

Relationship of Intellectual Capital, Work Environment and Human Resources Engagement with Community Health Center Performance Using the SEM-PLS Approach

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Abstract

In this study, the use of intellectual capital, work environment, and human resources engagement variables was associated with the performance of the community health center (in Indonesia: puskesmas). The sub-district health centers in Kebayoran Lama District in South Jakarta were the subject of this study, involving about 34 health workers as research samples. All health workers in the population were used as a sample because the saturation sampling technique was used when there were less than 100 samples. The Likert scale was used to measure the variables involved in this lesson. This study used a questionnaire, quantitative methodology, and structural equation models (SEM) with the partial least squares (PLS) technique for analysis. The SMARTPLS 3.2.9 software was used to process the data for this investigation. The results of this study indicated that the performance of the community health center can be maximized by optimizing intellectual capital and the work environment by taking into account the involvement of human resources for health workers associated with improving the performance of the Sub-district Health Center in the working area of the Kebayoran Lama District Health Center.

Keywords: *HR Engagement, Work Environment, Intellectual Capital, Performance.*

A. INTRODUCTION

The degree of public health in an area is influenced by the existence of health facilities. Based on Law number 36 of 2009 concerning health states that a health service facility is a tool/or place that is used to carry out health service efforts, both promotive, preventive, curative, and rehabilitative carried out by the government, government and/or the community (Jakarta, 2020).

Over the past five years, the number of community health centers (in Indonesian: puskesmas), both sub-districts and districts, has not changed much. The coronavirus disease-19 (COVID-19) pandemic has had an impact on patient visits to health facilities. especially community visits the health center. The decline in visits in 2020 could be due to the COVID-19 pandemic, although in fact, the central government (Ministry of Health of the Republic of Indonesia) has issued a policy in the form of Minister of Health regulation No. 43 of 2019 regarding the presence of

fast-spreading COVID-19 which makes it impossible to carry out two Puskesmas function normally. However, community health centers as public sector organization that serves the health sector regardless of the situation important to maintain their performance. One of the methods used by the Health Office in assessing the success of the Puskesmas is by conducting a community health center Performance Assessment.

Research by (Hasanah, Dai and Sari, 2020), found that the South Margahayu Health Center has carried out the functions of the Health Center as mandated by the Minister of Health Regulation no. 43 of 2019, namely the function of Individual Health Efforts and Community Health Efforts, but a special strategy is needed to maintain the quality of service at the Puskesmas so that achievements are following the Minimum Service Standards contained in the Performance Assessment. Research (Mufida, 2017), shows that the performance assessment of puskesmas has a positive effect on the community satisfaction index by using the State Revenue and Expenditure Budget (in Indonesian: APBN) and Regional Revenue and Expenditure Budget (in Indonesian: APBD) as antecedent variables. Rahayu, (2006) argues that the main performance that can become a lever for empowering community health centers is improving the quantity and quality of employees, especially medical personnel.

The performance level of the community health center in the working area of DKI Jakarta, in fact, still does not meet expectations, where only 63.9% of puskesmas in 2019 and decreased to 61.9% of the community health center in 2020 get a good level of performance. In fact, there are still community health centers that do not carry out assessments the performance of these health centers was 23.3% in 2019 and increased to 25.6% in 2020, so it can be assumed that the performance of the health centers affected the decrease in community visits (Jakarta, 2020).

Quality and performance in the implementation of public health efforts will be achieved if the implementation of these public health efforts is properly managed following the standards and guidelines for the implementation of public health efforts, and continuous improvement in quality and performance. One of the efforts to improve the quality of service at the community health center is to evaluate their performance. Community Health Centers are at the forefront of health development and have a significant role in efforts to achieve the health development goals mentioned above, so the guidelines for stratification of Health Centers that have been used so far have been refined, becoming an assessment of the performance of Public Health Centers (Risfaskes, 2019)

In a completely uncertain environment, the level of competition is getting higher. The competitive advantage of an organization is becoming shorter and more difficult to maintain, as well as with the community health center as a public sector organization that serves in the health sector, a strategy is needed to maintain a competitive advantage sustainably. One of the efforts that can be made by the puskesmas is by increasing technological capabilities in managing its resources. The

concept of a Resources-Based View (RBV) plays a role in providing solutions to an organization's efforts to maintain its competitive advantage sustainably.

With this RBV approach, researchers want to determine and analyze the resources at the community health centers including intellectual capital, the work environment, and the engagement of human resources (HR) in influencing their performances. Organizations in general will have the ability to surpass the performance of their competitors if they can apply the RBV concept. This is because the organization is more focused on identifying and managing its potential (tangible and intangible) resources so that it has a competitive advantage in the long term. (Barney and Clark, 2007) categorize three types of resources: 1) Physical capital resources (physical, technological, plant, and equipment); 2) Human resources (training, experience, insight) and 3) Organizational capital resources (formal structure). Research result (Brumagim and Klavans, 1994), presents a resource hierarchy with four different levels of organizational resources; 1) Production/maintenance resources (considered the most basic or lowest level); 2) Administrative resources; 3) Organizational learning resources, and 4) Strategic vision resources (considered the most advanced or highest level). Intellectual capital in this study is more on the potential of temporary intangible resources for the physical work environment including tangible resources and non-physical work environments are intangible resources (Colbert, 2004).

Intellectual capital includes all the knowledge of employees and organizations, and their ability to create added value and create sustainable competitive advantage. The importance of the intellectual capital aspect for organizations makes this topic interesting for research today, especially regarding the contribution of intellectual capital in driving organizational performance (Ramadhan, Abdurahim and Sofyani, 2018). This is because intellectual capital is considered a strategic aspect that can lead organizations to obtain and maintain a sustainable competitive advantage. Therefore, measuring intellectual capital enables organizations to monitor which parts need to be improved in terms of intellectual capital, with the aim of the organization being able to generate greater profits in the future. Several studies related to the effect of intellectual capital on organizational performance were carried out by (Ramadhan, Abdurahim and Sofyani, 2018); (Puspita and Wahyudi, 2021a) and (Ningrum, E. P., & Arsyah, 2022). From this research, it was found that intellectual capital influences organizational performance. So, with intellectual capital, organizations can improve their performance.

The work environment and HR engagement are factors that can affect the performance of community health centers. The work environment can be seen from the physical and non-physical. Physically, the availability of community health center facilities and infrastructure in DKI Jakarta, based on the Indonesia national PKM Rifaskes Report (RI, 2019), indicates that it has been fulfilled, this is because DKI Jakarta is the capital city of Indonesia. However, for the non-physical environment such as the working atmosphere and occupational safety and health,

research still needs to be done. This can be seen in the results of the study (Listiana, Suryoputro and Sriatmi, 2018), there is still selfishness in carrying out work in daily life, for example, there is still no sense of togetherness between employees when working overtime, some informants admit that they prefer to do unfinished tasks at home rather than at work with other colleagues. In addition, there is a lack of coordination with colleagues. (Marangu, Rebecca and Egessa, 2015), states that the type of leadership has a significant effect on the performance of the community health centers. The results of the study revealed that the work environment in the Surabaya city health center was still not good enough, the work environment available for the tuberculosis control program management team was very closely related to the work atmosphere. The working atmosphere reflects the climate at work, this assessment is felt by every employee who feels in an organization. A good organization can turn on a healthy work climate for every member of the organization (Akintayo, 2012). According to Khairunnisa & Riyanto, 2020, basically the work environment can have a positive impact on every employee who is in it. However, considering that the working environment conditions created at the Surabaya city health center are not good, it can have a negative impact on its employees. A healthy and comfortable work environment contributes well to being able to increase productivity, efficiency and better and more committed quality of work.

The implementation of Occupational Health and Safety (OHS) activities is an integral part of the work environment, this can be seen that the implementation of OHS in the DKI Jakarta Health Center area is still not optimal. as evidenced by the availability of the Decree of the Head of the community health centers regarding the implementation of OHS in the community health centers as well as the Decree of the OHS Implementation Team, the availability of competent human resources and supported by training and allocation of funds, the availability of PPI Team and standard operating procedures (SOP) Compliance Level of Standard Precautions, available waste management B3 carried out by third parties, available SOP and PPE related to waste management, available SOP for reporting work accidents, reporting of work-related diseases and available Emergency Response Team or Red Code Team. These results show that there are still several obstacles related to the implementation of OSH at community health centers X, including that the annual work plan has not been prepared based on the results of risk identification and SOP socialization has not been carried out in cultivating OSH (Ristanti, Denny and Setyaningsih, 2022).

In addition to the work environment, one of the commitments of individual employees in improving performance is work engagement (employee engagement). Work engagement is the degree of willingness to unite oneself with work, invest time, ability, and energy in work, and regard work as a major part of one's life (Suchyowati, H. and Hendrawan, 2020). Employee engagement in the DKI Jakarta health center area is still in the low category, this can be seen based on the results of the pre-survey conducted by researchers showing that there are still employees who

do not have the same values and attitudes as colleagues in achieving good health services, namely 42.5%, this has an impact on the performance of puskesmas, but in research (Joushan, S. A., Syamsun, M. and Kartika, 2015) the results of employee engagement show no significant effect on organizational performance. Factors influencing employee engagement: Work Environment, Leadership, Team and Co-worker, Training and Career Development, Compensation, Organizational Policies, procedures, structures and systems (organizational policies, procedures, structures, and systems), Workplace well-being (work welfare).

Based on the background above, the problem of intellectual capital, work environment, and the attachment of human resources to perform at the community health centers is an important issue to be studied further.

B. LITERATURE REVIEW

1. Relationship between Intellectual Capital and Community Health Center Performance

Intellectual capital is an intangible asset that can provide knowledge-based resources that function to improve organizational performance and competitiveness and provide value compared to other organizations. One study shows that intellectual capital affects organizational performance (Alfiero, Brescia and Bert, 2021). (Herli, Vitayala and Sadikin, 2018) states that the role of human "intellectual capital" plays an important role in creating company growth and company performance as evidenced by the results of his research which states that intellectual capital influences company value. H₁: Intellectual Capital Has a Positive Relationship with Community Health Center Performance

2. Relationship between Work Environment and Community Health Center Performance

Community health centers (Puskesmas) is a service organization that provides health services to the community. In its operations, organizations are required to always have good performance because it relates to the health and safety of their patients. At community health centers, health workers (nurses, midwives, and others) are one of the determining factors in creating satisfaction for patients, especially health workers who usually deal with patients during examinations. Therefore, community health centers must have health workers who perform well and who will support their performance so that customer or patient satisfaction can be achieved. A satisfied patient or family will become a very effective promotional agent whom they will promote to relatives, friends, or anyone who needs these services. To get health workers with good performance who can provide good service to consumers (patients), the first thing that must be done by the puskesmas is to provide satisfaction to the health workers first, so that work environment factors and job satisfaction are very crucial factors at the puskesmas. The good or bad performance of health workers can be influenced by many factors, such as job satisfaction, motivation, work environment, and organizational culture. According

to (Purnomo, Waruwu and Aziti, 2021), the work environment has a positive effect on employee performance. As well as (Shanti, 2017) states that the work environment has a very positive effect on employee performance. However, there is still little research looking at the influence of the work environment on organizational performance. H₂: The work environment is positively related to the performance of the Community Health Centers

3. Relationship between Intellectual Capital and Community Health Center HR Engagement

(Taib *et al.*, 2018), states that employee engagement mediates the relationship between human resource management practices and employee performance and there is an indirect effect between variables. There is still no research that looks at the relationship between intellectual capital and the performance of puskesmas which is mediated by human resource engagement. H₃: Intellectual Capital Has a Positive Relationship with Community Health Center HR Engagement

4. Relations between the Work Environment and the Involvement of Community Health Center Human Resources

(Ambarsari, 2022), states that employee engagement mediates the influence of organizational support, and work environment on employee performance. Although in this study what will be seen is the effect on organizational performance. H₄: The work environment is positively related to the engagement of community health centers' human resources

5. The Relationship between HR Engagement and Community Health Centers Performance

Employee engagement is the emotional commitment of employees to the organization and its goals. This emotional commitment means employees care about their job and the organization. They don't work just for a paycheck, or just for a promotion, but work on behalf of the goals of the organization. Several experts try to formulate a definition of engagement, some relate it to customer satisfaction, positive attitude towards the organization, commitment to the organization, job satisfaction, and also motivation to contribute. The concept of engagement is empirically distinguished from the concept of organizational commitment and work engagement, but they have one thing in common, namely having positive things at work.

According (Malik and Kristina, 2020), shows that: 1) The work environment does not directly or indirectly have a significant effect on civil servant performance at the South Sulawesi Provincial Social Service through Employee Engagement 2) Leadership directly or indirectly has a positive and significant effect on civil servant performance at the South Sulawesi Provincial Social Service through Employee Engagement 3) Compensation directly or indirectly has a positive and significant effect on civil servant performance at the South Sulawesi Provincial Social Service

through Employee Engagement. Factors influencing employee engagement: Work Environment, Leadership, Team and Co-worker, Training and Career Development, Compensation, Organizational Policies, procedures, structures and systems (organizational policies, procedures, structures, and systems), Workplace well-being (work welfare).

(Trisnawati and Kurniawan, 2021), shows motivation has a positive effect on employee engagement, the work environment has a positive effect on employee engagement, Employee engagement has a positive effect on employee performance. The results of the employee engagement mediation test mediated the influence of the work environment on employee performance, but employee engagement did not mediate the effect of work motivation on employee performance. H₅: HR Engagement Has a Positive Relationship with Health Center Performance

C. METHOD

The paradigm of this research is positivism, so the research findings are true if they can be observed and measured. Research findings must be observable and measurable. Research findings can be replicated and generalized. This research approach was quantitative (Creswell & Creswell, 2017) define a quantitative approach as an approach to test theories objectively by examining the relationships between variables.

This study used a questionnaire as a measuring tool, and the answers were provided by health workers and the head of the community health centers who served as the data source. Studies of this kind are self-explanatory and based on predetermined research objectives. Because there was an influencing relationship between the independent and dependent variables, the path analysis model was used. The four variables in this study were the dependent variable on the performance of the health center and the independent variable (independent), intellectual capital, work environment, and engagement in human resources for health workers. In this study, there were 34 respondents consisting of health workers holding the program and heads of community health centers in the 4 working areas of the puskesmas in the Kebayoran Lama sub-district.

This study used survey techniques by giving questionnaires, and documentation was used to collect data. Primary data and secondary data were used as data sources for this research analysis. Validity and reliability tests were used to test the data used in this study, while Path Analysis and Hypothesis Testing were used for data analysis (T-Test), Determination Correlation Analysis (R²), Convergent Validity Test, and Discriminant Validity. This research was conducted using PLS analysis which consisted of 2 (two) stages, evaluation of the measurement model (outer model) and evaluation of the structural model (inner model). The outer model was used to test validity and reliability tests, while the inner model was used to test causality. The conceptual model of this research was as follows:

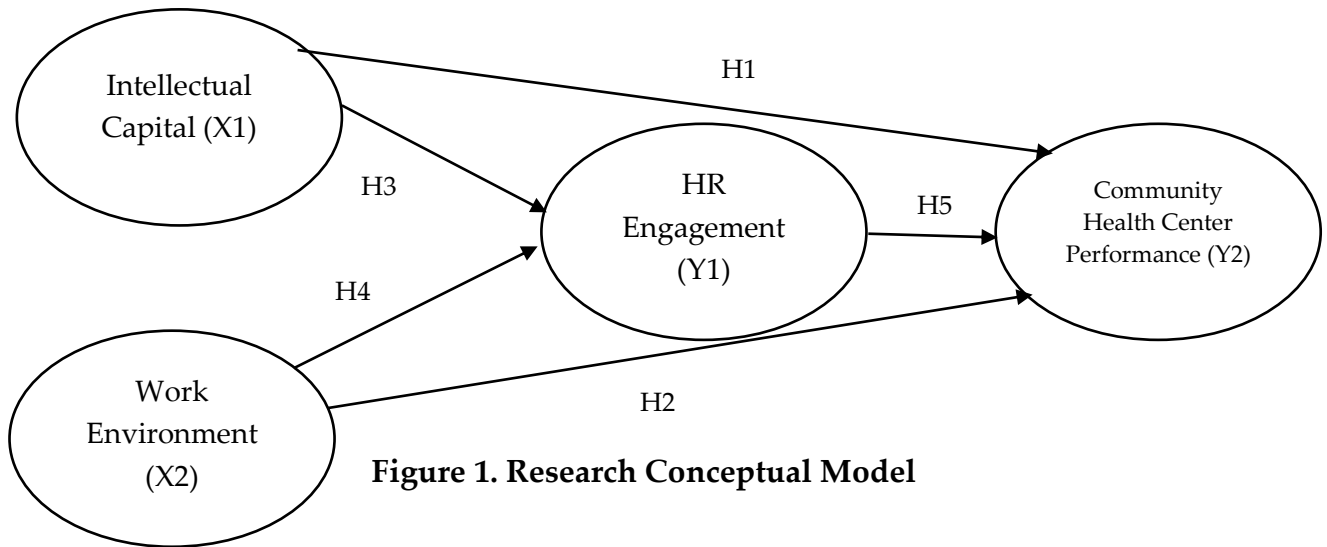


Figure 1. Research Conceptual Model

D. RESULTS AND DISCUSSION

1. Overview of the Community Health Centers

The samples used in this study were 4 urban village health centers in the working area of the South Jakarta City Health Sub-Department under the Kebayoran Lama District Health Center, namely PuskesmasKebayoran Lama Utara Village, North Grogol 1, Cipulir 1, and Cipulir 2. Table 1 below shows the year of establishment and certificate, and quality status that has been carried out by the four Community Health Centers.

Table. 1 Characteristic of Community Health Center, Certificate, Year Established, Recognition of Quality and Number of Health Workers

Community Health Centers (Puskesmas)	Certificate	Year Established	Quality Recognition	Health Workers
Kebayoran Lama Utara	3/B.37.1/31.74.05/-1.779.3/e/2018	31-12-1978	Ministry of Health and ISO accreditation	10
Grogol Utara 1	4/B.37.1/31.74.05/-1.779.3/e/2018	31-12-1980	ISO accreditation	10
Cipulir 1	9/B.37.1/31.74.05/-1.779.3/e/2018	31-12-1980	Not yet accredited	7
Cipulir2	7/B.37.1/31.74.05/-1.779.3/e/2018	31-12-1978	Ministry of Health and ISO accreditation	8

Based on table 1, community health centers have received quality recognition (Ministry of Health and ISO accreditation), namely the PuskesmasKebayoran Lama Utara and Puskesmas Cipulir 2, while the PuskesmasGrogol Utara 1 has quality recognition from ISO and the PuskesmasCipulir 1 has not received quality recognition.

2. Respondent Demographics

The demographics of the respondents in this study consisted of 34 health workers as shown in Table 2 below.

Table 2 Respondent Demographics

Respondent Demographics (n=34)		N	%
Gender	Male	7	20.6
	Female	27	79.4
Age (y.o)	≤30	12	35.3
	31-40	11	32.4
	41-50	4	11.8
	>50	7	20.6
Last education	Master degree	2	5.9
	Bachelor/associate degree_D4	13	38.2
	Associate degree_D3	19	55.9
Types of Health Workers	Doctor	4	11.8
	Dentist	3	8.8
	Midwife	6	17.6
	Nurse	7	20.6
	Pharmacist	4	11.8
	Public health	1	2.9
	Environmental Health	2	5.9
	nutritionist	3	8.8
	Health analyst	3	8.8
	Laboratory	1	2.9
	Position/title	Head of Health Center	3
Functional health workers		4	11.8
Program Manager		9	26.5
Hospital staff		18	52.9
Length of working (year)	≤5	16	47.1
	6-15	8	23.5
	>15	10	29.4
Employment status	ASN/ASN candidate*	14	41.2
	PPPK*	1	2.9
	PTT daerah*	1	2.9
	BLU*	15	44.1
	Kontrakdaerah*	3	8.8

Source: Village Health Center in the working area of Kebayoran Lama District in 2022

Note: BLU (public service agency), PPPK (government employees with work agreements), PTT daerah (non-permanent regional employees) and ASN (Civil servant)

Based on the table above, shows that the majority of respondents were female (79.4%) and male (20.6%), respondents aged <30 years (35.3%), 31-40 years (32.4 %), 41-50 years (11.8%), and >50 years (20.6%), with the education level of the respondents mostly Associate degree_D3 (55.9%), bachelor degree/associate degree_D4 (38.2%), and master degree (5.9%). For the type of profession, the respondents started from nurses (20.6%), midwives (17.6%), pharmacists (11.8%),

doctors (11.8%), dentists, nutritionists, and health analysts (8.8%), environmental health (5.9%), public and laboratory health (2.9%), with the length of service <5 years (47.1%), 6-15 years (23.5%), >15 years (29.4%). The employment status of the respondents was BLU (44.1%), civil servant/candidate (41.2%), regional contracts (8.8%), and PPPK, regional PTT (2.9%), while the positions of the respondents were mostly community health center staff (52.9%), program administrator (26.5%), functional (11.8), and head of health center (8.8%).

3. Validity Test

The measure of the validity of an instrument is called validity (Sileyew, 2019). If the instrument can reliably collect the desired data from the variables studied, it is considered valid. The factors to be measured should be made explicit while creating the questionnaire. By having sub-variables or indicators, variables can be made clearer. The degree of validity of a questionnaire is determined by the validity test. This study's validity test involved the use of information gathered from a sample of 30 respondents. The instruments used in this investigation were considered valid based on the findings of the data analysis. The type of validity used was construct validity which determined validity by correlating the scores obtained for each item which can be in the form of a statement with the total score. This total score was the value obtained from the sum of all item scores. The correlation between the item scores and the total score must be significant based on the statistical measure.

4. Reliability Test

This test was carried out to determine the level of consistency of the measurement results if repeated measurements were made of the same symptoms and measuring instruments. What was meant by reliability was showing an understanding that an instrument can be trusted enough to be used as a data collection tool because the instrument was good. Reliability indicated a certain level of reliability, reliability means that it can be trusted, so it can be relied upon. To test the reliability, the authors used the Cronbach alpha formula.

5. Path Analysis

Measurement of path coefficients between constructs to see the significance and strength of the relationship and also to test the hypothesis. Path coefficient values range from -1 to +1. The closer to the +1 value, the stronger the relationship between the two constructs. A relationship that is getting closer to -1 indicates that the relationship is negative (Leguina, 2015). Path analysis calculates the partial effect of each independent variable on the dependent variable as well as the simultaneous effect of all the independent variables on the dependent variable. To determine the direct or indirect impact of a group of independent (exogenous) factors on the dependent variable, a path analysis model is used to examine the pattern of relationships between (endogenous) variables. The pattern of causal relationships is

the subject of the route analysis model presented. Therefore, the design of the study topic within the path analysis framework mainly focuses on the independent factors (X_1, X_2, \dots, X_k) that affect the dependent variable Y , or how much influence it has on direct causation, indirect causation, total causation, or a collection of variables free simultaneously.

6. Convergent Validity Test

Convergent validity is determined based on the principle that measures of a construct should be highly correlated (Latan and Ghazali, 2012). The convergent validity of a construct with a reflective indicator was evaluated by the Average Variance Extracted (AVE). The AVE value should be equal to 0.5 or more. An AVE value of 0.5 or more means that the construct can explain 50% or more of the item variance (Wong, 2013; Leguina, 2015).

7. Discriminant Validity Test

Discriminant validity aims to determine whether a reflective indicator is a good measure of its construct based on the principle that each indicator must have a high correlation with its construct alone. Measures of different constructs should not be highly correlated (Latan and Ghazali, 2012). Discriminant validity test using cross-loadings, Fornell-Larcker Criterion, and Heterotrait-Monotrait (HTMT) values (Henseler, Ringle and Sarstedt, 2015).

Table 3. Discriminant Validity Results

Variable	HR Engagement	Work Environment	Intellectual Capital
Fornell and Larcker Criterion	0.981		
HR engagement	0.714	0.879	
Work environment	0.716	0.592	0.907
Intellectual capital			

Source: Researcher Data Analysis

The results of calculating the cross-loading values for the performance variables in table 3 show that all indicator correlations were greater than the other variables in the model. This satisfies the principle of discriminant variability, all latent constructs can predict indicators in their block better than in other blocks.

8. Composite Reliability

Hair Jr (2014) noted that although a score of 0.60 is still acceptable, the composite reliability value must be > 0.70 . If the composite reliability value is greater than 0.70, a construct is a high-reliability value. Reliability relates to measurement accuracy and precision. The reliability test was carried out to test whether the data obtained from the research instrument showed sufficient internal consistency.

Table 4. Construct Model

Construct	Dimensions/Indicators	Reliability Item (LF)	ValidityConvergence		
			Alpha	CR	AVE
Intellectual Capital	Human Capital	0.855	0.946	0.959	0.823
	Structural Capital	0.930			
	Social Capital	0.889			
	Technology Capital	0.947			
	Spiritual Capital	0.913			
Work environment	Physical Environment	0.852	0.856	0.911	0.773
	Non-Physical Environment	0.860			
	K3	0.923			
HR engagement	Intellectual Attachment	0.973	0.981	0.987	0.963
	Social Attachment	0.984			
	Affective Attachment	0.986			

Note: LF = loading factor; Alpha=cronbach’s alpha; CR=composite reliability; AVE = average variance extracted

Source: Researcher Data Analysis

Evaluation of Composite Reliability can be seen based on the Cronbach alpha coefficient, Composite Reliability (CR) value, and average variance extracted (AVE) which is shown in Table 4 above. The table is the result of SmartPLS calculations. Cronbach's value, the greater the alpha coefficient and the composite reliability indicated that the constructed model was more reliable. All reliability values of Cronbach alpha, composite variables, and AVE were greater than 0.7, with the HR engagement variable having the highest value. These findings indicated that the constructed model conformed to a reliable standard.

9. Inner Model

Evaluation of structural models (inner models) or testing of hypotheses for that matter involved calculating path coefficient values, R2 values, effect sizes F2, and assessing predictive relevance. All structural models had been validated using the Goodness of Fit Index (GoF). Based on the results of calculations performed using SmartPLS bootstrap, the value of the path coefficient was assessed. The path coefficient which describes the strength of the relationship between the construction model and the variables shown in Figure 1 below:

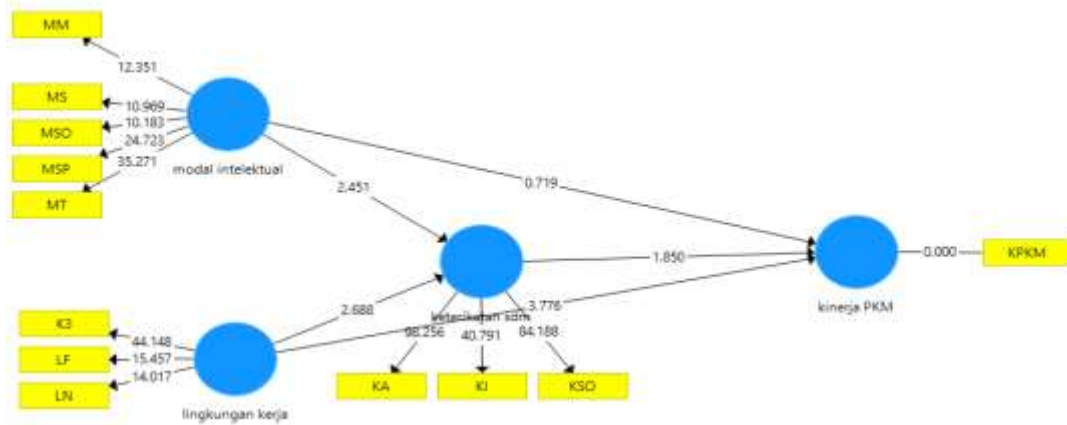


Figure 2. Path Coefficient Test Results

Evaluation of the inner model in research aimed to determine whether the research hypothesis was accepted. The evaluation of the inner model was carried out by first testing the suitability of the model by looking at the value of the coefficient of determination/R-square and second by testing the significance of the relationship between the variables in the model by looking at the t-value for the coefficient of direct effect, and indirect effect, which then determined the hypothesis. To test the suitability of the model (goodness of fit) with the coefficient of determination/R-square, it was good or fitted if the R-square was greater than 0.5. To test the hypothesis of the direct and indirect effect coefficients was done by comparing the calculated t-value with the t-table.

10. Hypothesis Testing

Hypothesis testing was done by comparing the t-value of the results of data processing with the t-table value which was the critical value for rejecting the null hypothesis (H0). The t value was obtained using the bootstrap method with smart pls. T-values and p-values based on data processing using the smartPLS software were presented in table 5 below:

Table 5. Path Coefficient in Direct Relationship

Hypothesis	Original Sample	Sample mean	Standard Dev (STDEV)	t statistic	p-value
Intellectual Capital->Health center performance	0.235	0.266	0.327	0.719	0.473
Work environment-> Health center performance	-0.750	-0.753	0.199	3.776	0.000*
Intellectual capital ->HR engagement	0.451	0.430	0.184	2.451	0.015*
Work environment ->HR engagement	0.448	0.464	0.167	2.688	0.007*
HR engagement->Health center performance	0.628	0.605	0.340	1.850	0.065*

Description: * significant p-value< 0.05 at alpha=0.10

Source: Researcher Data Analysis

Based on Table 5 above, it can be concluded that the determination of the hypothesis in this study is as follows:

Hypothesis 1

Stating that intellectual capital is positively related to the performance of community health centers (Puskesmas), in this research, it was proven that the hypothesis was rejected, there was no significant relationship between intellectual capital and the performance of community health centers with a p-value = 0.473. This is different from the results of research conducted by (Ramadhan, Abdurahim and Sofyani, 2018); Puspita & Wahyudi, 2021 and Ningrum & Arsyah, 2022), found that intellectual capital affects organizational performance. So, with intellectual capital, organizations can improve their performance. This is because intellectual capital is considered a strategic aspect that can lead organizations to obtain and maintain a sustainable competitive advantage. Therefore, measuring intellectual capital enables organizations to monitor which parts need to be improved in terms of intellectual capital, with the aim of the organization being able to generate greater profits in the future. Intellectual capital can be characterized by efficiently utilizing intangible resources under the knowledge of resources and capabilities which are combined with real capital and generate added value for the organization. (Edvinsson, L. and Sullivan, 1996). Furthermore, organizations that have organizational and management assets including good information systems and procedures, organizational culture, and management philosophy will have advantages in implementing various existing processes within the organization so that they will be able to achieve optimal performance. Even though in this study there is no relationship between intellectual capital and performance, it does not mean that there is no change in the performance of the community health center, there are still other factors that support strengthening the performance of the health center.

Hypothesis 2

Stating that the work environment is positively related to the performance of the community health center, in this study, it was proven that the hypothesis was accepted, there was a significant relationship between the work environment and the performance of the community health center with a p-value = 0.000. According to (Khairunnisa and Riyanto, 2020), the work environment can have a positive impact on every employee who is in it. However, considering that the working environment conditions created at the Surabaya city health center are not good, it can harm its employees. A healthy and comfortable work environment contributes well to being able to increase productivity, efficiency, and better and more committed quality of work. Previous research has shown that the work environment can be measured in many ways. (Jennifer and Asri, 2022) pointed out that "the work environment involves elements such as participation; group cohesion; provisions for supervisors; role direction; self-sufficiency; clarity; creativity, physical well-being, and management power." Various dimensions for assessing the work environment, including: "job challenge, job autonomy, leader's concern and support, leader's work facilitation, workgroup cooperation, workgroup spirit, position uncertainty, fairness,

and equity reward system. Therefore, the work environment can be evaluated in terms of any factor influencing an employee's actions in his or her organization (Jennifer and Asri, 2022)

Hypothesis 3

Stating that intellectual capital is positively related to the engagement of community health center human resources, in this study, it was proven that the hypothesis was accepted, there was a significant relationship between intellectual capital and the engagement of Health center HR with a p-value = 0.015. Employee engagement is something that can contribute to HRD's employee perspective. Recent developments in engagement measurement have made a significant contribution to understanding the role of engagement in influencing a variety of positive outcomes, such as individual performance (Alfes *et al.*, 2010), (Pincus, 2020) and increased productivity (Bakker *et al.*, 2008); (Harter, Schmidt and Hayes, 2002). The results of several studies explain that employee engagement is a psychological basis for developing HRD theory and practice (Shuck, Reio Jr and Rocco, 2011); (Shuck and Reio Jr, 2014); (Shuck and Wollard, 2010). Human Resource Development (HRD) is becoming increasingly interested in theoretical models that can explain how employees contribute to Organizational Development (OD) (Swanson, 2001); (Shuck and Reio Jr, 2014). The shift from HRD as a primary management tool to one that employees can also use and develop has been noted as a top priority for HRD practitioners (Poell and Van Dijck, 2015).

Hypothesis 4

Stating that the work environment is positively related to the engagement of community health center human resources. In this study, it was proven that the hypothesis was accepted, there was a significant relationship between the work environment and the engagement of community health center HR with a p-value = 0.007. Employee engagement in that commitment is conceptualized as positive attachment and willingness to direct energy for the success of the organization, feeling proud to be a member of the organization, identifying oneself and the work environment as seen from the behavior observed in the work context by demonstrating oneself through taking innovative initiatives by proactively seeking opportunities to contribute the best and work harder contract work. However, these constructs are the larger constructs of employee engagement and they cannot independently act as substitutes for engagement (Macey and Schneider, 2008); (Markos and Sridevi, 2010). The work environment is an important element that influences job satisfaction and employee commitment to the organization. The work environment refers to the surrounding environment where employees do work with a certain organizational atmosphere where workers carry out their duties (Danish, Ramzan and Ahmad, 2013).

Hypothesis 5

Stating that HR engagement is positively related to community health center performance, in this study, it was proven that the hypothesis was accepted, there was a significant relationship between HR engagement and community health

center performance with a p-value = 0.065. Employee engagement has an impact on organizational performance in various research work carried out. Other studies have found a positive relationship between employee engagement and organizational performance outcomes: employee retention, productivity, profitability, customer loyalty, and security. Research also shows that the more engaged employees are, the more likely there is an industry average increase in revenue growth. Employee engagement was found to be higher in organizations with double-digit growth. Research also shows that engagement is positively related to customer satisfaction (Tannady, Tannady and Zami, 2019); (Rachmawati, 2014); (Adhivinna and Damayanti, 2022); (Welch, 2011); (Fitriah *et al.*, 2019); (Coffman and Gonzalez-Molina, 2002). (Jiony *et al.*, 2015) states that good organizational performance depends on its ability to maintain a safe, engaged, and dedicated workforce through interactions with fellow employees.

E. CONCLUSION

Based on the hypothesis testing and research results as well as the discussion in the previous chapter, the following conclusions can be drawn: 1) the work environment and human resource engagement are related to the performance of the community health center (puskesmas); 2) intellectual capital and work environment related to HR engagement; 3) intellectual capital is not related to the performance of community health center.

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