



The Influence of Competence, Quality of Public Services and Emotional Exhaustion on the Performance of Health Workers at BLUD RSU Bombana District

¹Mariani, ²Lucia Evianti Patulak, ³Imran, ⁴Usman, ⁵Fifita Sari

Department of Entrepreneur, Faculty of Economics and Business, University of Southeast Sulawesi
Indonesia

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Representative e-Mail: mamanmariani48@gmail.com

ABSTRACT

The aims of this research is to examine and explain the effect of competence, service quality and emotional exhaustion both simultaneously and partially on the performance of health workers. This research approach is a positivist paradigm with a quantitative method. Data collection was carried out in a cross-sectional manner by using a questionnaire for all health workers at the BLUD Bombana District General Hospital. Therefore, the study population was all health workers at the BLUD Bombana District General Hospital, totaling 302 people. Furthermore, the size of this research sample was determined using the Slovin formula at a precision level of 10% and the sampling technique used was random sampling so that a total of 51 workers were obtained. The results of this study indicate that competence, service quality and emotional exhaustion together have a positive and significant effect on the performance of health workers. Competence has a positive and significant effect on the performance of health workers. Then the quality of service has a positive and significant effect on the performance of health workers. Furthermore, partially emotional exhaustion has a negative and significant effect on the performance of health workers. Thus it can be concluded that the better the competence, quality of service and decreased emotional exhaustion, the performance of health workers will significantly increase. This result is also reinforced by the statements of respondents based on the description of the competency variables, service quality, emotional exhaustion and the performance of health workers, the majority of respondents stated that they were good.

Keywords: *Competence, Service Quality, Emotional Exhaustion, Health Workers Performance*

I. INTRODUCTION

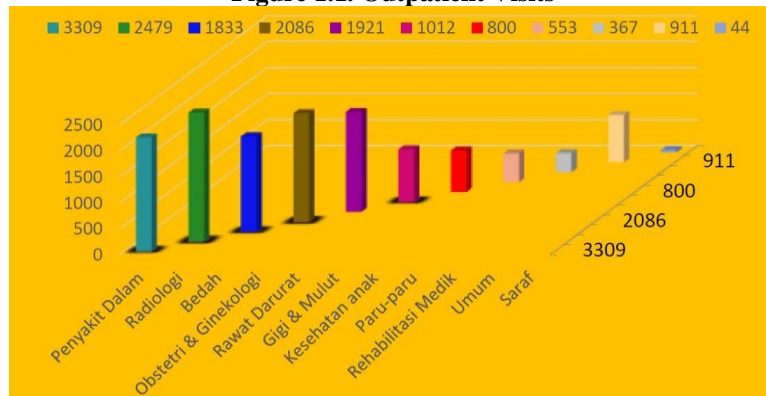
Health development in Indonesia is focused on improving the quality of health services to the community. Health is a basic need for all human beings. Hospitals as one of the community service facilities in the health sector have a very strategic role where hospitals are expected to play an optimal role in accelerating the improvement of public health degrees. This role is becoming increasingly prominent today given the emergence of paradigm shifts in social life and government policies which are heavily influenced by global, national, regional and/or local conditions. BLUD-RSU Bombana Regency has the task of assisting the Regional Head in carrying out the duties of the Regency Government in the field of health services in an efficient and effective manner by prioritizing treatment, healing and recovery efforts that are carried out in a harmonious and integrated manner as well as making efforts to improve health, prevent disease and implement efforts reference. As a government hospital, the Bombana Regional General Hospital has earned the public's trust to serve health problems, for people in Bombana Regency, as a function of health services aimed at people throughout Indonesia.

The provision of services to patients at Bombana Hospital is supported by health service facilities, both facilities and infrastructure, human resources, as well as sophisticated and up-to-date equipment. Bombana District General Hospital, is a Class C hospital, located in Central Rumbia District, Bombana Regency, located in the Southeastern peninsula of Sulawesi Island. Health workers have a strategic role in providing health services to the community as a whole. This strategic role has significantly contributed to providing services through various health service program approaches. Some of the obstacles faced by health workers in providing services to the community

include, public interest in utilizing the services of health workers for health services is still quite low, the working area is relatively very wide, so that the affordability of health workers is still difficult to fulfill, the availability of health workers is still limited. limited.

Empirical facts based on observational data obtained from the performance indicators for health worker services for outpatient services at the BLUD RSU Bombana Regency in 2020, there are 7 services, namely, Gynecology specialist services, internal medicine specialists, child health specialists, surgical specialists, teeth and mouth, general and physiotherapy with the number of visits can be seen in Diagram 1.1.

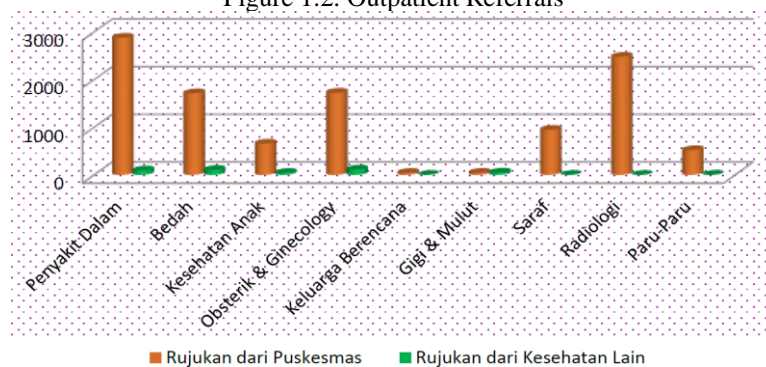
Figure 1.1. Outpatient Visits



Source: BLUD Profile of Bombana Regency General Hospital in 2020

Based on Figure 2.1 above, the highest outpatient visits were visits to polyclinic specialists in internal medicine and the lowest were visits to a neurologist. Furthermore, outpatient services at the BLUD RSU Bombana Regency serve health insurance in the form of BPJS and Jamkesda, and General Patients (Jasa Raharja), to use BPJS and Jamkesda health insurance must be equipped with a referral from the first health facility referred to as the Puskesmas or Clinic. The number of referrals from health centers and other health facilities is presented in Figure 1.2.

Figure 1.2. Outpatient Referrals



Source: BLUD Profile of Bombana Regency General Hospital in 2020

Figure 1.2 above shows that there are more outpatient referrals from puskesmas than referrals from other health facilities (clinics). Then the biggest outpatient disease in 2020 was YTT Diabetes Mellitus with a total of 462 visits, other Pulmonary Tuberculosis 394 Visits. Furthermore, the 10 Biggest Diseases of BLUD Hospitalization at the Bombana Regency General Hospital in 2020 are other Pulmonary Tuberculosis Diseases with 48 cases. Prescription services are carried out in three services, among others, outpatient services, emergency services and services patient. Based on the daily census recap of the BLUD Bombana District Public Hospital during the January-December 2020 period, the results were obtained as the basis for calculating service indicators.

The indicators for BLUD services in Bombana Regency General Hospital are measured from several aspects including outpatient unit costs, the number of patients who fall out of bed, the number of patients with decubitus, the percentage of BOR, ALOS, BTO, TOI, NDR, GDR, number of patient complaints, letters from readers in newspapers and others. Inpatient service aspect indicators regarding the percentage of BOR, ALOS, BTO, TOI, NDR, GDR at BLUD Bombana District General Hospital are presented in Figure 1.3.

Figure 3.1. Service Indicator Coverage BLUD Bombana District General Hospital

In Figure 1.3 above it can be seen that the indicator for bed use (BOR) is 32%, this condition does not meet the standards of the Indonesian Ministry of Health. Namely 60-85%. This is influenced by the large number of beds and the length of treatment does not match the average, meaning that the maximum length of stay is only 2-3 days/patient, ideally ALoS is in the range of 6-9 days according to the standards of the Indonesian Ministry of Health. This is due to the highest coverage of the 10 biggest diseases in 1 year are Pulmonary TB, Benign Neoplasms, Pneumonia, Bronchitis, Diarrhea, Diabetes Mellitus, Respiratory Disorders (ARI) and appendix disease. while the indicator for the Turn Over Interval (TOI) provides an overview of the bed turnover interval in Bombana General Hospital which has been used efficiently, namely 2 days, TOI according to the Indonesian Ministry of Health in 2005 ideally empty beds are not filled in the range of 1-3 days.

The indicators for Bed Tour Over (BTO) have not shown an increase in the utilization and quality of service at Bombana General Hospital only with a frequency of 35 times, this shows that the efficiency level of bed use is not ideal. BTO based on the RI Ministry of Health in 2005 ideally in one year, an average bed is used 40-50 times. One of the causes for the decreased level of achievement of this indicator is due to the COVID-19 pandemic, where the efficiency of services has decreased due to the influence of patient visits during 2020, only 15,315 visits, while only 9,407 days of treatment.

The problem that arises from the description above is the service indicators, namely the percentage of bed usage (BOR) and ALoS. This indicator gives an overview of the level of utilization of the bed. With optimal utilization (BOR), it can provide an overview of efficiency in the use of beds, general costs (water, electricity), use of linen and utilization of nursing staff. The solution to providing quality services that are oriented to patient needs and a good image of the hospital in the community is that the Bombana District General Hospital BLUD needs to make continuous improvement efforts with the following steps:

1. Improving service to patients with a friendly attitude and also being able to understand and understand the patient's condition.
2. Increase discipline and commitment in working for all hospital staff so that they can provide fast, precise, accurate services, and be able to carry out their duties, functions and roles properly according to the vision and mission.
3. To improve technical quality, it is necessary to implement education and training programs in accordance with excellent service standards so as to be able to provide services that meet the needs and satisfaction of patients.
4. To improve functional quality, it is necessary to carry out training especially related to human relations, namely regarding good attitudes and ways of communication in order to give human resources personality traits.
5. The hospital is expected to continue to improve the facilities, infrastructure and hospital environment as well as maintain and improve existing facilities, such as procuring medical equipment and medical support, repairing facilities in inpatient rooms and cleaning the hospital environment.

Based on the phenomena and health strategic issues at BLUD Bombana District General Hospital, the grand theory used as a reference in explaining the influence between the constructs of this study is the theory of HR Management and organizational behavior. According to Dressler (2019:2) HR management is the process of acquiring, training, appraising and compensating employees and paying attention to labor relations, health, safety and justice issues. Furthermore, Armstrong (2020: 3) HRM is a strategic, integrated and coherent approach to the implementation of employee work, the development and welfare of people working in organizations. Furthermore, the complementary theory that is used as a reference in this study is the theory of organizational behavior. Griffin & Moorhead (2014:21) and Robbins & Judge (2018:16) state that organizational behavior concerns the activities of a person or individual in the organization in an effort to achieve service performance. The focus of this research study is improving the performance of health workers which is theoretically and empirically influenced by many factors including: competence, quality of public services, and emotional exhaustion which can be explained as follows:

The purpose of this study is focused on examining and explaining the influence of the variables of competence, quality of public services and emotional exhaustion both jointly and partially on the performance of health workers. The results of a review of previous studies show that the influence of competence, quality of public services and emotional exhaustion on the performance of health workers is very diverse and contradictory. Because of

that, the researcher was inspired and felt interested in conducting another test in order to obtain clarity on the influence of these variables in an integrated manner, both jointly and partially. This research was also carried out with the inspiration that the researcher had a historical relationship and served at the BLUD of Bombana District Public Hospital.

II. LITERATURE REVIEW

The literature review in this study consists of two main parts, namely: theoretical review as a theoretical basis including Human Resource Management (HR) theory, competency theory, emotional exhaustion theory, new public management theory and health worker performance theory. Second, empirical studies are put forward referring to research results that are relevant to the construct being studied.

2.1 Study of Human Resource Management (HR) Theory

The theoretical reference used to explain and test empirically the entire construct of this study is the theory of HR Management. HR management is planning, organizing, directing and controlling that is integrated with compensation, development, procurement, maintenance, and segregation of work relations so that individual, organizational and community goals are achieved (Flippo, 2005: 5). The same opinion by Handoko (2010: 2) that the notion of HR management is the withdrawal, selection, development, maintenance, and use of human resources to achieve both individual and organizational goals. Consistent with the opinion of Malthis and Jackson (2011: 5) HR management can be interpreted as a science and art that regulates the relationships and roles of the workforce so that it is effective and efficient in the use of human capabilities in order to achieve goals in every company.

Human resource management has an understanding that is closely related to the management of human resources or employees in the organization, so that human resources can also be referred to as personnel, workforce, workers, employees, human potential as a driving force. organization in realizing its existence, or potential which is an asset and functions as non-material capital in public and business organizations, which can be realized into real potential physically and non-physically in the manifestation of existence within the organization (Nawawi, 2011:4). Consistent with the opinion of Noe et al. (2011:2) explains that HR management is a combination of policies, practices and systems that affect the habits, behavior and performance of employees in organizational activities. In its application, it provides details of HR activities, such as job analysis and design, planning, recruiting, selection, training and HR development, compensation, performance management, and employee relations.

HR management has a very important role and is a key factor in achieving organizational goals, so various experiences and research results in the HR field are systematically collected in what is called HR management (Rivai et al., 2014: 7). The term management has a meaning as a collection of knowledge about how human resources should be managed. Consistent with the opinion of Ivancevich (2014: 34) that HRM is specifically required to focus on all activities related to humans

2.2 Concept of Competence

The concept of competence was first introduced by David McClelland in 1973 quoted from Rivai and Sagala (2014: 303) that competence is a basic personal characteristic which is a determining factor for the success or failure of a person in carrying out the duties he is assigned. Currently there are many experts who have discussed the concept of competence, including Spencer and Signe (1993:9) competence is a character of attitude and behavior, willingness and individual ability that is relatively stable when facing situations and workplaces that are formed from the synergy between character, self-concept, internal motivation, as well as conceptual knowledge capacity

Based on RI Law Number 36 of 2014 concerning Health Workers, Article 1 paragraph 5 explains that competence is the ability possessed by a health worker based on knowledge, skills and professional attitudes to be able to carry out practices. Furthermore, in paragraphs 6 and 7 it is explained that the competency test for health workers is a process of measuring the knowledge, skills, and behavior of students at tertiary institutions that organize higher education in the health sector. Then the competency certificate is a letter acknowledging the competence of health workers to be able to practice throughout Indonesia after passing the competency test. The same opinion was expressed by Korossy (1997:53) identifying, that performance competence in developing human resources on performance consists of skills, knowledge, and abilities.

The characteristics of competence are part of personal character and become part of a person's behavior in carrying out the mandated task or job. Bloom and Taxonomy (2008: 345) state that competence is the ability to apply or use a set of skills and knowledge capabilities that are really necessary to successfully perform "critical work functions" in different work settings. Mangkunegara (2009: 113) argues that competence is a fundamental factor possessed by someone who has more abilities, which makes him different from someone who has average or ordinary abilities. Competence essentially reflects the knowledge, skills, attitudes and values that must be mastered by students and is reflected in the habits of thinking and acting so as to lead to the success of a job.

Competence can be defined as a condition or quality of effectiveness, ability, achievement or success by Wesson and Granwich (2010:124). Competence causes or can predict behavior and performance, criterion-referenced because competence really predicts who is performing well or badly, based on certain criteria or work standards, then competency improvement can be carried out by including education and training for employees both at the level formal or informal. Consistent with the opinion of Shermon (2011: 11) stated competence is an individual's ability to

work effectively in his work as well as certain characteristics that officers must have to complete their work effectively. Competence has a meaning, namely the ability of a person to perform best in the task area, and the ability possessed by a person to realize effective performance.

From the several definitions of the experts above, competency can be synthesized as the ability to carry out or carry out work and tasks based on creative leadership, the ability to plan, express opinions, decide, supervise/control, cooperation, responsiveness, responsiveness and ability to carry out tasks. Therefore the focus of work competencies in this study is to utilize work knowledge and skills in order to achieve optimal performance. In other words, competence is the ability to carry out tasks based on the knowledge, skills and good attitudes that each individual has.

2.3 The Concept of Emotional Exhaustion

This research in explaining the constructs of job burnout, quality of work life, personality and OCB adopts the main theoretical framework using the job demands and job resources model (JD-R model) proposed by Bakker & Demerouti (2007). Job demands (job demands) include aspects: physical, psychological, social, or job organization that require sustained physical and psychological effort. For example: work pressure and emotional demands. Furthermore job resources (work resources) include aspects of: physical, psychological, social, or good work organization that can be carried out through functions in achieving work goals; reduce job demands and associated physiological costs; stimulate growth, learning, and personal development. For example: career opportunities, supervisory coaching, role clarity, and autonomy.

The JD-R model assumes that each job has its own characteristics, these characteristics can be classified into two categories, namely job demands and job resources, which is an overarching model that can be applied to various job settings, regardless of the involvement of specific demands and resources. The main assumption of the JD-R model is that work tension develops, regardless of the type of work or the certainty of high job demands and limited work resources. Conversely, employees will have extra-role behavior (OCB) at work when work resources are high due to high job demands, so the JD-R model can be used as a tool for HR management by Bakker & Demerouti (2007).

2.4 Quality of Public Services

In the era of classical public administration literature, public services are defined as activities carried out by the government in providing public services. Over the last few decades, the government has been a very dominant service provider in various aspects of people's lives. It is undeniable that the development of the current external environment is intensively forcing public institutions to modernize service functions and work more efficiently. Despite the fact that public sector organizations are specific in nature, usually facing various operational, cultural and strategic problems and constraints that are unique, the organizational goals and main objectives of the public sector tend to be similar to those of private sector organizations. Public sector organizations have the main goal of providing social benefits to society with a reasonable budget (MacCarthaigh et al., 2012). However, despite their social nature, public organizations are under pressure to provide services and increase efficiency (Robinson, 2003).

The concept of service quality, such as integrated quality management and new public management, has been widely adopted by public sector institutions in the majority of developed countries since the early 1990s (Walker et al., 2011). The main objective of the new public management is to improve the quality of public services through the adoption of a user/customer-oriented approach and a focus on achieving performance (Gutierrez et al., 2009). Consistent with the opinion of Bezes et al. (2012) the quality of public services based on the concept of new public management is a doctrinal or organizational principle adopted from economic theory, management theory, experiences learned from administrative reforms and analysis produced by international institutions. The quality of public services based on the new public management includes various principles organization namely establishing an independent administrative institution; decentralization; empowerment; understand the work process; transforming bureaucratic hierarchies; set goals; measure and evaluate performance (Andrews and Walle, 2012). Despite the growing popularity of the concept of quality in public service management, public management issues are still under investigation and heated debate by most experts and practitioners.

2.5 Performance of Health Workers

Performance is a comparison between work results with predetermined criteria or standards. Despite the controversy about the definition of performance, several attempts have been made by researchers, writers and practitioners to define the concept of performance. Viswesvaran and Ones (2000) explain employee performance refers to how intelligent individuals take action and contribute behaviors that are in line with organizational goals. Performance refers to various factors that can be observed through activities carried out by people that are relevant to organizational goals. In general, performance is assumed to be related to the individual's ability to realize work goals, meet expectations and achieve work targets or achieve standards set by the organization (Mathis and Jackson, 2011: 78).

Employee performance is work performance or work results that are closely related to organizational goals such as quality, efficiency and other effectiveness criteria Gibson et al. (2015:256). The same opinion by Sedarmayanti (2016: 76) performance is the result of work or work achievements of employees because they have aligned their duties and responsibilities including known factors such as time, speed and efficiency. The same opinion Santis et al. (2018) work performance is defined as the ability of a person to carry out activities that contribute to the

development of technical core and goals in the organization. Thus the performance of health workers means a set of values from employee behavior that formally contributes positively and negatively to organizational goals. Performance management is a unique, goal-oriented and sustainable way to assess and manage employee performance. Performance management is a continuous process to identify, measure and develop individual and team performance and align their performance according to organizational goals Dessler (2019: 286). Furthermore, Dessler (2019: 284) suggests performance or work performance, namely achievement from work due to organizational support, ability or effectiveness of management and performance of each individual in the organization. Consistent with Armstrong's opinion (2020: 495) stating performance management is a systematic process of efforts to improve organizational performance through developing individual and team employee performance. Performance is a method for getting results through the ratio between work and labor standards agreed according to the goals and competencies possessed by Armstrong (2020: 496).

2.7 The Influence of Variables Based on Theory and Research Results

Based on theoretical studies and the results of previous research, the grouping of influences between the variables studied in this study, most researchers have proven that competence, quality of public services and emotional exhaustion have a positive and significant effect on performance. However, empirically it turns out that the influence of competency constructs, quality of public services and emotional exhaustion on the performance of health workers is very diverse and contradictory. This study aims to verify the relationship between variables based on theoretical and empirical studies or the results of previous studies. The description of the influence between the research variables is as follows:

2.7.1 The influence of competence on the performance of health workers

Competency theory which is the reference in this study was put forward by Spencer et al. (1993:123) that knowledge, skill and ability factors are needed to support increased commitment, career, job satisfaction and performance of health workers. Competence is a basic characteristic that can improve the performance of personnel Mathis & Jackson (2011: 223). Furthermore, Wesson and Granwich (2010: 124) competence can be defined as a condition or quality of effectiveness, ability, achievement or success. The same opinion by Armstrong (2013: 7) states that high performance is the result of appropriate behavior, the main behavior related to carrying out tasks, and the effective use of knowledge, as well as skills and competencies.

The results of previous studies have proven that competence has a positive and significant effect on the performance of health workers. The research results of Tang (2020), Robertson Ismail (2021), Radiana Fitriati (2021), Edi Sugiono et al. (2021), Anggun and Parmin (2021), Kadek Loka and Rasmen (2021), Dewi Nuraeni (2021), Syarif Harahap (2022), Nining Kurniasih (2022), Masturah Rilda, et al. (2022), Sallenna Noya et al. (2022), Sofwan Indarjo et al., (2022) found competence had a positive and significant effect on the performance of health workers.

There is contradiction in the research results of Rusihan Anwar et al. (2022), Dion Alan et al. (2022) and Ance et al. (2017) found that competence has no significant effect on the performance of health workers. The discrepancy in the results of the study was caused by the diversity of indicators measuring competence, job satisfaction and performance of health workers, the objects studied, the method of analysis, the number of samples and the theoretical basis used, so that it became a gap for researchers to re-examine the effect of competence on job satisfaction and performance of health workers.

2.7.2 The effect of the quality of public services on the performance of health workers

The basic theory that is used as a reference for testing and explaining the effect of the quality of public services on performance is the theory of new public management according to Gutierrez et al. (2009) that in the concept of new public management improving the quality of public services through the adoption of a user-oriented approach and focus on achieving performance. Consistent with the opinion of Andrews and Walle (2012) which stated that the quality of public services based on new public management includes various organizational principles, namely establishing independent administrative institutions; decentralization; empowerment; understand market mechanisms; transforming bureaucratic hierarchies; set goals; measure and evaluate employee performance. The same opinion by Kotler and Keller (2016: 107) that service quality is intangible performance or activity offered by service providers to users or other people in order to meet their needs. Furthermore, according to Basuki (2012: 17) states that improving the quality of government services must be evaluated in the view of users, the scope is broad, not just a few units, departments, but learning from the experience of the success of the private sector and transfer to public sector applications.

The quality of public services in the perspective of good governance, refers to Kepmenpan No. 63/kep/M.Pan/7/2003, namely: (1) effectiveness and efficiency, (2) firm and clear legal rules, (3) transparency, (4) responsiveness, (5) accountability, (6) participation, (7) consensus orientation, (8) justice, and (9) the government's Strategic Vision emphasizes the existence of a shared vision. Therefore the quality of public services is the activity of providing public services carried out by government institutions in an effort to fulfill the desires and needs of the community or users for services, products/goods or administrative services. Referring to Kemenpan No: 63/kep/M.Pan/7/2003; UU no. 25 of 2009 and Permendagri No. 1 and 2 of 2017 regarding arrangement and minimum village service standards, it is stated that the quality of public services is the performance of services sought by the government to meet the needs and desires of users and the delivery of services quickly and accurately so that user

expectations can be fulfilled and satisfied with the performance of the services offered. Thus the quality of public services is all service activities carried out by government agencies as an effort to fulfill the community's needs for administrative services in the form of goods and services adapted to dynamic conditions related to service procedures, time, costs, facilities and infrastructure, location and service unit environment. , competence of service providers.

The results of previous studies which have proven that there is a positive and significant influence between the quality of public services on the performance of health workers by Thang Nguyen et al (2017), Fernandes and Adji Achmad (2018), Yuliansyah and Johnny (2018), Totok et al. (2020), Reiny Irianti et al. (2020), Devi Rusvitawati (2022), and Martinus (2022). The discrepancy or contradiction in the results of previous studies is caused by the diversity of indicators measuring the quality of public services of the object under study, and the method of analysis used is therefore a loophole for re-examining the effect of the quality of public services on the performance of health workers.

2.7.3 The effect of emotional exhaustion on the performance of health workers

The theoretical study that forms the basis for examining the effect of the interconstructs of emotional exhaustion on the performance of health workers refers to the COR (resource conservation) theory that personal characteristics, objects, conditions, and energy are resources that individuals wish to obtain. Individual ability, optimism, hope, and resilience exist among individual resources and fall under the constraints of COR theory (Avey et al., 2010:43). These resources are assessed through very important individual rights (Karatepe and Karadas, 2015:22). Furthermore, Bakker (2015) states that the JD-R model framework arises due to job demands that have an impact on the process of declining health that affects employee welfare and performance. Work fatigue can have an influence on efforts to achieve performance and employee job satisfaction (Mangkuprawira, 2009: 193).

Emotional exhaustion is fatigue in individuals related to personal feelings characterized by feelings of helplessness and depression (Churiyah, 2011: 146). Emotional exhaustion is always preceded by one common symptom, namely the emergence of anxiety every time you want to start work. This bad habit turns the individual into frustrated or angry with himself. Emotional fatigue in an employee has an impact on employees, especially on the level of job satisfaction and employee performance (Churiyah, 2011: 22). Consistent with the opinion of Notoadmodjo (2007:74) that work fatigue is a factor in decreasing performance/quality of service which can increase the level of work errors or complete the tasks it carries. The combination of daily conflicts and increased work experience and other events will lead to positive and negative emotional effects that may lead to job attitudes such as job satisfaction and employee performance (Askanasy et al., 2002: 98).

Emotional exhaustion is the essence of burnout syndrome, because emotional exhaustion is characterized by the depletion of emotional resources due to feelings of frustration, hopelessness, sadness and helplessness, depression, irritability and irritability for no apparent reason. Nurjayadi (2004:76) states that the decrease in individual work results is the impact of negative attitudes and behavior caused by excessive stress, causing work fatigue.

III. RESEARCH METHODS

3.1 Research Design

The research design is based on a positivist paradigm with a quantitative approach. Referring to the positivist paradigm that focuses on observational and investigative information by identifying the accuracy of observations in hypothesis testing. Therefore this type of research is *ex post facto* research because it is in line with the objectives to be achieved in this study, namely wanting to know and explain the effect of competence, quality of service and emotional exhaustion both jointly and partially on the performance of health workers. Thus this research is classified as applied research and uses a causal method which is intended to get answers to the problems and hypotheses proposed. Furthermore, testing and explaining the influence between variables based on the theoretical framework and study hypotheses (Cooper & Schindler, 2014).

Based on the data collection method of this study is a survey using a questionnaire where data is collected only once. The survey method is research activities carried out at certain times to explain the condition of the respondents (Sekaran and Bougie, 2016: 77). Further interviews were conducted to complete the required supporting data/information. The survey method is research activities carried out at certain times to explain the condition of the respondents (Sekaran and Bougie, 2016: 77). The unit of analysis that was studied in this study was the health workers at the Bombana District General Hospital.

3.2 Location and Time of Research

This research was conducted at the Bombana District General Hospital. Furthermore, when this research is planned for July 2022 and after obtaining approval from the supervising commission.

3.3 Population and Research Sample

The population of this study were all health workers at the Bombana Regency Regional General Hospital with a total of 302 health workers at the BLUD Bombana Regency RSU until 2021 consisting of:

1. Medical personnel: 28 people
2. Nursing staff: 133 people
3. non-care health workers: 79 people
4. Administrative staff and others: 62 people

Based on the data above, it shows that the number of health workers at the Bombana Regency Regional General Hospital who became the population of this study was 103 people with the status of PNS health workers (Personnel Report of the Bombana Regency Regional General Hospital for 2021). The remaining health workers with K2 status = 8 people, 191 people as PHL. Thus, the size of the research sample is determined by using the Slovin formula quoted from Uma Sekaran (2016), as follows:

$$n = \frac{N}{1 + N(e)^2} \quad n = \frac{103}{1 + 103 (0,10)^2} = 50,74 = 51 \text{ people (rounded)}$$

At a precision level of 10%, out of a population of 103 PNS Health Workers who served at the BLUD Bombana District General Hospital, a sample size of 51 people was obtained. Furthermore, the sampling technique is the method used was random sampling from 51 health workers who were carrying out their duties at the Bombana District Public Hospital BLUD.

IV. RESULT AND DICUSSIONS

4.1 Instrument Validity and Reliability Test

The purpose of testing this research instrument was to find out whether the questionnaire (questionnaire) used in this study could meet the criteria as a valid and accurate measurement tool and meet research methodology standards. Thus, testing the validity and reliability of research instruments can be described:

4.1.1 Instrument Validity Test

Test the validity of the instrument in this study if the questionnaire distributed to respondents is able to measure it validly, then it can reveal data from the constructs studied consistently. The validity of the instruments in this study can be tested by evaluating the correlation coefficient (r) between the item scores and the total score analyzed with the help of SPSS version 24 software with a significance level of $\leq \alpha = 0.5$. The correlation method used is the Pearson product moment correlation (Sekaran & Bougie, 2016). The criteria for testing the validity of this study instrument provided that the correlation value was above the cut-off point ($r \geq 0.30$) and significant at the 95% level. Henseler et al. (2016).

4.1.2 Instrument Reliability Test

The purpose of the instrument reliability test is to find out the reliability or consistency of a measuring instrument in the form of an instrument (questionnaire) used to measure the same object repeatedly or with only slight variations. To measure the internal consistency and reliability of the constructs of this study, Cronbach's Alpha was used. In this study the Alpha Cronbach method is an approach to testing instrument reliability through the statement items used. The requirement for reliability testing is if the Cronbach Alpha value is above the cut of point, which is ≥ 0.60 but is not an absolute standard (Sekaran & Bougie, 2016). If the test results show a reliability coefficient value of ≥ 0.60 , then the instrument can be said to have an accurate level of reliability.

Instrument testing was used prior to data collection in this study, namely testing the validity and reliability of the instrument. The number of respondents for the purposes of testing the validity and reliability of the instrument researchers used 30 people. The recapitulation of the results of the instrument validity test on the statement items on the indicators of competency variables, service quality, emotional exhaustion and performance of health workers in this study is presented in Table 4.1

Table 4.1. Instrument Validity Test Results

Research variable	Indicator Variables/Declaration Items		Korel coefficient . (r)	Sig.	Results
Competency of Health Workers (X1)	X1.1. (knowledge)	X1.1.1	.887**	0.000	Valid
		X1.1.2	.756**	0.000	Valid
		X1.1.3	.764**	0.000	Valid
	X1.2. (skills)	X1.2.1	.758**	0.000	Valid
		X1.2.2	.845**	0.000	Valid
		X1.2.3	.751**	0.000	Valid
	X1.3. (attitude)	X1.3.1	.781**	0.000	Valid
		X1.3.2	.670**	0.000	Valid
		X1.3.3	.759**	0.000	Valid
Terms of service	X2.1	.618**	0.000	Valid	
	Systems, mechanisms, and procedures	X2.2	.742**	0.000	Valid

Service quality (X2)	Completion time	X2.3	.676**	0.000	Valid
	Service fees/rates	X2.4	.666**	0.000	Valid
	Service type specifications	X2.5	.816**	0.000	Valid
	Executor behavior	X2.6	.589**	0.001	Valid
	Handling of complaints, suggestions / input	X2.7	.780**	0.000	Valid
	Facilities and infrastructure	X2.8	.641**	0.000	Valid
Emotional Burnout (X3)	X3.1. Workload	X3.1.1	.700**	0.000	Valid
		X3.1.2	.565**	0.001	Valid
	X3.2 Time pressure	X3.2.1	.761**	0.000	Valid
		X3.2.2	.480**	0.007	Valid
	X3.3. Lack of social support	X3.3.1	.476**	0.008	Valid
		X3.3.2	.692**	0.000	Valid
	X3.4. Role stress	X3.4.1	.873**	0.000	Valid
		X3.4.2	.813**	0.000	Valid
Performance of Health Workers (Y)	Quantity	Y1	.674**	0.000	Valid
	Quality	Y2	.776**	0.000	Valid
	Time	Y3	.666**	0.000	Valid
	Service	Y4	.632**	0.000	Valid
	Commitment	Y5	.438*	0.015	Valid
	Initiative	Y6	.502**	0.005	Valid
	Cooperation	Y7	.617**	0.000	Valid
	Leadership	Y8	.557**	0.001	Valid

Source: Processed primary data using SPSS version 24 (Appendix 2)

Based on the recapitulation of the results of the instrument validity test in Table 4.1 it shows that all statement items used to measure latent variables of competence, quality of service, emotional exhaustion and performance of health workers are valid, as evidenced by the value of the correlation coefficient (r) greater than 0.30 or a significant value smaller ($p < \alpha = 0.05$). Furthermore, the recapitulation of the results of the reliability test of this research instrument is presented in Table 4.2

Table 4.2. Instrument Reliability Test Results

No.	Research variable	Cronbach's Alpha	Result
1.	Competency of health workers (X1)	0.917	Reliabel
2.	Quality of service (X2)	0.841	Reliabel
3.	Emotional exhaustion (X3)	0.830	Reliabel
4.	Performance of health workers (Y)	0.752	Reliabel

Source: Processed primary data using SPSS version 24 (Appendix 2)

The results of the instrument reliability test in Table 4.2 show that all the variables of this study - competency, quality of service, emotional exhaustion and performance of health workers - are reliable as evidenced by the Cronbach's Alpha value of all variables tested ≥ 0.70 which means that all statement items used as instruments can be trusted for reliability. Therefore, the instrument used can be said to be reliable or has an acceptable level of reliability as an instrument for measuring each statement item and subsequent data analysis.

4.2 Methods of Data Analysis

The data analysis method used in this study is descriptive analysis and inferential statistics, namely multivariate regression analysis using SPSS and MS Excel software. Descriptive analysis aims to interpret the respondents' arguments against the choice of statements and the frequency distribution of respondents' statements in the form of numbers, averages (average), and percentages. Furthermore, the inferential statistical analysis used in this study was multivariate regression analysis.

Multivariate regression analysis is an analytical method for examining the influence between variables, where one metric dependent variable is thought to have an effect on two or more metric independent variables (Hair et al., 2010: 5). The aim of multivariate regression analysis is to predict changes in the dependent variable to explain changes in the independent variables. The reasons for using multivariate regression analysis in this study are:

1. Data input in processing is the result of calculating the average or multiplication of the weight of the respondent's answer scores from each statement item or variable indicator. Furthermore, this study measures variables using an attitude scale (Likert), therefore the estimation results need to be standardized (weight determined).
2. Multivariate regression is a multivariate analysis technique that allows analysis of a series of several variables partially or simultaneously to provide statistical efficiency.
3. This research was conducted to examine the effect of competence, service quality, and emotional exhaustion on the performance of health workers. Thus multivariate regression analysis is suitable for use in hypothesis testing.

Based on the understanding, purpose and reasons for using multivariate regression with the intention of testing and explaining the effect of competence, quality of public services, and emotional exhaustion both jointly and partially on the performance of health workers with the following mathematical equation model: Variate value (Y) = $W_1X_1 + W_2X_2 + W_3X_3 + W_nX_n$ Hair et al. (2017:4) where: Variate value = the value of the variation in the change in the independent (dependent) variable (independent); X_1-X_n = Variation of weighted variables (weight); X_n is the observed variable and W_n is the weight determined by the multivariate technique. Furthermore, the equation model that can be expressed mathematically is transformed or operationalized in this study as follows:

$$Y = W_1 X_1 + W_2 X_2 + W_3 X_3$$

Where:

Y = Performance of health workers

X_1 = Competency

X_2 = Quality of service

X_3 = Emotional exhaustion

$W_1 - W_3$ = Weight determined or regression weight (standardized beta)

Although there are many basic assumptions or requirements that must be met in multivariate analysis techniques that have the potential to influence multivariate regression analysis techniques, in this study the data scale used was a Likert or attitude scale, so the assumption test was only focused on the normality and linearity assumptions of the data. From the two data assumptions that must be met in the use of multivariate regression analysis so that the estimation of the regression coefficients is not biased, it can be explained:

4.2.1. Normality Test

Normality test according to Hair et al. (2017:69) is to determine the extent to which the distribution of sample data conforms to the normal distribution. The normality test is carried out to find out whether the independent and dependent variables have a normal data distribution or not through a graphical method test, where if the data spreads around and follows the diagonal line, the regression model fulfills the normality assumption (Solimun, 2019). A good regression model is one that has a normal or close to normal data distribution.

4.2.2. Linearity Test

Linearity is used to express the concept that the model has the properties of additivity and homogeneity (Hair et al., 2017: 74). The linearity test was carried out using the scatter plot method (scatter diagram). The results of the linearity test of the independent variable on the dependent variable are fulfilled if the residual value and the predicted value do not form a certain pattern (Solimun 2019:68).

The significance level of hypothesis testing is set at 95% or $\alpha = 0.05$. Therefore, hypothesis testing is based on probability values with the following conditions:

1. If $\rho < \alpha = 0.05$, then the hypothesis proposed in this study is accepted, meaning that there is a significant influence between the independent variables on the dependent variable.
2. If $\rho > \alpha = 0.05$, the hypothesis proposed in this study is rejected, meaning that there is no significant effect between the independent variables on the dependent variable.

Furthermore, in this study, hypothesis testing from multivariate regression analysis (Hair et al., 2017: 79) was carried out by:

1. Model Accuracy Test with Determinant Coefficient (R-Square)

R-square calculation is done to test the effect of independent variables on the dependent variable. The value of R^2 is close to 1, so the independent variable has a stronger or more accurate model accuracy for the dependent variable.

2. Simultaneous Test (F test)

Which is to test the effect of simultaneously or together the independent variables simultaneously on the dependent variable. With criteria if value significance $F < \alpha = 0.05$ or 5% means that it has a significant effect otherwise if the significance value of $F > \alpha = 0.05$ means it is not significant (Solimun 2012:88).

3. Partial test (t test),

Which is carried out to test the effect of the independent variables partially on the dependent variable. With the criterion if the significant value is $t < \alpha = 0.05$ or 5%, it means that it has a significant effect on the contrary (Hair et al., 2017: 72).

4.3 Operational Definition of Research Variables

The operational definition in this study reflects the meaning of the research variables which are measured through indicators that have been determined based on the conceptual framework. Therefore, the operational definition of this research variable is:

1. Competence (X1), what is meant in this study is the ability of health workers to carry out tasks based on the knowledge, skills and good attitude of each individual. Thus, the indicators for measuring the competence of health workers in this study are knowledge, skills and attitudes. Thus, the operational definition of competency variable measurement consists of three indicators, namely:
 - a) Knowledge, is a health worker's statement of generic competence that reflects the expertise and knowledge required to become a health worker as measured by the health worker's response to the accumulation of what is seen, understood, and felt about procedures, responsibilities, challenges duties and knowledge possessed in connection with the implementation of tasks.
 - b) Skill, is a health worker's statement of technical competence that reflects the skills required for certain health workers which are described through the health worker's response to the accumulation of what is known, understood, and felt about expertise, skills in determining ways, sizes, and procedures for carrying out tasks/work.
 - c) Attitude, is a statement by health workers regarding the basic competencies that all health workers must have in carrying out their duties and functions, reflected through personal qualities (values and attitudes) which are reflected through the responses of health workers to the accumulation of what is known, understood, and felt about his ability from the aspects of flexibility, integrity, cooperation, planning and organizing as well as continuous learning to control himself, control himself in carrying out tasks / jobs.
2. The quality of public services (X2), referred to in this study are service activities carried out by health workers at the BLUD RSU Bombana Regency as an effort to fulfill the needs of the community or citizens and residents for goods, services, or administrative services provided by service providers public. Thus, the quality of service is a condition where the service meets or meets or even exceeds what the public expects with the actual performance system of the service provider. Therefore, the measurement of the quality of public services in this study consists of eight operational indicators which can be explained as follows:
 - a) Requirements, is the perception of health workers on their understanding of the conditions that must be met in administering a type of service, both technical and administrative requirements
 - b) Systems, mechanisms, and procedures are the ability of health workers to understand standardized service procedures for providers and recipients of services, including complaints.
 - c) Completion time, is the health worker's response to the time required to complete the entire service process for each type of service.
 - d) Tariff/service, is the response of health personnel to fees charged to recipients of services in managing and/or obtaining services from the administrator, the amount of which is determined based on an agreement between the administrator and the community
 - e) Product specification for the type of service, is a health worker's statement regarding the results of services given and received in accordance with the stipulated conditions.
 - f) Executor's behavior, is the attitude of health workers in providing services.
 - g) Handling of complaints, suggestions and input, is the ability of health workers to carry out procedures for handling complaints and their follow-up.
 - h) Facilities and infrastructure are everything that can be used by health workers as a tool in achieving goals and objectives, then infrastructure is everything that is the main support for the implementation of a process (business, development, project).
3. Emotional exhaustion (X3), what is meant in this study is the response of health workers at the BLUD Bombana District Public Hospital which is reflected through individual responses to emotional exhaustion that is experienced outside the norm in relationships between health workers due to strong emotional drives. Emotional exhaustion is characterized by the depletion of emotional resources due to feelings of frustration, hopelessness, sadness and helplessness, pressure, irritability and irritability for no apparent reason. Other attitudes that emerge are losing idealism, having negative opinions and being cynical. Operational measurement of the emotional exhaustion variable can be explained as follows:
 - a) Workload, namely the perception of health workers as reflected in feelings of emotional exhaustion because of the demands of work and feelings of emotion due to excessive workload.
 - b) Time pressure, namely the response of health workers which is reflected in the condition of feeling tired when they wake up in the morning because they have to face the next working day or feel used to the end of the working day they are living.
 - c) Lack of social support, namely the response of health workers which is reflected through the condition of the health workers who are on duty feeling frustrated with the jobs they are assigned because they are not supported by the leadership, then they have to work hard in completing the work because they are not supported by colleagues.

- d) Stress because of the role, namely the perception of health workers which is reflected through the feelings of employees because they are pressured in working with people directly and not free or are attached to the demands of their work.
4. Health worker performance (Y), is a statement by health workers at the BLUD Bombana District General Hospital for the achievement of final work results in a certain period of time related to the implementation of work assignments both from the aspects of quality, quantity, time, service orientation, integrity, discipline, cooperation and leadership. Explanation of performance measurement indicators for health workers in this study, namely SKP and work behavior as follows:
- Y1. Quantity, is the quantity of work completed by health workers according to the planned target.
 - Y2. Quality, namely the quality of work produced by each health worker according to plans or standards.
 - Y3. Time, namely the timeliness of completing tasks by health workers according to the planned time.
 - Y4. Service orientation, namely the ability of health workers to provide services to the public.
 - Y5. Work commitment, is a statement by health workers regarding their ability to balance behavior and activities in carrying out their duties by prioritizing the interests of the service.
 - Y6. Work initiatives, namely statements by health workers on their ability to carry out activities in generating, developing, implementing new ideas effectively through action initiatives taking into account risk factors.
 - Y7. Collaboration, namely the statement of health workers on their ability to work as a team with colleagues, superiors, subordinates both in their work units and work partners related to the tasks they carry out.
 - Y8. Leadership, is a health worker's statement regarding the ability to influence, motivate and direct colleagues in completing tasks in the office.

V. CONCLUSIONS AND SUGGESTIONS

5.1 Conclusion

Based on the results of the discussion and research findings, several conclusions can be put forward in this study as follows:

1. Competence, quality of service and emotional exhaustion together has a positive and significant effect on the performance of health workers. This means that the better the competence, the quality of service and the decrease in emotional exhaustion, the significantly the performance of health workers at the BLUD RSU Bombana Regency will increase. This result is also reinforced by the statements of respondents based on the description of the competency variables, service quality, emotional exhaustion and the performance of health workers, the majority of respondents stated that they were good.
2. The competence of health workers has a positive and significant effect on the performance of health workers. These results can be explained that the better the competence of health workers which is reflected through knowledge, skills and attitudes has a significant contribution to improving the performance of health workers which is observed from the indicators of quality, quality, time, service orientation, commitment, work initiative, cooperation and leadership.
3. Service quality has a positive and significant effect on the performance of health workers. The research results can prove good service quality which is reflected through service requirements; systems, mechanisms, and procedures; turnaround time; service fee/tariff; service type specifications; executor behavior; handling complaints, suggestions and feedback; facilities and infrastructure can make a real/significant contribution in supporting the improvement of the performance of health workers.
4. Emotional fatigue has a negative and significant effect on the performance of health workers. This means that the higher the emotional exhaustion of health workers which is reflected through workload, time pressure, lack of social support, and stress due to the role experienced by health workers has a significant contribution to the decline in the performance of health workers at the Bombana District Public Hospital BLUD.

5.2 Suggestions

Based on the findings and conclusions of this study, suggestions can be put forward as recommendations for this study, as follows:

1. The results of this study according to respondents' responses, the skills indicator has the smallest average value in describing the competence of health workers. Strategic and operational decisions that can be made by the leadership at the BLUD Bombana Regency General Hospital are increasing technical competence which is reflected in the skills required for certain fields of employees for the accumulation of what is known, understood, and felt about expertise, skills in determining methods, measures, and procedures for carrying out tasks/jobs.
2. Efforts to improve service quality based on respondents' perceptions that still need attention from the leadership at the BLUD Bombana Regency RSU are indicators of completion time. Strategic and operational policies can be carried out by the leadership to oversee the punctuality of work in completing the entire service process of each type of service by health workers who are in charge of the BLUD of the Bombana Regency General Hospital.
3. Policy makers and leaders at the BLUD Bombana District General Hospital pay attention to and reduce the emotional fatigue of health workers according to respondents' perception of working time pressure indicator has the lowest average. Thus, operational policies can be carried out through the leadership's attention to employees

who feel tired when they wake up in the morning because they have to face the next working day or feel used to every working day they live.

4. According to the respondent, the performance of health workers is the indicator that is considered to be lacking in working time. Therefore, indicators of working time strategically and operationally can be improved by increasing the ability to complete work according to the planned time.

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