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Analysis of Leadership, HR Practices, Organizational Agility, and Employee Performance at the Emergency Department of XYZ Hospital

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A B S T R A C T

The Emergency Department (ED) is a complex unit with a dynamic environment characterized by rapid changes, high uncertainty, and many unforeseen possibilities. Therefore, hospitals need to implement appropriate Leadership and HR Practices to achieve Organizational Agility in the ED and improve employee performance to provide the best service to patients. This study aimed to analyze Leadership, HR Practices, Organizational Agility, and Employee Performance in the ED unit of XYZ Hospital. The sampling technique used was a census with a sample size of 65 healthcare workers. The data analysis technique used in this study was Partial Least Square - Structural Equation Modeling (PLS-SEM) with SmartPLS software. The results showed Leadership had a significant positive effect on HR Practices, but did not affect Organizational Agility and Employee Performance. HR Practices had a significant positive effect on Organizational Agility. HR Practices also had a significant positive effect on Employee Performance. Furthermore, Organizational Agility had a significant positive effect on Employee Performance. The maximum implementation of HR practices will make the hospital agile, effective, and efficient in handling all conditions in the ED.

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1. INTRODUCTION

The Emergency Department (ED) is an intricate unit with a lively environment that is fast-changing, highly uncertain, and prone to many unforeseeable possibilities. That is because all forms of initial patient treatment occur in the ED, so the ED must have 0 false. The ED also operates 24/7 and providing general clinical services to critical patient care. The uncertain and varying conditions of patients when they enter the hospital causing high uncertainty in terms of the disease they are suffering from, the level of severity, and the level of safety. Additionally, unexpected situations often occur, such as the emergence of the Covid-19 pandemic. Such conditions increase complexity and uncertainty. Therefore, the ED is expected to have high service standardization and agility to ensure quality and patient's safety. Organizational agility is the ability of an organization to quickly adapt to unexpected changes that occur suddenly in environmental factors or other factors, as well as the organization's ability to implement novel strategies in dynamic environmental conditions (Goldman et al., 1995; Tamtam & Tourabi, 2020). Thus, the ED in hospitals requires organizational agility in carrying out its operational activities.

The ED is part of a hospital unit with a complex work environment (Akkaya & Mert, 2022) and services based on patient needs (Patri & Suresh, 2017). Consequently, it requires a fast response, cooperation, and high effectiveness in terms of management, such as leadership and implementation of HR practices, as well as general employees and medical personnel. Several previous studies have also proven that health service organizations such as hospitals must have agility in organizational structure through leadership, as well as implementation of management practices and human resources (Aronsson et al., 2011; Guven-Uslu et al., 2014; Olsson & Aronsson, 2015; Rahimnia & Moghadasian, 2010)

According to Khalid et al. (2020) and Menon and Suresh (2021), leadership style significantly determines organizational agility. Tamer (2021) also stated leadership influences organizational agility in health organizations. It is achievable when a leader is able to overcome changes (Vinodh et al., 2012) and take advantage of opportunities in a dynamic work environment such as the emergency center (Goodarzi et al., 2018). A leader also significantly determines how management practices are implemented by employees. Agile leaders will produce innovative, effective, and efficient human resource (HR) practices, thus improving organizational performance through agile employee performance. According to Kinicki and Fugate (2016) and also McShane and Von Glinow (2018), a leader can influence their followers to achieve similar goals, so that employees in an organization can be directed to achieve organizational agility.

Mooghali et al. (2016) expressed that HR practices uphold the creation of hospital agility. Effective management of medical personnel in the ED can be created through training, participation and decision-making, and rewards (Dorgham & Al-Mahmoud, 2013; James et al., 2015; Sandahl et al., 2013). Several previous studies have also proven necessary for HR practices to be implemented to achieve organizational agility. Melián-Alzola et al. (2020) found that HR practices such as training, participation, and communication improve hospital agility.

Similar to the study by Bouaziz and Smaoui Hachicha (2018), HR practices have an influential positive effect on organizational agility, where employees can quickly react to problems that arise through training and compensation.

Based on the previous studies in health organizations as mention above, HR practices are composed of various meaningful variables that support employees in carrying out their tasks within the organization. Training and development are provided to improve employee skills, impacting efficiency and performance (Abugre & Nasere, 2020; Falola et al., 2014). Furthermore, compensation and rewards are given to employees who are able to complete organizational tasks as expected. Appropriate compensation and rewards will make employees feel satisfied, thus motivating them to boost their performance (Abugre & Nasere, 2020; Osibanjo et al., 2014). Another HR Practice is participation and cooperation. According to Kooij et al. (2013), HR practices can improve employee performance by providing opportunities for participation. In addition, cooperation will increase employee engagement, work effectiveness and flexibility, and communication, so that work responsibilities can be completed more effectively, improving employee and organizational performance.

Overall, competent human resources are paramount for achieving organizational agility, because human resources are the ones who run the organization that affects employee and organizational performance. The study by Goodarzi et al. (2018) exhibited that employee performance offers a significant positive relationship with agility dimensions, namely intelligence and knowledge, competence, knowledge management, empowerment culture, and information systems. This means that employee performance and agility have a significant correlation. Organizational agility implemented through management strategies such as training will create human resource agility that could affect the agile work characteristics and performance of employees. Agile organizational strategies in the ED will ultimately produce quality employee performance so that emergency situations that often occur can be effectively addressed, and ED efficiency can be improved.

This study took a case in the ED unit of XYZ Hospital, which is classified as a type D hospital. It indicates the need for improvements from the hospital to increase its performance. Based on preliminary studies through interviews with the hospital management, the hospital had set targets to achieve, but it did not gone well. Furthermore, employee performance assessments that have yet to be carry out. The management also revealed there were many health workers in the ED who arrived late and were often absent more than the leave allowed. This kind of indiscipline and negligence will result in inadequate patient care. Interviews with health workers showed that the hospital needs to utilize human resources more efficiently. The hospital also needs to be more responsive in handling patients and employee complaints. Based on these problems, XYZ Hospital was chosen as the object of this research.

This study seeks to analyze Leadership, HR Practices, Organizational Agility, and Employee Performance in the XYZ Hospital's Emergency Department. Previous studies have yet to review these four aspects together. Therefore, this study offers novelty in reviewing organiza-

tional agility in terms of organizational structure through leadership, management aspects through HR practices, and human resources aspects through employee performance. Hypotheses of this study are as follows: H_1= Leadership has a significant positive effect on HR Practices; H_2= Leadership has a significant positive effect on Organizational Agility; H_3= Leadership has a significant positive effect on Employee Performance; H_4= HR Practices have a significant positive effect on Organizational Agility; H_5= HR Practices have a significant positive effect on Employee Performance; and H_6= Organizational Agility has a significant positive effect on Employee Performance.

2. RESEARCH METHODS

This study used a quantitative study method with a cross-sectional approach. The research variables were Leadership as an independent variable, and HR Practices, Organizational Agility, and Employee Performance as dependent variables. This study employed primary data through a questionnaire statement measurements using an ordinal scale to measure the difference in each construct, namely the five-point Likert Scale from Completely Disagree to Fully Agree. The target population of this study were all healthcare workers who conduct daily activities in the ED of XYZ Hospital, with sampling method utilizing the census technique. The census sampling technique is a technique for determining a sample when all member of the population are used as samples (Sugiyono, 2019). Therefore, the sample in this study were all healthcare workers in the ED of XYZ Hospital, totaling 65 people, consisting of 5 doctors, 25 nurses, 10 midwives, 15 pharmacists, 4 radiologists, and 6 laboratory technicians.

Partial Least Square - Structural Equation Modeling (PLS-SEM) was the data analysis technique employed in this study using SmartPLS software. PLS-SEM comprises two elements, namely the outer model and the inner model. The outer model (measurement model) elaborates the relationship between constructs and their indicators. The inner model (structural model) describes the relationship between constructs. The outer model test consists of convergent validity, discriminant validity, reliability and multicollinearity. Meanwhile, the inner model test consists of the coefficient of determination test, F-squared test, Q-squared test, hypothesis test, and specific indirect effect test. PLS-SEM is a multivariate analysis technique compares multiple dependent variables and independent variables. It is used to test a series of relationships that are usually difficult to measure simultaneously (Hair et al., 2017).

3. RESULTS & DISCUSSION

Results. Respondent Demographic Profiles. The distribution of respondent demographics covering the criteria such as age, education level, occupation, income, length of work, and domicile. The complete demographic profile of the respondents is presented in Table 1.

Table 1. Respondent Demographic Profiles

Criteria	Numbers	Percentage
Age Group		
20 - 30 y.o	20	30.77%
31 - 40 y.o	18	27.69%
41 - 50 y.o	16	24.62%
51 - 60 y.o	11	16.92%
> 60 y.o	0	0%
Education Level		
Senior High	0	0%
Diploma	10	25%
Bachelor	27	41.54%
Graduates	9	13.85%
Certified professional	19	29.23%
Occupations		
Midwives	10	15.34%
Doctors	5	7.69%
Nurses	25	38.46%
Pharmacists	15	23.08%
Laboratory technicians	6	9.23%
Radiologists	4	6.15%
Income (IDR)		
< 1 mil	0	0%
> 10 mil	9	13.85%
1 - 2,5 mil	19	29.23%
2,5 - 5 mil	10	15.38%
5 - 7,5 mil	18	27.69%
7,5 - 10 mil	9	13.85%
Length of Work (Years)		
< 3	15	23.08%
3 - 5	10	15.38%
5 - 10	15	23.08%
10 - 15	11	16.92%
15 - 20	9	13.85%
> 20	5	7.69%
Domicile		
Bekasi	28	43.08%
Bogor	7	10.77%
Depok	8	12.31%
Jakarta	13	20%
Tangerang	9	13.85%

Source: Data Processing Results, (2023)

Based on Table 1, the average age of healthcare workers in the ED was 20-30. The XYZ Hospital had a plan to improve the performance of productive-age healthcare workers, such as increasing responsiveness and awareness of patient conditions, which will lead to hospital agility. Thus, the image of XYZ Hospital as a public hospital will have competitive advantages. Furthermore, 27 healthcare workers had Bachelor's degrees, 19 healthcare workers had Professional Degrees, and 10 healthcare workers had Diplomas, with the majority working as nurses and pharmacists. This is important because the ED has to operate 24/7, resulting in nurses working in rotation. Qualified medical personnel as proved by their level of education and adequate health personnel resources in the ED will be able to increase effectiveness and efficiency in patient treatment. Eventually, it will lead to improvement in hospital agility and employee performance. In addition, the length of work for healthcare workers was mainly between 3-10 years, indicating loyalty to XYZ Hospital. Also, the majority income (29.23%) was between Rp 1,000,000.00 to Rp 2,500,000.00.

Descriptive Analysis. There were 367 data based on respondent answers obtained through the questionnaires. The data was then measured using the Likert Scale presented in Table 2.

Table 2. Likert Scale Category

Value	Category
1.0 – 1.8	Completely Disagree
1.8 – 2.6	Disagree
2.6 – 3.4	Neutral
3.4 – 4.2	Agree
4.2 – 5.0	Fully Agree

Source: Primaturia (2022)

Furthermore, mean values used to analyze the respondent answers (Bougie & Sekaran, 2020). The result is presented in Table 3.

Table 3. Descriptive Analysis

Variable/Dimension	*Mean*	Category
Leadership	3.406	Agree
Training	3.360	Neutral
Participation	3.461	Agree
Recognitiom	3.465	Agree
Communication	3.590	Agree
Organizational Agility	3.188	Neutral
Employee Performance	3.416	Agree

Source: Data Processing Results (2023)

The result showed that the indicator mean value of Leadership was 3.406, categorized as agree. It indicates that the majority of respondents were in accord with the questionnaire statements on the Leadership variable. HR Practices had four dimensions, specifically Training, Participation, Recognition, and Communication. Based on the descriptive analysis, Training was categorized as neutral with a mean value of 3.360. Meanwhile, the other three dimen-

sions were categorized as agree. Therefore, an improvement is needed in the indicators of Training dimension. Organizational Agility had the lowest mean value compared to other variables. Organizational Agility was categorized as neutral with a mean value of 3.188. Thus, the majority of Organizational Agility aspects in XYZ hospital need to be improved, particularly the response and adaptation to changes (system, disease variants, or treatment) in the ED. The indicator mean value of Employee Performance was 3.416, categorized as agree. However, several aspects need to be improved by healthcare workers. Among them, healthcare workers in the ED of XYZ Hospital need to improve services to patients and comply with all existing regulations in the hospital.

Inferential Statistical Analysis. 1. Initial Outer Model. The initial outer model comprised the results of validity, reliability, and multicollinearity tests. The results of the initial outer model is presented in Figure 1.

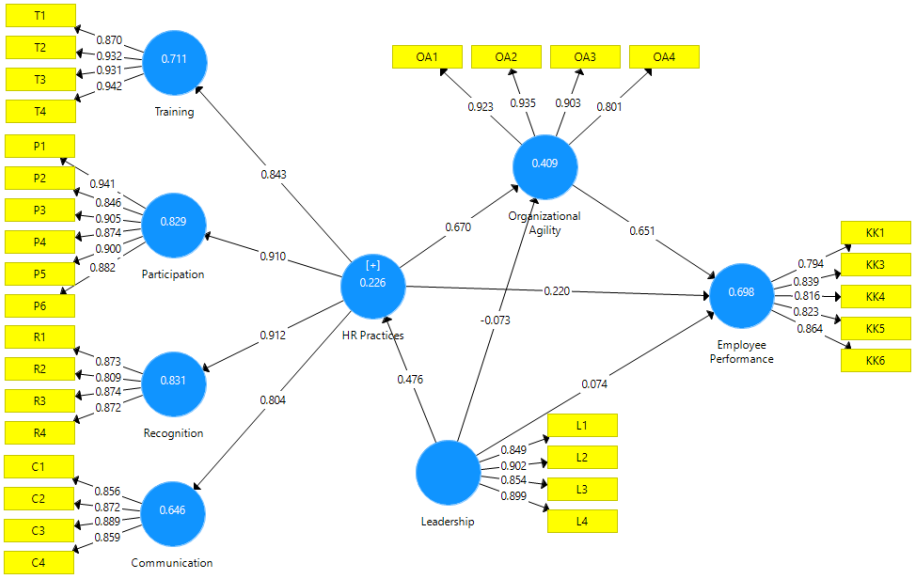

Figure 1. Initial Outer Model

Source: SmartPLS Data Processing Results, 2023

There were two validity tests, namely convergent validity and discriminant validity. Ghazali et al. (2015) found that the convergent validity test is related to the manifest variables of a latent variable with high correlation. A model with a loading factor value > 0.4 and AVE > 0.5 indicates a correlation between latent variables. Meanwhile, the discriminant validity test is related to manifest variables that do not have a high correlation. Discriminant validity testing can be retrieved using the Fornell-Larcker Criterion, which is if the construct value of each variable has the highest value compared to other latent variables. Furthermore, Cross-Loading is if the indicator value in each variable is higher than the indicator value in other variables. The result of the convergent validity test showed that the lowest loading factor value was 0.794, and the lowest AVE value was 0.685. Meanwhile, discriminant validity tests showed that all latent variables have construct values higher than other latent variables, and all indica-

tors in each variable have higher values than the indicator values in other variables. In conclusion, all indicators and variables in this study are declared conclusive.

Reliability testing is a test to determine whether the distributed questionnaire produces consistent measurements. Budiastuti and Bandur (2018) stated that Cronbach's Alpha (CA) and Composite Reliability (CR) with a value of 0 indicate no reliability, a value > 0.7 demonstrates acceptable reliability, a value > 0.8 indicates good reliability, a value > 0.9 indicates excellent reliability, and a value of 1 indicates perfect reliability. The reliability test in this study showed that the values of CA were between 0.879-0.948, and CR were all above 0.9, indicating good to excellent reliability. Thus, the distributed questionnaire offers favorable reliability, resulting in stable and consistent data.

The multicollinearity test is employed to test the correlation between independent variables by observing the VIF value to determine whether multicollinearity occurs. Ghazali et al. (2015) stated that VIF with a value < 5 indicates no multicollinearity. Conversely, a value > 5 indicates multicollinearity. The result in this study showed that some indicators in HR Practices and Organizational Agility variables had VIF value > 5, indicating multicollinearity in the data. It means there was data error or instability in the initial model. Thus, indicators with VIF values greater than 5 were excluded from the model, and then the model retesting was carried out.

2. New Outer Model. The results of the new outer model is presented in Figure 2.

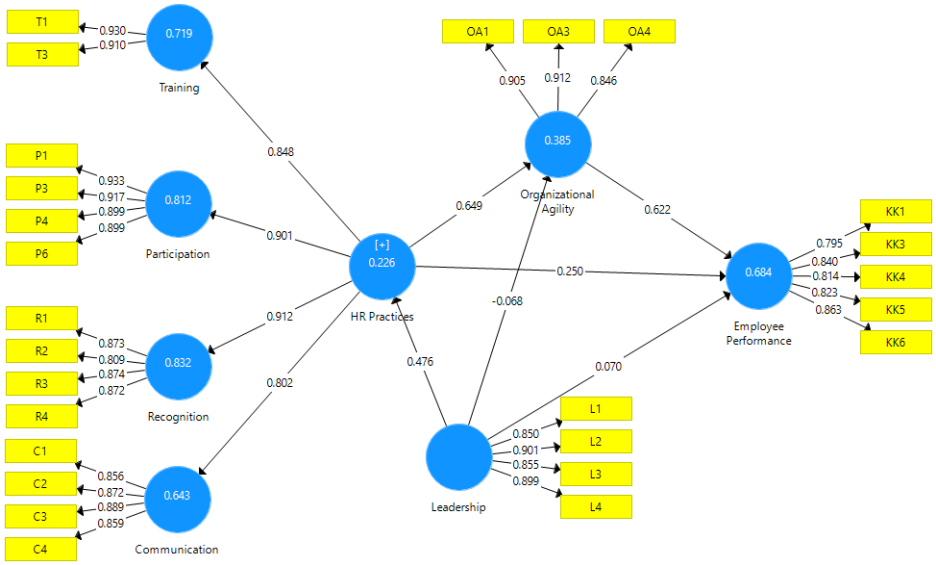

Figure 2. Initial Outer Model

Source: SmartPLS Data Processing Results, 2023

The new outer model encompassed the results of validity, reliability, and multicollinearity tests. Based on the result, all indicators in the research variables exhibited loading factor values > 0.4 and AVE values > 0.5, indicating all variables were valid and passed the convergent validity test. The result of the discriminant validity test, where the Fornell-Larcker Criterion values of each variable hold the highest value compared to other latent variables. Moreover, the Cross-Loading values of each indicator on its latent variable pose the highest value com-

pared to the indicator values on other variables. Therefore, all variables passed the discriminant validity test. The reliability test result indicated the average Composite Reliability and Cronbach's alpha values > 0.8, meaning the distributed questionnaire had desirable reliability. Furthermore, the multicollinearity test result in the new outer model demonstrated the VIF values of each indicator < 5, indicating no multicollinearity.

3. Inner Model. The result of the inner model test discussed the construct hypothesis. The results of the hypothesis test is presented on Figure 1.

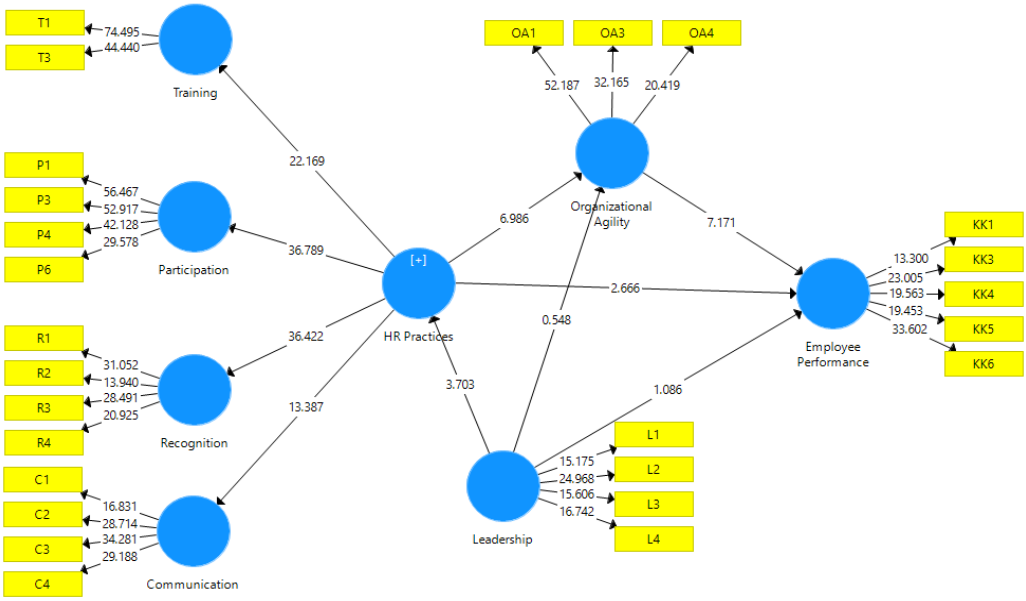

Figure 3. Inner Model

Source: SmartPLS data processing results, 2023

In SEM modeling analysis, the relationship between variables in the research model is described through direct effects and indirect effects (Schumacker & Lomax, 2010). Direct effects could occur if variables are connected with arrows and could be measured by the estimation value between variables. On the other hand, indirect effects can occur if variables affect other variables through one or more variables based on the path in the research model.

3.1 Determination Coefficient Test. The coefficient of determination (R-squared) test is employed to determine the ability of an independent variable to explain the dependent variable based on R-squared. A good R-Squared value ranges from 0-1. In this study there were three dependent variables, namely HR Practices, Organizational Agility, and Employee Performance. Based on the model in Figure 1, the determination coefficient test is presented in Table 4.

Table 4. Determination Coefficient Test

Variable	R-Squared
HR Practices	0.226
Organizational Agility	0.385
Employee Performance	0.684

Source: SmartPLS data processing results (2023)

Based on Table 4, the R-Squared value of HR Practices is 0.226, which means that HR Practices is interpretable by the Leadership variable by 22.6%, while the other 77.4% are interpretable by other variables outside the study. The R-squared value of Organizational Agility is 0.385. This means that Organizational Agility is interpretable by the Leadership and HR Practices variables by 38.5%, and the rest 61.5% are interpretable by other variables outside the study. Furthermore, the R-squared value of Employee Performance is 0.684, which means that Employee Performance is interpretable by the Leadership, HR Practices, and Organizational Agility variables by 68.4%, and the rest 31.6% are interpretable by variables outside the study.

3.2 F-squared Test. F-squared test was conducted to determine the significant effect of the independent variables in this study. According to Hair et al. (2017), $f^2 \geq 0.02$ means a variable has a weak effect, $f^2 \geq 0.15$ means a variable has a moderate effect, and $f^2 \geq 0.35$ means a variable has a strong effect. On the other hand, $f^2 < 0.02$ means a variable has no effect (Hair et al., 2017). The F-squared test is presented in Table 5.

Table 5. F-squared Test

Variable	F-squared
Leadership -> HR Practices	0.292
Leadership -> Organizational Agility	0.006
HR Practices -> Organizational Agility	0.530
Leadership -> Employee Performance	0.012
HR Practices -> Employee Performance	0.100
Organizational -> Employee Performance	0.754

Source: SmartPLS data processing results (2023)

Based on Table 5, Leadership did not affect Organizational Agility and Employee Performance with values < 0.02. HR Practices had a weak effect on Employee Performance with a value of 0.100. Leadership had a moderate effect on HR Practices with a value of 0.292. Furthermore, the values of the other correlations were all above 0.35, indicating HR Practices had a strong effect on Organizational Agility, and Organizational Agility had a strong effect on Employee Performance.

3.3 Q-Squared Test Q-squared test was conducted to measure whether the model or dependent variables have predictive relevance or not. Ghozali and Latan (2015) stated, $q^2 > 0$ indicates that a model has predictive relevance. Meanwhile, $q^2 < 0$ indicates otherwise. Further, $q^2 \geq 0.02$ means a dependent variable has a weak predictive relevance, $q^2 \geq 0.15$ means a dependent variable has a moderate predictive relevance, and $q^2 \geq 0.35$ means a dependent varia-

ble has a strong predictive relevance. The Q-squared test is presented in Table 6.

Table 6. Q-squared Test

Variable	q^2 predict
HR Practices	0.131
Organizational Agility	0.286
Employee Performance	0.451

Source: SmartPLS data processing results (2023)

The result showed that q^2 values of HR Practices, Organizational Agility, and Employee Performance were all above 0, indicating all the dependent variables in the model had predictive relevance. Moreover, HR Practices had a weak predictive relevance, Organizational Agility had a moderate predictive relevance, and Employee Performance had a strong predictive relevance.

3.4 Hypothesis Test. The significance value is determined based on the parameter coefficient value (P-value) and the value of T-statistic (T-stat). The acceptance or rejection criteria for the hypothesis (not significant or significant) are if the T-stat value > 1.649 and/or the P-value < 0.05 with a significance level of 5% (α=5%), then H_1 is accepted and H_0 is rejected. Conversely, if the T-stat value < 1.96 and/or the P-value > 0.05 at a significance level of 5% (α=5%), then H_1 is rejected and H_0 is accepted. The following table presents the result of the hypothesis test.

Table 7. Research Hypothesis Test

Hypotheses	Original Sample	T Statistics	P Values
H_1: Leadership has a significant positive effect on HR Practices	0.476	3.703	0.000
H_2: Leadership influences Organizational Agility	-0.068	0.548	0.292
H_3: Leadership influences Employee Performance	0.070	1.086	0.139
H_4: HR Practices affect Organizational Agility	0.649	6.986	0.000
H_5: HR Practices affect Employee Performance	0.250	2.666	0.004
H_6: Organizational Agility influences Employee Performance	0.622	7.171	0.000

Source: SmartPLS data processing results (2023)

In hypothesis one, the original sample value showed Leadership had a positive effect on HR Practices with a value of 0.476. This indicates that if the value of Leadership is increased by 100%, it can increase HR Practices by 47.6%. The T-stat value > 1.649 and P-value < 0.05 indicating Leadership had a significant effect on HR Practices. Therefore, it can be concluded H_1 is accepted. In hypothesis two, the original sample value of the variable was -0.068, indicating a negative effect. The T-stat value < 1.649 and the P-value > 0.05, indicating Leadership had no significant effect on Organizational Agility. Therefore, it can be concluded H_2 is

rejected. In hypothesis three, the original sample value of the variable was 0.070, indicating a positive effect, and the T-stat value < 1.649 and the P-value > 0.05, indicating that Leadership had no significant effect on Employee Performance. Therefore, it can be concluded H_3 is rejected.

In hypothesis four, the original sample value showed HR Practices had a positive effect on Organizational Agility with a value of 0.649, meaning if HR Practices increase by 100%, Organizational Agility will increase by 64.9%. The T-stat value > 1.649 and P-value < 0.05, indicating HR Practices had a significant effect on Organizational Agility. Therefore, H_4 is accepted. In hypothesis five, the original sample value was 0.250, indicating a positive effect, imposing if HR Practices increase by 100%, Employee Performance will increase by 25%. The T-stat value > 1.649 and P-value < 0.05, indicating that HR Practices had a significant effect on Employee Performance. Therefore, H_5 is accepted. In hypothesis six, the original sample value of the variable was 0.622, indicating that if Organizational Agility is increased by 100%, Employee Performance can increase by 62.2%. The T-stat value > 1.649 and P-value < 0.05, meaning Organizational Agility had a significant effect on Employee Performance. Therefore, H_6 is accepted.

3.5 Specific Indirect Effect Test Measurements of indirect effects are apparent on the independent variables so that it can be seen whether a variable shows a significant influence or not on the dependent variable. The indirect effects test is presented in Table 8 below.

Table 8. Specific Indirect Effect Test

Variable	Original Sample	T Statistics	P Values
Leadership -> HR Practices -> Employee Performance	0.119	2.058	0.020
HR Practices -> Organizational Agility -> Employee Performance	0.404	5.483	0.000
Leadership -> HR Practices -> Organizational Agility -> Employee Performance	0.192	2.985	0.001
Leadership -> Organizational Agility -> Employee Performance	-0.042	0.525	0.300
Leadership -> HR Practices -> Organizational Agility	0.309	3.043	0.001

Source: SmartPLS data processing results (2023)

Criteria for assessing a variable affecting other variables directly or indirectly is seen from the significance value. If the significance value > 0.05, the variable has a direct relationship with other variables. Conversely, if the significance value < 0.05, the variable has an indirect relationship with other variables. Based on Table 8, most variables have a significant indirect relationship, except for the relationship between Leadership, Organizational Agility, and Employee Performance, which has a meager indirect relationship.

Discussion. Leadership on HR Practices. The hypothesis testing result demonstrated Leadership had a significant positive effect on HR Practices. This exhibits that the better a leader performs their duties, the better the application of HR practices in achieving organizational goals. Based on the respondents, the management of XYZ Hospital had encouraged ED health workers to innovate in improving the quality of service in the ED. In addition, management had also participated in setting the goals of the hospital. This is in line

with what Martin et al. (2014) and Lee et al. (2016) stated, a leader must be able to build commitment, innovation, and a shared vision to support cooperation and involvement of hospital employees.

This result supports some previous research findings. According to Knies et al. (2018), the behavior of a manager's leadership will determine the implementation of HR practices. Silva et al. (2018) stated, to create effective leadership in hospitals, a culture of innovation and continuous training is necessary. According to the respondents, the management of XYZ Hospital had participated in preparing human resources to handle ED patients well, provided training to improve the skills of ED staff, encouraged cooperation and employee participation, and conveyed the hospital's vision, mission, and values. This indicates that the leaders of XYZ Hospital have implemented good HR practices to support health services in the ED.

Leadership on Organizational Agility. Based on the result of the hypothesis test, Leadership had no significant effect on Organizational Agility. According to the respondents, the management had yet actively contributed and participated in handling the improvement of service quality and designing SOPs in the ED. In addition, the neutral category from the respondents' answers were apparent in all questionnaire statements on the descriptive analysis of the Organizational Agility variable, which includes identification, prediction, response, and adaptation to changes in the system, disease variants, or their management in the ED. This indicates that some aspects of leadership in XYZ Hospital have not been able to create organizational agility.

This result differs from several previous studies such as Melián-Alzola et al. (2020), Khalid et al. (2020), and Tamer (2021). These studies indicated that leadership had a decisive effect on organizational agility with various leadership styles. In contrast, the study by Akkaya and Mert (2022) revealed that one of the leadership styles, laissez-faire leadership, had no effect on organizational agility. According to the study, laissez-faire leadership has a passive, ineffective role and does not do anything to adapt to changes. Managers and employees have different working styles, which become obstacles to adapting to change. This indicates that a passive, ineffective, and indifferent leadership style towards change is a factor that prevents organizational agility from being achieved.

Leadership on Employee Performance. According to the hypothesis test, Leadership had no significant effect on Employee Performance. Based on respondents' response to questionnaire statements on Employee Performance variable, there were many health workers at XYZ Hospital who have not provided adequate service to patients, and have yet fully complied with all existing regulations in the hospital. This requires encouragement and more active leadership participation as well as firmness from management in implementing existing regulations.

This result contradicts with some previous studies. Buil et al. (2019) and Yücel (2021) argued transformational leadership had a significant effect on employee performance. Asrar-ul-Haq and Kuchinke (2016) revealed that laissez-faire leadership had a negative effect on employee

performance. On the other hand, Novitasari et al. (2020) and Kelidbari et al. (2016) stated that transformational and ethical leadership had no effect on employee performance. According to Novitasari et al. (2020), the transformation process in transformational leadership lasts for a short time, so it does not affect employee performance. These previous studies prove that each leadership style implemented by leaders produces different effects on employee performance. In addition, Novitasari et al. (2020) revealed that each study is influenced by different aspects such as public or private organizations, as well as industrial or service organizations, which lead in producing different results.

HR Practices on Organizational Agility. The hypothesis testing results showed that HR Practices had a significant positive effect on Organizational Agility. When HR practices are implemented properly, organizational agility can also be achieved. The result of descriptive analysis of respondents' answers indicated, health workers at XYZ Hospital admitted hey had been given appreciation and rewards for their performance and achievements. Hospital management had also communicated the mission, vision and values of the hospital, involved employees in decision making by asking for suggestions for improvements, encouraging teamwork, and providing regular activities to improve the knowledge of health workers in the ED. In this way, the implementation of HR practices can be maximized resulting in hospital agility, effectiveness, and efficiency in handling all conditions in the ED.

According to Bouaziz and Smaoui Hachicha (2018), training and compensation offers an impact on the speed of employees in responding to problems faced. This is in line with what Ananthram dan Nankervis (2013) stated, HR practices that allow employees to develop new skills and abilities could generate a competitive organization. Effective communication, collaboration between management layers, employee's participation, and rewards are aspects of HR practices that can favorably increase organizational agility.

HR Practices on Employee Performance. Based on the result of hypothesis testing, HR Practices displayed a decisive effect on Employee Performance. This exhibits that active organizational support for employees through the implementation of HR practices can revamp employee performance. Respondents' answers indicated that the management of XYZ Hospital had provided training and scientific development activities on a regular basis, encouraged participation in work evaluations, communication and teamwork, implemented a culture of discussion in decision making, and provided recognition and rewards for employee performance. Thus, resulting in a positive impact on the performance of health workers at XYZ Hospital, namely by providing maximum service in the emergency room, being more productive at work, and becoming aware of the patients' needs.

According to Mohd Nasurdin et al. (2020), participation, training, and compensation had a positive effect on employee performance. HR practices are tools to motivate employees to work according to the attitudes and behaviors expected by the organization, resulting in job satisfaction and improved performance. Similarly, vein Rubel et al. (2021) stated HR practices help employees stay focused on their tasks, which ultimately affects the improvement of healthcare services.

Organizational Agility on Employee Performance. The hypothesis test result indicated Organizational Agility had a significant positive effect on Employee Performance, meaning that organizational agility plays an important role in improving employee performance. Based on the respondents' answers, the descriptive statistical analysis of the Organizational Agility variable showed neutral responses to all statements in the questionnaire. Therefore, XYZ Hospital needs to improve its response and adaptation to any changes occur in the ED. Currently, agility is an imperative aspect for the sustainability of organizations in a dynamic environment with constantly changing conditions and high uncertainty (Worley & Lawler, 2010). This is especially true in the ED unit. According to Goodarzi et al. (2018), the treatment system is the most important part of healthcare facilities which requires skilled human resources. Therefore, an agile organizational system is required both in the ED unit and in the hospital management as a whole, so that the performance of healthcare workers can be improved. Worley and Lawler (2010) also stated agility applied to the organizational management structure plays a role in shaping the agile work characteristics and performance of employees. In addition, Nafei (2016) and Sanadgol (2014) revealed employee attitudes towards work are influenced by organizational agility.

4. CONCLUSION & SUGGESTION

Based on the result and discussion of this study, it can be concluded that Leadership had a significant positive effect on HR Practices, but Leadership had no effect on Organizational Agility and Employee Performance. HR Practices had a significant positive effect on Organizational Agility. HR Practices also had a significant positive effect on Employee Performance. Organizational Agility had a significant positive effect on Employee Performance.

HR practices are necessary to increase organizational agility, which is important for developing employee commitment, quality, and competence. This improvement can make employees work more efficiently in dealing with problems accur, be responsive to changes, and be effective and efficient, thus improving employee performance in line with organizational goals. Ultimately, the organization can adapt to any business dynamics, resulting in competitive advantages.

The XYZ Hospital should augment its response and adaptation to changes in the ED, to improve the hospital agility, as well as allowing employees to provide better healthcare services to patients. The hospital management also needs to atively encourage healthcare workers to be more efficient and effective in handling patients in the ED. Additionally, the hospital management needs to ensure that all employees comply with the rules and regulations of the hospital. This study had limitations, covered the small sample size focusing on healthcare workers in the ED, which may not represent the overall condition of the hospital. Future studies are recommended to take a larger sample size with more department in the hospital to obtain a broader perspective.

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REFERENCES

[1] Abugre, J. B., & Nasere, D. (2020). Do high-performance work systems mediate the relationship between HR practices and employee performance in multinational corporations (MNCs) in developing economies? *African Journal of Economic and Management Studies*, *11*(4), 541–557. https://doi.org/10.1108/AJEMS-01-2019-0028

[2] Akkaya, B., & Mert, G. (2022). Organizational agility, competitive capabilities, and the performance of health care organizations during the covid-19 pandemic. *Central European Management Journal*, *30*(2), 2–25. https://doi.org/10.7206/cemj.2658-0845.73

[3] Ananthram, S., & Nankervis, A. (2013). Strategic agility and the role of HR as a strategic business partner: An Indian perspective. *Asia Pacific Journal of Human Resources*, *51*(4), 454–470. https://doi.org/10.1111/1744-7941.12004

[4] Aronsson, H., Abrahamsson, M., & Spens, K. (2011). Developing lean and agile health care supply chains. *Supply Chain Management: An International Journal*, *16*(3), 176–183. https://doi.org/10.1108/13598541111127164

[5] Bouaziz, F., & Smaoui Hachicha, Z. (2018). Strategic human resource management practices and organizational resilience. *Journal of Management Development*, *37*(7), 537–551. https://doi.org/10.1108/JMD-11-2017-0358

[6] Bougie, R., & Sekaran, U. (2020). *Research methods for business : A skill building approach (8th edition) (asia edition)*. In *8th edition* (pp. 396). John Wiley & Sons Ltd.

[7] Budiastuti, D., & Bandur, A. (2018). *Validitas dan reliabilitas penelitian*. Mitra Wacana Media. www.mitrawacanamedia.com

[8] Buil, I., Martínez, E., & Matute, J. (2019). Transformational leadership and employee performance: The role of identification, engagement and proactive personality. *International Journal of Hospitality Management*, *77*, 64–75. https://doi.org/https://doi.org/10.1016/j.ijhm.2018.06.014

[9] Dorgham, S. R., & Al-Mahmoud, S. A. (2013). Leadership styles and clinical decision making autonomy among critical care nurses: A comparative study. *IOSR Journal of Nursing and Health Science*, *1*(4), 71–83.

[10] Falola, H. O., Osibanjo, A. O., & Ojo, I. S. (2014). Effectiveness of training and development on employees' performance and organisation competitiveness in the nigerian banking industry. *Economic Sciences*, *7*(56), 1–16.

[11] Ghazali, P. L., Mazlina, A. N., Izah, M. T., Maslina, M., Zulqurnaim, W. I., & Mustafa, M. (2015). Optimization of integration model in family takaful. *Applied Mathematical Sciences*, *9*(39), 1899–1909.

[12] Ghozali, I., & Latan, H. (2015). *Konsep, teknik, aplikasi menggunakan Smart PLS 3.0 untuk penelitian empiris*. Badan Penerbit Universitas Diponegoro.

[13] Goldman, S. L., Nagel, R. N., & Preiss, K. (1995). Agile competitors and virtual organizations. *Manufacturing review*, *8*(1), 59–67.

[14] Goodarzi, B., Shakeri, K., Ghaniyoun, A., & Heidari, M. (2018). Assessment correlation of the organizational agility of human resources with the performance staff of Tehran Emergency Center. *Journal of Education and Health Promotion*, *7*, 142. https://doi.org/10.4103/jehp.jehp_109_18

[15] Guven-Uslu, P., Chan, H. K., Ijaz, S., Bak, O., Whitlow, B., & Kumar, V. (2014). In-depth study of 'decoupling point' as a reference model: An application for health service supply chain. *Production Planning & Control*, *25*(13–14), 1107–1117. https://doi.org/10.1080/09537287.2013.808841

[16] Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2017). *A primer on partial least squares structural equation modeling (PLS-SEM)* (2 ed.). Sage publications.

[17] James, O. E., Ella, R., SE, N., Lukpata, F. E., Uwa, S. L., & Mbum, P. A. (2015). Effect of reward system among health care workers performance: A case study of University of Calabar Teaching Hospital Calabar, Nigeria. *Journal of Hospital Administration*, *4*(3), 45–53. https://doi.org/10.5430/jha.v4n3p45

[18] Kelidbari, H. R. R., Fadaei, M., & Ebrahimi, P. (2016). The role of ethical leadership on employee performance in Guilan University of Medical Sciences. *Procedia - Social and Behavioral Sciences*, *230*, 463–470. https://doi.org/https://doi.org/10.1016/j.sbspro.2016.09.058

[19] Khalid, Z., Madhakomala, R., & Purwana, D. (2020). How leadership and organizational culture shape organizational agility in Indonesian SMEs?? *IJHCM (International Journal of Human Capital Management)*, *4*(2), 49–63. https://doi.org/10.21009/IJHCM.04.02.06

[20] Kinicki, A., & Fugate, M. (2016). *Organizational behavior: A practical, problem-solving approach* (2 ed., Vol. 2). McGraw-Hill Education.

[21] Knies, E., Leisink, P., & Kraus-Hoogeveen, S. (2018). Frontline managers' contribution to mission achievement: A study of how people management affects thoughtful care. *Human Service Organizations: Management, Leadership & Governance*, *42*(2), 166–184. https://doi.org/10.1080/23303131.2017.1422067

[22] Kooij, D. T. A. M., Guest, D. E., Clinton, M., Knight, T., Jansen, P. G. W., & Dikkers, J. S. E. (2013). How the impact of HR practices on employee well-being and performance changes with age. *Human Resource Management Journal*, *23*(1), 18–35. https://doi.org/10.1111/1748-8583.12000

[23] Lee, D. H., Hong, K. S., & Kim, N. Y. (2016). Effects of hospital leadership, organizational systems, and ESWOS on medical error reduction. *Service Business*, *10*(1), 159–177. https://doi.org/10.1007/s11628-014-0262-x

[24] Martin, J., Mccormack, B., Fitzsimons, D., & Spirig, R. (2014). The importance of inspiring a shared vision. *International Practice Development Journal*, *4*(2), 1–15.

[25] McShane, S. L., & Von Glinow, M. A. (2018). *Organizational behavior: Emerging knowledge. Global reality* (8 ed.). McGraw Hill Education.

[26] Melián-Alzola, L., Domínguez-Falcón, C., & Martín-Santana, J. D. (2020). The role of the human dimension in organizational agility: An empirical study in intensive care units. *Personnel Review*, *49*(9), 1945–1964. https://doi.org/10.1108/PR-08-2019-0456

[27] Menon, S., & Suresh, M. (2021). Factors influencing organizational agility in higher education. *Benchmarking: An International Journal*, *28*(1), 307–332. https://doi.org/10.1108/BIJ-04-2020-0151

[28] Mohd Nasurdin, A., Tan, C. L., & Naseer Khan, S. (2020). Can high performance work practices and satisfaction predict job performance? An examination of the Malaysian private health-care sector. *International Journal of Quality and Service Sciences*, *12*(4), 521–540. https://doi.org/10.1108/IJQSS-06-2019-0090

[29] Mooghali, A., Ghorbani, E., & Emami, M. (2016). The impact of HRM practices on agility of Kosar hospital staff in Shiraz. *International Journal of Humanities and Cultural Studies*, *16*, 2442–2457.

[30] Nafei, W. A. (2016). *Organizational agility : The key to organizational success*. *11*(5), 296–309. https://doi.org/10.5539/ijbm.v11n5p296

[31] Novitasari, D., Goestjahjanti, F. S., & Asbari, M. (2020). The Role of Readiness to Change between Transformational Leadership and Performance: Evidence from a Hospital during Covid-19 Pandemic. *APMBA (Asia Pacific Management and Business Application)*, *9*(1), 37–56.

[32] Olsson, O., & Aronsson, H. (2015). Managing a variable acute patient flow – Categorising the strategies. *Supply Chain Management: An International Journal*, *20*(2), 113–127. https://doi.org/10.1108/SCM-06-2014-0203

[33] Osibanjo, O., Adeniji, A., Falola, H., & Heirsmac, P. (2014). Compensation packages: A strategic tool for employees' performance and retention. *Leonardo Journal of Sciences*, *13*(25), 65–84.

[34] Patri, R., & Suresh, M. (2017). Modelling the enablers of agile performance in healthcare organization: A TISM approach. *Global Journal of Flexible Systems Management*, *18*(3), 251–272. https://doi.org/10.1007/s40171-017-0160-x

[35] Primaturia, C. (2022). *Pengaruh faktor determinan terhadap kepuasan konsumen yang memediasi repurchase intention belanja online suplemen multivitamin selama masa pandemi covid-19 di indonesia (Studi pada konsumen tokopedia dan shopee)*. Universitas Pelita Harapan.

[36] Rahimnia, F., & Moghadasian, M. (2010). Supply chain leagility in professional services: How to apply decoupling point concept in healthcare delivery system. *Supply Chain Management: An International Journal*, *15*(1), 80–91. https://doi.org/10.1108/13598541011018148

[37] Rubel, M. R. B., Hung Kee, D. M., & Rimi, N. N. (2021). High-performance work practices and medical professionals' work outcomes: The mediating effect of perceived organizational support. *Journal of Advances in Management Research*, *18*(3), 368–391. https://doi.org/10.1108/JAMR-05-2020-0076

[38] Sanadgol, M. (2014). The survey of relationship between organizational agility and principals job satisfaction. *International Journal of Basic Sciences & Applied Research*, *3*, 317–319.

[39] Sandahl, C., Gustafsson, H., Wallin, C., Meurling, L., Øvretveit, J., Brommels, M., & Hansson, J. (2013). Simulation team training for improved teamwork in an intensive care unit. *International Journal of Health Care Quality Assurance*, *26*(2), 174–188. https://doi.org/10.1108/09526861311297361

[40] Schumacker, R. E., & Lomax, R. G. (2010). *A beginner's guide to structural equation modeling*. In *Third Edition* (p. 495). Taylor and Francis Group.

[41] Silva, L. J. da, Leite, J. L., Silva, T. P. da, Silva, Í. R., Mourão, P. P., & Gomes, T. M. (2018). Management challenges for best practices of the Kangaroo Method in the Neonatal ICU. *Revista Brasileira de Enfermagem (REBEn)*, *71*(6), 2783–2791. https://doi.org/10.1590/0034-7167-2018-0428

[42] Sugiyono. (2019). *Metode Peneliotian Kuantitatif, Kualitatif dan R&D*. Alfabeta.

[43] Tamer, G. (2021). The effect of visionary leadership characteristics on organizational agility in health organizations; An application in private hospitals in Bakirkoy District of Istanbul Province. *İstanbul Gelişim Üniversitesi Sosyal Bilimler Dergisi*, *8*(2), 240–252. https://doi.org/10.17336/igusbd.655890

[44] Tamtam, F., & Tourabi, A. (2020). Organizational agility assessment of a moroccan healthcare organization in times of COVID-19. *Advances in Science, Technology and Engineering Systems,*

[45] Vinodh, S., Aravindraj, S., Pushkar, B., & Kishore, S. (2012). Estimation of reliability and validity of agility constructs using structural equation modelling. *International Journal of Production Research*, *50*(23), 6737–6745. https://doi.org/10.1080/00207543.2011.623246

[46] Worley, C. G., & Lawler, E. E. (2010). Agility and organization design: A diagnostic framework. *Organizational Dynamics*, *39*(2), 194–204.