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## The Influence of Human Capital Management and Organizational Agility on Hospital Service Quality Through Perceptions of Organizational Support

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**Abstract:** The aim of this research is to examine the influence of human capital management (HCM) and organizational agility (AO) on the quality of group private hospital services, which is mediated by perceived organizational support (PDO). The population in this study was the accreditation team that was active in the preparation, implementation, and follow-up of the results of the hospital accreditation assessment, totaling 656 people, and the target sample taken using the stratified random sampling method was 253 people. This research uses path modeling analysis techniques with PLS tools. Based on the tests carried out, it was found that human capital management influences the quality of hospital services, organizational agility influences the quality of hospital services, perceived organizational support influences the quality of hospital services, and perceived organizational support mediates the influence of human capital management and perceived organizational support on the quality of hospital services.

**Keyword:** Human Capital Management, Organizational Agility, Perception of Organizational Support, Quality of Hospital Services

### INTRODUCTION

The growth of the hospital business in Indonesia has experienced a very rapid increase in the 10-year period (2011–2021), especially in private-profit hospitals, accompanied by an increasing trend in network and group hospitals. In 2021, hospitals will increase to 3,112, and the majority are general hospitals (82%), while for special hospitals, the majority are mother-and-child hospitals (RSIA), namely 67% (353/528). In terms of ownership, private hospitals grow more rapidly than government hospitals. Government hospitals only grew 39% from 751 to 1043, while private hospitals grew 92% from 990 to 1900. Moreover, private hospital profits

increased rapidly to 67%, controlling the private hospital market. In terms of type, type C and D hospitals increased rapidly not only because of the assessment process by the Ministry of Health but also because of the implementation of a tiered referral system in the National Health Insurance (JKN) scheme.

Hospitals are complex institutions that offer many services where employees and relationships between departments and units are very important factors in achieving success in providing quality health services (Chang et al., 2013). In this sense, Nembhard and Tucker (2011) point out that health professionals face great complexity, uncertainty, and dynamism in their daily work caused by advances in medicine, developments in information and technology, as well as variability in patient responses to hospital services. In this context, human resource management and agility are very important in efforts to provide quality services. Salas Vallina et. al. (2020) stated that when human resource practices are oriented towards employee welfare and not just focused on organizational goals, harmonious working relationships will emerge that foster positive attitudes, which can influence performance.

Studies on HCM, AO, and PDO have not been carried out much in health services, especially type B hospitals. The author considers that HCM, AO, and PDO play an important role in overcoming the problems faced in improving the quality of hospital services today. Health workers who work in hospitals are dominated by millennials and generation Z, who need human resource management to change. Unexpected external and internal changes require innovation and organizational readiness to continually adapt. At a time when society's demands for service quality are increasing and the rapid development of science and technology is also increasing the competitive nature of hospitals.

## **METHOD**

This research was carried out in five (five) private hospitals, which are members of one group that carried out hospital accreditation by the Hospital Accreditation Committee (KARS) in 2022 with the standards of the Indonesian Ministry of Health in 2022 and graduated with plenary honors. The population is the accreditation team of the five hospitals, totaling 656 people, consisting of medical staff, clinical nursing staff, other health staff, and non-clinical staff. The target population then took respondents' responses using a stratified random sampling technique, which was considered to represent the target population of 253 people. The measurement scale used by researchers is an ordinal measurement scale that aims to differentiate data as well as contain elements of ranking, degree, or level through certain assessments. Respondents assess each statement or question asked in the research questionnaire.

This research data was analyzed using the Structural Equation Modeling (SEM) technique using Partial Least Square (PLS) version 3.2.8. This data analysis technique is used because it is suitable for prediction and theory development and focuses on identifying the best predictions of the relationships between variables and maximizing the amount of variance between latent variables to improve model interpretation. SEM-PLS carries out two model tests at once, namely the measurement model test, which concerns construct validity and construct reliability, and the structural model test, namely the "t" test of the partial least square itself, so that it can present complete results and comprehensive analysis.

## **RESULTS AND DISCUSSION**

### **Quality of Hospital Services**

The perception of service quality is very important these days because, in practice, it can increase its implementation and sustainability with the aim of obtaining superior health outcomes for patients. Therefore, the quality of hospital services needs to be measured and evaluated in order to increase employee and patient satisfaction. In Indonesia, the Ministry of

Health is responsible for hospital quality assurance. The national hospital accreditation system in Indonesia began in 1995. In 2018, the National Standard for Hospital Accreditation Edition 1 (SNARS.1) was implemented, which is a new national accreditation standard that is applied nationally in Indonesia. And in 2022, SNARS.1 will officially be replaced with a new standard, which will be immediately issued in the form of a Minister of Health Decree, namely: Minister of Health Decree No. HK.01.07/Menkes/1128/2022 concerning Hospital Accreditation Standards. In addition to changes in evaluation standards, there has also been an increase in accreditation institutions that function as survey teams and have the right to issue certificates other than KARS, namely: LAFKI, LAM-KPRS, LARS DHP, LARS, and LARSI.

Hospital accreditation transformation is one of the strategies for transforming referral services. The Ministry of Health is transforming hospital accreditation with new accreditation standards, which include assessment coverage of the following aspects: (1) hospital management; (2) patient-focused services; (3) patient safety goals; and (4) national programs.

### **Human Capital Management (HCM)**

Ingham (2007) states that HCM is management carried out by an organization to ensure that its human resources take advantage of opportunities in the business environment by contributing their resources for the success of the organization. Meanwhile, according to Ghosh (2019), HCM is defined as a set of human resource management practices that aim to achieve organizational competence, namely the acquisition, management, and optimization of workforce talent. Meanwhile, Ghosh (2019) explains that the HCM elements focus on: (1) HCM is not just theory and rules but "a set of practices." The practical aspect of HCM is important because it highlights the fact that, to be practical, these systems must remain relevant. (2) HCM "focuses on organizational needs"; (3) HCM practices must find the right competencies to focus on related to "workforce acquisition, workforce management, and workforce optimization."

Furthermore, Ghosh concluded that HCM covers a broad spectrum of talent acquisition and management processes across the employee life cycle, namely: a) Talent Acquisition, starting from scratch, the employee life cycle begins. Before implementing talent acquisition, there is a need for a talent gap analysis. The main processes of talent acquisition are: (a) Recruitment/e-Recruitment, including procurement, screening, qualification, and skill matching; (b) ATS System Application Tracking (Application Tracking System); and (c) Background checks, joining formalities, orientation, and a 30- to 60-day growth plan to initiate new hires; b) Talent management, the nature of talent that today's organizations must manage has changed even more in the last decade. The HCM system that must be owned is: (a) Time and Attendance. Increasing distance between employees, freelancers, and increasingly global teams must remap time and presence in the workplace with security needs in mind. (b) Payroll/compensation mapping. Compensation and benefits will remain the primary motivators, although not the sole determining factors; (c) performance management. HCM systems encourage and enable better communication. This mechanism allows anytime and anywhere access, helps in goal planning, aligns individuals and teams on relevant business goals, and also enables 360-degree task tracking. (d) organizational culture in terms of rewards and recognition. Culture can be translated to every employee in all functions and processes of which they are a part; and c) Talent Optimization, organizations need to continually try to create avenues for talent optimization for individual and collective growth without changing business goals and objectives. The four (4) HCM strategies for talent optimization are: (a) career path. A precise and clear career path provides a map for organizations and individuals to follow. (b) competency mapping provides clarity about the competencies possessed and needed; (c) succession planning helps make the necessary decisions; and (d) development and training help individuals develop their knowledge, skills, and behavior.

### **Organizational Agility**

Agility is the capacity of an organization to adapt to a dynamic and turbulent environment, reducing threats and maximizing opportunities that may occur in emerging new scenarios (Appelbaum et al., 2017; Baskarada and Koronios, 2018). Therefore, agility is associated with concepts related to organizational stability in the face of change, such as speed, flexibility, or the organization's capacity to respond (Santos Bernardes and Hanna, 2009; Roberts and Grover, 2012).

Agile organizations are able to adapt appropriately and quickly to changes and challenges faced in their environment (Mangundjaya, 2018). Organizational agility is the ability of an organization to handle organizational change both internally and externally with a holistic approach through: a) organizational culture. Organizational culture promotes behaviors and values that the company values, leading to the development of desirable leadership characteristics and employee characteristics; b) organizational transparency. Organizational transparency can be defined as the openness of an organization to share information, within or outside the organization. Transparency is related to trust, although it may not be clear how transparency contributes to trust in organization-stakeholder relationships; c) Adaptation: continuous learning. Organizational adaptability can be defined as the ability to master the process of intentionally changing routines. Adaptability and flexibility are related to organizational agility and depend on innovative thinking. Adaptability is primarily a proactive quality, allowing organizations to intentionally and continuously change and create; d) Co-Creation. Co-creation is defined as a way of collaborating and developing values involving concepts, solutions, products, and services together with experts in their fields. Co-creation allows innovative ideas to be drawn from all actors involved, which increases a company's ability to generate new insights and knowledge that might otherwise be overlooked and thereby take greater advantage of new opportunities; and e) Digitalization. Digitalization can be defined as a conversion process from analog to digital that aims to reduce costs and make it easier to implement internal processes such as automating work, reducing paper use, and so on. The rapid development of new technology increases the influence of employees, external actors, and customers on the structure and culture of an organization's core values (Goncalves, 2022).

### **Perception of Organizational Support**

Eisenberger et al. (1986) and Shore et al. (2012) define perceived organizational support (POS) as employees' perceptions and attitudes about how the organization values their contributions and cares about their interests. POS is also seen as a guarantee that help will be available from the organization when needed to carry out one's job effectively and to deal with problems. POS must stimulate norms of reciprocity so that employees who receive good treatment from their organization will care and feel obliged to help the organization achieve its goals and receive appreciation and recognition when providing optimal work contributions. This is in line with the opinion of Krishnan and Mary (2012), who say that perceived organizational support is the extent to which the organization cares about their welfare and appreciates employees' contributions to the success of the organization.

Eisenberg et al. (2020) and Jabagi et al. (2020) POS dimensions are as follows: a) procedural justice, an important dimension of organizational support felt by employees is the employee's impression of how much the company creates a system for fairness where everyone in the company feels equal in terms of compensation and workload. Procedural justice concerns the fairness of approaches used to determine how resources such as salaries, promotions, and workloads are distributed; b) Supervisory Support, in the same way that an employee forms similar views, as he views the organization as valuing and caring about his well-being, so too does he perceive the extent to which other members of the organization value their

contributions and care about their well-being. Employees perceive that supervisors are representatives of the organization who will pay attention to and motivate them at work; c) HR practices and working conditions, human resources (HR) practices that recognize employee contributions, as well as various characteristics of work roles and working conditions, have long been associated with POS. A variety of HR practices and working conditions have been explored in relation to POS, including, but not limited to: rewards, benefits, job security, autonomy, flexible work practices, and training and development opportunities. Researchers believe that a well-managed HC has a perception of organizational support and a strong commitment to the hospital that can provide optimal contributions to the quality of hospital services, supported by organizational agility. Based on the explanation of the various theories above, the researcher describes the following research model:

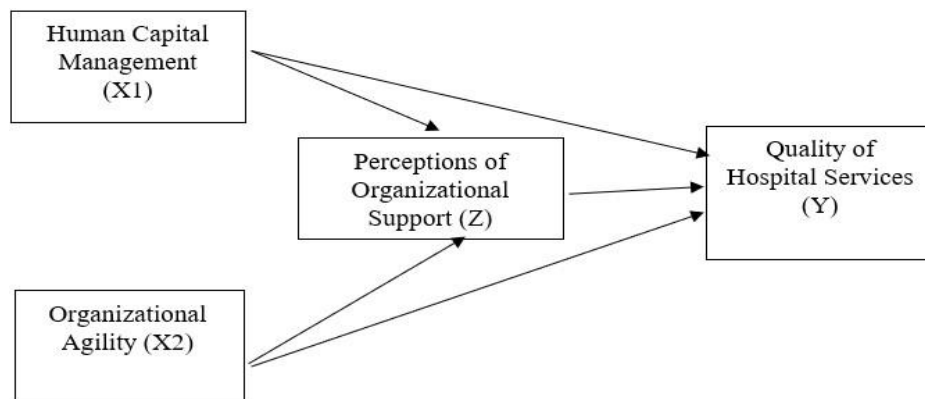


Figure 1. Research Conceptual Framework

**Research Hypothesis:**

- a) H1: HCM has a positive and significant effect on the quality of hospital services;
- b) H2: HCM has a positive and significant effect on perceptions of organizational support;
- c) H3: Organizational agility has a positive and significant effect on the quality of hospital services;
- d) H4: Organizational agility has a positive and significant effect on perceptions of organizational support;
- e) H5: Perception of organizational support has a positive and significant effect on the quality of hospital services;
- f) H6: HCM has a positive and significant effect on the quality of hospital services through perceptions of organizational support;
- g) H7: Organizational agility has a positive and significant effect on the quality of hospital services through perceptions of organizational support.

**Respondent Profile**

Most of the respondents in this study were aged between 25 and 40 years, namely 67%, 80% women, and 20% men. In terms of education, 40% are D3 graduates, and 34% are Bachelor of Professional graduates (doctor, nurse, and pharmacist). In terms of length of service, 34% are over 4 to 8 years, and 27% are over 8 to 15 years. In terms of type of staff, 49% are clinical nursing staff, 22% are other health staff and non-clinical staff, while only 8% are medical staff, 61% are functional staff positions, and 39% are structural. The Accreditation Team is divided into working groups, where the service group focuses on patients, consisting of 7 working groups totaling 43%: 26% management working group, 19% national programs, and 12% patient safety targets.

## Measurement Model

This research uses a measurement model with reflective and formative indicators. Each indicator is associated with a specific variable. An indicator is declared valid if the loading factor is positive and greater than 0.7. This value indicates that all tested data is standard in its distribution; therefore, it is suitable for use in further testing. The following are the criteria for analyzing the measurement model: The outer loading value must be above 0.7. Furthermore, the AVE (average extracted variance) value must be above 0.5. Discriminant validity measurements use crossloading, HTMT, and Fornell-Lacker values.

Discriminatory facts can be seen from the cross-loading values: the value must be above 0.70, the HTMT below 9, and the AVE root value for each construct is greater than the correlation value between one construct and another construct. Reliability measurements can be seen from the CR (composite reliability) and CA (Cronbach's alpha) values; the value must be above 0.7 and rho-a above 0.6. If all the required criteria can be met, then all supporting indicators for the structural equation model variables are valid and consistent for further testing. Table 1 shows that the factor loading values are in the range of values between 0.733 and 0.972 for each construct, so it is acceptable because all factor loading values for variable indicators are greater than 0.7. This value explains that the variables human capital management, organizational agility, perception of organizational support, organizational commitment, and quality of hospital services are well influenced by these indicators.

Validity is measured using convergent and discriminant. Convergence is intended to determine the validity of each diversity extraction correlation, which is often referred to as AVE. The research AVE values ranged from 0.503 to 0.628 for each variable. The AVE value is acceptable if it is above 0.5. This value explains that each indicator has a varying influence on each variable. Discriminative validity was determined using cross-loading values and HTMT inference.

The research cross-loading value is above 0.6. The HTMT inference is shown by the confidence interval value (5%) in the value range between 0.018 and 0.069 and (97.5%) ranging between 0.188 and 0.833. The study's cross-loading values and study confidence intervals indicated no problems with discriminant validity.

**Table 1. Summary of Measurement Model Results**

<b>Variabel &amp; Items</b>	<b>Loading Factor</b>	<b>AVE</b>	<b>CA</b>	<b>CR</b>	<b>Rho-A</b>	<b>HC M</b>	<b>AO</b>	<b>PDO</b>	<b>KP</b>
HCM1	0,809	0,572	0,942	0,949	0,943	<b>0,749</b>	0,509	0,543	0,535
HCM2	0,836					<b>0,754</b>	0,412	0,458	0,451
HCM3	0,855					<b>0,766</b>	0,420	0,457	0,525
HCM4	0,811					<b>0,760</b>	0,412	0,434	0,478
HCM5	0,747					<b>0,759</b>	0,419	0,486	0,486
HCM6	0,765					<b>0,676</b>	0,428	0,500	0,480
HCM7	0,819					<b>0,793</b>	0,490	0,570	0,583
HCM8	0,772					<b>0,711</b>	0,490	0,550	0,533
HCM9	0,805					<b>0,764</b>	0,506	0,527	0,546
HCM10	0,764					<b>0,721</b>	0,431	0,557	0,499
HCM11	0,803					<b>0,772</b>	0,457	0,511	0,495
HCM12	0,795					<b>0,748</b>	0,508	0,487	0,482
HCM13	0,822					<b>0,783</b>	0,472	0,529	0,561
HCM14	0,859					<b>0,819</b>	0,461	0,537	0,518
AO1	0,829	0,548	0,941	0,948	0,942	0,403	<b>0,677</b>	0,360	0,384
AO2	0,873					0,404	<b>0,733</b>	0,446	0,449

Variabel & Items	Loading Factor	AVE	CA	CR	Rho-A	HC M	AO	PDO	KP
AO3	0,845					0,464	<b>0,723</b>	0,446	0,526
AO4	0,808					0,481	<b>0,765</b>	0,564	0,480
AO5	0,823					0,496	<b>0,744</b>	0,551	0,560
AO6	0,831					0,490	<b>0,794</b>	0,524	0,541
AO7	0,865					0,468	<b>0,761</b>	0,546	0,550
AO8	0,813					0,423	<b>0,725</b>	0,462	0,473
AO9	0,816					0,429	<b>0,727</b>	0,398	0,496
AO10	0,850					0,485	<b>0,748</b>	0,507	0,528
AO11	0,932					0,449	<b>0,784</b>	0,560	0,518
AO12	0,933					0,482	<b>0,790</b>	0,534	0,567
AO13	0,821					0,409	<b>0,692</b>	0,401	0,491
AO14	0,847					0,368	<b>0,686</b>	0,379	0,478
AO15	0,860					0,465	<b>0,747</b>	0,531	0,565
PDO1	0,733	0,503	0,890	0,910	0,891	0,541	0,421	<b>0,697</b>	0,486
PDO2	0,813					0,500	0,540	<b>0,746</b>	0,539
PDO3	0,742					0,404	0,480	<b>0,703</b>	0,508
PDO4	0,811					0,518	0,530	<b>0,734</b>	0,496
PDO5	0,820					0,480	0,456	<b>0,704</b>	0,426
PDO6	0,797					0,488	0,443	<b>0,681</b>	0,465
PDO7	0,753					0,482	0,482	<b>0,729</b>	0,588
PDO8	0,832					0,468	0,419	<b>0,731</b>	0,546
PDO9	0,805					0,494	0,414	<b>0,680</b>	0,526
PDO10	0,794					0,415	0,435	<b>0,682</b>	0,558
KP1	0,865	0,628	0,963	0,966	0,963	0,548	0,603	0,635	<b>0,793</b>
KP2	0,848					0,626	0,612	0,657	<b>0,825</b>
KP3	0,872					0,568	0,564	0,639	<b>0,798</b>
KP4	0,833					0,559	0,516	0,612	<b>0,744</b>
KP5	0,830					0,506	0,585	0,569	<b>0,785</b>
KP6	0,845					0,553	0,553	0,586	<b>0,776</b>
KP7	0,765					0,550	0,497	0,611	<b>0,771</b>
KP8	0,799					0,593	0,596	0,593	<b>0,767</b>
KP9	0,876					0,562	0,580	0,578	<b>0,851</b>
KP11	0,891					0,563	0,594	0,569	<b>0,846</b>
KP12	0,829					0,500	0,570	0,484	<b>0,800</b>
KP13	0,800					0,515	0,476	0,511	<b>0,782</b>
KP14	0,824					0,442	0,543	0,529	<b>0,801</b>
KP15	0,920					0,490	0,489	0,531	<b>0,797</b>
KP16	0,929					0,519	0,528	0,606	<b>0,843</b>
KP17	0,908					0,518	0,471	0,522	<b>0,708</b>
KP18	0,922					0,528	0,473	0,547	<b>0,767</b>

A good measurement model can support the estimation of model structure. These results will prove that the hypothesis proposed is in accordance with the theory used. Table 3 summarizes the criteria for the coefficient of determination, namely the R<sup>2</sup> value, which must be between zero and one (0 < R<sup>2</sup> < 1). If = 0, there is no effect; R<sup>2</sup> is close to 0 (low influence);

R<sup>2</sup> approaches (strong influence). If the Q square predictive relevance (Q<sup>2</sup>) value is 0.586 > 0,50 (strong prediction accuracy criteria), the SRMR value is 0.072 (< 0.08), and the GoF value is 0.633 (> 0.36) (high category), then the model is rated as good (Avkiran & Ringel, 2018).

**Table 2. Summary of Structural Model Results**

Construct	X1	X2	X3	Z	Y	R-square	Q <sup>2</sup>	Model Estimate
PDO						0,550		
KP						0,638	0,586	
F-Squared								
HCM				0,276	0,090			
AO				0,208	0,128			
PDO					0,158			
Fit Model								
SRMR								0.072
GOF								0,633

$$GOF = \sqrt{AVE * R\ square}$$

**Hypothesis test**

The criteria used to view path analysis are the original sample, T-statistics, and P-value. The original sample value is between -1 and +1. The two variables are said to be positively related if their value is close to +1, meaning they are both. Applies to the opposite value. T statistic an acceptable T statistic must be above the T table (for an alpha value of 0,05, the T table value is 1.96). The P value, or acceptable significance value, must be below 0.05. Researchers received H-1 to H-7, as depicted in Table 3.

**Table 3. Hypothesis Test Results**

Hypotesis	Original Sample (O)	T Statistics ( O/STDEV )	P Values	Results
H-1: Directly, HCM influences KP	0,256	3,699	0,000	Accepted
H-2: Directly, HCM influences PDO	0,443	6,726	0,000	Accepted
H-3: Directly, AO influences KP	0,298	4,141	0,000	Accepted
H-4: Directly, AO influences PDO	0,385	5,695	0,000	Accepted
H-5: Directly, PDO influences KP	0,357	4,913	0,000	Accepted
H-6: Indirectly, HCM influences KP through PDO	0,137	3,798	0,000	Accepted
H-7: Indirectly, AO influences KP through PDO	0,158	3,821	0,000	Accepted

1. The influence of HCM on KP produces T statistics of 3,699 with a probability of 0,000. The test results show that p values ≤ the level of significance (alpha = 5%). This means that there is a positive and significant influence of HCM on KP.
2. The influence of HCM on PDO produces T statistics of 6,726 with a probability of 0,000. The test results show that p values ≤ the level of significance (alpha = 5%). This means that there is a positive and significant influence of HCM on PDO.
3. The influence of AO on KP produces T statistics of 4,141 with a probability of 0,000. The test results show that p values ≤ the level of significance (alpha = 5%). This means that there is a positive and significant influence of AO on KP.
4. The influence of AO on PDO produces T statistics of 5,695 with a probability of 0,000. The test results show that p values ≤ the level of significance (alpha = 5%). This means that there is a positive and significant influence of AO on PDO.



5. The influence of PDO on KP produces T statistics of 4,913 with a probability of 0,000. The test results show that p values  $\leq$  the level of significance (alpha = 5%). This means that PDO has a positive and significant influence on KP.
6. The influence of HCM on KP through PDO produces T statistics of 3,798 with a probability of 0,000. The test results show that the p value < level of significance (alpha = 5%). This means that there is a positive and significant influence of HCM on KP through PDO.
7. The influence of AO on KP through PDO produces T statistics of 3,821 with a probability of 0,000. The test results show that the p value < level of significance (alpha = 5%). This means that there is a positive and significant influence of AO on KP through PDO.

**Table 4. Total Effect**

<b>Exogenous Variables</b>	<b>Endogenous Variables</b>	<b>Total Effect</b>
HCM	PDO	<b>0,443</b>
AO	DPO	0,385
HCM	KP	0,415
AO	KP	<b>0,435</b>
PDO	KP	0,357

The results of the analysis indicate that the variable that has the largest total effect on PDO is HCM, with a total coefficient of 0,443. Thus, HCM is the variable that has the most dominant influence on PDO. The variable that has the largest total effect on KP is AO, with a total coefficient of 0,435.

### Discussion

This article analyzes and discusses the direct and indirect influence of HCM, AO, and PDO on KP. The findings of this research are that there is a significant and positive influence of HCM, AO, and KP; a significant and positive influence of HCM and AO on PDO; and PDO mediates the influence of HCM and AO on KP. Relevant previous research and articles are as follows:

#### 1) HCM has a positive and significant effect on service quality.

HCM practices view employees as vital assets that have a positive and significant influence on organizational performance. HCM practices provide support for investment strategies in human capital and its management for organizational competitive advantage (Jamal and Saif, 2011; Odhong et al., 2014). The results of this research support research conducted by Kalinina and Valebnikova (2017), which found that efforts made by companies to improve human resource competence will increase organizational excellence and competitiveness. Likewise, research by Star et al. (2018) found that quite strong and very complex mobility frictions require a change in the emphasis of human management management practices to human capital-based internal development in improving organizational performance. Research related to HCM in the world of health carried out by Al-Khrabsheh et al. (2022) found that HCM played a role in increasing the ability of hospitals to be able to maintain quality and productive health services during the COVID-19 crisis.

HCM has a positive and significant effect on perceptions of organizational support. In addition to influencing service quality, effective HCM practices also influence employees' perceptions of organizational support. The better the HCM practices, the more employees' perceptions of organizational support will increase. This is in line with research conducted by Whitener (2001), which found that the perception of the extent to which an organization implements human resource practices will influence the attitudes and behavior of its

employees. One form of organizational support for employees is when the organization provides opportunities for employees to participate in decision-making.

However, if employees do not feel that the organization will be open to receiving input, they will not feel that the organization truly opens up opportunities for participation (Park et al., 2016). Based on several previous studies, the greater the perception of support from the organization, the more likely it is to produce greater affective perceptions towards the organization. The emergence of the perception that the organization will support and care for employees will provide a positive relationship to work attendance, work performance, employee behavior, job satisfaction, and affective commitment to the organization (Allen, Shore, Griffeth, 2003).

## **2) Organizational agility has a positive and significant effect on the quality of hospital services.**

Organizational agility is a vital requirement that every organization needs today to respond to unpredictable changes quickly and effectively in order to survive (Harraf et al., 2015; Worley, 2020). The results of this research support research conducted by Alhadid (2016) and Permana et al. (2021), which also states that organizational agility improves organizational performance. Stenbeck and Mix (2018) conducted research in health services and found that agility strategies have great potential as an agent-based model to unleash the innovative potential of the entire organization to define and utilize frameworks that address the big problems that challenge survival in the health care field for both patients and hospitals.

Innovative hospitals can maintain service quality and performance in situations of rapid change. This is also supported by research conducted by Rafi et al. (2022), which states that organizational agility has a significant effect on business performance, and by Yildiz & Aykanat (2021), which concludes that strategic agility has a positive effect on company performance. This research also rejects research conducted by Wyman (2018) and Walter (2021), which found that organizational agility does not affect organizational performance, especially in large organizations.

## **3) Organizational agility has a positive and significant effect on perceptions of organizational support.**

Organizational agility enables organizations to know their competitive position in their changing environment (Tallon et al., 2019). This research supports research conducted by Ludviga and Kalvina (2023) in the context of business organizations, showing that organizational agility contributes to increasing organizational support for employees. These results reflect a positive relationship between organizational flexibility in responding to change and the level of support provided by the organization to employees. In the context of credit unions, where the success of the organization depends largely on the support provided to members and employees, these findings are applicable. Furthermore, research by Sameer (2022) highlights that organizational agility not only leads to operational efficiency but also plays a key role in improving the quality of internal relationships.

An emphasis on policies that support employee engagement and decision-making that is responsive to member needs can create an environment in which levels of organizational support increase. In the context of credit unions, innovative policies and a focus on improving services can be considered manifestations of the positive impact of organizational agility on the level of organizational support. Thus, these findings can be understood as a consistent contribution to the existing literature, illustrating that organizational agility is not only related to operational efficiency but also has a positive impact on the quality of internal relationships through increasing organizational support (Fridayani and Kusuma, 2023).

**4) The perception of organizational support has a positive and significant effect on the quality of hospital services.**

When employees feel supported by the organization, their sense of responsibility towards the well-being and goals of the organization increases (Park et al., 2016). This research supports research conducted by Vatankhah et al. (2017), which found that employees with high organizational support show optimal performance. Likewise, Choi et al. (2016) argue that if employees are perceived to be treated fairly, they will reciprocate with high performance and positive attitudes towards work and the organization. Meanwhile, Husin et al. (2012) discuss that an organization's workforce, which remains involved in providing services, is largely responsible for providing valuable services to customers.

**5) The perception of organizational support mediates the influence of HCM on the quality of hospital services.**

One way that can be taken is to carry out a human capital management program that pays attention to factors that the organization can implement in order to increase employees' perceptions of organizational support. Organizations provide various internal services that can increase employees' positive perceptions of their organization, which ultimately affects the quality of their service to customers. This research supports the research of Desta et. al. 2020, which found that perceptions of organizational support mediate the effect of implementing human resource management on employee performance. Likewise, Al-Ababneh's (2017) research explains that an organization that hopes to make external customers satisfied with its service must first satisfy internal customers (employees), because high-quality internal service increases employee job satisfaction, which in turn encourages employees to provide services with aggressive and enthusiastic work attitudes.

**6) The perception of organizational support also mediates the influence of organizational agility on the quality of hospital services.**

Successful organizational change requires employee buy-in. Employee attitudes are influenced by understanding changing conditions and the level of impact on them (Cullen et al., 2014; Abuhashesh et al., 2019b). This research supports the research of Bateh et al. (2013), who found that organizations must develop effective change strategies to pay attention to employee needs so as to provide optimal contributions to supporting change. Employees with high organizational support show greater and superior creativity (Shantz et al., 2016) and optimal performance (Vatankhah et al., 2017). This research supports research conducted by Park et al. (2016), which found that when employees feel supported by the organization, it will increase their sense of responsibility for their welfare and ultimately influence their performance in achieving organizational goals.

## **CONCLUSION**

Based on the results and discussion, it can be concluded that:

- a. HCM has a positive and significant effect on the quality of hospital services;
- b. HCM has a positive and significant effect on perceptions of organizational support;
- c. Organizational agility has a positive and significant effect on the quality of hospital services;
- d. Organizational agility has a positive and significant effect on perceptions of organizational support;
- e. Perception of organizational support has a positive and significant effect on the quality of hospital services;
- f. Perception of organizational support mediates the influence of HCM on the quality of hospital services;

- g. Perception of organizational support mediates the influence of organizational agility on the quality of hospital services.

## REFERENCES

- Ababneh (2017) Al-Ababneh, M. M. (2017). Service quality in the hospitality industry. Available at SSRN 3633089.
- Abuhashesh, M., Al-Dmour, R., & Masa'deh, R. (2019b). Factors that impact job satisfaction and performance among employees in the Jordanian industrial sector. *Proceedings of the 32nd International Business Information Management Association Conference, IBIMA 2018-Vision 2020: Sustainable Economic Development and Application of Innovation Management from Regional expansion to Global Growth*, 4285-4305.
- Alhadid, A. Y. (2016). The effect of organization agility on organization performance. *International review of management and business research*, 5(1), 273.
- Al-Khrabsheh, A. A., Al-Bazaiah, S. A., Al-Khrabsheh, A. A., & Alheet, A. F. (2022). The strategic role of human resources management in performing crisis management: The mediating role of organizational culture and human capital during Covid-19 (An Applied Study on the Jordanian Ministry of Health). *Journal of Management Information and Decision Sciences*, 25, 1-18.
- Appelbaum, S.H., Calla, R., Desautels, D. and Hasan, L.N. (2017), "The challenges of organizational agility: part 2", *Industrial and Commercial Training*, Vol. 49 No. 2, pp. 69-74.
- Avkiran, N. K., & Ringle, C. M. (Eds.). (2018). Partial Least Squares Structural Equation Modeling. *International Series in Operations Research & Management Science*, Springer, Cham, Switzerland. doi:10.1007/978-3-319-71691-6.
- Baskarada, S. and Koronios, A. (2018), "The 5S organizational agility framework: a dynamic capabilities perspective", *International Journal of Organizational Analysis*, Vol. 26, pp. 331-342.
- Bateh, J., Castaneda, M. E., & Farah, J. E. (2013). Employee resistance to organizational change. *International Journal of Management & Information Systems (IJMIS)*, 17(2), 113-116.
- Chang, H.T., Jen, H.Y. and Dahlgaard-Park, S.M. (2013), "Using service simulation to analyse the satisfaction with the processes of intensive care unit in the hospital: the perspective of the patient and the family", *Total Quality Management and business Excellence*, Vol. 24 Nos 7-8, pp. 869-885.
- Choi, S. B., Kim, K., Ullah, S. E., & Kang, S. W. (2016). How transformational leadership facilitates innovative behavior of Korean workers: Examining mediating and moderating processes. *Personnel Review*.
- Choi, S. B., Kim, K., Ullah, S. E., & Kang, S. W. (2016). How transformational leadership facilitates innovative behavior of Korean workers: Examining mediating and moderating processes. *Personnel Review*.
- Cullen, K. L., Edwards, B. D., Casper, W., & Gue, K. R. (2014). Employees' adaptability and perceptions of change-related uncertainty: Implications for perceived organizational support, job satisfaction, and performance. *Journal of Business and Psychology*, 29(2), 269-280.
- Destia, A. G., Tadesse, W. M., & Mulusew, W. B. (2022). Aspects of Human Capital Management and Employee Job Performance: The Moderation Role of Perceived Organizational Support. *Jurnal Manajemen Teori dan Terapan*, 15(2).
- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71, 500-507.

- Eisenberger, R., Rhoades Shanock, L., & Wen, X. (2020). Perceived organizational support: Why caring about employees counts. *Annual Review of Organizational Psychology and Organizational Behavior*, 7, 101-124
- Fridayani, J. A., Kusuma, S. E., Kusumajati, T. O., M, T. A. H., Wijayanto, W. A., & Press, S. D. U. (2023). *Statistika Inferensial untuk Organisasi dan Bisnis*. Sanata Dharma University Press. <https://books.google.co.id/books?id=hYrcEAAAQBAJ>
- Ghosh, P. (2019). What is Human Capital Management (HCM)? Definition, Process, Platforms (tools) with Examples. Retrieved from *Performance Management & HCM*: <https://www.hrtechnologist.com>.
- Gonçalves, D. (2022). *Organizational Agility and Digital Innovation Capability: The Case of Automotive Startups* (Doctoral dissertation, Halmstad University Press).
- Harraf, A., Wanasika, I., Tate, K. and Talbott, K. (2015), “Organizational agility”, *Journal of Applied Business Research*, Vol. 31 No. 2, pp. 675-686.
- Husin, S., Chelladurai, P., & Musa, G. (2012). HRM practices, organizational citizenship behaviors, and perceived service quality in golf courses. *Journal of Sport Management*, 26(2), 143-158.
- Ingham, J. (2007). *Strategic human capital management*. Routledge.
- Jabagi, N., Croteau, A. M., & Audebrand, L. (2020, January). Perceived Organizational Support in the Face of Algorithmic Management: A Conceptual Model. In *Proceedings of the 53rd Hawaii International Conference on System Sciences*.
- Jamal, W., & Saif, M. I. (2011). Impact of human capital management on organizational performance. *European Journal of Economics, Finance and Administrative Sciences*, 5(34), 13309-13315.
- Kalinina, O., & Valebnikova, O. (2017, April). Human capital management as innovation technologies for municipal organization. In *Energy Management of Municipal Transportation Facilities and Transport* (pp. 1315-1322). Springer, Cham.
- Keputusan Menteri Kesehatan No. HK.01.07/MENKES/406/2020 tentang penetapan Komisi Akreditasi Rumah Sakit sebagai lembaga independen penyelenggara Akreditasi Rumah Sakit.
- Keputusan Menteri Kesehatan Republik Indonesia No. HK.01.07/MENKES/1128/2022 tentang Standar Akreditasi Rumah Sakit.
- Krishnan, J., & Mary, V. S. (2012). Perceived organisational support—an overview on its antecedents and consequences. *International Journal of Multidisciplinary Research*, 2(4), 2-3.
- Lestari, K. S. D. C. U. (2023). *Management Education (JBME)*.
- Ludviga, I., & Kalvina, A. (2023). Organizational Agility During Crisis: Do Employees’ Perceptions of Public Sector Organizations’ Strategic Agility Foster Employees’ Work Engagement and Well-being? Employee Responsibilities and Rights Journal. <https://doi.org/10.1007/s10672-023-09442-9>
- Mangundjaya, W. L. (2018). *Penelitian mengenai kelincuhan organisasi (organizational agility) Depok*. Indonesia: DRPM Universitas Indonesia.
- Nembhard, I.M. and Tucker, A.L. (2011), “Deliberate learning to improve performance in dynamic service settings: evidence from hospital intensive care units”, *Organization Science*, Vol. 22 No. 4, pp. 907-922
- Odhong, A. E., Were, S., & Omolo, J. (2014). Effect of human capital management drivers on organizational performance in Kenya. A case of investment and mortgages bank ltd. *European Journal of Business Management*, 2(1), 341-356.
- Park, J. H., Newman, A., Zhang, L., Wu, C., & Hooke, A. (2016). Mentoring functions and turnover intention: The mediating role of perceived organizational support. *The International Journal of Human Resource Management*, 27(11), 1173-1191.

- Permana, E., Purnomo, M., Santoso, R., & Syamsurizal, S. (2021). Pengaruh Agilitas Strategis Terhadap Sustainability Competitive Advantage Melalui Aksi Kompetitif Bisnis Sicepat Express. *AdBispreneur: Jurnal Pemikiran dan Penelitian Administrasi Bisnis dan Kewirausahaan*, 6(1), 79-92.
- Rafi, N., Ahmed, A., Shafique, I., & Kalyar, M. N. (2022). Knowledge management capabilities and organizational agility as liaisons of business performance. *South Asian Journal of Business Studies*, 11(4), 397–417. <https://doi.org/10.1108/SAJBS-05-2020-0145>
- Roberts, N. and Grover, V. (2012), “Investigating firm’s customer agility and firm performance: the importance of aligning sense and respond capabilities”, *Journal of Business Research*, Vol. 65. No. 5, pp. 579-585.
- Salas-Vallina, A., Pozo, M., & Fernandez-Guerrero, R. (2020). New times for HRM? Well-being oriented management (WOM), harmonious work passion and innovative work behavior. *Employee Relations*, 42(3), 561–581. <https://doi.org/10.1108/ER-04-2019-0185>
- Sameer, S. K. (2022). The Interplay of digitalization, organizational support, workforce agility and task performance in a blended working environment: evidence from Indian public sector organizations. *Asian Business and Management*. <https://doi.org/10.1057/s41291-022-00205-2>
- Shantz, A., Alfes, K., & Latham, G. P. (2016). The buffering effect of perceived organizational support on the relationship between work engagement and behavioral outcomes. *Human Resource Management*, 55(1), 25-38.
- Shore, L. M., Coyle-Shapiro, J. A., & Tetrick, L. E. (2012). Expanding the boundaries and challenging the assumptions of the employee-organization relationship literature. *The employee-organization relationship. Applications for the 21st century*, 1-19.
- Starr, E., Ganco, M., & Campbell, B. A. (2018). Strategic human capital management in the context of cross-industry and within-industry mobility frictions. *Strategic Management Journal*, 39(8), 2226-2254.
- Stenbeck, J. G., & Mix, L. E. (2018). *Enterprise agility in healthcare: candid case studies of successful organizational transformations*. Productivity Press.
- Tallon, P. P., Queiroz, M., Coltman, T., & Sharma, R. (2019). Information technology and the search for organizational agility: A systematic review with future research possibilities. *The Journal of Strategic Information Systems*, 28(2), 218-237.
- Vatankhah, S., Javid, E., & Raoofi, A. (2017). Perceived organizational support as the mediator of the relationships between high-performance work practices and counterproductive work behavior: Evidence from airline industry. *Journal of Air Transport Management*, 59, 107-115.
- Worley, C. G., & Jules, C. (2020). COVID-19’s uncomfortable revelations about agile and sustainable organizations in a VUCA world. *The Journal of Applied Behavioral Science*, 56(3), 279-283.
- Wyman, O. (2018). Organizational Agility: Why Large Corporations often Struggle to Adopt the Inventions Created by Their Innovation Units and How to Improve Success Rates in a Rapidly Changing Environment. *IFP. Insights for Professionals*.