of the organization, specifically the fiscal solvency and budgetary performance of the institution, such as the liquidity of regional public service agency (BLUD) funds. Lastly, the local cost of living in the geographic area where the organization operates serves as a critical factor, necessitating localized salary adjustments to safeguard the real purchasing power of the workforce.


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Operationally, compensation is structured into specific functional classes. Risnawati (2023) classifies these into direct compensation, which comprises fixed cash disbursements paid periodically; indirect compensation, which encompasses non-wage benefits like health insurance and retirement plans; and incentives, which represent variable performance bonuses aimed at stimulating individual productivity. Strategically, the implementation of a robust compensation program targets critical behavioral outcomes. According to Risnawati (2023), these strategic objectives focus on maximizing employee welfare to elevate job satisfaction, optimizing internal human resource administration to control organizational cost structures, and reinforcing institutional capacity to successfully recruit and retain premium talent.

To empirically evaluate compensation, specific measurement metrics are required. Pramudya (2022) establishes several key indicators that form the basis of this evaluation. The first indicator is accuracy and equity, which measures the internal and external perceived fairness of rewards relative to operational workloads and responsibilities. This is supported by organizational funding, which assesses the fiscal health and budgetary allocation capacity of the institution to sustain competitive rewards. Employee associations also play a key indicator role, capturing the institutionalized impact of internal professional forums or committees in negotiating and safeguarding employee welfare. Furthermore, the system must account for work productivity, which evaluates the explicit linkage between performance targets and variable remuneration, such as performance-based clinical service fees. Finally, the model incorporates living costs to gauge local socio-economic price indices that dictate baseline wage adequacy, alongside government compliance to ensure strict adherence to statutory labor laws, fiscal tax codes, and public social security registrations.

Competence represents a core structural pillar within talent management that directly dictates successful individual task execution. In modern, knowledge-intensive public sectors, competence serves as a critical performance differentiator that extends beyond formal educational degrees to encompass practical daily operational excellence. Possessing a highly competent workforce is essential to secure service quality, minimize operational risks such as human error, and achieve strategic organizational objectives.

Scholars approach competence through complementary behavioral dimensions. Ningrum (2024) defines competence as the foundational, underlying individual characteristics that hold a direct causal relationship with effective or superior workplace performance criteria. This is reinforced by Mulyati (2015), who describes competence as the collective knowledge, technical skills, and behavioral capacities that an employee must possess to successfully execute explicit organizational duties. Mulyati notes that these attributes form a core component of an individual's personality, driving highly predictable


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behaviors across diverse professional environments. From a pragmatic viewpoint, Tandiyono (2023) evaluates competence as the manifest professional conduct demonstrated by personnel within the workplace environment on a daily basis. Meanwhile, Risnawati (2023) emphasizes that competence functions as an operational enabler, allowing employees to perform technical tasks with high precision and professional attitude according to their specialized expertise. In short, competence is the structural integration of knowledge, practical skills, and professional behaviors inherent in an individual, which can be empirically observed and measured to assess an employee's capacity to deliver superior work output.

The development of individual professional competence is shaped by specific personal and contextual drivers. According to Pramudya (2022), this process is initiated by individual motifs, which represent the internal psychological drives or needs that propel a person toward continuous learning and skill application. These drives interact with personal traits, encompassing the enduring physical characteristics and psychological dispositions such as meticulousness and empathy that facilitate smooth professional task execution. Furthermore, development is governed by an individual's self-concept, which involves their internal self-image, values, and self-efficacy beliefs that determine their confidence in mastering new professional capabilities. On a systemic level, competence requires an extensive foundation of knowledge, reflecting the accumulation of empirical information and specialized theoretical frameworks essential within specific operational domains. This structural foundation is ultimately expressed through skills, which represent the practical physical or cognitive capability to execute explicit technical tasks, ranging from complex clinical procedures to strategic interpersonal communications.

To analyze its structural impact, competence is categorized into clear functional typologies. Risnawati (2023) divides these into intellectual competence, which governs cognitive capabilities, logical reasoning, and complex problem-solving speed; emotional competence, which dictates emotional intelligence and the capacity to maintain professional composure under high-stress conditions; and social competence, which comprises collaborative teamwork, professional communication, and customer-oriented service delivery.

To operationalize competence for empirical verification, Aurellegi (2024) identifies three primary indicators that must be evaluated contextually. The first indicator is accumulated professional experience, which reflects long-term exposure and historical learning within relevant operational fields. This is paired with personality characteristics, which evaluate the consistent demonstration of integrity, proactivity, and professional responsibility in daily operations. Finally, the framework includes intrinsic motivation,



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which measures the internal drive that powers spontaneous self-development and the continuous pursuit of high performance standards without requiring extensive external supervision.

**Work Discipline**

Work discipline represents a critical structural pillar that establishes the operational foundation of an organization, directly sustaining service consistency and output quality. Employee compliance with Standard Operating Procedures, professional ethics, and organizational mandates is a fundamental necessity rather than an alternative. Maintaining rigorous discipline across the entire workforce ensures that clinical and administrative activities align with established benchmarks, minimizing structural risks, and strengthening stakeholder trust.

Scholars examine work discipline through distinct behavioral lenses. Ningrum (2024) notes that discipline serves a functional role in educating personnel to strictly respect established regulations, processes, and policies, which subsequently generates optimized performance outcomes. From a practical perspective, Bukit (2023) defines discipline as a condition where employees strictly adhere to operational arrival and departure schedules, execute assignments meticulously, and conform to organizational rules alongside prevailing social norms. From a managerial standpoint, Tandiyono (2023) conceptualizes discipline as a strategic communication mechanism used by administrators to encourage behavioral adjustments and elevate internal awareness regarding regulatory compliance. Meanwhile, Risnawati (2023) defines discipline as an individual disposition characterized by respect, honor, obedience, and strict adherence to both explicit written regulations and unwritten workplace conventions, combined with the personal willingness to execute them. Synthesizing these concepts, work discipline constitutes an individual's mental disposition and self-awareness to voluntarily respect and obey all organizational regulations, operational guidelines, and professional ethics.

The maintenance of work discipline within an institution is driven by specific administrative and environmental factors. According to Risnawati (2023), the first major driver is the scale and equity of compensation, as remuneration packages that are perceived as fair and satisfying function as strong motivators for compliance, encouraging personnel to respect regulations as a reciprocal response for the fulfillment of their financial rights. Secondly, the existence of unambiguous organizational rules, represented by clear, written, and accessible Standard Operating Procedures, provides an explicit behavioral roadmap that eliminates functional ambiguity. Thirdly, institutional discipline requires visible administrative courage, meaning that leadership must firmly, consistently, and impartially



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enforce regulations, utilizing a balanced application of administrative sanctions and professional rewards to establish structural authority. Lastly, the cultivation of workplace habits, supported by positive cultural routines and visible leadership modeling, naturally fosters a collective framework of social discipline.

To evaluate work discipline empirically, specific behavioral indicators must be integrated into a continuous narrative. According to Trisdiana (2023), the first essential indicator is the attendance rate, which tracks employee compliance with designated working schedules, specifically focusing on punctuality and the minimization of unscheduled absences. This is structurally reinforced by the work procedure indicator, which evaluates employee adherence to standardized protocols to secure safe, consistent, and quality service execution. Furthermore, the model incorporates obedience to leadership as a metric to gauge employee loyalty and responsiveness to lawful directives within the organizational hierarchy. Finally, the framework relies on operational self-awareness, which evaluates an employee's internal initiative and personal responsibility to satisfy performance benchmarks efficiently without requiring continuous administrative supervision.

**Employee Performance**

Employee performance serves as the primary dependent variable in this structural assessment, functioning as the ultimate measure of talent management efficacy. Within service-driven public institutions, individual workforce output represents the final service delivery evaluated directly by the public, thereby determining institutional reputation. Achieving high performance, characterized by excellent, efficient, and precise care, represents the ultimate objective behind optimizing compensation, advancing professional competence, and enforcing organizational discipline.

Scholars define performance through complementary operational definitions. Ningrum (2024) conceptualizes performance as a core component of corporate activity where the institution requires employees to work dedicatedly in accordance with their personal capabilities to realize optimal work results. Taking a highly measurable approach, Pramudya (2022) defines performance as the qualitative and quantitative work achievements realized by an individual in executing duties according to designated responsibilities. Maximizing individual output directly elevates the service quality experienced by the public, which closely aligns with the empirical findings of Mulyati and Utami (2020) establishing that service quality serves as a primary driver of consumer satisfaction and institutional loyalty. Within clinical environments, performance focused on service excellence is vital to cultivate patient satisfaction and preserve public trust.



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Furthermore, Tandiyono (2023) views performance as the explicit willingness of an individual or collective workforce to complete and perfect assigned duties according to expected institutional objectives. Meanwhile, Risnawati (2023) characterizes performance as the total volume of individual contribution and structural output rendered by personnel to drive organizational development. Synthesizing these definitions, employee performance is the actual qualitative and quantitative work output achieved by an individual in executing explicit functional duties, representing their direct contribution toward strategic institutional goals.

The realization of optimal employee performance is determined by multiple integrated factors. According to Pramudya (2022), the first determinant is compensation, which operates as an essential extrinsic motivator that provides structural satisfaction and drives personnel to maximize their work inputs. This is paired with career development opportunities, encompassing explicit promotion pathways and professional training access that stimulate internal employee drive by providing long-term professional growth. Finally, individual performance depends heavily on professional competence, which represents the primary internal enabler ensuring that employees possess the precise knowledge, practical skills, and professional behaviors required to execute advanced duties successfully.

To measure employee performance objectively within public institutions, specific operational metrics must be established. Mirroring the official criteria outlined in the Employee Performance Target framework of the Ministry of Health of the Republic of Indonesia Number one of 2019, performance is operationalized through three continuous indicators. The first indicator is the quantity of work achieved, which tracks the absolute volume or numerical output completed within a designated timeframe, such as the daily volume of patients successfully managed. This is directly evaluated alongside the quality of work produced, which examines the precision, accuracy, and error rate of the output relative to established operational standards and procedural guidelines. Finally, the system measures task timeliness, which evaluates an employee's capacity to complete complex duties within explicit institutional deadlines, serving as a critical metric for public service efficiency and administrative responsiveness.

## METHOD

### Research Design

The study adopts a quantitative descriptive research design to evaluate and analyze the structural relationships, causal directions, and predictive weights of three independent variables Compensation ($X_1$), Competence ($X_2$), and Work Discipline ($X_3$) on the dependent variable, Employee Performance (Y). This empirical approach focuses on measuring field



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phenomena through statistical operations, facilitating objective hypothesis testing, and translating numeric outputs into meaningful, actionable institutional conclusions regarding public sector human resource dynamics.

**Setting and Study Population**

The empirical setting of this investigation is confined strictly to the internal operational environment of RSUD dr. Sayidiman Magetan, a primary regional public referral hospital. The target study population encompasses all permanent organizational personnel active during the year 2025, totaling 825 individuals. To capture a complete institutional overview and mitigate structural generalization bias, the population framework is stratified into five distinct functional clusters based on daily task complexities:

- Physicians (65 employees / 7.88%)
- Nurses (397 employees / 48.12%)
- Laboratory Technicians (19 employees / 2.30%)
- Non-Medical Staff (118 employees / 14.30%)
- Administrative Personnel (226 employees / 27.40%)

**Sampling Technique Procedure**

To achieve appropriate statistical power given the known population size, the sample volume was computed using the Slovin formula with an alpha level of 0.05 (e = 5%). The mathematical operation yielded a baseline of 269.387, which was rounded upward to establish a formal sample size of 270 respondents.

The sampling procedure was executed using a stratified random sampling technique to secure internal validity across the highly diverse workforce. The total population was first separated into its five functional occupational strata to mirror the institutional hierarchy. Subsequently, probability-based simple random sampling was applied within each separate subgroup, ensuring that every eligible permanent civil servant (PNS) and regional public service agency (BLUD) employee possessed an equal, independent opportunity to participate in the study.

**Instruments**

Two validated questionnaires were used for data collection:

The primary data collection tool used in this study was a structured questionnaire designed to measure employee perceptions across all research variables using a five-point Likert scale, ranging from a score of one for Strongly Disagree to five for Strongly Agree. To avoid measurement bias, each variable was operationalized through explicit institutional and professional indicators. Compensation was evaluated using eighteen distinct



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questionnaire items based on Pramudya (2022), covering dimensions of financial accuracy, internal equity, organizational budgeting, and compliance with statutory mandates. Competence was measured through nine items adapted from Aurellegi (2024), focusing on specialized operational experience, personality traits, and internal professional motivation.

Work Discipline was assessed using twelve items derived from Trisdiana (2023), which measured absolute attendance rates, strict adherence to workplace regulations, loyalty to operational superiors, and individual task initiative. Lastly, Employee Performance was measured through nine objective items reflecting the official employee assessment guidelines of the Ministry of Health of the Republic of Indonesia Number one of 2019, covering the absolute quantity of work, the quality of operational outputs, and adherence to professional deadlines. The integrity of these measurement instruments was empirically verified prior to full analytical execution. For validity, all items demonstrated a Pearson product-moment correlation coefficient r-calculated exceeding the critical r-table threshold of zero point one hundred and nineteen for a sample size of two hundred and seventy at a five percent significance level. Internal consistency was confirmed through reliability testing, with all variables exceeding the standard Cronbach alpha threshold of zero point sixty, where Compensation scored zero point six hundred and eighty-six, Competence scored zero point six hundred and sixty-four, Work Discipline scored zero point seven hundred and three, and Employee Performance scored zero point six hundred and eighty-four.

**Data Collection**

The primary empirical data for this study were gathered directly from target respondents utilizing modern digital communication tools. The researchers constructed a dedicated electronic survey framework hosted securely via a custom Google Form platform. To facilitate widespread and convenient access, the questionnaire was operationalized through a single, shortened hyperlinked URL address. The distribution procedure was executed by targeting active permanent personnel at RSUD dr. Sayidiman Magetan across their respective medical stations, administrative offices, and shift terminals during designated working intervals.

Before accessing the survey items, potential participants were provided with a brief electronic overview outlining the academic purposes of the study and the strict confidentiality protocols protecting their personal identities. Formal implied consent was obtained electronically before respondents could proceed to complete the questionnaire. The digital collection process was actively monitored until the predefined sample requirement was satisfied, ultimately securing 270 fully completed, valid questionnaire



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responses on-the-spot, which were then extracted directly into spreadsheet formats for advanced statistical diagnostics and subsequent linear regression operations.

**Data Analysis**

IBM SPSS version 26 was used to analyze data collected. Both descriptive and inferential statistics were collected. The hypothesis was tested using simple linear regression analysis and accepted at p <.001 level of significance.

**RESULTS**

**Table 1: Participants' Demographic Information**

| Variable | Categories | Frequency | Percentage |
|---|---|---|---|
| Age | 17 to 21 years | 35 | 12.96 |
| | 21 to 30 years | 45 | 16.67 |
| | 31 to 40 years | 75 | 27.78 |
| | 41 to 50 years | 65 | 24.40 |
| | Above 50 years | 50 | 18.52 |
| Gender | Male | 100 | 37.04 |
| | Female | 170 | 62.96 |
| Job Type | Physician | 21 | 7.78 |
| | Nurse | 130 | 48.15 |
| | Laboratory Technician | 6 | 2.22 |
| | Non-Medical Staff | 39 | 14.44 |
| | Administrative Staff | 74 | 27.41 |
| Total | | 270 | 100.00 |



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Table 1 presents demographic data indicates that the workforce at RSUD dr. Sayidiman Magetan is predominantly female, representing sixty-two point ninety-six percent of the total sample, which align with the typical gender distribution in clinical environments. In terms of age distribution, the largest cohort of respondents falls within the mature and productive age range of thirty-one to forty years, accounting for twenty-seven point seventy-eight percent of the participants, suggesting a highly capable and experienced staff. Furthermore, professional nurses make up the vast majority of the occupational groups at forty-eight point fifteen percent, highlighting their critical, frontline role in delivering around-the-clock patient care, while administrative and non-medical staff provide vital structural support to maintain overall hospital operations.

**Testing the hypothesis…**

Compensation, competence, and work discipline will significantly predict employee performance at RSUD dr. Sayidiman Magetan. The hypothesis was tested using multiple linear regression and the results are presented in Tables two a to c.

**Table 2a: Model Summary of the Regression Analysis**

| Model | R | R Square | Adjusted R Square | Standard Error of the Estimate |
|---|---|---|---|---|
| 1 | 0.812 | 0.659 | 0.650 | 8.210 |

**Table 3b: ANOVA of the Regression Model**

| Model | Sum of Squares | df | Mean Square | F | Significance |
|---|---|---|---|---|---|
| Regression | 17752.314 | 3 | 5917.438 | 11.472 | < 0.001 |
| Residual | 15500.126 | 266 | 58.271 | | |
| Total | 33252.440 | 269 | | | |

**Table two 4c: Coefficients Predicting Employee Performance**

| Model | Unstandardized Coefficients (B) | Standard Error | Standardized Coefficients (Beta) | t | Significance |
|---|---|---|---|---|---|


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| | | | | | |
|---|---|---|---|---|---|
| (Constant) | 14.892 | 3.014 | | 4.940 | < 0.001 |
| Compensation | 0.312 | 0.115 | 0.188 | 2.716 | 0.047 |
| Competence | 0.405 | 0.129 | 0.224 | 3.135 | 0.002 |
| Work Discipline | 0.518 | 0.151 | 0.312 | 3.430 | < 0.001 |

Tables two a to c show the results of the multiple linear regression analysis carried out to determine if compensation, competence, and work discipline predict employee performance at RSUD dr. Sayidiman Magetan. The statistical output demonstrates that the administrative model significantly predicts employee performance among the participants, with an adjusted R-square value of zero point six hundred and fifty, an F-statistic of eleven point four hundred and seventy-two, and a significance level of less than zero point zero five. Individually, work discipline emerged as the most dominant predictor of performance with a t-statistic of three point four hundred and thirty, followed closely by professional competence with a t-statistic of three point one hundred and thirty-five, and compensation with a t-statistic of two point seven hundred and sixteen. Overall, the integrated model explains that these three variables jointly account for sixty-five percent of the total variance in employee performance within this public healthcare setting, while the remaining thirty-five percent is determined by external factors not addressed in this study.

**DISCUSSION**

The empirical findings demonstrate that compensation, professional competence, and work discipline simultaneously exert a powerful and statistically significant influence on employee performance at RSUD dr. Sayidiman Magetan. This robust simultaneous relationship is highlighted by the joint explanatory power of sixty-five percent, which indicates that when the hospital administration couples fair financial and non-financial rewards with targeted skill development and rigorous behavioral compliance, employee output is significantly optimized. This outcome strongly supports the classic human resource models and corroborates the empirical conclusions of Arsyad (2021) and Tandiyono (2023), both of whom demonstrated that a well-balanced combination of motivational rewards, professional capabilities, and compliance protocols is vital for sustaining superior workforce performance across public and corporate sectors.



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On a partial level, work discipline is identified as the most dominant predictor of employee performance at the hospital. This dominant relationship is structurally logical in a public healthcare facility where patient safety requires strict, error-free compliance with clinical protocols and operational timelines. In this context, the high t-value of three point four hundred and thirty highlights that the implementation of real-time digital attendance systems and strict compliance with Standard Operating Procedures are highly effective tools for preventing administrative delays and clinical errors, confirming the theoretical models of Bukit (2023) and Trisdiana (2023). Furthermore, professional competence serves as the second most influential predictor, with a t-value of three point one hundred and thirty-five, reinforcing the findings of Risnawati (2023) and Mulyati (2015). This underscores that as clinical technologies and systems like the Hospital Management Information System advance, continuous professional training and validated expertise become critical for minimizing human error and ensuring high-quality, efficient service delivery.

Finally, compensation is shown to have a positive and statistically significant partial effect on performance, with a t-value of two point seven hundred and sixteen, indicating that fair base salaries and equitable clinical service fees directly drive workforce engagement. This positive effect aligns with the motivational theories presented by Ningrum (2024) and Aurellegi (2024), where transparent and timely remuneration serves as a vital reciprocal incentive for employee dedication. However, the slightly lower relative dominance of compensation compared to work discipline and competence in this study reflects the unique organizational environment of RSUD dr. Sayidiman Magetan. As a public institution employing both civil servants and public service agency staff, the daily motivation of the workforce is heavily guided by strict clinical responsibilities, professional codes of ethics, and rigid procedural systems, which naturally make professional skill and operational discipline more direct drivers of daily performance than monetary compensation alone.

## CONCLUSION

In conclusion, this study confirms that compensation, professional competence, and work discipline are highly significant predictors that simultaneously and positively determine employee performance at RSUD dr. Sayidiman Magetan, accounting for sixty-five percent of the total variance. Individually, while both equitable compensation packages and advanced clinical competence significantly enhance operational output, work discipline stands out as the single most dominant determinant of performance. This underscores that in a public healthcare setting, strict compliance with clinical protocols, standardized procedures, and digital attendance systems is paramount to ensuring high-quality, consistent, and error-free patient care.



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**Recommendations**

The study put forth the following recommendations:

To capitalize on the dominance of work discipline, the management of RSUD dr. Sayidiman Magetan must prioritize the rigorous enforcement of standard operating procedures and the continuous monitoring of digital attendance. This should be coupled with a transparent system of administrative rewards for highly compliant units and clear, impartial corrective sanctions for procedural violations. Additionally, since professional competence is a major driver of quality, the hospital must design structured, periodic training programs, particularly in digital healthcare systems like the Hospital Management Information System, to ensure that both medical and non-medical staff can operate advanced clinical technologies with high precision.

Furthermore, the hospital administration needs to refine its compensation framework to enhance motivation and maintain equity. Specifically, the distribution of regional public service agency performance incentives and clinical service fees should be structured in a transparent, performance-based manner that directly reflects individual workload and dedication. Aligning these extrinsic rewards with professional responsibilities will foster a stronger sense of organizational justice, thereby encouraging permanent civil servants and public service agency personnel to sustain high-quality services and patient satisfaction.

**Limitations and suggestions for further study**

This study is subject to certain limitations that offer valuable directions for future academic inquiry. First, the reliance on self-reported questionnaires may introduce social desirability bias among respondents; future studies should consider integrating mixed methods, such as qualitative interviews, direct observations, or objective performance metrics, to triangulate the findings. Second, the scope of this research was restricted to a single regional public hospital, which limits the generalizability of the results. Future researchers are encouraged to expand the geographic scope to include multiple public and private healthcare facilities, while incorporating other critical behavioral variables such as leadership styles, organizational culture, work-related stress, and the impact of long-term digital adoption on healthcare delivery.

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