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Effect of Social Capital on Job Satisfaction and Performance of Healthcare Workers at Hermina Sukabumi General Hospital

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ABSTRACT

Background: Social capital can serve as an important strategy for improving job satisfaction and performance. Satisfied employees will display a good personality in the work environment and improve performance positively in the health sector. This study aims to analyze the effect of social capital on job satisfaction and performance.
Subjects and Method: This study was conducted using a quantitative method with a cross-sectional approach and using a path analysis model. This study was conducted at Hermina General Hospital Sukabumi, West Java in December 2024. The sample of this study was 200 health workers. The exogenous variables were social capital, education, working period, age and gender. Endogenous variables were job satisfaction and performance.
Results: Pathway analysis showed that the performance of health workers at Hermina Sukabumi Hospital was directly influenced by job satisfaction (b=0.33; 95% CI=0.22 to 0.45; p<0.001), age ≥ 29 years (b=0.17; 95% CI=0.03 to 0.31; p=0.016), education ≥bachelor's degree (b=-0.14; 95% CI=-0.26 to -0.01; p=0.027), working period ≥4 years (b=-0.37; 95% CI=-0.50 to -0.24; p<0.001), gender (female) (b=-0.19; 95% CI=-0.32 to 0.06; p=0.003). Job satisfaction was indirectly influenced by 4 years of ≥ working period (b=0.08; 95% CI=-0.01 to 0.16; p=0.077), gender (female) (b=-0.08; 95% CI=-0.17 to 0.01; p=0.075) and social capital (b=0.81; 95% CI=0.77 to 0.85; p<0.001). Social capital had an indirect effect through job satisfaction with the total effect size (b=0.26). The effect of the total working period of ≥4 years on performance (b=-0.34). Total effect of gender (female) on performance (b=-0.21).
Conclusion: Strong social capital can increase job satisfaction, and satisfied employees will have higher performance and increased productivity.

Keywords: Social capital, job satisfaction, performance, health workers

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BACKGROUND

Improving the quality of health services has become a crucial issue for hospitals in recent years. In addition, there is increased external pressure on hospitals to provide safe and high-quality healthcare. Therefore, the importance of building a quality management system in healthcare organizations has developed and has become an important part of quality improvement in hospitals. Governments and healthcare organization policymakers face a major challenge to ensure that healthcare remains accessible and reachable. This cannot be overcome without the involvement and good performance of health workers (Krijgsheld *et al.*, 2022).

Delivering efficient and safe healthcare is a complex task that requires interdisciplinary collaboration. To achieve this goal, healthcare researchers have studied social capital and related measures of relational coordination (Clark *et al.*, 2021). Social capital can serve as an important strategy to improve job satisfaction and performance of nurses, thereby improving the quality of nursing services. Social capital encompasses structural, relational, and cognitive aspects, including strong social relationships, mutual understanding, shared values and goals, friendship, and trust that act as an advantage to harness the valuable resources embedded in relational bonds (Berraies *et al.*, 2020).

Social capital can build a social foundation that fosters collective intelligence and creates a sense of cohesion that nurtures the company's knowledge base and helps employees to have access to valuable knowledge and carry out their duties successfully (Allameh, 2018).

Workers are a very valuable asset of the agency that must be managed properly by the institution in order to make an optimal contribution. One of the things that must be the main concern of the institution is the job satisfaction of its employees, because employees who work do not feel comfortable, are not appreciated, cannot develop all the potential they have, so automatically employees cannot focus and fully concentrate on their work (Maria, 2021). Workers play an important role in the success of the organization. How well a leader manages the performance of subordinates will directly affect the performance of individuals, work units, and the entire organization (Wibowo, 2018).

The previous study has shown that social capital in the workplace predicts the reported performance of workers from the psychological well-being of the employees. This study shows the magnitude of social capital changes in predicting self-reported job performance, work engagement, and psychological well-being among employees at both the individual and group levels (Clausen *et al.*, 2019).

This study is in line with a study from Jutengren *et al.* (2020). The study used a sample of 250 health workers in Sweden using a questionnaire. The study explained that social capital is predictive of job satisfaction and job attachment over time. The results also show that higher levels of social capital are predictive of more cognitive and relational work arrangements, meaning that social capital also has the potential to increase employees' capacity to actively improve their work.

Based on the results of previous studies, this study aims to analyze the effect of social capital on job satisfaction and performance of health workers at Hermina General Hospital Sukabumi, West Java.

SUBJECTS AND METHOD

1. Study Design

This study was conducted using a quantitative method with a cross sectional approach. This study was conducted at

Hermina General Hospital Sukabumi, West Java in December 2024.

2. Population and Sample

The population in this study was all health workers who worked at Hermina Sukabumi Hospital, which was 408 workers. Using the Convenience sampling technique, a sample of 200 health workers who met the inclusion criteria was obtained, with the following criteria:

3. Inclusion Criteria

Health workers of Hermina Sukabumi Hospital who were willing to be the subject of the study.

4. Exclusion Criteria

Healthcare workers on leave.

5. Study Variables

The exogenous variables were social capital, education, working period, age, and gender. The endogenous variables were job satisfaction and performance.

6. Operational Definition

Social capital: A set of shared values or resources that allow individuals to work together in a group to effectively achieve common goals.

Education: Structured and tiered educational pathways organized by official educational institutions.

Working period: The length of time the respondents worked at Hermina Sukabumi Hospital.

Age: The length of life of the respondents from birth to the time of the study.

Gender: Biological signs that distinguish males and females.

Job satisfaction: A feeling of pleasure and love for work that is reflected in attitude, morale, discipline, and work performance.

Performance: Each individual's responsibility for the job, facilitating to define performance expectations, working on a framework for supervisors and workers to communicate with each other.

7. Study Instrument

Study data were obtained by collecting information offline and online through direct interviews and Google Forms. The information collection process began after the respondent agreed or was willing to undergo the study. Subsequently, it was continued with data processing. Questionnaire statements were processed using the Likert scale.

The validity of an instrument in a quantitative study is the extent to which it measures what it is supposed to measure. To test its validity if it has an item correlation of ≥0.20. The internal consistency reliability test is conducted by trying the instrument only once, then analyzed with certain techniques. To test the reliability of the study instrument, Chronbach's Alpha was used with a reliability standard of ≥ 0.60, and tested using STATA 13, with an alpha value of social capital (0.65), job satisfaction (0.77) and performance (0.75).

8. Data Analysis

Categorical data regarding the characteristics of the number of subjects are described in the form of frequency (n) and percentage (%). Univariate analysis was performed in the form of mean, SD, minimum value, and maximum value. Bivariate analysis was conducted using linear regression tests. Multivariate analysis was analyzed using path analysis using the STATA 13 program, with the following steps:

1) Model specifications
2) Model identification
3) Model fit
4) Parameter estimation
5) Model specification.

9. Research Ethics

The purpose of ethical clearance is to protect study subjects who are an important part of the research process and not just a means of accessing data. This study has received ethical clearance from the Health Research Ethics Commission of Dr. Moewardi

Hospital, Central Java, No: 2.631 / XI / HREC / 2024.

RESULTS

1. Study characteristics

The characteristics of respondents in this study are presented to provide an overview of their demographic profiles and background. The variables analyzed include gender, age, educational level, and length of working period. The distribution of each respondent characteristic is shown in the following table.

Table 1. Characteristics of Research Subjects

Characteristics	Category	Frequency	Percentage (%)
Gender	Male	23	12%
	Female	177	88%
Age (years)	< 29	90	45%
	≥ 29	110	55%
Education	Associate Degree	93	47%
	≥ Bachelor's Degree	107	53%
Working Period (years)	< 4	113	56%
	≥ 4	87	44%

The characteristics of the study subjects obtained based on gender were mostly females, with a total of 177 (89%). Based on age range, the most was in the age range ≥29 (55%), based on the working period, the most results were obtained in the working period <4 years with 113 (56%) employees, based on the level of education, the majority were ≥ bachelor's degree with a total of 107 (53%). The distribution of the characteristics of the research subjects is described in Table 1.

2. Univariate Analysis

Univariate analysis was conducted in the form of mean, SD, minimum, and maximum values of each study variable, which included social capital, showing results (Mean=9.39; SD=1.25) with a minimum score of 4 and a maximum score of 10. Based on the job satisfaction variable, out of the 200 subjects studied, the results were identified (Mean=18.75; SD=2) with a minimum score of 8 and a maximum score of 20. Performance variables showed results (Mean= 5.84; SD=0.58) with a minimum score of 2 and a maximum score of 6.

Table 2. Frequency distribution based on study variables

Variable	n	Mean	SD	Min	Max
Social Capital	200	9.39	1.25	4	10
Job Satisfaction	200	18.75	2.00	8	20
Performance	200	5.84	0.58	2	6

3. Bivariate Analysis

Bivariate analysis explains the effect of one independent variable on the dependent variable. Independent variables in this study included job satisfaction, social capital, education, and gender. The dependent variable was performance. The method used was a linear regression test, with an association considered significant if the value of $p<0.05$.

Table 3. shows that job satisfaction had a positive effect on performance, and this effect was statistically significant. Social capital had a positive effect on performance, and this effect was statistically significant. Education ≥ bachelor's degree had a negative effect on performance, and this effect was statistically significant. Female gender had a negative effect on performance, and this effect was statistically significant. Health workers with a working period of ≥4 years had a negative effect on performance, and this effect was statistically significant. Health workers who were ≥29 years old had a positive effect on performance, and this effect was statistically approaching significant.

Table 3. The results of bivariate analysis that affect the performance of health workers

Independent Variables	b	95 % CI		p
		Lower limit	Upper limit	
Job satisfaction	0.10	0.06	0.14	<0.001
Social capital	0.14	0.08	0.21	<0.001
Education ≥ bachelor's degree	-0.27	-0.43	-0.11	0.001
Gender (female)	-0.18	-0.43	-0.07	0.166
Working period ≥4 years	-0.32	-0.49	-0.17	<0.001
Age ≥29 years old	0.15	-0.01	0.32	0.066

4. Multivariate Analysis

Multivariate analysis was performed using path analysis with the STATA 13 program. This study aims to analyze what variables affect performance. The steps of path analysis in this study include:

a. Model Specifications

The model specification describes the association across the variables to be studied. In this study, there were 7 variables to be measured. They were performance, job satisfaction, social capital, gender, age, education, and working period.

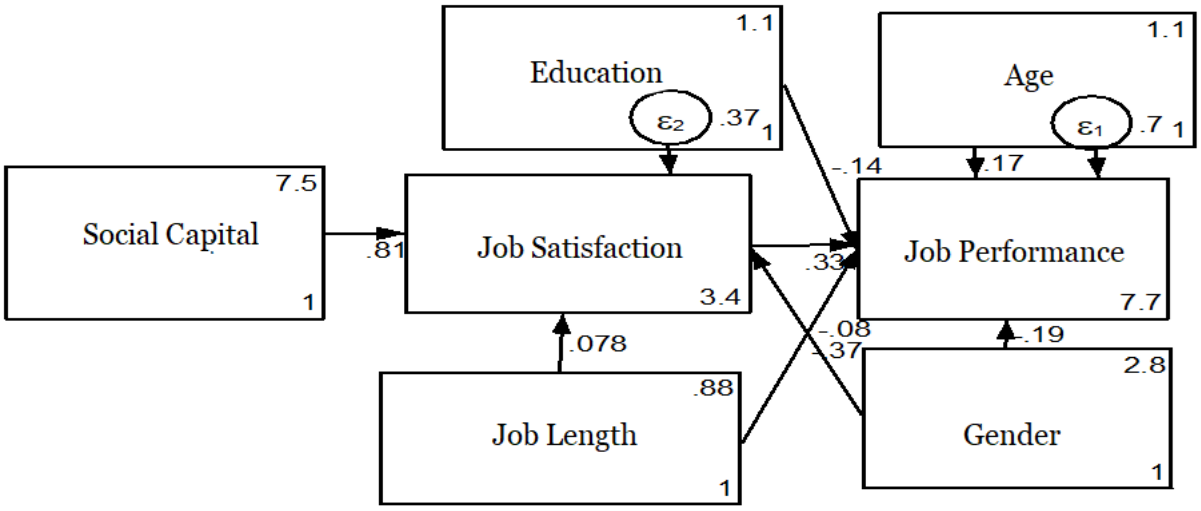

Figure 1. Results of path analysis on the effect of social capital on job satisfaction and performance among health workers

b. Model Identification

1) Number of measurable variables: 7
2) Exogenous variable: 5
3) Endogenous variable: 2

4) Number of parameters: 15
The formula for the degree of freedom (df) is as follows:
df = Observation – Parameters
Observation = (Number of measurable variables) (Number of measurable variables +1)/2 = 7 x 8) / 2 = 28
Parameters= Arrows + Errors + Exogenous variabel = 8 + 2 + 5 = 15
df = 28 – 15 = 13
Path analysis can be done if df ≥ 0, while the obtained result of model identification on the path analysis of the study was a df value of 13 (over-identified), which means that path analysis can be conducted.

c. Model Fit with Estimates

The structural model that has been estimated using STATA 13, can be seen in Figure 1.
The indicators according to the model in Figure 1 show the results of good model suitability, including: Chi Square p=0.109 (≥0.05), RMSEA=0.07 (<0.08), CFI=0.99 (≥0.90), TLI=0.96 (≥0.90), and SRMR=0.017 (<0.08). These values indicate that the model met the criteria and was in accordance with empirical data.

Table 4. Results of Path Analysis affecting the performance of health workers

Dependent Variable	Independent Variable	Path Coefficient (b)	95% CI		p
			Lower limit	Upper limit	
Direct effect					
Performance	← Job satisfaction	0.33	0.22	0.45	<0.001
	← Age ≥29 years old	0.17	0.03	0.31	0.016
	← Education	-0.14	-0.26	-0.01	0.027
	← Working period ≥4 years	-0.37	-0.50	-0.24	<0.001
	← Gender (female)	-0.19	-0.32	-0.06	0.003
Indirect effect					
Job satisfaction	← Working period ≥4 years	0.08	-0.01	0.16	0.077
	← Gender (female)	-0.08	-0.17	0.01	0.075
	← Social Capital	0.81	0.77	0.85	<0.001

Based on Table 4. The results of the path analysis can be found with the following explanation:

Job Satisfaction and Performance The results of the study showed that job satisfaction had a positive effect on the performance of health workers in hospitals, and this effect was statistically significant. Each 1 unit increase in job satisfaction score would be followed by an increase in performance score of 0.33 (b=0.33; 95% CI= 0.22 to 0.45; p<0.001).

Age and Performance The results of the study showed that age had a positive effect on the performance of health workers in hospitals, and this effect was statistically significant. Health workers aged ≥29 years had an average performance score 0.17 units higher than those aged <29 years (b=0.17; 95% CI=0.03 to 0.31; p=0.016).

Education and Performance The results of the study showed that education had a negative effect on the performance of health workers in hospitals, and this effect was statistically significant. Health workers with education ≥bachelor's degree on average had a performance score 0.14 units lower than those with an Associate's degree (b=-0.14; 95% CI=-0.26 to -0.01; p=0.027).

Working Period and Performance The results of the study showed that the working period had a negative effect on the performance of health workers in hospitals, and this effect was statistically significant. Health

workers with a working period of ≥4 years had an average performance score of 0.37 units lower than <4 years (b=-0.37; 95% CI=-0.50 to -0.24; p<0.001).

Gender and Performance The results of the study showed that gender (female) had a negative effect on the performance of health workers in hospitals, and this effect was statistically significant. Female health workers had an average performance score 0.19 units lower than males (b=-0.19; 95% CI=-0.32 to -0.06; p=0.003).

Working Period and Job Satisfaction The results of the study showed that the working period had a positive effect on the job satisfaction of health workers in hospitals, and this effect was statistically approaching significant. Health workers who worked ≥4 years had an average job satisfaction score of 0.08 units higher than those <4 years (b=0.08; 95% CI= -0.01 to 0.16; p=0.077).

Gender and Job Satisfaction The results of the study showed that gender (female) had a negative effect on the job satisfaction of health workers in hospitals, and this effect was statistically approaching significant. Female health workers had an average job satisfaction score of 0.08 units lower than men (b=-0.08; 95% CI= -0.17 to 0.01; p=0.075).

Social Capital and Job Satisfaction The results of the study showed that social capital had a positive effect on the job satisfaction of health workers in hospitals, and this effect was statistically significant. Each one unit increase in the social capital score in the hospital would be followed by an increase in the job satisfaction score of 0.81 units higher (b=0.81; 95% CI=0.77 to 0.85; p<0.001).

Indirect Effect of Social Capital on Performance

Social capital had a significant indirect effect on performance. Social capital affected job satisfaction (b=0.81), while job satisfaction affected performance (b=0.33). Therefore, social capital affected performance indirectly with the total size effect of (0.81x0.33=0.26).

Direct and Indirect Effects of Working Period on Performance

The working period of ≥4 years had an indirect effect on performance through job satisfaction. The working period ≥4 years affected job satisfaction (b=0.08), and job satisfaction affected performance (b=0.33). The working period of ≥4 years had a direct effect on performance (b=-0.37). Therefore, the total effect of working period of ≥4 years on performance.

DISCUSSION

1. Job Satisfaction and Performance

The results of the path analysis showed that job satisfaction had a positive effect on the performance of health workers in hospitals, and was statistically significant. Every 1 unit increase in the job satisfaction score would be followed by an increase in the performance score by 0.33 times.

This study is in line with a study by Ousman and Hailu (2023), which reports that respondents who are satisfied with their jobs are twice as likely (aOR= 2.48; 95% CI=1.37 to 4.47; p<0.003) to perform well compared to those who are dissatisfied with their jobs. Satisfied employees will have higher performance and increased productivity.

Based on a study by Faryal and Naqvi (2023), conducted in Pakistan on 400 healthcare workers with an age range of 22 to 47 years, it is reported that job satisfaction has a positive correlation with job performance. When healthcare workers are satisfied with their jobs, they have the resources to better address challenging situations, which ultimately improves job performance rates.

2. Age and Performance

The results of the path analysis showed that age had a positive effect on the performance of health workers in hospitals, and this effect

was statistically significant. Health workers who were ≥29 years old had an average performance score 0.17 units higher than <29 years old.

This study is in line with a survey by Liu et al. (2022), which reports that primary healthcare providers aged 36-45 are more likely to improve their job performance. They have a wealth of knowledge and experience that can provide additional skills and experience to junior health workers. The results of the study also show that healthcare providers with senior professional titles can significantly improve their job performance.

3. Education and Performance

The results of the path analysis showed that education had a negative effect on the performance of health workers in hospitals, and this effect was statistically significant. Healthcare workers with an average bachelor's education had a performance score 0.14 units lower than a Diploma education.

This study is in line with Workineh et al. (2020), conducted in Oromia, Ethiopia, where those with an associate's degree are more satisfied with their work than those with a bachelor's degree. This is contrary to a study of Temesgen et al. (2018), in Northwest, Ethiopia, where increasing age and improved academic status increased health worker expectations, better incentives, and personal growth. However, most of the respondents in the study had longer work experience and qualifications, working with lower-status workers, in the same environment in terms of work experience and academic status.

4. Working period and Performance

The results of the path analysis showed that the working period had a negative effect on the performance of health workers in hospitals, and this effect was statistically significant. Healthcare workers with a working period of ≥4 years on average had a performance score of 0.37 units lower than <4 years.

This research is in line with Shin and Lee. (2016), who report nurses with less clinical practice experience and less than 1 year of service in their unit scored higher on the internal and external trust and solidarity subscales. meanwhile, nurses with more clinical experience obtain the lowest scores on internal and external trust and solidarity. In workers who have worked for many years, interest in the task is wavering, and they feel bored in doing the task so that their performance is lower.

Contrary to this fact, a study by Bereda and Debalkie (2018), showed that employees who had a working period between 16 and 20 years are more likely to perform well (aOR= 3.07; 95% CI=1.25 to 7.49) compared to their peers

5. Gender and Performance

The results of the path analysis showed that gender (female) had a negative effect on the performance of health workers in hospitals, and this effect was statistically significant. Female health workers had a performance score 0.19 units lower than male on average.

This study is in line with a study by Mrayyan and Alfaouri (2016), there is a significant difference between intensive care units and wards in terms of gender, education level, and average daily census of units/wards. This difference is difficult to interpret because male nurses are more represented in intensive care units. This can be attributed to the fact that male nurses are considered more professionally oriented than female nurses (Dassen et al., 1990; Mrayyan and Alfaouri, 2016).

6. Work Time and Job Satisfaction

The results of the path analysis showed that the working period had a positive effect on the job satisfaction of health workers in hos-

pitals, and the effect was statistically approaching significant. Healthcare workers who worked ≥4 years had an average job satisfaction score of 0.08 units higher than <4 years.

This study is in line with a study by Kibwana et al. (2018) in Ethiopia, where work experience in the health system is also a predictor of job satisfaction, with anesthesiologists having more than 10 years of work experience (OR=3.53, 95% CI=1.61 to 7.69), more likely to feel satisfied with their work. Perhaps because junior staff often have to work less desirable shifts and longer hours, may not be selected for sustainable professionnal development activities, and may have less autonomy and leadership opportunities. Efforts should be made to design targeted interventions to address motivation for juniors, including ensuring that they are informed of existing employee health and motivation programs.

This is contrary to a study by Asegid et al. (2014) in Southern Ethiopia, which identified that nurses with 5 years to less than 10 years of work experience were 78% less likely to be satisfied with the overall aspect of the job (aOR=0.22; 95% CI=0.06 to 0.75) compared to those with 6 months to 1 year of work experience. This difference might occur due to differences in the work environment.

7. Gender and Job Satisfaction

The results of the path analysis showed that gender (female) had a negative effect on the job satisfaction of health workers in hospitals, and this effect was statistically approaching significant. Female health workers have an average job satisfaction score 0.08 units lower than male.

This study is in line with Gholami et al. (2020), which shows that the average job satisfaction score is higher in men compared to women. One of the factors that affect the difference in job satisfaction is the difference in salary and benefits between male and female staff. Therefore, in order to provide reasonable quality services to patients, women are more satisfied with resolving existing conflicts and rationalizing differences in their social and economic rights.

This is contrary to a study by Bekru et al. (2017), conducted on midwives in Ethiopia, found that female respondents were three times more likely to feel satisfied than male respondents (aOR=4.07; 95% CI=1.36 to 12.37). This difference might stem from perceptions of the nature of work especially in maternity wards and the public believes that midwifery is mostly a women's profession.

8. Social Capital and Job Satisfaction

The results of the path analysis showed that social capital had a positive effect on the job satisfaction of health workers in hospitals, and this effect was statistically significant. Each one unit increase in the social capital score in the hospital would be followed by an increase in the job satisfaction score of 0.81 units higher.

This study is in line with a study by Li et al. (2023) conducted on 365 pharmacists in China, which shows that social capital in primary healthcare services has a significant impact on pharmacists' job satisfaction. Trust, (which can be divided into affective trust and cognitive trust), and reciprocity are essential for the fulfillment of pharmacist job satisfaction as a core element of social capital.

9. The Indirect effect of Social Capital on Performance

Social capital has a significant indirect effect on performance. Social capital affects job satisfaction, while job satisfaction affects performance. This study is in line with a study by Chamanifard et al. (2015), conducted on 340 employees in Iran, Kerman, shows that job satisfaction can affect the association of social capital to performance. The application of good social capital and high worker satis-

faction will be able to improve their performance, so it is expected to be able to increase a worker's knowledge, ideas, innovation and ability to do his job.

10. Direct and Indirect Effects of Working Period on Performance

The working period of ≥4 years had an indirect effect on performance through job satisfaction. This finding is in line with a study by Ahmed et al. (2022) to 508 health workers in eastern Ethiopia. Comparing health workers with 6-11 years of work experience with those with less than 5 years of experience, the risk of fatigue is almost twice as high. This is explained by the fact that when people stick to the same job for a long time, nothing new can be done, so the work becomes monotonous. And also, the person has been working on the same job for a long time, there is a risk that they will overwork and become burned out, thus lowering productivity and work efficiency.

This is contrary to the results of a study by Rusmitasari et al. (2018), showing that the more than 5-year service period improved nurses' performance by 0.71 times. The working period had a positive association with the performance of the nurse; the longer the working period, the longer the experience the nurse had, and this increased the performance of the nurse.

11. Direct and Indirect Influence of Gender on Performance

Gender (female) had a direct and indirect effect (through job satisfaction) on performance. This finding is in line with a study by Miao et al. (2017), conducted on doctors in rural China where there are significant gender differences in the distribution of professional positions. Male doctors have significantly higher monthly salaries, longer working hours, more night shift time per month, longer continuous work hours, and longer years of service and slightly higher hourly wages.

The results of the path analysis showed that the performance of health workers at Hermina Sukabumi Hospital is directly affected by job satisfaction, age, education, working period, and gender. In addition, job satisfaction is also indirectly affected by working period, gender, and social capital. Social capital has an indirect effect on performance through job satisfaction. Strong social capital can increase job satisfaction, and satisfied employees will have higher performance and increased productivity.

This study has several limitations. First, there is a potential for information bias given to the study subjects in determining the effect of certain factors, because this study is not equipped with in-depth observation of the subjects' behavior. Second, this study only conducts a general assessment of several factors that affect the performance of health workers, so further study is needed for more comprehensive development.

The results of this study are expected to be used as evaluation materials to improve their job satisfaction and performance. Meanwhile, for the next researcher, it is expected that other variables that affect performance can be added, considering that this study only includes social capital, job satisfaction, education, gender, age, and working period. Other variables, such as work motivation and commitment, also have the potential to affect performance. In addition, the use of different study methods can also be a consideration for future study development.

AUTHOR CONTRIBUTION

Fitri Rahma Almira as a researcher who chose topics, searched, and collected study data. Nur Hafidha Hikmayani, Bhisma Murti analyzed data and reviewed study documents. Argyo Demartoto, Sumardiyono provided research suggestions.

CONFLICT OF INTEREST

There was no conflict of interest in this study.

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