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RESEARCH ARTICLES

Budaya Organisasi Pertumbuhan terhadap Kinerja Rumah Sakit Dimediasi Person–Organization Fit dan Kepuasan Kerja

Growth Organizational Culture on Hospital Performance Mediated by Person–Organization Fit and Job Satisfaction

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Abstract

Achieving optimal hospital performance requires management to align organizational culture with employee characteristics, with leadership serving as a strategic guiding mechanism. This study explored organizational leadership as a control variable influencing these relationships at Rumah Sakit Pelabuhan Palembang. This study aims to provide strategic insights for management to enhance performance through effective organizational culture management, person-organization fit, and increased employee job satisfaction. The population in this study was all staff, both health workers and non-health workers who worked at Rumah Sakit Pelabuhan Palembang during the period October to November 2024. This study involved 170 staff with a medical background (doctors) of 58 people, nurses 61 people, other health workers 36 people, and non-medical staff of 15 people. The sample selection technique used in this study was a purposive sampling approach, also known as judgmental sampling. Data was collected by distributing questionnaires containing 35 questions with a Likert Scale of 1-5. The data were analyzed using the SEM PLS method. Based on the results of this study, growth organizational culture positively influenced hospital performance, job satisfaction, and Person–Organization Fit. Also, organizational leadership affected hospital performance. The findings of this study could provide significant managerial implications for hospital management to make several continuous improvement, especially concerning aspects of human resource development and organizational culture.

Keywords: job satisfaction, hospital performance, person–organization

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Abstrak

Mencapai kinerja rumah sakit yang optimal mengharuskan pihak manajemen untuk menyelaraskan budaya organisasi dengan karakteristik karyawan, di mana kepemimpinan berfungsi sebagai mekanisme pengarah yang strategis. Penelitian ini bertujuan memberikan wawasan strategis bagi manajemen dalam meningkatkan kinerja melalui pengelolaan budaya organisasi yang efektif, kesesuaian individu dengan organisasi, serta peningkatan kepuasan kerja karyawan. Populasi dalam penelitian ini adalah seluruh staf, baik tenaga kesehatan maupun nonkesehatan, yang bekerja di Rumah Sakit Pelabuhan Palembang selama periode Oktober hingga November 2024. Penelitian ini melibatkan 170 staf yang terdiri atas 58 tenaga medis (dokter), 61 perawat, 36 tenaga kesehatan lainnya, dan 15 staf nonmedis. Teknik pemilihan sampel yang digunakan adalah purposive sampling atau judgmental sampling. Data dikumpulkan melalui penyebaran kuesioner yang berisi 35 pertanyaan dengan skala Likert 1–5. Data dianalisis menggunakan metode SEM-PLS. Hasil penelitian menunjukkan bahwa budaya organisasi pertumbuhan berpengaruh positif terhadap kinerja rumah sakit, kepuasan kerja, dan Person–Organization Fit. Selain itu, kepemimpinan organisasi juga berpengaruh terhadap kinerja rumah sakit. Temuan penelitian ini memberikan implikasi manajerial yang signifikan bagi manajemen rumah sakit untuk melakukan berbagai perbaikan secara berkelanjutan, khususnya yang berkaitan dengan pengembangan sumber daya manusia dan budaya organisasi.

Kata Kunci: *individu-organisasi, kepuasan kerja, kinerja rumah sakit*

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Highlight:

- The implementation of a growth organizational culture is proven to significantly enhance overall hospital performance, boost employee job satisfaction, and strengthen the alignment of values between individuals and the institution (*Person–Organization Fit*).
- Organizational leadership plays a critical strategic role, demonstrating a strong, direct, and significant positive influence in driving and improving hospital performance outcomes.
- Alignment Job satisfaction fails to significantly impact performance due to highly standardized medical SOPs, while a high *Person–Organization Fit* surprisingly exerts a significant negative effect, indicating that excessive alignment can trap staff in a comfort zone that hinders organizational adaptability.

INTRODUCTION

Indonesia as a country with diverse geographical conditions faces challenges related to the wide and uneven distribution of its population, particularly in ensuring access to quality healthcare services. Law No. 36/2009 guarantees the right of every individual to obtain safe, quality, and affordable health services, which must be supported by equitable access and service quality to provide optimal benefits (Kim &

Jung, 2022; Sari & Handayani, 2023). Hospitals play a crucial and multifaceted role in the healthcare system as providers of comprehensive services, centers for health workforce capacity building, and drivers of service innovation, including in responding to health crises and pandemics (WHO, 2020). This role is reinforced by Law No. 17 of 2023, which positions hospitals as integral components of the national health system responsible for delivering promotive, preventive, curative, and rehabilitative services (Minvielle et al., 2008). In this context, hospital performance becomes a key indicator in evaluating operational effectiveness and efficiency, encompassing not only clinical outcomes but also managerial, financial, and satisfaction aspects. Several factors, including service quality, organizational leadership, organizational culture, employee motivation, Person–Organization Fit, and job satisfaction, significantly influence hospital performance (Asiabar and Ardestani, 2018; Putra et al., 2023; Song et al., 2019; Suyatno and Tukiran, 2024; Theodorus and Lahindah, 2025), which in turn affects organizational sustainability and competitiveness. In addition, organizational culture and leadership are recognized as strategic factors in improving healthcare service quality and employee performance in hospitals (Hapsari et al., 2024; Lailinnahar et al., 2025; Pietruszka-Ortyl et al., 2021). Therefore, effective management of human resources, technology, and organizational strategy is essential, particularly given that hospital performance is a complex and multidimensional construct (Li et al., 2021; Liu et al., 2021).

Departing from the above background to find out the organizational factors that affect hospital performance, this study took the object of research at a developing class C private hospital, namely Rumah Sakit Pelabuhan Palembang. This hospital is part of PT Rumah Sakit Pelabuhan Palembang which is under the auspices of the *holding* group PT Pertamina Bina Medika - Indonesia Healthcare Corporation (PBM- IHC), which is a hospital group operator owned by a state-owned company. To be able to maintain its existence and develop its services, this hospital must ensure the quality of its services and this will be realized if it is supported by the quality of its resources, especially its human resources or staff.

The hospital is located in the center of Palembang City, an industrial area, offices, and densely populated settlements. The hospital serves general patients, insurance, and BPJS National Health Insurance (JKN). Equipped with 140 inpatient beds with various inpatient classes from third class to VVIP. It has 96 doctors consisting of general practitioners, specialists, and sub-specialists, 116 paramedics, 52 other health workers, and 45 non-medical staff. As a hospital attached to Pertamedika IHC, and part of a state-owned enterprise, the main values adopted are the AKHLAK *Core Values* which is an acronym for Amanah Competent Harmonious Loyal Adaptive Collaborative. The internalization of AKHLAK organizational culture values has been carried out proactively and is used as an identity and work culture adhesive that supports sustainable performance improvement.

In supporting performance, hospitals must adhere to the principles of hospital governance and good clinical governance. To realize this, an Internal *Hospital* Regulation or *Hospital By-Laws* is made which contains the functions and governance of the hospital and is used as a guideline for implementing *Good Corporate Governance* following the mandate of Indonesian Law No. 44 of 2009. In its organizational structure, the hospital is led by a hospital director who is responsible to the Director of Rumah Sakit Pelabuhan Palembang. Evaluation and assessment of the hospital director's performance are carried out on matters including the achievement of Operational *Key Performance Indicators* (KPIs), *Customer Satisfaction* Index, *Financial Performance*

Indicators, Achievement of Hospital Service Quality Indicators, and Achievement of Hospital Accreditation Assessment.

In this study, the phenomenon addressed is the suboptimal performance of Rumah Sakit Pelabuhan Palembang over the past few years. Although there has been an increasing trend, service performance has not yet met the targets set in the Company's Work Plan and Budget (RKAP), particularly in indicators such as service quality, patient satisfaction, and operational effectiveness. This condition indicates a gap between expected performance targets and actual outcomes, highlighting the need to evaluate internal organizational factors influencing performance.

Another relevant phenomenon is the change in leadership structure resulting from the hospital's integration into a state-owned healthcare holding. This transformation affects not only governance systems but also leadership patterns, organizational culture, and decision-making processes. On one hand, this integration creates opportunities for service improvement and organizational development; on the other hand, it introduces challenges related to organizational adaptation, Person–Organization Fit, and employee job satisfaction.

This phenomenon represents a research novelty, as previous studies have rarely examined the influence of organizational culture on hospital performance by incorporating organizational leadership as a control variable within the context of structural changes due to state-owned holding integration. Furthermore, this study highlights the possibility of non-linear or even negative relationships between job satisfaction, Person–Organization Fit, and organizational performance, which remains underexplored in prior research.

According to organizational theory, different organizational perspectives will lead to different organizational work models. Although there are many indicators, dimensions, and models of hospital performance that have been proposed, this will lead to different aspects of performance between organizations according to the interests, goals, and values of each organization. This makes the concept of organizational performance a difficult one (Minvielle et al., 2008). Understanding the key factors that contribute to hospital performance is crucial to ensure long-term sustainability and the delivery of high-quality medical services. Certainly, the role of staff in the hospital both medical and non-medical as part of the organization is an important factor. Hospitals are complex organizations, made up of diverse professions, and as such, managing employee motivation and fostering a positive organizational culture is key to ensuring optimal organizational outcomes (Asiabar and Ardestani, 2018).

Based on the information above, the title of this research is "The Effect of *Growth Organizational Culture* on *Hospital Performance* Mediated by *Person–Organization Fit* and *Job Satisfaction* with *Organizational Leadership* Control Variables (Study at Rumah Sakit Pelabuhan Palembang)".

METHODS

This study employs a quantitative approach aimed at testing hypotheses and analyzing the relationships among variables. This study is a non-experimental study with a correlational and explanatory design, using a cross-sectional approach, in which data collection was conducted at a single point in time without any treatment or intervention applied to the research subjects. The population of this study comprised all staff working at Rumah Sakit Pelabuhan Palembang during the period from October to November 2024, including both healthcare and non-healthcare personnel. Based on professional

classification, the study population consisted of 96 medical staff (physicians), 116 nurses, 52 other healthcare workers, and 45 non-medical staff members. The sampling technique used in this study was purposive sampling (judgmental sampling). According to Turner (2020), purposive sampling is a sampling strategy applied when researchers have predetermined specific criteria that align with the objectives of the study. The inclusion criteria for subjects were active employment status and direct involvement in hospital operational activities during the study period. In this study, hospital performance was designated as the dependent variable. Person–Organization Fit and job satisfaction functioned as mediating variables. Growth-oriented organizational culture was identified as the independent variable. Additionally, organizational leadership was employed as a control variable in the relationship between Person–Organization Fit and hospital performance to control for the potential influence of leadership on the primary variable relationships. The study utilized both primary and secondary data. Primary data were collected through a structured questionnaire consisting of 35 items measured using a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire was developed based on established scales from previous studies and adapted to the research context. The instrument covered five variables: growth organizational culture (11 indicators), hospital performance (4 indicators), job satisfaction (4 indicators), organizational leadership (6 indicators), and Person–Organization Fit (4 indicators). Prior to data collection, the instrument was tested for validity and reliability using outer loading, Cronbach's alpha, composite reliability, and Average Variance Extracted (AVE), all of which met the recommended thresholds (Hair et al., 2022). Secondary data were obtained from internal hospital documents and other relevant supporting sources. Data analysis was conducted using a variance-based Structural Equation Modeling (SEM) approach with the Partial Least Squares Structural Equation Modeling (PLS-SEM) method. PLS-SEM was selected due to its ability to simultaneously analyze complex relationships among latent variables and its suitability for predictive research with relatively limited sample sizes. This study received ethical approval from the authorized Research Ethics Committee to ensure compliance with scientific research ethics principles. Ethical approval was granted by the Research Ethics Committee of Rumah Sakit Pelabuhan Palembang under Ethical Clearance Number No.251011/KEP-FK/XI/2024.

RESULTS AND DISCUSSIONS

Subject analysis

Table 1 shows that the majority of subjects were permanent employees or PWTT (44.7%) and most were female (78.8%). Most subjects were married (80%), with the highest age range being in the 25 -<35 years group (40.6%), followed by the 45 - <56 years age group (27.1%). In terms of length of service, the majority of subjects (40%) have worked for more than 10 years, followed by those who worked between 1 - <3 years (32.9%). Most subjects have also worked in the unit for more than 1 year, with 40% having 1 - <3 years of work experience in the unit. In terms of the latest education, the majority of subjects had a Bachelor (S1) or Diploma (D3/D4) education (42.9%), followed by those with a specialization education background (11.2%). The professional background of the subjects was dominated by nurses/midwives (35.9%), followed by general practitioners/dentists (22.4%), and other health workers (21.2%).

Table 1. Distribution of demographics and characteristics of subjects

Characteristic Data		n	%
Employment status	Part-timer / Partner	52	30.6

Characteristic Data		n	%
	Permanent employee / PWTT	76	44.7
	Non-permanent employee / PWT	42	24.7
Gender	Male	36	21.2
	Female	134	78.8
Marriage status	Not married	34	20
	Yes, married	136	80
Age	18 - < 25 years	12	7.1
	25 - < 35 years	69	40.6
	35 - < 45 years	43	25.3
	45 - < 56 years	46	27.1
Length of service	< 1 year	14	8.2
	> 10 years	68	40
	1-<3 years	56	32.9
	3-<5 years	14	8.2
	5-< 10 years	18	10.6
Length of Service in the unit	< 1 year	22	12.9
	> 10 years	28	16.5
	1-<3 years	68	40
	3-<5 years	20	11.8
	5-< 10 years	32	18.8
Last education	Diploma (D3/D4)	73	42.9
	Postgraduate (S2)	2	1.2
	Bachelor (S1)	73	42.9
	High School / Equivalent	3	1.8
	Specialization	19	11.2
Background	General/Dental	38	22.4
	Specialist Doctors	20	11.8
	Nurse/Midwife	61	35.9
	Other health workers	36	21.2
	Non-health worker	15	8.8
Total		**170**	**100**

Sources: Primary data, 2024

***SEM-PLS* analysis**

Outer model

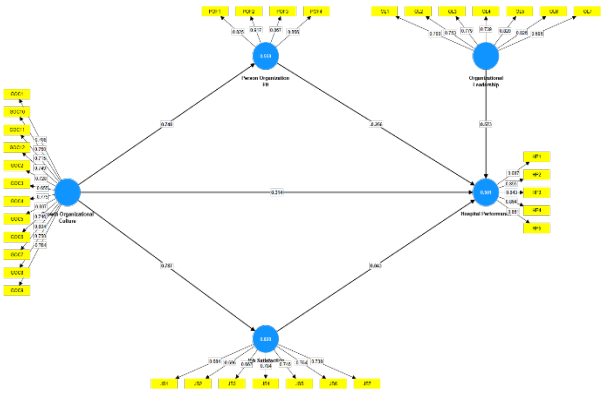

Figure 1. Outer model before elimination

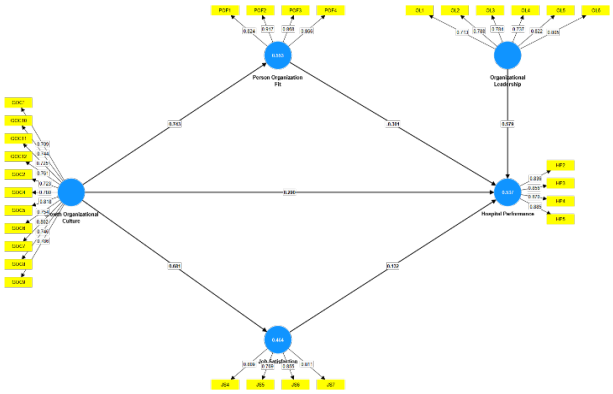

Figure 2. Outer model after elimination

The outer model image as in the figure (Figure 1) shows a total of 35 indicators used, but six indicators are eliminated from the first *outer loading* process and then depicted in the *outer model* image as in Figure 2 which results in 29 indicators that are suitable for measuring variables in the research model. Of the 29 reflective indicators, all have an *outer loading* value above 0.708 (Hair et al., 2022). Furthermore, it can be seen in the construct picture (blue circle) that there is a *Cronbach alpha* value, which shows 5 variables in the model, all of which have a *Cronbach alpha* value greater than 0.7 so that it can be said to meet the *internal consistency* requirements.

Convergent validity test

Based on Table 2, found all the *outer loading* values that have met the requirements. In PLS-SEM analysis, a reflective indicator can be said to be reliable if it shows an *outer loading* value greater than 0.7 (Hair et al., 2022). However, an indicator can still be maintained if it is above 0.4 and does not interfere with or reduce the *Cronbach alpha* and *Average Variance Extracted* (AVE) values (Hair et al., 2022).

Table 2. Convergent validity test

Variables	Indicator	*Outer loadings*
growth organizational culture	GOC1	0.709
	GOC10	0.744
	GOC11	0.725
	GOC12	0.761
	GOC2	0.723
	GOC4	0.780
	GOC5	0.818
	GOC6	0.754
	GOC7	0.802
	GOC8	0.746
	GOC9	0.786
hospital performance	HP2	0.836
	HP3	0.856
	HP4	0.870
	HP5	0.885
job satisfaction	JS4	0.809

Variables	Indicator	*Outer loadings*
	JS5	0.769
	JS6	0.855
	JS7	0.811
organizational leadership	OL1	0.713
	OL2	0.788
	OL3	0.784
	OL4	0.737
	OL5	0.822
	OL6	0.805
Person–Organization Fit	POF1	0.824
	POF2	0.917
	POF3	0.868
	POF4	0.866

Sources: Primary data, 2024

***Cronbach alpha, rho_A estimate, and composite reliability* values**

The Table 3 shows the *construct reliability* test can be seen in Table 3 where the *Cronbach's alpha* and *rho_A estimate* (rho_α) values on all variables are above the 0.7 limit as required (Hair et al., 2022). Furthermore, it can be seen that all variables have a *composite reliability* value above 0.7 while the highest value found is 0.937. No *composite reliability* was found above 0.95 as an *upper bound* so that there is no possibility of *indicator redundancy*. The reliability test results of this model show satisfactory *internal consistency* so that it can be ascertained that in this research model, all constructs have been reliably measured by their indicators.

Table 3. *Cronbach alpha, rho_A estimate*, and *composite reliability* values

Variables	*Cronbach's alpha*	*Composite reliability (rho_α)*	*Composite reliability (rho_c)*	Results
Growth organizational culture	0.927	0.927	0.937	*Reliable*
Hospital performance	0.885	0.896	0.920	*Reliable*
Job satisfaction	0.827	0.830	0.885	*Reliable*
Organizational leadership	0.867	0.873	0.900	*Reliable*
Person–Organization Fit	0.892	0.893	0.925	*Reliable*

Sources: Primary data, 2024

Construct validity

From the calculation results (Table 4), the *average variance extracted* (AVE) data is obtained from the loading value of a construct. The interpretation is that if a construct or *latent variable* has an AVE value exceeding 0.50, it is said to be valid, which means that it can explain more than half of the variance (Hair et al., 2022). Based on the data in Table 4, it can be seen that the largest AVE value is 0.756 and the smallest is 0.577. So it can be concluded that all variables in this study are considered valid.

Table 4. *Average variance extracted* value

Variables	*Average variance extracted* (AVE)	Results
Growth organizational culture	0.577	Valid

Variables	*Average variance extracted* (AVE)	Results
Hospital performance	0.743	Valid
Job satisfaction	0.659	Valid
Organizational leadership	0.602	Valid
Person–Organization Fit	0.756	Valid

Sources: Primary data, 2024

Hypothesis test

The results of hypothesis testing (Table 5) are obtained through the *bootstrapping* method, which is a *re-sampling* technique of 10,000*, one tailed*, and an α value of 0.05 (Hair et al., 2022) which is used to assess the statistical significance of the relationship in the proposed research model. The method that can be used is to determine how much influence a variable has on other variables using the *standardized coefficient, t-statistics, and p-value* with the expected results being the value of *t-statistics* > 1.645 and *p-value* ≤ 0.05 at a significance level of α = 0.05 and a *confidence interval (CI) of* 95% (Hair et al., 2022). The confidence level is used to assess the probability of significance within a certain range of values, where if there is no value of 0 within 5% for the lower limit and 95% for the upper limit, then the hypothesis can be stated to have a significant relationship (Hair et al., 2022). The results of this hypothesis testing can be assessed by looking at two values of empirical test results, namely the significance value and the coefficient value. The direction of the coefficient must be by the direction in the hypothesis proposed because the nature of this hypothesis is *directional* so *a one-tailed* test is carried out. If the p-value <0.05, the research *hypothesis* can be said to be supported *(hypothesis supported*) (Hair et al., 2019).

Table 5. Hypothesis Test

	Hypothesis	*Standardized Coefficient*	*T-statistics*	*p-value*	Results
H1	*Growth Organizational_Culture -> Hospital Performance*	0.290	1.965	0.049*	*Supported*
H2	*Growth Organizational_Culture -> Person Organizational Fit*	0.743	15.094	<0.001*	*Supported*
H3	*Growth Organizational_Culture -> Job Satisfaction*	0.681	16.458	<0.001*	*Supported*
H4	*Person Organization_Fit -> Hospital Performance*	-0.301	2.696	0.007	*Not supported*
H5	*Job Satisfaction -> Hospital Performance*	0.132	1.164	0.244	*Not supported*
H6	*Organizational Leadership -> Hospital Performance*	0.579	5.497	<0.001*	*Supported*

Note: **t-statistics* > 1.645 indicates a significant positive relationship; *p-value* 0.05 denotes statistical significance based on a one-tailed test with a 95% confidence interval (CI)

Based on the results of the analysis, four hypotheses are supported and two hypotheses are not supported. The results of hypothesis testing H1, H2, H3, H4, H5, and

H6, as presented in Table 5, indicate that four hypotheses are supported. Statistically, this is evidenced by the standardized coefficients and significance values obtained. The findings show that Growth Organizational Culture has a significant influence on Hospital Performance, Job Satisfaction, and Person–Organization Fit, with varying effect sizes.

However, Job Satisfaction does not show a significant effect on Hospital Performance, indicating that higher levels of employee satisfaction do not necessarily translate into improved organizational performance in this context. Furthermore, Person–Organization Fit is found to have a negative and significant effect on Hospital Performance, which contradicts the general assumption in existing literature that a higher level of fit leads to better performance outcomes. These findings highlight an inconsistency with prevailing theories and prior studies, thereby representing a potential research novelty and contributing new insights into the complex dynamics of organizational behavior in hospital settings. The significant negative impact of Person–Organization Fit on hospital performance observed in this study aligns with the contemporary career ecosystem framework proposed by Quigley et al. (2024). They argue that inside highly structured environments, entrenched cultural and organizational forces can create rigid, differentiated ecosystems. When employees achieve excessive alignment with such fixed environments, it often leads to a 'comfort zone' trap that hinders adaptability, fosters systemic inertia, and ultimately drags down overall institutional performance.

In addition, Organizational Leadership demonstrates a significant positive influence on Hospital Performance with a moderate effect size, emphasizing the important role of leadership in driving organizational outcomes.

Mediation analysis test

Based on Table 6, it is known that *Person–Organization Fit does not* have a mediating effect on the *growth organizational culture* variable. This can be seen from the *p-value* on the *specific indirect effect of the Person–Organization Fit* variable is> 0.05 so it is said to be insignificant. From these data, it is said that *Person–Organization Fit does not have a mediating effect on the hospital performance variable.* This can be interpreted that *growth organizational culture* affects *hospital performance* directly without going through the mediating variable of *Person–Organization Fit* (*direct only*). Furthermore, based on Table 6 above, the *job satisfaction variable* has a mediating effect on the *growth organizational culture variable* because the *p-value* on the *specific indirect effect of the job satisfaction variable* is <0.05 so it is said to be significant. The assessment of the *specific direct effect variable growth organizational culture* on *hospital performance* has a *p-value* <0.05 so it is said to be significant. From these two data it is said that *job satisfaction can be* a *partial mediation* between *growth organizational culture* on *hospital performance.* This can be interpreted that *job satisfaction* can affect *hospital performance* both directly and through mediating variables *(partial mediation*).

Table 6. Mediation Analysis Test Results

Indirect Effect				***Direct Effect***		**Interpretation**
Hospital Performance Mediation Path	*Coefficient*	*p-values*	Path	*Coefficient*	*p-values*	

Indirect Effect			*Direct Effect*			**Interpretation**
Growth Organizational Culture->Person–Organization Fit->Hospital Performance	0.090	0.248	*Growth Organizational Culture <-> Hospital Performance*	0.626	0,000	*No mediation (direct only)*
Growth Organizational Culture-> Job Satisfaction-> Hospital Performance	-0.224	0.006	*Growth Organizational Culture <-> Hospital Performance*	0.626	0,000	*Partial mediation*

Based on the test results of the H1 hypothesis supported (*supported)*, if the *growth of organizational culture* increases, the *hospital performance* will also increase. The findings of this study are in line with previous research (Xiong et al., 2022). In the H2 hypothesis test, it was concluded that the H2 hypothesis was *supported*. This result is also in accordance with previous research which states that *growth organizational culture* has a significant relationship with *hospital performance* (Xiong et al., 2022).

The results of hypothesis H3 are concluded to be *supported* based on the test results of the empirical data, it can be concluded that if the *growth of organizational culture* increases, *job satisfaction* will also increase. The findings of this study strengthen the theory that *growth organizational culture* needs to be a concern of hospital management because this variable is an important predictor of *hospital performance* (Wibowo et al., 2025). Hypothesis H4 is concluded to be *not supported* by the empirical data that has been tested. The results of this hypothesis test are not by previous research which has a significant relationship between *Person–Organization Fit* and *hospital performance* as well as the results of empirical data analysis for the results of the H5 hypothesis which is *not supported* where in previous studies there was a significant relationship between *job satisfaction* and *hospital performance. Person–Organization Fit* and *job satisfaction* are empirically proven to have no significant effect on *hospital performance* results. In this study, it is likely due to subjects distributed from various professional backgrounds in the hospital so it is not homogeneous and specific. The last hypothesis H6, based on the empirical data analyzed, can be concluded that hypothesis H6 *is supported*, when *organizational leadership* increases, it has a significant effect on *hospital performance*. This variable is a modification of previous research by adding *organizational leadership* as a control variable for *hospital performance* which turns out to be an important predictor of *hospital performance.*

From the entire series of PLS-SEM analysis tests, managerial implications that can be of concern to hospital management are more directed and focused on variables that are in the *high importance-low performance* category which indicates that these variables are considered very important but are still below expectations such as organizational values and culture that are not by the values adopted by staff, staff involvement in providing opinions to make decisions and proactive attitudes that must be possessed by staff in hospitals in serving patients and other work objectives.

CONCLUSIONS

Based on SEM hypothesis testing and SmartPLS analysis, the findings indicate that growth organizational culture positively influences hospital performance, suggesting that an open, inclusive, and innovative culture enhances employees' attitudes and behaviors in delivering healthcare services. Growth organizational culture also shows a positive relationship with job satisfaction and Person–Organization Fit, indicating that a culture emphasizing employee growth and development strengthens job satisfaction and alignment between employees and organizational values at Rumah Sakit Pelabuhan Palembang. However, Person–Organization Fit and job satisfaction do not have a direct and significant effect on hospital performance, implying that these variables may influence performance indirectly or through other mechanisms. In contrast, organizational leadership has a significant positive effect on hospital performance, highlighting the critical role of effective leadership in improving overall hospital outcomes. This study has several limitations. First, external factors such as changes in health regulations and economic conditions were not examined. Second, subject heterogeneity in terms of background, experience, and knowledge may have influenced perceptions and responses. Third, the exclusion of other potential mediating variables may limit a more comprehensive understanding of the relationships among variables.

REFERENCES

Asiabar, A.S., Ardestani, A.S., 2018. Factors Affecting The Leadership Effectiveness of Hospital Managers: A Systematized Review. Medical Journal of The Islamic Republic of Iran 32(1), 27–32. Https://Doi.Org/10.14196/Mjiri.32.6

Hair, J.F., Black, W.C., Babin, B.J., Anderson, R.E., 2019. Multivariate Data Analysis. Cengage Learning EMEA, Australia.

Hair, J.F., Hult, G.T.M., Ringle, C.M., Sarstedt, M., 2022. A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM). Sage Publication, California.

Hapsari, G., Madiistriyatno, H., Panjaitan, E.H.H., 2024. Pengaruh Budaya Organisasi dan Disiplin Kerja terhadap Kinerja Perawat di Rumah Sakit Ibu dan Anak Buah Hati Pamulang. Jurnal Mahasiswa Humanis 4(3), 1070–1077. Https://Doi.Org/10.37481/Jmh.V4i3.1043

Kim, J., Jung, H.S., 2022. The Effect of Employee Competency and Organizational Culture on Employees' Perceived Stress for A Better Workplace. International Journal of Environmental Research and Public Health 18(8), 1-22. https://doi.org/10.3390/ijerph19084428

Lailinnahar, A., Septyarini, E., Purnamarini, T.R., 2025. Pengaruh Budaya Organisasi, Stres Kerja, dan Komitmen Organisasi terhadap Semangat Kerja (Studi pada Balai Pengembangan Teknologi Tepat Guna Daerah Istimewa Yogyakarta). Jurnal Manajemen Terapan dan Keuangan 14(1), 419–431. https://online-journal.unja.ac.id/mankeu/article/view/42644

Li, J., Wu, N., Xiong, S., 2021. Sustainable Innovation in The Context of Organizational Cultural Diversity: The Role of Cultural Intelligence and Knowledge Sharing. Plos One 16(6), 1-12. Https://Doi.Org/10.1371/Journal.Pone.0250878

Liu, S.M., Hu, R., Kang, T.W., 2021. The Impact of Absorptive Capacity and

Innovative Culture on Innovation Performance: Evidence from Chinese High-Tech Firms. Journal of Asian Finance, Economics and Business 8(12), 1152–1162. https://doi.org/10.13106/jafeb.2021.vol8.no3.1153

Minvielle, E., Sicotte, C., Champagne, F., Contandriopoulos, A.P., Jeantet, M., Préaubert, N., Bourdil, A., Richard, C., 2008. Hospital Performance: Competing or Shared Values? Health Policy 87(1), 8–19. Https://Doi.Org/10.1016/J.Healthpol.2007.09.017

Pietruszka-Ortyl, A., Ćwiek, M., Ziębicki, B., Wójcik-Karpacz, A., 2021. Organizational Culture As A Prerequisite for Knowledge Transfer Among IT Professionals: A Case Study of an Energy Company. Energies 14(23), 1-32. Https://Doi.Org/10.3390/En14238139

Putra, B.A.K., Bilqis, S., Hellyani, C.A., 2023. Pengaruh Budaya Organisasi terhadap Kinerja Karyawan di Rumah Sakit. Jurnal Ekonomi Bisnis dan Akuntansi 3(2), 162–170. https://doi.org/10.55606/jebaku.v3i2.1883

Quigley, N.R., Broussard, K.A., Boyer, T.M., Fishman, S.M., Comolli, N.K., Grannas, A.M., Smith, A.R., Nance, T.A., Svenson, E.M., Vickers, K., 2024. Differentiated Career Ecosystems: Toward Understanding Underrepresentation and Ameliorating Disparities in STEM. *Human Resource Management Review* 34(1), 101002. https://doi.org/10.1016/j.hrmr.2023.101002

Sari, D.A., Handayani, N., 2023. Implementasi Kebijakan Klasifikasi dan Perizinan Rumah Sakit Tipe C pada Bangunan Prasarana dan Peralatan di Rumah Sakit Syarif Hidayatullah. Journal of Public Administration Studies 2(1), 42–47. Https://Doi.Org/10.24036/Publicness.V2i1.77

Song, X., Xu, W., Wang, C., 2019. Influence of Person–Organization Fit on Turnover Intention of Medical Staff: A Case Study of Nine Public Hospitals in The Pearl River Delta. Chinese Hospital Administration 35, 490–493.

Suyatno, E., Tukiran, M., 2024. Exploring Healthcare Services through Organizational Culture: A Systematic Literature Review. International Journal of Social and Management Studies 5(3), 35–54. https://ijosmas.org/index.php/ijosmas/article/view/411

Theodorus, D., Lahindah, L., 2025. The Influence of The Medical Service Sharing System and Work Motivation on Employee Performance at RSUD Dr. TC Hillers. Journal of Universal Studies 5(2), 1384–1397. Https://Doi.Org/10.59188/Eduvest.V5i2.50810

Wibowo, E.W., Rahayu, S., Fitrianty, R., 2025. Pengaruh Gaya Kepemimpinan dan Lingkungan Kerja terhadap Kepuasan Kerja dengan Motivasi Kerja sebagai Variabel Intervening pada Tenaga Kependidikan UIN Sunan Ampel Surabaya. Jurnal Ilmiah Edunomika 9(1), 1-23.

[WHO] World Health Organization., 2020. World Health Statistics 2020 [WWW Document]. Https://Www.Who.Int/Data/Gho/Publications/World-Health-Statistics.

Xiong, C., Hu, T., Xia, Y., Cheng, J., Chen, X., 2022. Growth Culture and Public Hospital Performance: The Mediating Effect of Job Satisfaction and Person–Organization Fit. International Journal of Environmental Research and Public Health 19(19), 1-22. Https://Doi.Org/10.3390/Ijerph191912185