

# The Relationship Between Employee Characteristics and Service Excellence at UPT Puskesmas Penajam

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## Abstract

Service excellence refers to service delivery that meets or exceeds operational standards and users' expectations, including in primary health-care facilities. This study examined the relationships between eight employee characteristics leadership, coworker relations, organizational commitment, feedback, autonomy, task significance, skill variety, and tenure and service excellence at UPT Puskesmas Penajam, Penajam Paser Utara Regency. A quantitative cross-sectional survey was conducted among health workers using total sampling. Of 98 eligible personnel, 97 respondents were included in the analysis. We collected data using a five-point Likert questionnaire and analyzed them with Pearson correlation and multiple linear regression. Leadership, coworker relations, organizational commitment, feedback, autonomy, and task significance were positively and significantly related to service excellence, whereas skill variety and tenure were not statistically significant. The regression model showed a very strong overall relationship ( $R = 0.949$ ;  $R^2 = 0.900$ ; adjusted  $R^2 = 0.891$ ;  $F = 99.085$ ;  $p = 0.000$ ). These findings indicate that service excellence in the public health center is more closely associated with managerial support, collaborative relationships, employee commitment, performance information, appropriate discretion, and perceived task importance than with tenure or the breadth of skills alone. Because the study used a cross-sectional design, the findings should be interpreted as associative rather than causal.

**Keywords:** Employee Characteristics, Service Excellence, Leadership, Organizational Commitment, Public Health Center

## 1. Introduction

Public health centers (Puskesmas) serve as first-level health facilities and as the initial referral gateway within Indonesia's national health system. Their public-service role requires consistent quality in both clinical processes and patient-facing interactions. Nevertheless, concerns about limited medicine availability, slow responses, and insufficiently friendly service have often affected the image of Puskesmas services ([Baskoro, 2012](#)). Patient experience is therefore shaped not only by procedural compliance but also by the quality of interactions, trust, and perceptions of service quality. [Wijaya et al. \(2024\)](#) similarly showed that trust, service quality, and price fairness are associated with patient satisfaction in a health-care setting. In a related health-care context, [Soesilo et al. \(2024\)](#) showed that digital marketing

and brand image were associated with patient trust, further indicating that service evaluation is shaped by both organizational processes and patients' perceptions.

Service excellence is commonly described through six elements: ability, attitude, appearance, attention, action, and accountability ([Elhaitammy, 1990](#)). In health services, these elements are enacted primarily by frontline personnel, whose work behavior substantially contributes to how patients experience service quality ([Heriansyah, 2013](#); [Hastono & Sabri, 2010](#)). [Kopelman \(1988\)](#) proposed that work behavior and performance are shaped by individual, organizational, and job characteristics. This perspective suggests that the organizational environment and the design of work may influence employees' capacity to deliver excellent service. At the same time, quality-improvement studies emphasize the importance of identifying service attributes that matter to users and of integrating internal processes so that service delivery is responsive and efficient ([Chandra et al., 2023](#); [Istyana et al., 2024](#)).

Previous findings are not fully consistent. [Subyantoro \(2009\)](#) linked organizational characteristics with employees' work conditions, whereas [Ananta \(2008\)](#) reported a relationship between coworker relations and work morale. In a Puskesmas context, [Lestari and Supriandi \(2019\)](#) found that autonomy was significantly related to service excellence while coworker relations were not. [Aufan \(2014\)](#) reported positive roles for feedback, autonomy, and task significance in employee performance, while [Sahputra and Zufrie \(2018\)](#) found a negative relationship between skill variety and employee performance. These differences indicate that the relevance of specific organizational and job characteristics may depend on the setting in which service is delivered.

The unresolved findings are particularly important in primary health care, where workloads are high, patient contact is intensive, and service delivery requires coordination across professional and administrative roles. Effective service is also supported by monitoring, information flow, and integrated operational processes ([Dinianty et al., 2025](#); [Istyana et al., 2024](#)). Accordingly, this study examines eight employee characteristics simultaneously: leadership, coworker relations, and organizational commitment as organizational characteristics; feedback, autonomy, task significance, and skill variety as job characteristics; and tenure as an indicator of work experience. The objective is to analyze their partial and simultaneous relationships with service excellence among health workers at UPT Puskesmas Penajam, Penajam Paser Utara Regency. The findings are expected to provide managerial priorities for human-resource development oriented toward patient service.

## **2. Literature Review**

### *2.1 Service Excellence*

Service excellence represents an organizational commitment to providing high-quality service through attitudes, actions, and processes that focus on users' needs. [Barata \(2003\)](#) defines it as organizational care for customers expressed through the best possible service according to established standards. [Elhaitammy \(1990\)](#) operationalizes the concept through the 6A elements: ability, attitude, appearance, attention, action, and accountability. In health care, service excellence extends beyond clinical outcomes to the patient's experience of accuracy, timeliness, communication, empathy, and responsibility. [Johnston \(2004\)](#) further emphasizes that excellent service requires organizations to deliver on service promises and create value beyond expectations. In this study, service excellence is therefore reflected in employees' ability, attitude, appearance, attention, action, and accountability when serving patients.

## *2.2 Employee Characteristics*

Employee characteristics in this study refer to organizational and job conditions that may shape employees' service behavior. [Kopelman \(1988\)](#) explains work behavior and performance through the interaction of individual, organizational, and job characteristics. [Robbins \(2006\)](#) identifies several relevant organizational and job characteristics, including leadership, coworker relations, feedback, autonomy, task significance, and skill variety. Organizational commitment and tenure are included to represent employees' attachment to the organization and accumulated work experience. In health-care organizations, these characteristics are important because patient service is interdependent: personnel must coordinate, exchange information, exercise professional judgment, and understand the consequences of their work for patients.

## *2.3 Leadership*

Leadership is the process of influencing, directing, and motivating individuals or groups to achieve organizational goals ([Robbins, 2006](#)). In a public health center, leaders clarify roles, provide guidance and support, delegate authority, and reinforce service standards. Effective leadership can also shape a service-oriented climate by signaling the importance of quality and by helping employees resolve work problems. Because management plays a central role in setting priorities for quality improvement ([Chandra et al., 2023](#)), stronger perceived leadership is expected to be associated with better service excellence.

Previous empirical work provides a basis for examining leadership as an organizational characteristic. [Subyantoro \(2009\)](#) reported that organizational characteristics were related to work conditions and job satisfaction, while [Prasetyo \(2008\)](#) found that individual, organizational, and job characteristics were related to employee performance. These findings support examining leadership specifically in relation to service excellence in the Puskesmas setting. [Zulkarnaen et al. \(2024\)](#) also found that leadership had a positive and significant relationship with employee performance, providing additional empirical support for examining leadership as an important employee-related factor.

*H1: Leadership is significantly related to service excellence.*

## *2.4 Coworker Relations*

Coworker relations refer to social interaction, cooperation, and mutual support among employees ([Robbins, 2006](#)). Health-care services routinely require coordination across people and units; therefore, information exchange, assistance, and constructive feedback among coworkers can affect the continuity and timeliness of patient care. Process-integration studies in health services also underline the value of coordination across functions ([Istyana et al., 2024](#)). Cooperative coworker relations are consequently expected to support service excellence.

Earlier evidence is also relevant to coworker relations. [Ananta \(2008\)](#) reported a relationship between the work environment and employee morale. Although the outcome was work morale rather than service excellence, the finding indicates that employees' social and interpersonal work conditions warrant attention when examining service-related outcomes.

*H2: Coworker relations are significantly related to service excellence.*

## *2.5 Organizational Commitment*

Organizational commitment indicates employees' attachment to organizational goals and their willingness to maintain membership and contribute to the organization ([Yatnikasari, 2010](#)). [Meyer and Allen \(1997\)](#) distinguish affective, continuance, and normative commitment. In a Puskesmas, commitment can be expressed through adherence to service procedures, willingness to assume responsibility, and participation in quality improvement. Stronger attachment to organizational objectives should therefore be associated with more consistent service behavior.

Research in health-care employment also provides a basis for including organizational commitment. [Yatnikasari \(2010\)](#) examined organizational commitment among nurses in relation to a retention program, demonstrating the relevance of organizational attachment in a health-care workforce. The present study extends this perspective by examining service excellence as the outcome.

*H3: Organizational commitment is significantly related to service excellence.*

## 2.6 Feedback

Feedback is the extent to which work provides clear information about the effectiveness of performance ([Robbins, 2006](#)). In health services, feedback can come from supervisors, performance evaluations, patient responses, or internal monitoring. Such information enables employees to identify what is working well and what requires correction. Because service excellence requires continuous improvement and evaluation ([Dinianty et al., 2025](#)), feedback is expected to be positively related to service excellence.

Prior research has identified feedback as an important job characteristic. [Aufan \(2014\)](#) examined job characteristics in relation to employee performance, including feedback, while [Dinianty et al. \(2025\)](#) emphasized monitoring and evaluation in health-service management. These findings provide an empirical basis for examining feedback in relation to service excellence.

*H4: Feedback is significantly related to service excellence.*

## 2.7 Autonomy

Autonomy refers to the degree of freedom and discretion employees have in scheduling work and determining how they complete tasks ([Robbins, 2006](#)). In health care, appropriate discretion allows employees to respond to varying patient needs within professional authority and standard operating procedures. Autonomy does not imply unrestricted freedom; it combines judgment with accountability. Accordingly, proportionate autonomy is expected to support more responsive service.

Empirical evidence on autonomy comes from both general employee research and Puskesmas research. [Aufan \(2014\)](#) included autonomy among job characteristics associated with employee performance, while [Lestari and Supriandi \(2019\)](#) reported a significant relationship between autonomy and service excellence among Puskesmas employees. The latter finding is particularly relevant to the present setting.

*H5: Autonomy is significantly related to service excellence.*

## 2.8 Task Significance

Task significance is the extent to which a job is perceived to have an important impact on other people ([Robbins, 2006](#)). Health workers' actions can directly or indirectly affect patient safety,

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comfort, and satisfaction. Recognizing these consequences may increase attention to accuracy, communication, and responsibility. The importance of service quality for patient evaluation ([Wijaya et al., 2024](#)) further supports the expectation that stronger perceived task significance is related to service excellence.

[Prasetyo \(2008\)](#) reported that job characteristics were related to employee performance, and [Aufan \(2014\)](#) examined task significance as part of the job-characteristic framework. Although those studies used employee performance as the outcome, their findings provide an empirical basis for testing task significance against service excellence in the present study.

*H6: Task significance is significantly related to service excellence.*

## 2.9 Skill Variety

Skill variety reflects the degree to which a job requires multiple activities, skills, and talents ([Robbins, 2006](#)). Health-care work often combines technical and interpersonal competencies, including patient assessment, communication, information provision, and complaint handling. Greater skill variety may therefore support comprehensive service, although its benefits may depend on workload and role clarity. Tenure represents how long an employee has worked in the organization and may provide opportunities to learn procedures, understand the work environment, and build service experience. However, experience alone does not guarantee service quality without continued development and organizational support.

[Sahputra and Zufrie \(2018\)](#) reported a negative relationship involving skill variety and employee performance. Because their outcome differed from service excellence, the direction and significance of the relationship remain an empirical question in the present setting.

*H7: Skill variety is significantly related to service excellence.*

## 2.10 Tenure

[Lestari and Supriandi \(2019\)](#) reported no significant relationship between tenure and service excellence among Puskesmas employees. This previous finding is directly relevant because the present study examines the same type of service outcome in another Puskesmas context.

*H8: Tenure is significantly related to service excellence.*

## 2.11 Conceptual Framework and Hypotheses

The model positions the eight employee characteristics as factors that may relate to service excellence individually and collectively. Leadership, coworker relations, and organizational commitment represent organizational characteristics; feedback, autonomy, task significance, and skill variety represent job characteristics; and tenure represents accumulated organizational experience. Figure 1 summarizes the proposed relationships.

## 3. Method

This study used a quantitative analytic survey with a cross-sectional design, in which the independent and dependent variables were measured at the same point in time ([Notoatmodjo, 2018](#)). The design allows the identification of statistical associations but does not establish causality. The population comprised all health workers employed at UPT Puskesmas Penajam, Penajam Paser Utara Regency, during March–April 2026. According to the health human-resources composition data, the population consisted of 98 personnel. Total or exhaustive sampling was applied. Respondents were included if they consented to participate and were

not on leave; personnel who were on leave or study assignment were excluded. The final analytic sample consisted of 97 respondents.

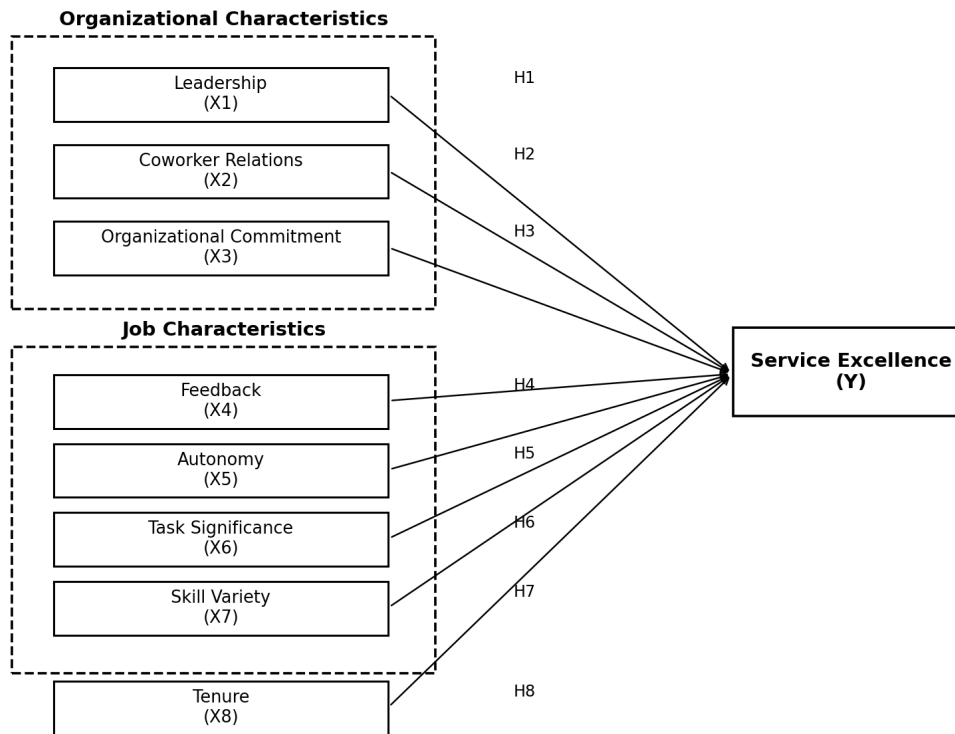


Figure 1. Research Conceptual Framework

Data were collected using a questionnaire containing favorable and unfavorable statements rated on a five-point Likert scale from strongly disagree to strongly agree. Seven predictors were perception-based leadership, coworker relations, organizational commitment, feedback, autonomy, task significance, and skill variety while tenure was recorded in years. Service excellence was measured using the dimensions of ability, attitude, appearance, attention, action, and accountability. The questionnaire was adapted from prior instruments and adjusted to the context of UPT Puskesmas Penajam. Table 1 summarizes the operational definitions, indicators, and representative items.

Table 1. Operationalization of Variables and Sample Instrument Items

| Variable   | Operational definition                                                                     | Indicators                                                                        | Representative item                                                                     | Scale      | Source                                            |
|------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------|---------------------------------------------------|
| Leadership | Perceived supervisory support in directing, guiding, delegating, and supporting employees. | Relationship with the leader; voice; work climate; support; delegation; guidance. | The head of the Puskesmas consistently provides guidance, direction, and encouragement. | Likert 1–5 | <a href="#">Robbins (2006)</a> ; study instrument |

| Variable                  | Operational definition                                                                                 | Indicators                                                                                         | Representative item                                                                                   | Scale      | Source                                                      |
|---------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|
| Coworker Relations        | Social interaction, cooperation, socialization, exchange of suggestions and criticism among coworkers. | Socialization; cooperation; interpersonal relations; and suggestions and criticism.                | Cooperation among coworkers makes me more enthusiastic about working.                                 | Likert 1–5 | <a href="#">Robbins (2006)</a> ; study instrument           |
| Organizational Commitment | Employee attachment to the organization, its policies and goals, and continued membership.             | Attachment; extra effort; willingness to accept tasks; intention to stay; goal congruence.         | I am willing to work harder to improve the quality of Puskesmas services.                             | Likert 1–5 | <a href="#">Meyer &amp; Allen (1997)</a> ; study instrument |
| Feedback                  | Information received by employees about the quality and effectiveness of completed work.               | Work guidance; performance evaluation; information about work results.                             | I have opportunities to receive clear feedback about the strengths and weaknesses of my work results. | Likert 1–5 | <a href="#">Robbins (2006)</a> ; study instrument           |
| Autonomy                  | Freedom and independence in determining how work is completed while remaining accountable for results. | Freedom in task completion; responsibility; independence.                                          | My freedom to determine how work is completed must remain accountable.                                | Likert 1–5 | <a href="#">Robbins (2006)</a> ; study instrument           |
| Task Significance         | Perceived importance of work and its impact on the organization, patients, and others.                 | Understanding SOPs; work activities; work outcomes; contribution of work.                          | I have a good understanding of the standard operating procedures (SOPs) for my work.                  | Likert 1–5 | <a href="#">Robbins (2006)</a> ; study instrument           |
| Skill Variety             | Extent to which service work requires multiple skills and talents.                                     | Patient-needs analysis; patient service; complaint handling; communication; information provision. | My job requires me to meet patients' needs.                                                           | Likert 1–5 | <a href="#">Robbins (2006)</a> ; study instrument           |
| Tenure                    | Length of service in the organization from the starting year to the time of the study.                 | Length of service.                                                                                 | How long have you worked at UPT Puskesmas Penajam?                                                    | Years      | Study instrument                                            |

| Variable           | Operational definition                                                          | Indicators                                             | Representative item                                                                                        | Scale      | Source                                                                               |
|--------------------|---------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------|
| Service Excellence | Service that adds value in accordance with SOPs to meet or exceed users' needs. | Ability; attitude; appearance; action; accountability. | Items assess service delivery across ability, attitude, appearance, attention, action, and accountability. | Likert 1–5 | <a href="#">Barata (2003)</a> ; <a href="#">Elhaitammy (1990)</a> ; study instrument |

Pearson correlation was used to examine bivariate relationships between each predictor and service excellence. Multiple linear regression was then used to assess the predictors simultaneously. Residual normality was assessed using the Kolmogorov–Smirnov test. Statistical significance was evaluated at the 0.05 level. As the source study did not explicitly report instrument validity and reliability statistics or multicollinearity and heteroskedasticity diagnostics, the regression results are interpreted with appropriate caution.

## 4. Results and Discussion

### 4.1 Respondent Characteristics

The study included 97 employees. Most respondents were 30–40 years old (48%), 78% were women, and 54% held a Diploma III qualification. In addition, 76% had worked for more than 10 years. The sample therefore largely represented experienced employees in productive age groups. However, the study did not model gender as an independent variable, and the high proportion of long-tenured personnel should be treated as descriptive context rather than evidence that tenure itself improves service excellence.

Table 2. Descriptive Statistics of Study Variables

| Variable                         | Mean   | SD   |
|----------------------------------|--------|------|
| <b>Service Excellence</b>        | 117.01 | 4.67 |
| <b>Leadership</b>                | 21.28  | 1.94 |
| <b>Coworker Relations</b>        | 18.65  | 1.88 |
| <b>Organizational Commitment</b> | 16.60  | 1.74 |
| <b>Feedback</b>                  | 18.55  | 1.84 |
| <b>Autonomy</b>                  | 16.24  | 1.79 |
| <b>Task Significance</b>         | 13.91  | 1.64 |
| <b>Skill Variety</b>             | 15.57  | 1.02 |
| <b>Tenure (years)</b>            | 16.96  | 8.01 |

Source: SPSS output, 2026 (n = 97).

The descriptive results show the average scores of the dependent variable and the eight predictors. Service excellence had a mean of 117.01 (SD = 4.67). Among the Likert-based predictors, leadership had the highest mean score (M = 21.28; SD = 1.94), while task significance had the lowest (M = 13.91; SD = 1.64). The relatively small standard deviations for the Likert-based variables indicate that responses were not widely dispersed. Tenure was measured in years rather than as a Likert score and showed greater dispersion (M = 16.96 years; SD = 8.01).

## 4.2 Data Analysis Results

The Kolmogorov–Smirnov test of model residuals produced a significance value of 0.200, exceeding 0.05. The residuals were therefore treated as normally distributed, satisfying one prerequisite for multiple linear regression.

Table 3. Pearson Correlations with Service Excellence

| Variable                  | r      | Sig.  | Interpretation  |
|---------------------------|--------|-------|-----------------|
| Leadership                | 0.457  | 0.000 | Significant     |
| Coworker Relations        | 0.417  | 0.000 | Significant     |
| Organizational Commitment | 0.392  | 0.000 | Significant     |
| Feedback                  | 0.357  | 0.000 | Significant     |
| Autonomy                  | 0.317  | 0.001 | Significant     |
| Task Significance         | 0.383  | 0.000 | Significant     |
| Skill Variety             | -0.172 | 0.093 | Not significant |
| Tenure                    | -0.168 | 0.101 | Not significant |

Source: Primary data processed by the researchers (n = 97), 2026.

Pearson correlation identified six positive and significant relationships: leadership ( $r = 0.457$ ), coworker relations ( $r = 0.417$ ), organizational commitment ( $r = 0.392$ ), task significance ( $r = 0.383$ ), feedback ( $r = 0.357$ ), and autonomy ( $r = 0.317$ ). Leadership showed the strongest bivariate relationship. Skill variety ( $r = -0.172$ ;  $p = 0.093$ ) and tenure ( $r = -0.168$ ;  $p = 0.101$ ) were negative but not statistically significant. Because these are bivariate results, they do not account for the simultaneous presence of the other predictors.

Table 4. Multiple Linear Regression for Service Excellence

| Variable                  | B      | t      | Sig.  | Interpretation  |
|---------------------------|--------|--------|-------|-----------------|
| Constant                  | 17.038 | 3.461  | 0.001 |                 |
| Leadership                | 1.029  | 12.296 | 0.000 | Significant     |
| Coworker Relations        | 0.959  | 11.029 | 0.000 | Significant     |
| Organizational Commitment | 1.114  | 11.977 | 0.000 | Significant     |
| Feedback                  | 0.838  | 9.254  | 0.000 | Significant     |
| Autonomy                  | 1.012  | 11.201 | 0.000 | Significant     |
| Task Significance         | 0.980  | 9.696  | 0.000 | Significant     |
| Skill Variety             | -0.246 | -1.491 | 0.140 | Not significant |
| Tenure                    | -0.003 | -0.154 | 0.878 | Not significant |

Source: Primary data processed by the researchers (n = 97), 2026. Dependent variable: Service Excellence.  $R = 0.949$ ;  $R^2 = 0.900$ ; Adjusted  $R^2 = 0.891$ ;  $F = 99.085$ ; Sig.  $F = 0.000$ .

The multiple regression results were consistent with the bivariate pattern: leadership, coworker relations, organizational commitment, feedback, autonomy, and task significance were positive and significant, whereas skill variety and tenure were not significant. The model correlation was  $R = 0.949$ .  $R^2 = 0.900$  indicates that, within this sample and model, the eight predictors jointly accounted for 90.0% of the observed variation in service excellence; the adjusted  $R^2$  remained high at 0.891. The simultaneous F test was significant ( $F = 99.085$ ;  $p = 0.000$ ). These

statistics indicate a strong model association but should not be interpreted as proof of causal effects in a cross-sectional design.

#### 4.3 Discussion

##### 4.3.1 Leadership and Service Excellence

Leadership had the strongest bivariate correlation with service excellence ( $r = 0.457$ ) and remained significant in the regression model ( $B = 1.029$ ;  $t = 12.296$ ;  $p = 0.000$ ), supporting H1. The result suggests that employees who perceive clearer direction, guidance, support, and delegation also tend to report higher service excellence. This pattern is consistent with the view that leaders shape the work environment and reinforce service standards ([Subyantoro, 2009](#)). It also aligns with quality-management approaches that place management at the center of service-improvement priorities ([Chandra et al., 2023](#)). For UPT Puskesmas Penajam, the finding supports managerial development in communication, work direction, supervision, and service evaluation.

Compared with [Subyantoro \(2009\)](#), which examined organizational characteristics in relation to work conditions and job satisfaction, the present study provides more specific evidence for leadership in relation to service excellence at a Puskesmas.

##### 4.3.2 Coworker Relations and Service Excellence

Coworker relations were positively related to service excellence ( $r = 0.417$ ;  $B = 0.959$ ;  $t = 11.029$ ;  $p = 0.000$ ), supporting H2. Health-care delivery is interdependent, and timely communication and mutual assistance can help employees coordinate patient needs across roles. This finding aligns with [Ananta \(2008\)](#), who linked coworker relations with work morale, and with the process-integration perspective of [Istyana et al. \(2024\)](#). Maintaining team communication, coordination routines, and constructive interpersonal support can therefore be treated as part of service-quality management.

[Ananta \(2008\)](#) reported a relationship involving the work environment and employee morale. The present result is consistent with that earlier evidence, while extending the outcome to service excellence.

##### 4.3.3 Organizational Commitment and Service Excellence

Organizational commitment showed a positive association with service excellence ( $r = 0.392$ ;  $B = 1.114$ ;  $t = 11.977$ ;  $p = 0.000$ ), supporting H3. Employees who are more strongly attached to organizational goals may be more willing to follow service procedures, accept responsibility, and participate in improvement efforts. [Meyer and Allen's \(1997\)](#) affective, continuance, and normative components explain how such attachment may arise through emotional identification, perceived costs of leaving, and a sense of obligation. This finding also aligns with [Dinianty et al. \(2025\)](#) on the importance of employee involvement in monitoring and service processes. Management can strengthen commitment through clear communication of service goals, meaningful employee involvement, and recognition of contributions.

[Yatnikasari \(2010\)](#) examined organizational commitment among nurses in relation to a retention program. The present finding adds evidence that commitment is also positively related to service excellence in the Puskesmas setting.

##### 4.3.4 Feedback and Service Excellence

Feedback was significantly related to service excellence ( $r = 0.357$ ;  $B = 0.838$ ;  $t = 9.254$ ;  $p = 0.000$ ), supporting H4. Performance information from supervisors, monitoring activities, patients, and coworkers helps employees identify gaps and adjust how they work. This finding is consistent with [Aufan \(2014\)](#), who identified feedback as a relevant job characteristic, and with [Dinianty et al. \(2025\)](#), who emphasized monitoring and evaluation in health-service management. Regular performance review, explicit communication of results, and systematic use of patient feedback are therefore practical mechanisms for continuous service improvement.

The present result agrees with the emphasis on feedback in [Aufan \(2014\)](#) and with the monitoring and evaluation perspective reported by [Dinianty et al. \(2025\)](#).

#### 4.3.5 Autonomy and Service Excellence

Autonomy had the smallest significant bivariate correlation ( $r = 0.317$ ), but it remained significant in the regression model ( $B = 1.012$ ;  $t = 11.201$ ;  $p = 0.000$ ), supporting H5. Appropriate discretion enables employees to use professional judgment and organize task completion in response to situational needs. In health care, however, autonomy must remain bounded by professional authority, SOPs, and patient-safety requirements. The result is consistent with [Aufan \(2014\)](#) and with the importance of accountability for work outcomes emphasized by [Prawirosentono \(1999\)](#). The managerial implication is not unrestricted freedom, but proportionate decision latitude accompanied by clear responsibilities and evaluation.

The finding is particularly comparable with [Lestari and Supriandi \(2019\)](#), who also reported a significant relationship between autonomy and service excellence among Puskesmas employees.

#### 4.3.6 Task Significance and Service Excellence

Task significance was positively and significantly related to service excellence ( $r = 0.383$ ;  $B = 0.980$ ;  $t = 9.696$ ;  $p = 0.000$ ), supporting H6. Employees who understand how their work affects patient safety, comfort, and satisfaction may pay greater attention to accuracy, communication, and responsibility. The result is consistent with [Prasetyo \(2008\)](#), who linked job characteristics, including task significance, with employee performance. Public health-center management can reinforce this meaning by connecting unit-level work with patient outcomes and broader service goals.

[Prasetyo \(2008\)](#) and [Aufan \(2014\)](#) provide related evidence from job-characteristic research using employee performance as the outcome. The present study shows a similar relationship when service excellence is examined as the outcome.

#### 4.3.7 Skill Variety and Service Excellence

Skill variety was not significantly related to service excellence ( $r = -0.172$ ;  $p = 0.093$ ;  $B = -0.246$ ;  $t = -1.491$ ;  $p = 0.140$ ), so H7 was not supported. The result differs from a simple expectation that broader skill requirements automatically improve performance, although its negative direction is similar to [Sahputra and Zufrie \(2018\)](#). One plausible interpretation within the source framework is that high skill variety may not improve service when it is accompanied by unclear role boundaries, excessive workload, insufficient training, or limited organizational support. The finding does not imply that diverse competencies are unimportant; rather, competence development should be aligned with role requirements and workload.

The nonsignificant result is directionally similar to [Sahputra and Zufrie \(2018\)](#), who reported a negative relationship involving skill variety, although their outcome was employee performance rather than service excellence.

#### 4.3.8 Tenure and Service Excellence

Tenure was also not significantly related to service excellence ( $r = -0.168$ ;  $p = 0.101$ ;  $B = -0.003$ ;  $t = -0.154$ ;  $p = 0.878$ ), so H8 was not supported. This result is notable because 76% of respondents had worked for more than 10 years. It is consistent with [Lestari and Supriandi \(2019\)](#), who also found no significant relationship between tenure and service excellence in a Puskesmas setting. Length of service may provide experience, but quality performance still requires updated knowledge, feedback, motivation, and continuing development. Therefore, both long-tenured and newer employees need sustained capacity-building opportunities.

The present finding closely matches [Lestari and Supriandi \(2019\)](#), who also found no significant relationship between tenure and service excellence in a Puskesmas context.

#### 4.3.9 Simultaneous Relationship Between Employee Characteristics and Service Excellence

Collectively, the eight predictors showed a very strong relationship with service excellence ( $R = 0.949$ ;  $R^2 = 0.900$ ; adjusted  $R^2 = 0.891$ ), and the overall model was significant ( $F = 99.085$ ;  $p = 0.000$ ). The most consistent individual predictors were leadership, coworker relations, organizational commitment, feedback, autonomy, and task significance; skill variety and tenure were not significant. The results suggest that service excellence is associated with a combination of organizational conditions and job design rather than with experience or skill breadth alone. Practically, UPT Puskesmas Penajam can prioritize leadership capability, team relationships, organizational commitment, feedback systems, proportionate autonomy, and the meaningfulness of work. At the same time, interpret the high  $R^2$  cautiously because the study is cross-sectional and relies largely on self-reported perceptions; it indicates explanatory strength in the observed data, not evidence that the eight variables caused changes in service excellence.

From a human-resource management perspective, the significant findings point to a coherent set of mutually reinforcing practices. Leadership development can focus on clear direction, supportive communication, delegation, and consistent reinforcement of service standards. Team-based coordination can be supported through regular briefings, cross-unit problem-solving, and mechanisms for constructive peer communication. Organizational commitment can be strengthened by making service goals visible, involving employees in improvement activities, and recognizing contributions to patient service. Feedback systems should provide employees with timely information from supervisors, performance reviews, and patient responses so they can correct service gaps. Autonomy should be designed as bounded discretion: employees need sufficient room to respond to patient situations while remaining accountable to SOPs, professional authority, and patient-safety requirements. Finally, task significance can be reinforced by explicitly connecting daily activities with their consequences for patient safety, comfort, and satisfaction. These priorities align with the source findings because they emphasize the six statistically significant characteristics rather than assuming all employee characteristics contribute equally.

The two nonsignificant findings also have managerial value. The absence of a significant relationship for skill variety suggests that simply increasing the number or range of tasks assigned to employees should not be treated as a direct route to service excellence. Broader

duties may require clearer role boundaries, adequate training, and a manageable workload. Likewise, the nonsignificant result for tenure indicates that long service by itself should not be used as a proxy for service quality. Employees with extensive experience still need updated knowledge, evaluation, and development, while newer employees may perform effectively with adequate guidance and organizational support. Therefore, HR policies at the Puskesmas should emphasize the quality of the work environment and the way jobs are supported, rather than relying primarily on seniority or task expansion. This interpretation remains associative and should be tested in broader samples before being generalized to other public health centers.

## **5. Conclusion**

Six of the eight employee characteristics examined—leadership, coworker relations, organizational commitment, feedback, autonomy, and task significance—were positively and significantly related to service excellence among health workers at UPT Puskesmas Penajam. Skill variety and tenure were not significantly related to service excellence. The eight variables jointly showed a very strong relationship with service excellence. These findings indicate that service-quality improvement should not rely only on accumulated experience or broader task requirements. Management should instead strengthen leadership, collaborative work relationships, employee commitment, systematic feedback, appropriately bounded discretion, and employees' understanding of the importance of their work. Practical initiatives may include leadership development, regular team-coordination forums, periodic performance evaluation, patient and employee feedback mechanisms, and decision-making authority that remains consistent with SOPs and professional responsibilities.

The study has several limitations. First, its cross-sectional design does not support causal inference, so the reported relationships are associative. Second, the study was conducted in one Puskesmas, which limits generalizability to other primary health-care settings. Third, the source research document did not explicitly report instrument validity and reliability statistics or multicollinearity and heteroskedasticity tests for the regression model; consequently, the technical robustness of the model cannot be fully assessed from the available report. Future studies should test the model in broader samples and, where feasible, use longitudinal designs while reporting complete measurement-quality and regression-assumption diagnostics.

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