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RELATIONSHIP BETWEEN STRUCTURAL OFFICIAL'S CHARACTERISTICS AND STAFF ATTENDANCE DISCIPLINE AT L HOSPITAL

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Abstract

Background : *In hospital administration, attendance discipline is a crucial operational metric. In their work units, structural officials are directly in charge of overseeing and promoting employee discipline. The relationship between structural officials' formal characteristics (educational level, years in current position, and managerial training certification) and actual staff attendance discipline is still poorly understood, especially in Indonesian hospital settings, despite the fact that leadership behaviours have been thoroughly studied*

Aims : *Analyze the relationship between the formal attributes of structural officials (educational level, years in current position, and managerial certification) and the number of staff attendance violations (lateness >100 minutes) at Hospital L between June and December 2025*

Methods : *A cross-sectional quantitative analysis utilising secondary data from L Hospital personnel and attendance records. All 39 structural officials who are currently in office were included in the total sampling. Spearman correlation, the Mann-Whitney U test (X3), and multiple linear regression with log(Y+1) transformation were used to analyse the data in order to address the dependent variable's non-normality.*

Results : *No significant relationships were found between educational level ($rs = -0.18$, $p = 0.280$), years in current position ($rs = +0.22$, $p = 0.184$), or managerial certification ($U = 104.0$, $p = 0.118$) and staff lateness counts. The simultaneous model explained only 14.0% of total variance ($R^2 = 0.140$; $F = 1.896$; $p = 0.148$).*

Conclusion : *Staff attendance discipline is not strongly predicted by the formal traits of structural officials. Active behavioural leadership techniques, organisational culture, and contextual elements like unit workload and supervisory intensity are more likely to influence staff discipline. It is advised that hospitals incorporate competency-focused managerial training programmes and behavior-based leadership assessments into their structural appointment procedures*

Keywords : *attendance discipline; hospital management; leadership characteristics; managerial certification; structural official*

Abstrak

Latar Belakang : Kepuasan pasien merupakan salah satu indikator penting dalam menilai kualitas pelayanan rumah sakit. Kualitas pelayanan yang mencakup dimensi tangible, reliability, responsiveness, assurance, dan empathy dapat memengaruhi tingkat kepuasan pasien terhadap pelayanan kesehatan yang diberikan.

Tujuan : Penelitian ini bertujuan untuk menganalisis kepuasan pasien terhadap pelayanan di Rumah Sakit Al-Irsyad Surabaya Tahun 2025.
Metode : Desain penelitian yang digunakan adalah cross sectional dengan jumlah populasi sebanyak 4.875 pasien dan sampel penelitian sebanyak 110 responden yang dipilih menggunakan teknik purposive sampling. Penelitian dilaksanakan pada bulan Juli 20252. Pengumpulan data dilakukan menggunakan kuesioner berdasarkan dimensi kualitas pelayanan (tangible, reliability, responsiveness, assurance, dan empathy). Analisis data dilakukan menggunakan uji Chi-Square dan uji regresi logistik multivariat.
Hasil : Hasil analisis statistik menggunakan uji Chi-Square menunjukkan adanya hubungan yang bermakna antara variabel reliability (p=0,021), assurance (p=0,015), dan empathy (p=0,008) dengan kepuasan pasien (p<0,05). Sementara itu, variabel tangible dan responsiveness tidak menunjukkan hubungan yang signifikan. Hasil uji regresi logistik multivariat menunjukkan bahwa faktor yang paling dominan memengaruhi kepuasan pasien adalah empathy (p=0,003; OR=9,472).
Kesimpulan : Pihak rumah sakit perlu meningkatkan mutu pelayanan melalui penguatan komunikasi interpersonal, peningkatan perhatian individual kepada pasien, serta peningkatan kompetensi dan sikap profesional tenaga kesehatan dalam memberikan pelayanan yang berorientasi pada kebutuhan pasien.

Kata Kunci : Kepuasan pasien, kualitas pelayanan, SERVQUAL, rumah sakit.

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Introduction

One of the fundamental pillars of hospital human resource management is work discipline. The operational effectiveness of work units, patient safety, and service continuity are all directly impacted by regular and on-time personnel attendance. Work discipline, according to Hasibuan (2017), is a person's awareness of and willingness to abide by all relevant organisational rules and norms, demonstrating the level of personal responsibility towards given tasks. Repeated attendance infractions, especially persistent tardiness, can interfere with shift rotations, lower team productivity, and ultimately lower the standard of patient care in hospital settings (Kiswanto et al., 2022). Kartina, Mutiara, and Wekadigunawan (2022), studying non-medical employees in a hospital in Bandung, confirmed that work discipline is a key mediating variable between organisational factors and employee performance, underscoring how attendance discipline functions as both a product of management and a driver of unit output.

Structural officials occupy a strategically important position as unit

managers directly responsible for the guidance, supervision, and development of their staff. Indonesian Minister of Health Regulation No. 971/Menkes/Per/XI/2009 on Health Structural Officials' Competency Standards defines structural competency as an integrated construct comprising knowledge, skills, and behavioural attitudes, domains that are conceptually distinct from, and not directly validated by, an official's formal credentials. The regulation, however, also stipulates formal prerequisites (minimum educational attainment and completion of managerial training) as administrative entry conditions for structural appointment. In practice, hospitals operationalise these verifiable formal prerequisites as the primary basis for appointment decisions, rather than as direct measures of the behavioural competency domains the regulation describes (Ministry of Health Republic of Indonesia [Kemenkes RI], 2009). The present study tests whether these institutionally applied formal proxies (rather than the regulation's behavioural competency construct itself) are associated with a supervisory outcome, namely staff attendance discipline. This distinction between the regulatory definition of competency and its practical administrative operationalisation is central to interpreting the findings reported below.

A body of research has examined factors associated with hospital staff discipline and performance, and each contributes a distinct, clarified role in framing the present study's variables. Studies addressing managerial training and certification (the variable most directly comparable to X_3 in this study) have shown that formal certification programmes exert only a limited effect on actual disciplinary behaviour. Muhadi and Wahyuni (2020), evaluating a Continuing Professional Development (CPD) programme for nurses at RSI Surabaya, found that such programmes primarily strengthened technical competency rather than producing direct change in disciplinary conduct. Sari et al. (2022), examining the relationship between work discipline and the performance of hospital administration officers during the COVID-19 pandemic, found that discipline predicted performance, but that the contextual stressors of the pandemic moderated this relationship in ways unrelated to supervisors' formal credentials. These two studies are positioned here specifically to support the expectation (tested in this study) that managerial certification (X_3) may show limited or no association with staff discipline outcomes.

A second set of studies is positioned not as direct justification for the variables selected, but as evidence of the broader multifactorial nature of staff discipline that this study's administrative variables are tested against. Kiswanto

et al. (2022) demonstrated that leadership and motivation influence employee performance through work discipline as an intervening variable, while Tamuntuan et al. (2021) found that administrative staff performance is shaped by the interaction of leadership, workload, and environmental conditions rather than by any single managerial attribute. These findings are cited to establish that staff discipline is determined by multiple interacting factors (of which formal officer characteristics are only one candidate set) rather than to claim that motivation or workload were themselves measured as variables in this study.

References that bear most directly on the formal characteristics examined in this study (and on their role in structural appointment practice within Indonesian hospitals) are strengthened here as the principal basis for the variables selected. Ayuningtyas (2020) argued that leadership effectiveness in the health sector requires systemic and cultural transformation rather than reliance on the fulfilment of formal requirements alone, implying that formal credentials, while institutionally necessary, may be insufficient indicators of leadership quality. Sundoro (2021) similarly emphasised that the completeness of leadership competencies and certifications constitutes a structural prerequisite for effective hospital governance, yet did not equate credential possession with demonstrated behavioural competency. Nabilla and Dhamanti (2023), reviewing the literature on leadership's role in hospital patient safety culture, reinforced this distinction by showing that leadership shapes staff behaviour through concrete practices, such as fostering communication, ensuring adequate resources, and reviewing safety performance, rather than through formal attributes alone. Together, these three sources directly motivate the present study's focus on testing whether the formal characteristics actually used in hospital appointment decisions (educational level, years in current position, and certification) carry independent predictive value for staff discipline, a question that remains empirically untested despite its direct policy relevance.

The selection of formal characteristics (educational level, years in current position , and managerial certification) as independent variables was a deliberate methodological choice grounded in three considerations. First, regarding policy relevance: Indonesian hospitals commonly rely on formal credentials as the primary criterion for structural appointment decisions, as reflected in Minister of Health Regulation No. 971/2009. Testing whether these formal proxies actually predict staff attendance discipline is therefore a question of direct policy relevance, independent of whether stronger theoretical predictors exist. Second, regarding the secondary data design of this study: behavioural

constructs such as motivation and leadership role-modelling, while theoretically more proximal to discipline outcomes (Hasibuan, 2017), cannot be retrieved retrospectively from the personnel and attendance information systems that constitute this study's data source; the formal characteristics examined here are the only officer-level attributes that can be objectively measured from these existing records. Third, regarding the contribution of a null finding: had motivation or reward variables been selected and found significant, this would simply reconfirm associations already well documented in the literature. The present study instead offers empirical evidence that formal credentials alone (currently used as the basis for structural appointment) do not significantly predict staff discipline, a finding that directly supports the recommendation to supplement formal verification with behaviour based competency assessment.

Despite these contributions, few studies have explicitly looked at the relationship between staff attendance discipline as a quantifiable behavioural output available in hospital information systems and the formal characteristics of structural officials, such as educational attainment, length of years in current position, and possession of managerial training certificates. Given that many Indonesian hospitals still primarily rely on the verification of formal credentials for structural official appointments and promotions, without conducting systematic behavior-based competency assessments, filling this research gap is especially important (Ayuningtyas, 2020; Sundoro, 2021). Therefore, the purpose of this study is to examine the relationship between the number of employees at L Hospital who were reported to be late by more than 100 minutes between June and December 2025 and the formal attributes of structural officials (educational level, years in current position and managerial certification).

Method

This study employed a quantitative cross-sectional design using secondary data from the attendance and personnel information systems of L Hospital. The study population comprised all 39 active structural officials who had served for a minimum of one month within the observation period of June–December 2025. Given the small and fully accessible total population, a total sampling method was applied, making the entire population the study sample.

Three formal administrative characteristics of structural officials constituted the independent variables: (1) educational level (X_1), categorised ordinally as senior high school/equivalent, Diploma 3 (D3), Bachelor's/Professional degree (S1/Profesi), and Master's/Specialist degree (S2/Spesialis); (2) years in current position (X_2), categorized as <1 year, 1-3 years, and >3 years; and (3)

possession of a managerial training certificate (X_3), categorised dichotomously as certified (1) or non-certified (0). The dependent variable (Y) was the cumulative count of staff members recorded as late by more than 100 minutes over the seven-month observation period, aggregated per structural official based on the unit under their supervision.

The rationale for selecting these three administrative variables, rather than behavioural constructs such as motivation or leadership role-modelling, rests on the secondary-data design adopted in this study. Motivation, role-modelling, and reward perception are not systematically captured in hospital personnel or attendance information systems and therefore cannot be measured retrospectively from existing records; in contrast, educational level, tenure, and certification status are routinely documented and verifiable, and are also the attributes hospitals in practice use as the basis for structural appointment decisions. Testing the predictive value of these institutionally applied, readily measurable proxies (rather than constructs that would require primary data collection) therefore directly addresses a question of practical and policy relevance: whether current appointment criteria are empirically associated with the disciplinary outcomes they are presumed to support.

The normality of variable distributions was assessed using the Shapiro–Wilk test. Since both Y ($W = 0.672$; $p < 0.001$) and X_2 ($W = 0.859$; $p < 0.001$) violated the normality assumption, all bivariate analyses used non-parametric methods: Spearman correlation for X_1–Y and X_2–Y pairs, and the Mann–Whitney U test for the X_3–Y pair. The linearity of X_2 with respect to Y was confirmed via the Deviation from Linearity test ($F = 1.244$; $p = 0.311$). For multivariate analysis, multiple linear regression was performed following a log(Y+1) transformation to meet the residual normality assumption (residual $p = 0.174$ post-transformation). Multicollinearity was assessed using the Variance Inflation Factor (VIF). All analyses were conducted at $\alpha = 0.05$. This study used anonymised secondary data with formal authorisation from L Hospital management, as documented by Research Approval Letter No. 06/1373/RSUL/IV/2026.

Result and Discussion

Characteristics of Structural Officials and Staff Attendance Discipline

Table 1. Distribution of structural official's characteristics at L Hospital, June–December 2025 (n=39)

No	Variables	n	Percent
1.	**Level of Education**		
	Senior High School/Equivalent	7	17.9

	Diploma 3 (D3)	11	28.2
	Bachelor's/Professional (S1)	17	43.6
	Master's/ Specialist (S2)	4	10.3
2.	**Years in current Position**		
	< 1 year	9	23.1
	1-3 years	12	30.8
	>3 years	18	46.1
3.	**Managerial Certification**		
	Certified	11	28.2
	Non-Certified	28	71.8

The majority of structural officials (43.6%) held a Bachelor's or Professional degree, followed by Diploma 3 (28.2%), Senior High School/equivalent (17.9%), and Master's/Specialist degree (10.3%). In terms of years in current position, the largest proportion of officials (46.1%) had served for more than 3 years, while 30.8% had served between 1 and 3 years and 23.1% had served less than 1 year, indicating that although a substantial share of officials were relatively senior in their post, close to a quarter had only recently assumed structural responsibility. The percentage of officials without a managerial training certificate was 71.8%. This profile shows a significant discrepancy between the actual state of structural human resource development at L Hospital and the mandate of Minister of Health Regulation No. 971/2009, which calls for standardised managerial competencies. Sundoro (2021) pointed out that the completeness of leadership competencies, including pertinent certifications, constitutes a prerequisite for effective hospital governance and operational risk prevention.

Table 2. Descriptive statistics of staff attendance discipline at L Hospital, June–December 2025

Statistics	Marks
Mean (SD)	4.95 (7.06) incidents
Median	3.0
Minimum-Maximum	0-36
Shapiro-Wilk W Test (p)	0.672 ($p<0.001$) non-normal
Officials with Y=0	10 officials (25.6%)

The dependent variable showed a severely non-normal distribution ($W = 0.672$; $p < 0.001$). The mean of 4.95 incidents considerably exceeded the median of 3.0, confirming pronounced right skewness. Over the seven-month period, 25.6% of officials recorded Y = 0—indicating no staff tardiness incidents at all—while the maximum value reached 36 incidents, revealing extreme inter-unit variation. This pattern is characteristic of count data in organisational behaviour research, where most units show satisfactory

compliance while a small subset contributes disproportionately to disciplinary violations. Tamuntuan et al. (2021) found that inter-unit performance variation in hospitals is closely linked to differences in working conditions, workload distribution, and local leadership dynamics.

Relationship Between Educational Level and Staff Discipline

Table 3. Results of bivariate analysis between structural officials' characteristics and staff discipline

Variables	Test	Statistic	p-value	Sig.
X_1 Education	Spearman	rs=-0.18	0.280	NS
X_2 Years in Current Position	Spearman	rs=+0.22	0.184	NS
X_3 Certification	Mann-Whitney	U=104.0	0.118	NS

NS = Not Significant ($\alpha = 0.05$)

The Spearman test revealed no significant relationship between educational level and staff lateness ($rs = -0.18$; $p = 0.280$). The negative direction aligns with the expectation that higher education may be associated with greater staff punctuality, but the effect was too weak to be statistically meaningful.

This finding supports the argument that formal education is a cognitive asset but does not directly predict subordinate behaviour. Hersey and Blanchard (1993), in their situational leadership theory, assert that leadership effectiveness is determined by the fit between actual leadership behaviour and subordinates' readiness levels, not by a leader's credentials. Murcahyanto et al. (2022) found that work culture, teamwork, and the broader work environment have a greater impact on staff discipline than a manager's educational background. Nabilla and Dhamanti (2023) confirmed that leadership influences staff performance through concrete behavioural practices rather than formal qualifications. These findings collectively underscore that education represents a distal administrative indicator with a weak and indirect relationship to staff discipline, compared to proximal behavioural factors such as role-modelling, consistent feedback, and daily supervisory presence (Hasibuan, 2017).

Relationship Between Years in current position and Staff Discipline

The Spearman test result was $rs = +0.22$ ($p = 0.184$), which is positive but not significant. This suggests that officials with more years in their current position tended to be associated with higher counts of late staff, a finding that initially appears counterintuitive.

The most possible explanation is confounding bias: senior officials tend to lead larger, more established units

with more staff. Probabilistically, larger units are more likely to record lateness incidents regardless of leadership quality. This is consistent with the categorical distribution in Table 1, where the majority of officials (46.1%) had served for more than three years and are most likely the group overseeing complex, high-staffed units. Tamuntuan et al. (2021) found that unit workload and personnel count are contextual factors contributing to inter-unit performance variation. Nugroho et al. (2020) further demonstrated that the translation of leadership into behavioural change is non-linear and highly context-dependent. This also reflects a fundamental limitation of years in current position as an indicator: the accumulation of time in a structural role does not guarantee the accumulation of the behavioural competencies (such as motivation skills, disciplinary firmness, or reward systems) that Hasibuan (2017) identifies as the actual drivers of employee discipline.

Organisational complacency may also partly explain this finding: long-serving officials may experience a routinisation of team management, leading to a gradual reduction in supervisory vigilance. Kiswanto et al. (2022) emphasised that effective leadership in fostering discipline depends on the consistent quality of guidance and motivation given to subordinates, not on time in position.

Relationship Between Managerial Certification and Staff Discipline

The results of the Mann-Whitney U test were U = 104.0 (p = 0.118), which is not statistically significant. The mean lateness count was significantly greater for qualified officers (8.2 versus 3.7 occurrences). As previously mentioned, this pattern is most probably attributable to confounding by unit size rather than any detrimental effects of certification itself.

Substantively, this finding suggests that existing managerial certification programmes do not explicitly incorporate attendance discipline management into their curricula. Muhadi and Wahyuni (2020) found that formal training had a greater impact on technical competencies than on managerial behavioural change. Nabilla and Dhamanti (2023) and Sari et al. (2022) both found that disciplinary outcomes in hospitals are more strongly linked to supervisory practice and contextual factors than to the formal credentials of unit heads. This is consistent with the theoretical position that certification constitutes a structural credential, whereas the actual predictors of discipline leadership role modelling, just reward systems, strict but fair enforcement, and motivational communication (Hasibuan, 2017) are behavioural in nature and therefore not captured by certification status alone.

Najamuddin et al. (2023) found that staff discipline in hospitals is more strongly related to a quality culture and

consistent SOP adherence than to leadership certification per se. This implies that investments in managerial certification must be coupled with curriculum redesign that explicitly incorporates operational human resource management competencies, including disciplinary counselling techniques, constructive confrontation strategies, and evidence-based discipline documentation.

Multivariate Analysis and Theoretical Implications

Table 4. Multiple linear regression results; dependent variable: log(Y+1)

Variables	B	P value	VIF	Sig.
Constant	1.408	0.006	-	
X_1 Education	- 0.188	0.276	2.19	NS
X_2 Years In Current Position	+ 0.098	0.319	3.37	NS
X_3 Certification	+ 0.394	0.346	2.05	NS

R=0.374; R^2=0.140; Adj. R^2=0.066; F=1.896; p=0.148; NS=Not Significant

Simultaneously, the three variables explained only 14.0% of variance in staff discipline ($R^2 = 0.140$; $F = 1.896$; $p = 0.148$). All VIF values remained below 5, confirming the absence of multicollinearity. This low R^2 is not a methodological failure; it constitutes empirical confirmation that formal administrative characteristics of structural officials are not direct determinants of subordinate disciplinary behaviour.

These findings align with the multifactorial framework advanced in the literature. Hasibuan (2017) identified eight factors influencing employee discipline: purpose and capability, leadership role-modelling, compensation, fairness, close supervision, legal sanctions, firmness, and interpersonal relations. Critically, none of these factors refers to the leader's formal credentials. The theoretically strongest predictors role-modelling, reward systems, and active close supervision are entirely behavioural constructs. This explains why administrative variables, which at best serve as weak proxies for these constructs, account for only 14% of variance in discipline outcomes.

Instead of being a direct result of managerial demographic traits, Kiswanto et al. (2022) showed that work discipline acts as an intervening variable between leadership and performance. Leadership effectiveness in the health industry necessitates systemic and cultural change rather than just meeting formal criteria, according to Ayuningtyas (2020). This was supported by Murcahyanto et al. (2022), who demonstrated that organisational learning is necessary to convert training into actual behavioural change in practice.

The quality of actual leadership behaviour, daily supervisory intensity, unit discipline culture, workload,

individual staff factors (commuting distance, transportation conditions), and consistency of sanction enforcement are the variables most likely responsible for the 86% unexplained variance that were not included in this study. It is anticipated that future studies incorporating these mediating factors using proven tools, like organisational climate scales or the Multifactor Leadership Questionnaire (MLQ), would result in significantly more thorough explanatory models (Wirasandi et al., 2022).

Managerial Implications

The study's conclusions have a number of significant ramifications for L Hospital administration as well as more general hospital HR policies. First, standardised behavior-based leadership competency assessments must be incorporated into structural official selection and promotion policies in addition to formal credential verification. Although integrity, organisation, and cooperation are among the basic leadership characteristics required by Minister of Health Regulation No. 971/2009, behavioural competency assessment in structural appointment processes remains limited in practice.

Second, managerial certification programs require redesign with curricula that explicitly include attendance discipline management, staff counseling techniques, and evidence-based disciplinary documentation systems. Muhadi and Wahyuni (2020) recommended that effective CPD programmes must be oriented toward measurable behavioural change, not merely accumulation of training hours. Third, the extreme inter-unit variation (0–36 incidents) points to the urgent need for unit-level, data-driven discipline monitoring systems that enable early identification and targeted intervention in high-risk units. Kartina et al. (2022) demonstrated that monitoring and managing work discipline at the unit level is directly associated with improved employee performance in hospital settings.

Conclusion

Based on the results of research conducted This study found that none of the three formal administrative characteristics of structural officials, such as educational level ($r_s = -0.18$; $p = 0.280$), years in current position ($r_s = +0.22$; $p = 0.184$), and managerial certification ($U = 104.0$; $p = 0.118$), was significantly associated with staff attendance discipline at L Hospital during June–December 2025, with the three variables jointly explaining only 14.0% of the variance in lateness incidents ($R^2 = 0.140$; $F = 1.896$; $p = 0.148$). These results directly answer the study's research question: formal administrative credentials that are currently used as the primary basis for structural appointment decisions do not predict how many staff members under

an official's supervision will be recorded as late, regardless of whether those officials are highly educated, long-serving, or certified.

These findings indicate that formal credentials alone are insufficient predictors of staff discipline, pointing instead to behavioural leadership factors (role-modelling, supervisory intensity, fairness in reward and sanction, and motivational communication) as the more likely drivers of disciplinary outcomes. Hospitals should therefore complement structural appointment criteria with behaviour-based leadership competency assessments and design managerial training programmes that produce measurable changes in leadership behaviour at the unit level. Future research is recommended to employ multicenter designs, control for unit staff count as a potential confounding covariate, and incorporate direct measurement of actual leadership behaviour as a mediating variable to more comprehensively explain the variation in staff attendance discipline across hospital units.

Abbreviations

CPD: Continuing Professional Development; HRM: Human Resource Management; HAIs: Healthcare-Associated Infections; MLQ: Multifactor Leadership Questionnaire; SD: Standard Deviation; SOP: Standard Operating Procedure; TQM: Total Quality Management; VIF: Variance Inflation Factor.

Declarations

This study was conducted in accordance with applicable research ethics principles, and all participants provided informed consent prior to their participation. The authors declare that there are no conflicts of interest related to this study. All authors contributed to the study conception and design, data collection, data analysis, interpretation of the findings, and manuscript preparation. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. The authors would like to express their sincere gratitude to L Hospital and all participants and individuals who supported the completion of this study.

Ethics Approval and Consent Participant

The personnel and attendance information systems of L Hospital provided anonymized secondary data for this study. According to Research Approval Letter No. 06/1373/RSUL/IV/2026, L Hospital administration gave formal permission for data usage before the study started. Because there was no direct human subject intervention in the study, participant risk was reduced.

Conflict of Interest

The authors affirm that there are no conflicts of interest financial, professional, or personal that could have affected how this study was conducted or reported.

Authors' Contribution

Rochmi Nurbaiti was responsible for the study's conception and design, methodology development, first manuscript drafting, and final manuscript revision. [Pipit Festi Wiliyanarti]: examined and edited the text, performed the statistical analysis, and interpreted the findings. The final text was reviewed and approved by both authors.

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