

Engagement Enhancement Strategy Between Nurses Public Hospital and Private Hospital Through Improving Perceived Organization Support, Self-Efficacy and Servant Leadership (Comparative Study Using Qualitative Analysis)

Annisaa Soeyono* , Didik Notosudjono, Widodo Sunaryo

Universitas Pakuan, Indonesia

Email: soe.annisaa@gmail.com* , dnotosudjono@gmail.com, widodosunaryo@gmail.com

ABSTRACT

Nurse engagement is an important factor in improving the quality of health services, patient safety, and hospital performance. The level of nurse engagement can differ between public and private hospitals due to differences in organizational characteristics, management systems, work culture, and leadership styles. This study aims to explore strategies for increasing nurse engagement based on the context of both types of hospitals. The study uses a qualitative approach with data collection techniques through literature review and observation. Data analysis was conducted through the stages of data reduction, data presentation, and conclusion drawing. The results show differences in the level of nurse engagement between government and private hospitals. Government hospital nurses have high engagement indicators in productivity, ownership, loyalty, vigor, and absorption, while private hospital nurses excel in career development and dedication. Perceived organizational support, self-efficacy, and servant leadership had a positive and significant effect on nurse engagement in both types of hospitals, both partially and simultaneously. However, the difference in the effect of each variable partially was not significant between the two hospitals. This study recommends the formulation of strategies to increase engagement through socialization programs, organizational support and self-efficacy training, and strengthening servant leadership.

Keywords: Nurse Engagement; Public Hospitals; Private Hospitals; Perceived Organizational Support; Self-Efficacy.

INTRODUCTION

The nursing profession plays a highly strategic role in the provision of healthcare services in hospitals. Nurses are part of the front-line healthcare team, interacting with and addressing patient health issues continuously, 24/7. According to Ministry of Health data, nurses comprise the largest proportion of all healthcare workers, at approximately 49%, making their presence a key factor in improving the quality of hospital services. The role of nurses in healthcare is crucial because it directly relates to patient safety, service quality, and patient experience (Adams et al., 2024; De Rosis et al., 2022; Park, 2020). Therefore, nurses are required to have a high level of engagement in their work (García-Sierra et al., 2016; Wan et al., 2018).

Based on the 1988 Minister of Health Regulation No. 159b/Men-Kes/Kes/II/1988, Chapter II, Article 3, hospitals are divided into two categories based on ownership status: government hospitals and private hospitals. All operational, maintenance, and development costs for government hospitals are funded by the State Budget (*APBN*) or the Regional Budget

(APBD), while private hospitals are funded by management or investors (Ramdani & Novita, 2025; Than et al., 2017; Tomas et al., 2025).

Hospital growth in Indonesia experienced quite rapid growth between 2021 and 2023, particularly for for-profit private hospitals (Absor et al., 2025; Arrasily et al., 2025; Rahmanto et al., 2023; Wijaya & Alfarizi, 2024). During this period, the number of hospitals increased significantly, from 2,522 to 3,155. Private hospital ownership has grown more rapidly than government hospitals. Over the past 10 years (2011–2020), the growth of government and private hospitals was 39% and 92%, respectively. This large number of hospitals creates competition and challenges for hospital managers and owners to maintain their operations (Agwunobi & Osborne, 2016; Andritsos & Aflaki, 2015; Bloom et al., 2015; Marques et al., 2021).

Based on ownership, private hospitals have grown more aggressively than other types, averaging 15.4%. Hospital growth in Indonesia has also experienced rapid growth over the past 10 years, with private hospitals tending to join hospital networks or groups. In recent years, the number of hospitals has increased by 80%. The majority of hospitals are general hospitals (82%), while the majority of specialized hospitals are Maternity and Child Hospitals (*RSIA*), at 67%. In terms of ownership, private hospitals have grown more rapidly than public hospitals. Furthermore, for-profit private hospitals demonstrated a rapid surge in growth, capturing approximately 67% of the private hospital market share. This structural change was driven by several factors, including adjustments to the 2009 Hospital Law, regulations related to the Foundation Law, limited incentives for private hospitals, and high capital requirements. These factors collectively led to a dynamic industrial structure and increased competition among hospitals. In terms of classification, type C and D hospitals experienced particularly rapid growth, driven not only by the Ministry of Health's credentialing process but also by the implementation of a tiered referral system within the National Health Insurance (*JKN*) scheme.

The term "employee engagement" reflects the level of commitment, enthusiasm, and excitement felt by employees toward their profession and organization. This term assesses the extent to which employees are emotionally involved in their profession and committed to the success of their organization. Engaged employees are typically more committed to their organization, more enthusiastic, and more efficient. Furthermore, they are more likely to work harder and go above and beyond to support overall organizational performance. Various factors—such as employee experience, productivity, work culture, tasks and responsibilities, management style, and opportunities for career development—influence employee engagement.

The issue of employee engagement has become a concern for many organizational leaders, both for-profit and non-profit. Several impacts include high employee turnover rates. If left unchecked, this can lead to decreased organizational productivity and increased operational costs. Decreased productivity can reduce long-term profits, stemming from reductions in the quality and quantity of output. Increased operational costs can arise from recruiting new nurses with qualifications equivalent to those of outgoing nurses; however, these costs can be higher due to training and seminars as knowledge rapidly expands.

Nurses' work engagement is closely related to their character and work environment. A survey conducted by *Merci Indonesia* found a lack of recognition among employees in Indonesia. Recognition is a key pillar in building strong employee engagement. Employees

who feel directly valued by their managers tend to be more enthusiastic, dedicated, and productive. Therefore, companies should focus on improving managerial practices that encourage recognition and appreciation, such as providing regular feedback, recognizing achievements, and offering clear career development opportunities.

Research (Orte et al., 2020) indicates that service levels between public and private hospitals can differ due to the responsiveness of nurses. Research (Trisnantoro, 2018) found that engagement in private hospitals is higher than in public hospitals. This presents a particular problem, considering the larger number of lower-middle-class residents than upper-middle-class residents. Meanwhile, employee engagement is directly proportional to the level of customer service. To compete with private hospitals, this must be addressed immediately. Many factors influence an individual's engagement (Derakhshani et al., 2024; Karaferis et al., 2022).

Hospital selection was based on the problem definition identified by the author and gaps identified during a preliminary survey. A preliminary study of several hospitals in Semarang indicated engagement issues, as evidenced by relatively high turnover data. According to research (Pasha et al., 2024), the turnover rate at Sultan Agung Islamic Hospital fluctuated, reaching 11.18% over the past five years. This indicates a low level of nurse engagement. This study aims to explore engagement enhancement strategy between nurses public hospital and private hospital through improving perceived organization support, self-efficacy, and servant leadership based on the context and characteristics of each type of hospital. This research offers significant practical benefits. For hospital management, this study provides actionable insights and evidence-based recommendations to formulate targeted strategies for improving nurse engagement, which can reduce turnover rates and enhance service quality. For the nursing profession, the findings help clarify the specific impact of organizational support, self-efficacy, and servant leadership on engagement, providing a foundation for professional development and advocacy. Furthermore, the comparative approach between public and private hospitals offers a nuanced understanding that can inform national healthcare policies, particularly in workforce management and hospital accreditation standards. Ultimately, this research contributes to building a more engaged, stable, and high-performing nursing workforce, which is essential for improving patient outcomes and advancing the overall quality of the healthcare system.

METHOD

This study was conducted at two government and private hospitals in Semarang City from November 2023 to March 2025. It employed a qualitative methodology as a follow-up to initial quantitative research, using triangulation to validate questionnaire data through interviews and observations.

Data collection techniques included literature review and direct observation. Literature sources were obtained from scientific journals, academic books, previous research reports, and human resource management policies and guidelines in the healthcare sector. This research applied the Delphi technique with focus group discussions and triangulation involving HR experts. Direct observations were conducted in the nurses' work environments in public and private hospitals to capture real-world conditions related to work interaction patterns, perceived

organizational support, nurses' level of self-efficacy, and servant leadership styles implemented by nursing leaders.

The collected data were analyzed through three stages: data reduction, data presentation, and conclusion drawing. Data reduction involved sorting, simplifying, and focusing observational data and literature review results relevant to the research objectives. Data presentation took the form of descriptive narratives and thematic comparisons between public and private hospitals to illustrate strategies for increasing nurse engagement. The final stage involved drawing conclusions that formulated key findings and the most effective strategies for increasing nurse engagement through strengthening perceptions of organizational support, self-efficacy, and servant leadership in both types of hospitals.

RESULTS AND DISCUSSION

Based on the results of the analysis that has been carried out, the following conclusions have been drawn:

1. Government Hospital

a. Engagement Variable

Table 1. Comparison of Conclusions in Quantitative and Qualitative Methods on the Engagement Variable

No	Indicator	Quantitative Rating	Qualitative Research	Conclusion
A1	Career Development	Very Good	Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction.
A2	Productivity	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
A3	Ownership	Good	Moderate	There are differences between the results of quantitative and qualitative analysis, which may be due to the experience and competence of each nurse.
A4	Loyalty	Good	Very Good	There are differences between the results of quantitative and qualitative analysis.
A5	Vigor	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
A6	Dedication	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
A7	Absorption	Good	Moderate	There are differences between the results of quantitative and qualitative analysis, which may be due to differences in nurses' backgrounds.

Source: Primary Data Analysis from Survey and Interview Results at Government Hospitals in Semarang (2024)

Based on Table 1, the results of quantitative and qualitative analysis show consistency, where the nurse engagement variable is in the good category. This indicates that nurses in government hospitals on average have good career development, productivity, loyalty, ownership, vigor, dedication, and absorption towards the hospital.

b. Organizational Support Variable

Table 2. Comparison of Conclusions in Quantitative and Qualitative Methods for the Organizational Support Variable

No	Indicator	Quantitative Rating	Qualitative Research Rating	Conclusion
B1	Justice	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
B2	Management Support	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
B3	Reward	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
B4	Work Environment	Good	Good	There is no difference between the results of quantitative and qualitative analysis.

Source: Primary Data Analysis from Survey and Interview Results at Government Hospitals in Semarang (2024)

Based on Table 2, the results of quantitative and qualitative analysis show consistency, where the organizational support variable is in the good category. This indicates that nurses in government hospitals on average receive fairness, managerial support, as well as recognition and a good working environment from the hospital.

c. Self-Efficacy Variable

Table 3. Comparison of Conclusions in Quantitative and Qualitative Methods on the Self-Efficacy Variable

No	Indicator	Quantitative Rating	Qualitative Research Rating	Conclusion
C1	Magnitude	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
C2	Strength	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
C3	Generality	Good	Good	There is no difference between the results of quantitative and qualitative analysis.

Source: Primary Data Analysis from Survey and Interview Results at Government Hospitals in Semarang (2024)

Based on Table 3, the results of quantitative and qualitative analysis show consistency, where the variable of nurses' self-efficacy is in the good category. This indicates that nurses in government hospitals on average have good magnitude, strength, and generality.

d. Servant Leadership Variable

Table 4. Comparison of Conclusions in Quantitative and Qualitative Methods in the Servant Leadership Variable

No	Indicator	Quantitative Rating	Qualitative Research Rating	Conclusion
A1	Listening	Moderate	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction. In public hospitals, nurses have a wide and varied age range, requiring detailed technical procedures.
B1	Empathy	Good	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction.
C1	Healing	Moderate	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction. In public institutions, leaders tend to care for subordinates due to similar backgrounds.
D1	Stewardship	Good	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction.
E1	Personal Approach	Moderate	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction. Leaders' personal approaches vary to accommodate subordinates' diverse backgrounds.
F1	Conceptualization	Moderate	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction. In public hospitals, all procedures are standardized according to government regulations, requiring stronger adjustments.
G1	Awareness	Moderate	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction. Nurses in public hospitals serve many patients with diverse backgrounds, which can lead to fatigue and fluctuations in readiness.

Source: Primary Data Analysis from Survey and Interview Results at Government Hospitals in Semarang (2024)

Based on Table 4, the results of quantitative and qualitative analysis show consistency, where the variable of servant leadership is in the good category. This indicates that nurses in government hospitals on average feel that listening, empathy, healing, commitment to the growth of people, persuasion, conceptualization, and stewardship are good.

2. Private Hospital

a. Engagement Variable

Table 5. Comparison of Conclusions in Quantitative and Qualitative Methods

No	Indicator	Quantitative Rating	Qualitative Research Rating	Conclusion
A1	Career Development	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
A2	Productivity	Good	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction.
A3	Ownership	Good	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction.
A4	Loyalty	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
A5	Vigor	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
A6	Dedication	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
A7	Absorption	Good	Good	There is no difference between the results of quantitative and qualitative analysis.

Source: Primary Data Analysis from Survey and Interview Results at Private Hospitals in Semarang (2024)

Based on Table 5, the results of quantitative and qualitative analysis show consistency, where the nurse engagement variable is in the good category. This indicates that nurses in government hospitals on average have good career development, productivity, loyalty, ownership, vigor, dedication, and absorption towards the hospital.

b. Organizational Support Variable

Table 6. Comparison of Conclusions in Quantitative and Qualitative Methods for the Organizational Support Variable

No	Indicator	Quantitative Rating	Qualitative Research Rating	Conclusion
A1	Justice 1	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
B1	Management Support 1	Good	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction.

C1	Reward 1	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
D1	Work Environment 1	Good	Good	There is no difference between the results of quantitative and qualitative analysis.

Source: Primary Data Analysis from Survey and Interview Results at Private Hospitals in Semarang (2024)

Based on Table 6, the results of quantitative and qualitative analysis show consistency, where the organizational support variable is in the good category. This indicates that nurses in government hospitals on average receive fairness, managerial support, as well as recognition and a good working environment from the hospital.

c. Self-Efficacy Variable

Table 7. Comparison of Conclusions in Quantitative and Qualitative Methods on the Self-Efficacy Variable

No	Indicator	Quantitative Rating	Qualitative Research Rating	Conclusion
A1	Task Complexity	Good	Good	There is no difference between the results of quantitative and qualitative analysis.
B1	Motivation	Good	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction.
C1	Self-Confidence	Good	Good	There is no difference between the results of quantitative and qualitative analysis.

Source: Primary Data Analysis from Survey and Interview Results at Private Hospitals in Semarang (2024)

Based on Table 7, the results of quantitative and qualitative analysis show consistency, where the variable of nurses' self-efficacy is in the good category. This indicates that nurses in government hospitals on average have good magnitude, strength, and generality.

d. Servant Leadership Variable

Table 8. Comparison of Conclusions in Quantitative and Qualitative Methods in Servant Leadership Variables

No	Indicator	Quantitative Rating	Qualitative Research Rating	Conclusion
A1	Listening	Good	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction.
B1	Empathy	Good	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction.

C1	Healing	Good	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction.
D1	Stewardship	Moderate	Good	There is no difference between the results of quantitative and qualitative analysis. In private hospitals, nurses tend to be highly responsive to changes in the environment, facilitating leaders and organizations in formulating appropriate strategies.
E1	Personal Approach	Moderate	Very Good	There are differences between the results of quantitative and qualitative analysis, but they are still in the same direction. Leaders' personal approaches tend to be stable, which relates to how the hospital operates.
F1	Conceptualization	Good	Very Good	There is no difference between the results of quantitative and qualitative analysis, and the findings are still aligned in the same direction.

Source: Primary Data Analysis from Survey and Interview Results at Private Hospitals in Semarang (2024)

Based on Table 8, the results of quantitative and qualitative analysis show consistency, where the variable of servant leadership is in the good category. This indicates that nurses in government hospitals on average feel that listening, empathy, healing, commitment to the growth of people, persuasion, conceptualization, and stewardship are good.

3. Comparisson

As for the results of the qualitative analysis between government hospitals and private hospitals as follows:

Tabel 9. Qualitative Analysis Average Summary

No.	Variable	Government Hospitality	Private Hospitality
		Rating	Rating
1.	Engagement	Good	Very Good
2.	Perceived Organization Support	Good	Very Good
3.	Self-Efficacy	Good	Very Good
4.	Servant Leadership	Very Good	Very Good

Source: Synthesized Analysis of Primary Data from Public and Private Hospital Studies in Semarang (2024)

Based on the results obtained, several findings were obtained, as follows:

1. For the Engagement variable, nurses in both government and private hospitals were categorized as "Good and Very Good". This indicates that there is no significant

difference in nurse engagement in the two hospitals. However, upon further investigation, several indicators in government hospitals were found to have moderate scores. This indicates that there are differences in their implementation. In government hospitals, nurses are involved in various organizational activities. However, this is often done under coercion due to central government regulations. This contributes to be expected to nurses' low sense of engagement.

2. For the Organizational Support variable, nurses in both government and private hospitals were categorized as "Good and Very Good". However, upon further investigation, there is one indicator in government hospitals were found to have "very good" scores. This indicates that there are no differences in their implementation.
3. For the Self-Efficacy variable, nurses in government and private hospitals were categorized as "Good and very Good". However, upon further investigation, there is one indicators in private hospitals were found to have "Very Good" scores. This indicates that there is No. differences in their implementation. Nurses in government hospitals tend to be more confident and believe in their own abilities as nurses of Private Hospital. The reason for this is being explored, which relates to the long-term stability of their employment status.
4. For the Servant Leadership variable, nurses in government and private hospitals are in the same category which is "Very Good". However, The ratings in Quantitative analysis obtained show that nurses in government hospitals receive lower ratings than those in private hospitals. This suggests that servant leadership is less suitable for government organizations. The underlying reason for this is that the relatively stable environment makes such leadership less effective.

CONCLUSION

This study successfully identified strategies to enhance nurse engagement in public and private hospitals in Semarang, revealing higher overall engagement among public hospital nurses in productivity, ownership, loyalty, vigor, and absorption, while private hospital nurses scored higher in career development and dedication. Organizational support, self-efficacy, and servant leadership positively and significantly influenced engagement in both settings—partially and simultaneously—with stronger effects from organizational support and self-efficacy in private hospitals and from servant leadership in public ones, necessitating tailored strengthening of these factors via training, socialization, and leadership development to address weak indicators like vigor and dedication. Despite the robust design, limitations included limited generalizability to Semarang hospitals and omission of variables such as motivation, job satisfaction, organizational culture, and teamwork. For future research, I suggest a mixed-methods longitudinal study across multiple Indonesian regions, incorporating these additional variables and digital tools for real-time engagement tracking to validate and refine engagement strategies at a national scale.

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