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The Influence of Innovative Work Behaviour, Upskilling, and Work Ethic on Health Worker Performance through Intention to Stay as an Intervening Variable at RSUD Sumberrejo

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Abstract: *This study aims to analyze the influence of Innovative Work Behaviour, Upskilling, and Work Ethic on the Health Workers Performance with Intention to Stay as an intervening variable at RSUD Sumberrejo. The background of this research stems from challenges in improving service quality, high workload, and the need to strengthen competency and retention among health workers. The study employs a quantitative approach using a survey method through the distribution of questionnaires, with data analyzed using Partial Least Squares–Structural Equation Modeling (PLS-SEM) through SmartPLS version 4.0. The population consists of 216 employees, and the sampling technique used is non-probability sampling, resulting in 140 respondents. The findings reveal that Innovative Work Behaviour, Work Ethic, and Intention to Stay have a significant positive effect on the performance of health workers. In addition, Innovative Work Behaviour and Work Ethic significantly influence Intention to Stay. However, Upskilling shows a positive but non-significant effect on both Intention to Stay and Performance, indicating that skill enhancement requires managerial support and motivation to contribute effectively to employee performance. Intention to Stay serves as a mediating variable in several relationships among the constructs. Strengthening innovative behaviour, work ethic, and competency development, accompanied by appropriate retention strategies, is essential for improving the performance of health workers in regional hospitals. Future studies are recommended to develop the research model by incorporating additional variables that may have stronger effects on Intention to Stay and Performance.*

Keywords: *Innovative Work Behaviour; Upskilling, Work Ethic; Intention to Stay; Health Workers Performance*

1. Introduction

Hospitals operate as complex service organizations in which the performance of health professionals plays a decisive role in determining service quality, patient satisfaction, and institutional trust. In regional public hospitals, these performance dynamics become even more critical due to structural resource limitations, fluctuating workloads, and constrained professional development opportunities. RSUD Sumberrejo, a public hospital in East Bojonegoro, faces similar conditions, where health worker performance, retention, and capability enhancement remain persistent challenges requiring systematic investigation. Accordingly, this study focuses on analyzing the interplay between innovative work behaviour (IWB), upskilling, work ethic, and intention to stay, and how these factors shape the job performance of health workers.

Prior research on health-sector performance enhancement has predominantly employed behavioral, organizational, and competency-based approaches, including the assessment of task performance, contextual performance, adaptive performance, and counterproductive work behavior [1]. Studies on innovative work behaviour highlight its relevance for public and private organizations, emphasizing idea exploration, idea generation, idea championing, and implementation as key mechanisms driving performance improvement [2], [3]. Existing methods frequently adopt quantitative cross-sectional surveys, SEM-based modelling, and

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organizational behaviour frameworks. These methods underscore the importance of individual creativity, leadership quality, digital readiness, and supportive climates for fostering innovation in healthcare organizations.

However, evidence regarding the direct effect of IWB on performance remains mixed. Some studies report positive contributions of innovation to service outcomes [3], whereas others demonstrate non-significant or inconsistent effects, suggesting potential intervening variables such as job satisfaction, engagement, or retention [4]. Similarly, upskilling interve ntions—whether through traditional training, shadowing, seminars, or digital simulations such as AR/VR—demonstrate strengths in enhancing technical proficiency [5], yet face weaknesses related to time constraints, cost, sustainability, and uneven transfer of training within overstretched health systems. Meanwhile, work ethic has shown robust associations with discipline, commitment, and performance outcomes in regional health offices [6], [7], though its interaction with innovation-driven performance remains underexamined.

Despite substantial development in human resource research, important gaps persist. First, limited studies integrate IWB, upskilling, work ethic, and intention to stay into a unified explanatory model of performance, particularly within regional public hospitals in developing countries. Second, while intention to stay has been recognized as a precursor to turnover and a key determinant of organizational sustainability [8] its mediating role in linking behavioral and competency factors to health worker performance remains insufficiently tested. Third, most existing research focuses on large hospitals or urban health institutions, leaving district-level hospitals comparatively underrepresented in empirical literature.

2. Literature review

2.1 Human Resource Management in Health Organizations

Human Resource Management (HRM) is a strategic function that integrates human re source planning, recruitment and selection, training and development, career management, and organizational development with the overall goals of the organization. Its core objective is to maximize organizational productivity by optimizing employee effectiveness while simultaneously enhancing employees' quality of work life and recognizing them as a highly valuable resource [9]. In public hospitals, HRM must balance institutional goals, such as service quality, efficiency, and accountability, with individual needs, including professional growth, job security, and well-being. Effective HRM therefore involves: Integrated human resource planning, which anticipates future challenges and opportunities so that the workforce remains competitive and responsive; Efficient and lawful implementation of HRM functions, ensuring high productivity while complying with labor regulations; and Systematic evaluation of HRM policies and practices, to determine whether they effectively support both organizational performance and employee needs [9]. Within this framework, constructs such as innovative work behaviour, upskilling, work ethic, intention to stay, and employee performance can be understood as critical levers through which HRM contributes to organizational outcomes in healthcare.

2.2 The Resource-Based View (RBV)

The Resource-Based View (RBV) posits that an organization's sustainable competitive advantage arises from internal resources that are valuable, rare, inimitable, and non-substituta ble (VRIN) [10]. Not all resources equally contribute to competitive advantage; intangible assets often play a greater role than tangible ones. In contemporary health and service orga nizations, intellectual capital has emerged as a key intangible resource. Intellectual capital typically comprises: Human capital: employees' knowledge, skills, experience, and innovative ca pabilities; Structural capital: integrated information systems, efficient business processes, supportive technology, and organizational routines that enable knowledge use and innovation; and Capital employed: the effective utilization of tangible assets in combination with intellectual capital to create value [11].

When these components are effectively integrated, they form a configuration that is difficult for competitors to imitate, thereby enhancing organizational responsiveness and performance. In knowledge-based economies, organizations, including hospitals, are increasingly required to mobilize intellectual capital to achieve superior financial, environmental, and organizational outcomes. In this perspective, innovative work behaviour, work ethic, upskilling, and intention to stay can be viewed as manifestations or enablers of human and structural capital that underpin performance advantages in healthcare settings.

2.3 Innovative Work Behaviour

Innovative work behaviour (IWB) refers to a set of intentional behaviours through which employees generate, promote, and implement new and useful ideas in their work roles. Scott and Bruce (1994) conceptualize IWB as a process encompassing problem recognition, idea generation, idea promotion, and implementation of innovative solutions. Thus, innovation is not limited to creativity (idea generation) but includes mobilizing support and translating ideas into practice [4]. [12] Describe innovative work behaviour as behaviour directed at realizing change and applying new knowledge to improve work processes and outcomes. Similarly, Kleysen and Street (2001) define innovation-related behaviour as a broad range of individual actions leading to the emergence, introduction, and application of novel and beneficial ideas. These ideas may involve new products or technologies, revised administrative procedures, or novel ways of organizing work that improve effectiveness and efficiency.

Innovative work behaviour is strongly linked to employee creativity, which provides the raw material for innovation [2]. Employees exhibiting IWB identify problems or opportunities, propose new solutions, seek support from colleagues and leaders, and actively implement and refine new practices [13]. In service organizations and healthcare settings, such be haviours are essential for responding to dynamic environmental changes, technological advances, and rising public expectations [14].

De Jong and Den Hartog (2010) further operationalize IWB into four main indicators, often used as measurement dimensions:

1. Idea exploration, scanning for opportunities, identifying gaps or problems, and recognizing areas that need improvement;
2. Idea generation, developing original or improved ideas, concepts, or solutions;
3. Idea championing, mobilizing support, persuading others, and advocating for ideas; and
4. Idea implementation, testing, applying, and refining ideas in daily work.

IWB is influenced by individual factors and contextual). In healthcare, the degree to which professionals can act innovatively is closely associated with service quality, patient sa fety, and system adaptability [14]. Accordingly, IWB is positioned in this study as a key predictor of both intention to stay and performance, though prior findings indicate that its direct impact on performance can be complex and context-dependent [4].

2.4 Upskilling

Upskilling describes the process of enhancing existing skills or acquiring higher-level competencies so that workers remain relevant and effective amid evolving job demands. In healthcare, upskilling ensures that professional practice remains safe, evidence-based, and a ligned with current standards[5]. Unlike reskilling, which prepares workers for entirely new roles, upskilling focuses on deepening and updating capabilities within current roles to meet growing complexity and technological change [15].

Implementation-science–oriented training programs that emphasize evidence-based practice have been shown to increase health workers' confidence, conceptual understanding, and capacity to integrate implementation methods into routine care [16]. Upskilling also enhances workforce flexibility, role delegation, and crisis responsiveness, as demonstrated during the COVID-19 pandemic, where rapid capacity building was essential, especially for frontline nurses [17].

Forms and Methods of Upskilling

The literature distinguishes between conventional and technology-enhanced upskilling approaches [5]:

1. Conventional methods include workshops, seminars, shadowing and mentoring by senior practitioners, and self-directed learning using textbooks or e-learning modules. These methods are familiar and relatively easy to organize but may be constrained by time, workload, and variable transfer into practice.
2. Technology-based methods leverage Virtual Reality (VR) and Augmented Reality (AR) to simulate clinical scenarios in safe, interactive environments, enhancing technical skill transfer to real practice [5]. Interactive online programs and low-cost digital platforms have also proven effective. For instance, a competency-based e-learning program in Greece improved health workers' knowledge scores by 17% [18], while the TutorConnect initiative in Nigeria used Zoom and WhatsApp to enhance pedagogical skills among over 700 health tutors at a fraction of conventional training costs [19].

3. Contextual and community-based approaches train local care providers to perform basic clinical tasks, thereby strengthening community health systems. The Nefyn pilot in Wales demonstrated that upskilling home-care workers in basic observations reduced general practitioner visits and enhanced community service capacity during COVID-19 [20]. Similarly, obstetric training initiatives in Papua New Guinea improved confidence and competence among community-based health workers[21].

Empirical studies document multiple benefits of upskilling:

1. Improved knowledge and skills, often reflected in significant gains in test scores [18];
2. Enhanced safety and quality of care, as VR/AR-based training allows risk-free practice and better transfer of skills [5];
3. Greater health equity, where upskilling unregulated care providers helps mitigate workforce shortages in underserved communities [22]; and
4. Technological readiness, preparing workers to engage with AI, digital tools, and complex systems through improved digital literacy and problem-solving skills [15].

At the same time, upskilling efforts face significant challenges, including high initial re source costs (especially for advanced technology), cultural resistance or negative attitudes towards new training methods, unequal access in remote areas, and structural workforce crises. In the European Union, for example, health workers, constituting about 7% of the labour force, face skill shortages, heavy workload, and medical "deserts", prompting calls for large-scale upskilling to safeguard patient rights and system sustainability [23].

From a measurement perspective, upskilling can be conceptualized through input, process, output, and outcome indicators, capturing driving factors (e.g., skill gaps, organizational support), training implementation, immediate improvements in knowledge/skills, and long-term impacts such as service quality, retention, and system resilience.

2.5 Work Ethic

Work ethic is generally understood as a set of positive work-related attitudes and be haviours rooted in fundamental beliefs and accompanied by a strong commitment to an inte gral paradigm of work. It goes beyond technical performance, encompassing intrinsic motivation, moral integrity, and loyalty towards one's profession and organization [24][25]. In empirical research, work ethic has been operationalized through dimensions such as responsibility, discipline, work enthusiasm, integrity and morality, loyalty, cooperation, and persevera nce [6], [7], [26], [27]. These dimensions capture the extent to which individuals complete their tasks conscientiously, adhere to rules and schedules, show enthusiasm for their work, uphold ethical principles, remain committed to the organization, collaborate with colleagues, and persist in the face of challenges.

In public and healthcare organizations, work ethic forms an essential foundation for professionalism and high-quality service delivery. Employees with a strong work ethic are more likely to behave responsibly, respect ethical standards, and align their actions with socie tal expectations of public service [25]. Most empirical studies document a positive relationship between work ethic and employee performance, though the strength and direction of this effect may vary by context. In several health organizations, work ethic has been shown to improve work attitudes and performance, sometimes indirectly through mediating variables such as work attitudes or job satisfaction. For instance, in the Tegal City Health Office, work ethic influenced work attitudes, which in turn affected performance; in RS Permata Cirebon, work ethic, motivation, and job satisfaction jointly explained 56.9% of doctors' performance, with job satisfaction being the dominant factor [28], [29].

Other studies report significant direct effects of work ethic on performance in primary health care settings, as seen in Puskesmas Jatibarang [30], while findings from Puskesmas Aro indicated a negative relationship between work ethic and performance, even though discipline and commitment had positive effects [27]. Such discrepancies suggest that the impact of work ethic is context-sensitive, shaped by organizational culture, management practices, and broader social conditions [7]. Overall, however, the literature supports the notion that strengthening work ethic is a critical strategy for improving health worker performance and public service quality.

In healthcare, work ethic is directly linked to patient safety, trust, and service quality. Strong work ethic reflects moral integrity, empathy, and accountability in patient care and can be reinforced by effective leadership [25]. Studies in hospitals and primary care facilities show that employees with higher work ethic tend to display greater discipline, responsibility, and service orientation [7], [26], [28]

Key factors shaping work ethic include:

1. Organizational culture supportive of discipline, collaboration, and innovation;
2. Work motivation (intrinsic and extrinsic);
3. Job satisfaction regarding work content, environment, and rewards;
4. Leadership style, particularly ethical, participative, and inspiring leadership;
5. Individual characteristics such as personality, values, and emotional intelligence; and
6. Work environment, including the physical and psychosocial climate [6], [7], [25], [30].

These determinants highlight the role of HRM and leadership in cultivating a strong work ethic to support improved performance and sustainable health systems.

2.6 Intention to Stay

Intention to stay refers to an employee's conscious, deliberate plan or tendency to remain with their current employer for a specified period. It is conceptually opposite to turnover intention or intention to quit. In competitive labor markets, unplanned or unwanted voluntary turnover of high-value employees poses a serious risk to organizational stability and performa nce, especially in sectors with talent shortages such as healthcare. Retention strategies typically involve competitive compensation, comprehensive benefits, incentive schemes, and other initiatives that signal appreciation and recognition of employees' contributions [31]. Intention to stay is thus an early and modifiable indicator of actual retention, making it a valuable target for managerial interventions. Given global and persistent shortages of health workers, strengthening intention to stay is a critical strategy to stabilize human resources and protect the continuity and quality of health services [32].

Indicators of intention to stay, as synthesized in prior research, include: job satisfaction, loyalty to supervisors, organizational commitment (affective, normative, continuance), perceived fairness and recognition, leadership support, person–job and person–organization fit, work environment quality, and personal factors such as work–life balance and intrinsic motivation [33]. These variables emphasize that intention to stay is shaped by a combination of work conditions, relational dynamics, and personal evaluations of the employment relationship.

2.7 Health Worker Performance

Performance may be defined as the quality and quantity of work achieved by an employee in line with their responsibilities and organizational standards, taking into account legal, moral, and ethical considerations [9], [34], [35]. In healthcare, performance reflects the extent to which health workers deliver services that are technically accurate, timely, patient-centered, and aligned with institutional objectives. Krijgsheld et al. (2022) propose a comprehensive framework for health worker performance consisting of four dimensions:

1. Task performance, execution of core clinical and professional duties (e.g., diagnosis, treatment, procedures);
2. Contextual performance , extra-role behaviours such as teamwork, communication, and organizational citizenship;
3. Adaptive performance , ability to adjust to new technologies, protocols, and emergencies; and
4. Counterproductive work behaviour, actions that harm organizational goals, such as absenteeism or unsafe practices.

Performance is shaped by individual factors (e.g., competence, motivation), organizational factors (e.g., workload, incentives, leadership, supervision), and contextual/environmental factors (e.g., infrastructure, social relations, health system policies) [36], [37], [38], [39]. Effective performance management commonly involves continuous training and upskilling, motivation and incentive schemes, supportive supervision and feedback, conducive work environments, and appropriate workload management [35], [37], [40].

2.8 Hypothesis

Based on the theoretical framework and previous studies described above, the hypotheses of this research are as follows :

a. H1: Innovative Work Behaviour has a significant effect on Intention to Stay at RSUD Sumberrejo.

b. H2: Innovative Work Behaviour has a significant effect on Health Worker Performance at RSUD Sumberrejo.

c. H3: Upskilling has a significant effect on Intention to Stay at RSUD Sumberrejo.

d. H4: Upskilling has a significant effect on Health Worker Performance at RSUD Sumberrejo.
e. H5: Work Ethic has a significant effect on Intention to Stay at RSUD Sumberrejo.
f. H6: Work Ethic has a significant effect on Health Worker Performance at RSUD Sumberrejo.
g. H7: Intention to Stay has a significant effect on Health Worker Performance at RSUD Sumberrejo.

3. Proposed Method

3.1. Data Types and Sources

The type of research employed in this study is quantitative research. Quantitative research is characterized by a systematic, planned, and clearly structured design from the initial stage through the development of the research framework. According to Siyoto and Ali Sodik (2015), quantitative research requires extensive use of numerical data, from data collection, data interpretation, to the presentation of results. The conclusion-drawing stage is also strengthened by the use of visual supports such as tables, figures, graphs, and other statistical displays, ensuring that findings are communicated objectively and accurately. Furthermore, quantitative research is grounded in the positivist philosophy, which views reality as measurable, observable, and independent of the researcher. As stated by Sugiyono (2013), quantitative methods are utilized to examine a specific population or sample, using standardized research instruments, while the data analysis relies on quantitative or statistical techniques to test predetermined hypotheses. This approach enables researchers to determine patterns, relationships, and influences among the measured variables.

The present study adopts a causal explanatory research design, which aims to explain cause-and-effect relationships among variables. Specifically, this study examines the influence of Innovative Work Behaviour, Upskilling, and Work Ethic on Health Worker Performance, with Intention to Stay serving as a mediating variable. This hypothesis-testing design is formulated based on theoretical foundations and empirical evidence relevant to human resource management and healthcare performance. Through the use of structured instruments, nume rical measurement, and statistical modeling, this quantitative approach allows for a rigorous examination of how behavioural and competency-related factors contribute to performance outcomes within RSUD Sumberrejo.

3.2. Population and Sample

The population refers to the overall group of objects or subjects possessing specific qua ntities and characteristics determined by the researcher to be studied and drawn into conclusions. Population does not only represent the number of observed units but also encompasses all attributes and characteristics inherent to those units. In this study, the population consists of all health workers employed at RSUD Sumberrejo. According to internal records, the hospital currently employs a total of 216 personnel, comprising 129 civil servants (PNS), 73 government contract employees (PPPK), 3 partner workers, and 11 BLUD staff members. The sampling technique applied is non-probability sampling, specifically judgmental or purposive sampling, as the sample is selected based on criteria relevant to the research objectives. To determine the minimum sample size, the study uses the Slovin formula, with a margin of error of 5% and a confidence level of 95%, resulting 140 respondents.

3.3. Research Variables and Operational Variables

In this study, there are three types of variables, namely independent variables, intervening variables and the dependent variables.

a. Independent Variables
   Independent variables are those that cause or influence changes in the dependent variable. The independent variables in this study are Innovative Work Behaviour (X_1), Upskilling (X_2), and Work Ethic (X_3);
b. Intervening Variables is a variable that mediates the relationship between an independent variable and a dependent variable, The intervening variables in this study is Intention to Stay (Z),
c. Dependent Variable

The dependent variable is the variable that is influenced by or becomes the outcome of the independent variables. The dependent variable in this study is Health Worker Performance (Y).

Table 1. Operational Definition of Research Variables

Research Variable	Definition	Indicators	Measurement Scale
Innovative Work Behaviour (X_1)	Innovative Work Be haviour refers to an employee's intention-al actions aimed at generating, promot-ing, and implementing novel ideas within the workplace.	1. Idea exploration 2. Idea generation 3. Idea championing 4. Idea im-plementation	Likert Scale
Upskilling (X_2)	Upskilling is defined as a structured process of developing and enhancing employees' com-petencies to meet evolving job demands and technological advancements.	1. Input indicators 2. Process indicators 3. Output indicators 4. Outcome indica tors	Likert Scale
Work Ethic (X_3)	Work Ethic represe-nts a set of moral prin-ciples and behavioral values that guide indi-viduals in performing their duties responsi-bly and professionally	1. Responsibility 2. Discipline 3. Work enthusiasm 4. Integrity and mor-ality 5. Organizational loyalty 6. Teamwork 7. Perseverance or consistency	Likert Scale
Intention to Stay (Z)	Intention to Stay re fers to an employee's conscious and deli-berate desire to rema-in in their current orga nization	1. Job satisfaction 2. Loyalty to supervi-sors 3. Organizational commitment 4. Perceived fairness and recognition**,** 5. Leadership suppor 6. Person–job and person–organi-zation fit 7. Work environment quality 8. Personal factors	
Health Worker Performance (Y)	Health Worker Performance describes the extent to which healthcare employees effectively carry out their tasks in accordance with orga nizational standards	1. Quality of work 2. Quantity of work 3. Supervision rece-ived 4. Attendance and discipline 5. Conservation be haviors	Likert Scale

4. Results and Discussion

The data analysis in this study was carried out using research instruments by Smart PLS 4.0 version, including validity testing, reliability testing, and hypothesis testing.

4.1. Validity Test Results

In this study, a questionnaire item was considered valid based on the decision criterion that if the calculated r-value (r-count) is greater than the r-table value, the statement is deemed valid. The validity test was conducted on 30 respondents, resulting in an r-table value of 0.361 for the sample size, with the following results.

Table 2. Validity Test Results

Variable	Item	r-count	r-table	Conclusion
Innovative Work Behaviour (X_1)	X1.1	0.664	0.361	Valid
	X1.2	.0.626	0.361	Valid
	X1.3	0.695	0.361	Valid
	X1.4	0.629	0.361	Valid
	X1.5	0.607	0.361	Valid
	X1.6	0.587	0.361	Valid
	X1.7	0.610	0.361	Valid
	X1.8	0.606	0.361	Valid
Upskilling (X_2)	X2.1	0.661	0.361	Valid
	X2.2	0.509	0.361	Valid
	X2.3	0.509	0.361	Valid
	X2.4	0.498	0.361	Valid
	X2.5	0.509	0.361	Valid
	X2.6	0.535	0.361	Valid
	X2.7	0.556	0.361	Valid
	X2.8	0.547	0.361	Valid
Work Ethic (X_3)	X3.1	0.507	0.361	Valid
	X3.2	0.504	0.361	Valid
	X3.3	0.507	0.361	Valid
	X3.4	0.548	0.361	Valid
	X3.5	0.535	0.361	Valid
	X3.6	0.583	0.361	Valid
	X3.7	0.507	0.361	Valid
	X3.8	0.504	0.361	Valid
	X3.9	0.964	0.361	Valid
	X3.10	0.466	0.361	Valid
	X3.11	0.490	0.361	Valid
	X3.12	0.479	0.361	Valid
	X3.13	0.450	0.361	Valid
	X3.14	0.450	0.361	Valid
	X3.15	0.507	0.361	Valid
Intention to Stay (Z)	Z1	0.695	0.361	Valid
	Z2	0.504	0.361	Valid
	Z3	0.535	0.361	Valid
	Z4	0.479	0.361	Valid
	Z5	0.450	0.361	Valid
	Z6	0.479	0.361	Valid
	Z7	0.607	0.361	Valid
	Z8	0.898	0.361	Valid
	Z9	0.834	0.361	Valid
	Z10	0.819	0.361	Valid
	Z11	0.484	0.361	Valid
	Z12	0.610	0.361	Valid

	Z13	0.592	0.361	Valid
	Z14	0.643	0.361	Valid
	Z15	1.017	0.361	Valid
	Z16	0.648	0.361	Valid
Health Worker Performance (Y)	Y1	0.504	0.361	Valid
	Y2	0.498	0.361	Valid
	Y3	0.450	0.361	Valid
	Y4	0.450	0.361	Valid
	Y5	0.430	0.361	Valid
	Y6	0.407	0.361	Valid
	Y7	0.548	0.361	Valid
	Y8	0.504	0.361	Valid
	Y9	0.535	0.361	Valid
	Y10	0.568	0.361	Valid

Source: Processed by the author in 2025

Based on the results of the validity test conducted on 30 respondents, the r-table value obtained was 0.361. An item is considered valid if the r-count value is greater than the r-table value (r-count > 0.361). The results can be explained as follows:

a. Innovative Work Behaviour (X_1)
   The testing of 8 statement items under the Innovative Work Behaviour variable shows that all items obtained r-count values greater than 0.361. Thus, it can be concluded that all 8 items for variable X_1 (Innovative Work Behaviour) are valid.
b. Upskilling (X_2)
   The testing of 8 statement items under the Upskilling variable indicates that all items obtained r-count values greater than 0.361. Therefore, it can be concluded that all 8 items for variable X_2 (Upskilling) are valid.
c. Work Ethic (X_3)
   The testing of 14 statement items under the Work Ethic variable demonstrates that all items obtained r-count values greater than 0.361. Hence, it can be concluded that all 14 items for variable X_3 (Work Ethic) are valid.
d. Intention to Stay (Z)
   The testing of 16 statement items under the Intention to Stay variable demonstrates that all items obtained r-count values greater than 0.361. Hence, it can be concluded that all 16 items for variable Z (Intention to Stay) are valid.
e. Health Worker Performance (Y)
   The testing of 10 statement items under the Health Worker Performance variable shows that all items obtained r-count values greater than 0.361. Accordingly, it can be concluded that all 10 items for variable Y (Health Worker Performance) are valid.

4.2. Reliability Test Results

According to Ghazali (2021), the basis for decision-making in the reliability test is as follows:

a. If the Cronbach's Alpha value is > 0.60, then the statement is considered reliable.
b. If the Cronbach's Alpha value is < 0.60, then the statement is considered not reliable.

Table 3. Reliability Test Results

Variable	Number of Questions	Cronbach's Alpha Value	Result
Innovative Work Behaviour (X_1)	8	0.941	Reliable
Upskilling (X_2)	8	0.929	Reliable
Work Ethic (X_3)	14	0.921	Reliable
Intention to Stay (Z)	16	0.953	Reliable
Health Worker Performance (Y)	10	0.917	Reliable

Source: Processed by the author in 2025

Based on the results of the reliability test above, which was conducted on 30 re spondents, it can be stated that if the Cronbach's Alpha value > 0.60, then the data in this study is considered reliable. The explanation is as follows:

a. The reliability test result for the Innovative Work Behaviour variable (X_1), based on the output of the reliability test in the table above, which was tested on 30 respondents with 8 statement items, shows a Cronbach's Alpha value of 0.941. Thus, it can be concluded that the Innovative Work Behaviour variable (X_1) has a Cronbach's Alpha value of 0.941 > 0.60, meaning that the 8 statement items for this variable are reliable, with a good reliability criterion.
b. The reliability test result for the Upskilling variable (X_2), based on the output of the re liability test in the table above, which was tested on 30 respondents with 8 statement items, shows a Cronbach's Alpha value of 0.929. Thus, it can be concluded that the Up-skilling variable (X_2) has a Cronbach's Alpha value of 0.929 > 0.60, meaning that the 8 statement items for this variable are reliable, with a good reliability criterion.
c. The reliability test result for the Work Ethic variable (X_3), based on the output of the reliability test in the table above, which was tested on 30 respondents with 14 statement items, shows a Cronbach's Alpha value of 0.921. Thus, it can be concluded that the Work Ethic variable (X_3) has a Cronbach's Alpha value of 0.921 > 0.60, meaning that the 14 statement items for this variable are reliable, with a good reliability criterion.
d. The reliability test result for the Intention to Stay variable (Y), based on the output of the reliability test in the table above, which was tested on 30 respondents with 16 statement items, shows a Cronbach's Alpha value of 0.953. Thus, it can be concluded that the In-tention to Stay variable (Y) has a Cronbach's Alpha value of 0.953 > 0.60, meaning that the 16 statement items for this variable are reliable, with a good reliability criterion.
e. The reliability test result for the Health Worker Performance variable (Y), based on the output of the reliability test in the table above, which was tested on 30 respondents with 10 statement items, shows a Cronbach's Alpha value of 0.917. Thus, it can be concluded that the Health Worker Performance variable (Y) has a Cronbach's Alpha value of 0.917 > 0.60, meaning that the 10 statement items for this variable are reliable, with a good reliability criterion.

4.3. Results of the Determination Coefficient Test (R^2)

The Coefficient of Determination Test (R^2) serves as a measure of the contribution of the independent variables (X) to the dependent variable (Y). In other words, the coefficient of determination (R^2) is useful for predicting and determining the extent to which the inde pendent variables (X_1, X_2, and X_3) collectively influence the dependent variable (Y).

Table 4. Results of the Determination Coefficient Test (R^2)

Dependent Variable	R Square	Adjusted R Square
Intention to Stay	0.651	0.644
Health Worker Performance	0.792	0.786

Source: Processed in 2025

Based on Table 4 , the analysis results show that the R-Square value for the Intention to Stay variable is 0.651 (moderate), indicating that 65.1% of the variance in this variable can be explained by the independent variables in the model, while the remaining 34.9% is influenced by factors outside the model. This suggests that the relationship between the independent variables and Intention to Stay can be considered very strong. Meanwhile, the R-Square value of 0.792 (strong) for the Health Worker Performance variable indicates that 79.2% of the variance in this variable is explained by the independent variables in the model, with 20.8% influenced by external factors. This value signifies a very strong relationship, meaning that the model is capable of explaining the factors affecting Health Worker Performance, although some influence still originates from outside the model.

4.4. Test Results Effect Size

Effect size is used to evaluate the specific impact of independent variables on the predic-tion of the dependent variable. This measurement is conducted by observing the change in

the effect size value after a particular independent variable is removed from the model. The effect size is interpreted as very small if it is less than 0.02, small if it ranges between 0.02 and 0.15, medium if it falls between 0.15 and 0.35, and large if it is greater than 0.35. By calculating the effect size, researchers can identify which independent variables have the greatest influence on the dependent variable within the model, thereby providing deeper insights into the dynamics of relationships among latent variables).

Table 5. Effect Size

Variable	Intention to Stay	Health Worker Performance
Innovative Work Behaviour (X_1)	0.118	0.050
Upskilling (X_2)	0.016	0.015
Work Ethic (X_3)	0.321	0.262
Intention to Stay (Z)		0.208
Health Worker Performance (Y)		

Source: Processed in 2025

Based on the results Based on the results presented in Table 5, the findings can be explained as follows:

1. Innovative Work Behaviour on Intention to Stay: The effect size for this path is 0.118, indicating a small effect. The Innovative Work Behaviour variable contributes slightly yet significantly to increasing Intention to Stay. This shows that innovative work be haviour plays a minor but meaningful role in explaining variations in health workers' intention to remain. Employees who are able to generate and implement new ideas tend to feel valued, which in turn encourages them to continue working at RSUD Sumberrejo.
2. Innovative Work Behaviour on Health Worker Performance: The effect size for this path is 0.050, indicating a small effect. Innovative Work Behaviour provides a modest yet significant contribution to improving Health Worker Performance. This suggests that while innovative behaviour positively influences efficiency and creativity in healthcare services, overall performance is not solely determined by individual innovation. Organizational systems, facilities, and supervisory support also play critical roles.
3. Upskilling on Intention to Stay: The effect size for this path is 0.016, indicating a very small effect. Upskilling, through skill enhancement and training, does not contribute meaningfully to health workers' willingness to stay.
4. Upskilling on Health Worker Performance: The effect size for this path is 0.015, also indicating a very small effect. Training outcomes have not been fully transferred into daily work practices, possibly because skill improvements are perceived merely as administrative obligations rather than as essential efforts to enhance performance.
5. Work Ethic on Intention to Stay: The effect size for this path is 0.321, indicating a medium effect and representing one of the largest impacts in the model. Work Ethic exerts a strong influence on Intention to Stay. Employees who possess strong work values, such as discipline, responsibility, loyalty, and integrity, tend to develop higher affective commitment and stronger loyalty to the institution.
6. Work Ethic on Health Worker Performance: The effect size for this path is 0.262, indicating a medium effect. Work Ethic contributes substantially to performance improvement. Employees with a strong work ethic demonstrate moral responsibility, work with integrity, and maintain service quality, all of which directly enhance productivity and work outcomes.
7. Intention to Stay on Health Worker Performance: The effect size for this path is 0.208, indicating a medium effect. Intention to Stay plays an important role in enhancing health worker performance. Employees who have a strong desire to remain in the orga nization tend to show emotional attachment and long-term commitment, resulting in more consistent work behaviour.

4.5. Hypothesis Results

The significance testing of relationships in PLS-SEM is conducted to determine whether the relationships among latent variables in the model can be considered statistically significant. This process uses the bootstrapping technique, in which the data are resampled to calculate the path coefficient values and their standard errors. The results

are presented in the form of t-statistics or p-values. A relationship is considered significant if the p-value is smaller than the predetermined significance level. In this study, a significance level of 0.05 was used. Significant path coefficients indicate that the relationship between the independent and latent dependent variables has strong statistical support, thereby allowing the proposed hypotheses to be accepted. Figure 1 presents the PLS-SEM Algorithm output

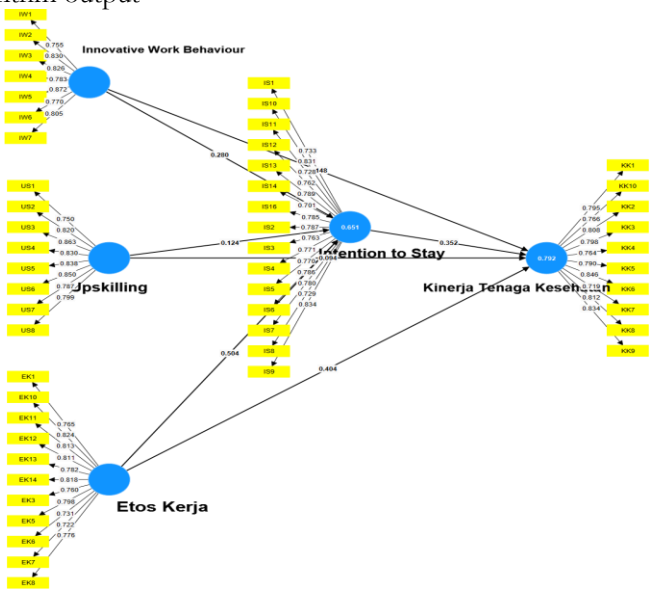

Figure 1 The PLS-SEM Algorithm output

The results of the bootstrapping for the direct effects can be seen in Table 6 as follows:

Table 6. Path Coefficient Bootstrapping direct effect Results

Hyp	Influences	Coeff	T Stat	P values	Sign
H1	Innovative Work Behaviour → Intention to Stay	0.280	3.086	0.001	Sign
H2	Innovative Work Behaviour → Health Worker Performance	0.148	1.945	0.026	Sign
H3	Upskilling →Intention to Stay	0.124	1.073	0.142	Non Sign
H4	Upskilling→ Health Worker Performance	0.094	1.057	0.145	Non Sign
H5	Work Ethic →Intention to Stay	0.504	4.674	0.000	Sign
H6	Upskilling → Health Worker Performance	0.404	3.444	0.000	Sign
H7	Intention to Stay → Health Worker Performance	0.352	3.230	0.001	Sign

Note : Sign. If p-values ≤ 0.05

Based on the results of the Path Coefficient Bootstrapping direct effect in the table above, the conclusions are as follows:

A. Innovative Work Behaviour has a significant effect on Intention to Stay at RSUD Sumberrejo

Firdausi et al. (2024) state that individual and organizational factors such as innovative behaviour, a positive work environment, and active employee participation in the organization can enhance employee loyalty and their intention to stay. In other words, innovative behaviour contributes to creating a balance between job roles and personal satisfaction, thereby strengthening employees' commitment to remain in healthcare institutions. Based on Table 6, Innovative Work Behaviour has a significant positive effect on Intention to Stay, with a coefficient value of 0.280 and a p-value of 0.001 (<0.05). This indicates that the better the implementation of Innovative Work Behaviour, the higher the employees' Intention to Stay within the organization. Health workers who demonstrate innovative work behaviour tend to want to continue working at the hospital. Employees who are willing to explore and implement new ideas to improve patient services feel professionally valued. Managerial support for innovation creates a positive work climate, which ultimately fosters long-term retention. Employees who are given opportunities to innovate develop stronger emotional attachment to the hospital.

B. Innovative Work Behaviour has a significant effect on Health Worker Performances at RSUD Sumberrejo

According to Alshahrani et al. (2023), studies conducted in the healthcare sector in Saudi Arabia found that innovative work behaviour among health workers significantly improves the performance of healthcare service organizations. Similarly, the literature review by Srira hayu et al. (2023), Kusumaningrum et al. (2025), and the study by Pham et al. (2024) reported that Innovative Work Behaviour contributes positively to individual performance and the effectiveness of public organizations. Even in the field of education, Novita et al. (2022) demonstrated that teachers' innovative behaviour significantly influences teaching performa nce. Research by Nurhayati et al. (2025) at the Office of Culture, Youth, Sports, and Tourism of Surabaya City also found that employees' innovative behaviour has a positive and significant effect on both competence and performance. These findings reinforce that, regardless of the sector, Innovative Work Behaviour is a key factor in enhancing performance. Based on Table 6, Innovative Work Behaviour has a significant positive effect on Health Worker Performance, with a coefficient value of 0.148 and a p-value of 0.026 (<0.05). This finding is consistent with the literature, which states that: *"Innovative work behaviour acts as a driving force for performance improvement because it fosters creative thinking, adaptive problem-solving, and the creation of added value for the organization"* [14]. The coefficient value of 0.148 indicates that Innovative Work Behaviour is not the sole determinant of health worker performance. While it significantly enhances performance, its effect is moderate. Employees who exhibit innovative be haviour are able to develop more efficient and higher-quality work methods, improve adapta bility, and contribute to better public service delivery. These results highlight the importance of fostering an innovative culture within hospitals, especially in addressing challenges related to efficiency, digitalization, and patient-oriented services.

C. Upskilling has a non significant effect on Intention to Stay at RSUD Sumberrejo

The study by Wang & Jiang (2024) shows that training improves employability and may even "open an exit pathway" for individuals if the organization does not provide a supportive environment for retention or career development. This is relevant for health workers who may find better career opportunities elsewhere. Based on Table 6, the effect of Upskilling on Intention to Stay is statistically non-significant, with a p-value of 0.142, which is above the 0.05 threshold, and a coefficient of 0.124. Upskilling does not significantly influence the Intention to Stay of health workers at RSUD Sumberrejo. Upskilling tends to be perceived as an obligation rather than a personal motivation for development, so training does not generate emotional attachment or a desire to remain in the workplace. With enha nced skills, health workers may feel more confident in seeking employment in other institutions. This finding aligns with Johanim et al. (2012), who reported that training, career deve lopment, and performance appraisal do not significantly affect the intention to stay. Their study emphasizes that compensation and benefits play a key role in employee retention, while other human resource practices require additional strategies to effectively support workforce retention. Furthermore, this research is consistent with Laguerre & Farrell (2025), who argue that the implementation of upskilling or training based on Self-Determination Theory must be accompanied by organizational support that strengthens autonomy and career opportunities in order to enhance motivation and intention to stay.

D. Upskilling has a non significant effect on Health Worker Performances at RSUD Sumberrejo

Laguerre & Farrell (2025) emphasize that internal motivation has a far greater impact on long-term commitment than external motivation. When training is conducted without emotional engagement, its outcomes do not contribute to performance improvement. Based on Table 6, the effect of Upskilling on Health Worker Performance is statistically non-significant, with a coefficient value of 0.094 and a p-value of 0.145 (>0.05). Upskilling that is not accompanied by a sense of ownership or intrinsic motivation to excel will lose its effectiveness. If health workers participate in training merely to fulfill administrative requirements, the results will not become internalized into their work behavior. This finding is consistent with Johanim et al. (2012), who found that training, career development, and performance appraisal do not significantly influence the intention to stay, emphasizing instead that compensation and benefits play a key role in retaining employees.

Other human resource practices require additional strategies to effectively support workforce retention.

E. Work Ethic has a significant effect on Intention to Stay at RSUD Sumberrejo

Strategies to enhance employees' Intention to Stay should focus, among others, on strengthening work ethic as well as affective and normative commitment, in order to effectively reduce turnover rates. This means that when an organization successfully instills a strong work ethic, such as a culture that values integrity and hard work, employees feel more morally and emotionally bound to remain (Ghosh et al., 2013).Based on Table 6, Work Ethic has a significant positive effect on Intention to Stay, with a coefficient value of 0.504 and a p-value of 0.000 (<0.05). This result indicates that a high level of work ethic directly contributes to an increase in Intention to Stay. The higher the levels of responsibility, discipline, loyalty, and integrity demonstrated by health workers, the stronger their intention to remain at RSUD Sumberrejo. These findings reinforce that moral factors, affective commitment, and work values are essential foundations for employee retention in the public sector.

F. Work Ethic has a significant effect on Health Worker Performances at RSUD Sumberrejo

Iskandar et al. (2023) found that work motivation and work ethic simultaneously have a significant effect on employee performance, highlighting the role of work ethic as a driver of performance alongside other motivational factors. Similarly, Nurhasanah et al. (2024) and Ardinazella (2025) reported that work ethic positively enhances employee performance. In other words, the stronger the work values internalized by employees, the higher their level of work achievement. Based on Table 6, Work Ethic has a significant positive effect on Health Worker Performance, with a coefficient value of 0.404 and a p-value of 0.000 (<0.05). The higher the work ethic, which includes responsibility, discipline, integrity, loyalty, and cooperation, the higher the performance of health workers at RSUD Sumberrejo.

G. Intention to Stay has a significant effect on Health Worker Performances at RSUD Sumberrejo

Saptoprasetyo et al. (2024) explain that employees' Intention to Stay reflects organizational stability, where highly committed employees view the organization's success as part of their personal achievement. This drives them to deliver their best performance and to be proactive in contributing to workplace improvement. Based on Table 6, Intention to Stay has a significant effect on H

ealth Worker Performance, with a coefficient value of 0.352 and a p-value of 0.001 (<0.05). The stronger the intention of health workers to remain at RSUD Sumberrejo, the higher their enthusiasm, discipline, and sense of responsibility in providing services. Intention to Stay thus becomes a reinforcing factor within the hospital's human resource system, sustaining performance continuity and the quality of public services.

5. Comparison

Comparison with state-of-the-art is an essential component for positioning the contribution of this study within the broader body of knowledge. This comparison highlights how the empirical findings of this research align with, extend, or diverge from previously esta blished models and evidence in the domains of human resource management, organizational behaviour, and public healthcare performance.

First, the finding that Innovative Work Behaviour (IWB) significantly influences both Intention to Stay and Health Worker Performance is consistent with the global literature. Studies by Alshahrani et al. (2023), Srirahayu et al. (2023), Kusumaningrum et al. (2025), and Pham et al. (2024) similarly report that innovative behaviours enhance individual adaptability, job performance, and organizational effectiveness. The effect size in this study, moderate for Intention to Stay (0.118) and small but significant for Performance (0.050), is in line with Janssen's (2000) theoretical assertion that innovation acts as a performance driver through creative problem solving and value creation. Therefore, this research reinforces existing state-of-the-art findings while contributing contextual evidence from the Indonesian public healthcare sector, which has previously received limited empirical attention.

In contrast, the finding that Upskilling does not significantly affect Intention to Stay or Health Worker Performance diverges from several international studies that emphasize the

positive impact of training on retention and performance. Research by Wang & Jiang (2024) and Laguerre & Farrell (2025) argues that training increases employability, motivation, and long-term commitment, particularly when supported by organizational structures that enha nce autonomy and career development. However, the non-significant effects observed in this study align with Johanim et al. (2012), who found that training alone is insufficient to influence retention or performance unless accompanied by supportive compensation, meaningful career pathways, and intrinsic motivation. This indicates that in the context of RSUD Sumberrejo, upskilling is still perceived as a procedural obligation rather than a strategic developmental mechanism, thereby limiting its behavioural and performance impact.

The findings regarding Work Ethic provide strong alignment with state-of-the-art evidence across sectors. Consistent with Iskandar et al. (2023), Nurhasanah et al. (2024), and Ardinazella (2025), this study demonstrates that work ethic is one of the most influential determinants of both Intention to Stay and Performance. The effect sizes, 0.321 for Intention to Stay and 0.262 for Performance, represent some of the largest observed influences within the structural model. These results confirm that moral values such as responsibility, integrity, discipline, and loyalty act as powerful behavioural drivers in public-sector work environments. This reinforces the theoretical perspective that internalized work values, not merely extrinsic incentives, sustain long-term commitment and performance stability among healthcare workers.

Furthermore, the significant influence of Intention to Stay on Performance, with a coefficient of 0.352, aligns strongly with contemporary literature. Studies such as Saptoprasetyo et al. (2024) argue that employees with strong retention intention display greater emotional attachment, stability, and proactive engagement, ultimately leading to improved service quality and productivity. This research contributes further evidence that retention intention is not merely an HR outcome but a strategic variable with direct performance implications.

Overall, the comparison reveals that this study:

1. Strengthens existing evidence that IWB and Work Ethic are robust predictors of performance and retention.
2. Provides contrasting empirical insights regarding the limited effectiveness of upskilling in environments lacking intrinsic motivation and career support.
3. Extends state-of-the-art models by demonstrating the centrality of Intention to Stay as a reinforcing factor in public healthcare performance systems.
4. Offers new contextual contributions to the literature on Indonesian regional hospitals, an area where empirical data remain scarce.

Thus, this study not only aligns with the broader theoretical landscape but also enriches it with nuanced insights into how behavioural and organizational variables operate within public healthcare institutions in developing regions.

6. Conclusions

This study provides a comprehensive understanding of the determinants that influence Intention to Stay and Health Worker Performance at RSUD Sumberrejo. The findings highlight that Innovative Work Behaviour and Work Ethic serve as the most substantial drivers of both retention intention and performance outcomes. Innovative Work Behaviour enha nces performance and strengthens employees' desire to remain in the organization by foste ring creativity, adaptability, and a sense of professional value. Likewise, Work Ethic emerges as a critical behavioural foundation that reinforces discipline, responsibility, integrity, and loyalty, attributes that are directly linked to sustained performance and long-term organizational commitment.

In contrast, Upskilling demonstrates a non-significant effect on both Intention to Stay and Health Worker Performance. This suggests that training initiatives at RSUD Sumberrejo have not yet translated into meaningful behavioural or performance improvements. The lack of intrinsic motivation, limited career pathways, and perceptions of training as a mere administrative requirement reduce the strategic impact of upskilling efforts. These results underscore the need for aligning training programs with personal development expectations, organizational support systems, and competency-based career frameworks to unlock their full potential.

The study also confirms that Intention to Stay significantly enhances Health Worker Performance, indicating that retention is not only an HR outcome but a crucial predictor of

service quality and operational stability. Employees who are emotionally attached and committed to remaining in the institution demonstrate stronger motivation, consistency, and accountability in delivering healthcare services.

Overall, the findings reinforce the importance of cultivating an organizational culture that promotes innovation, strong ethical values, and meaningful employee engagement. To maximize performance outcomes, RSUD Sumberrejo must prioritize strategies that strengthen work ethic, encourage innovative behaviour, and transform upskilling initiatives into intrinsically motivating, career-enhancing processes. The integration of these elements will contribute to improved workforce stability, enhanced service quality, and long-term organizational effectiveness in the public healthcare sector.

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