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The Effect of Competence, Job Satisfaction, and Work Environment on Employee Performance

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Abstract

Effective healthcare delivery relies heavily on the performance of hospital staff. This study investigates the influence of competence, job satisfaction, and work environment on employee performance, where operational challenges such as competency gaps, incentive disparities, and facility constraints hinder service quality and accreditation compliance. The primary objective is to analyze the individual and simultaneous effects of these factors while identifying the most dominant predictor to inform human resource strategies in healthcare settings. A quantitative explanatory approach was employed, collecting data from 111 permanent employees via a five-point Likert-scale questionnaire. Multiple linear regression analysis was conducted after validating instruments and confirming classical assumptions. Results reveal that all three variables positively and significantly affect performance, with competence exhibiting the strongest influence, followed by work environment and job satisfaction. The model explains 42.2 percent of performance variance. As implication, targeted interventions in training, rewards, and infrastructure are essential to enhance productivity and patient-centered care, offering actionable insights for hospital management and broader health system improvements.

Keywords

Competence, Employee Performance, Islamic Hospital, Job Satisfaction, Work Environment.

1. Introduction

Employee performance stands as a cornerstone of organizational success, particularly in hospitals where health service delivery directly impacts patient outcomes and institutional reputation. In human resource management, performance encompasses not only individual achievements but also collective contributions toward strategic goals, shaped by the interplay of competence, motivation, and environmental support. Taylor (2014) emphasizes that these interactions determine how effectively employees execute their responsibilities. Within healthcare settings, such dynamics translate into service quality, patient safety, and overall accreditation compliance. Faisal Islamic Hospital in Makassar, as an Islamic-based referral institution, faces mounting pressure to elevate standards amid rising public expectations for professional, value-driven care. Initial observations reveal persistent gaps, including uneven technological mastery, workload imbalances, and facility constraints that collectively hinder optimal performance (Risambessy, 2023). These challenges underscore the urgency of examining underlying factors to inform targeted improvements.

Competence emerges as a pivotal driver, encompassing the knowledge, skills, and attitudes required for effective task execution in complex hospital environments. Prasetyo (2023) highlights how professionalism grounded in health technology mastery enhances service efficiency and reduces errors. Yet, limited training opportunities at the hospital have led to competency disparities across units, resulting in inconsistent care delivery. Similarly, job satisfaction reflects employees' emotional evaluation of their roles, influencing loyalty, motivation, and productivity (Aisyah et al., 2024). Robbins and Judge (2019) note that satisfied workers exhibit lower absenteeism and higher commitment, critical in high-stakes settings like healthcare. Complaints about incentive inequities and non-financial recognition shortages at Faisal Islamic Hospital signal potential dissatisfaction, risking turnover and diminished service quality. Addressing these elements requires a holistic view to bridge the divide between expected standards and current realities.

The work environment further modulates performance through physical and non-physical dimensions, from facility adequacy to interpersonal harmony and coordination. Sutrisno (2020) argues that supportive conditions foster enthusiasm, while deficiencies breed stress and delays. Overcrowded spaces, suboptimal inter-unit collaboration, and outdated equipment at the hospital exemplify barriers that erode productivity and patient trust. Previous studies often isolate one or two variables, leaving integrated analyses in Islamic hospital contexts underexplored. This gap limits theoretical advancement and practical strategies for human resource management in Indonesia's health sector. Empirical integration of competence, job satisfaction, and work environment offers a comprehensive lens to explain performance variations and prioritize interventions.

The investigation addresses both academic and operational imperatives in a field where employee contributions directly affect community well-being. Wibowo (2020) frames performance as an outcome of aligned competencies, motivations, and supports, a perspective this work operationalizes in Makassar's unique context. By delineating causal pathways, it equips stakeholders with actionable recommendations to close performance gaps. The resulting framework not only illuminates current deficiencies but also charts a path toward sustainable improvements in hospital operations and patient-centered care.

This study aims to analyze the individual and combined influences of competence, job satisfaction, and work environment on employee performance at Faisal Islamic Hospital in Makassar, while identifying the most dominant factor. By testing these relationships, it seeks to generate evidence-based insights aligned with national health quality agendas. Theoretically, the research enriches human resource

literature by simultaneously validating these variables in a specialized healthcare setting. It provides empirical depth on their roles in accreditation achievement and service excellence. Practically, findings will guide hospital management in designing continuous training programs, equitable reward systems, and environmental enhancements to boost productivity and satisfaction. Such contributions extend beyond the institution, supporting broader efforts to strengthen Indonesia's health system through enhanced workforce capabilities.

2. Literature Review and Hypothesis Development

2.1. The Effect of Competence on Employee Performance

Competence represents a foundational construct in human resource management, integrating knowledge, skills, and attitudes essential for task proficiency within organizational settings. In hospital contexts, it directly influences service accuracy, error reduction, and adherence to accreditation protocols. Wibowo (2020) defines competence as the interplay of technical expertise and behavioral attributes that enable individuals to meet job demands effectively. Healthcare workers with robust competencies demonstrate superior clinical decision-making and procedural precision, fostering patient safety and institutional efficiency. Training deficits, however, create competency gaps that manifest in delayed responses and inconsistent care quality. Prasetyo (2023) underscores that technology-aligned competencies streamline administrative processes and enhance diagnostic reliability. Empirical evidence from Nugroho (2022) reveals a significant positive correlation between health worker competence and patient satisfaction metrics.

Multiple studies affirm competence as a predictor of performance outcomes in diverse sectors, including healthcare (Nurhayatin et al., 2023). Fitriani and Wahyudi (2022) found that nurses with advanced procedural knowledge exhibited higher service timeliness and fewer procedural deviations. Organizational investments in competency development yield measurable performance gains, as evidenced by reduced medical errors and improved resource utilization (Dwijayanti et al., 2023; Fawzi et al., 2025). Wardani and Peristiwati (2020) link managerial competencies to effective interdepartmental coordination during peak workloads. In Islamic hospitals like Faisal Islamic Hospital Makassar, where ethical service delivery aligns with religious values, competence extends to culturally sensitive care practices. Rahmitasari et al. (2021) demonstrate that competency enhancement programs elevate overall hospital accreditation scores. Thus, competence positively and significantly affects employee performance.

H1: Competence has a positive and significant effect on employee performance.

2.2. The Effect of Job Satisfaction on Employee Performance

Job satisfaction captures employees' affective responses to their work experiences, shaped by intrinsic fulfillment and extrinsic rewards. It drives motivation, reduces turnover intent, and sustains productivity in high-pressure environments like hospitals. Robbins and Judge (2019) describe satisfaction as a positive emotional state arising from role alignment with personal expectations. Satisfied healthcare workers display greater commitment to patient-centered protocols and organizational objectives. Dissatisfaction, conversely, correlates with absenteeism, emotional exhaustion, and compromised care standards. Luthans (2021) highlights that recognition and fair compensation serve as hygiene factors preventing dissatisfaction, while achievement opportunities act as motivators. Taylor (2014) note that interpersonal harmony and supervisory support amplify satisfaction levels among medical staff.

Research consistently links job satisfaction to performance through behavioral and attitudinal mechanisms. Previous studies show that higher job satisfaction reduces burnout and enhances service responsiveness among nurses (Lu et al., 2019; Sunarsih & Kumala, 2024). Furthermore, job satisfaction has been identified as a mediating factor between workload and care quality in hospital settings (Tziner et al., 2015). In settings with incentive disparities, satisfaction buffers against performance decline by maintaining morale. Nugroho (2022) observe that non-financial rewards, such as professional development, strengthen satisfaction-performance linkages. At Faisal Islamic Hospital Makassar, workload imbalances and recognition gaps threaten satisfaction, impacting loyalty and service continuity. Therefore, job satisfaction positively and significantly influences employee performance

H2: Job satisfaction has a positive and significant effect on employee performance.

2.3. The Effect of Work Environment on Employee Performance

The work environment encompasses physical infrastructure and social dynamics that either facilitate or impede task execution. In hospitals, it determines stress levels, collaboration efficiency, and operational safety. Robbins and Judge (2019) differentiate physical elements like equipment availability from non-physical aspects such as communication flows. Conducive environments minimize distractions, enabling focused patient care and rapid emergency responses. Crowded facilities and coordination lapses, however, breed delays and frustration among staff. Sutrisno (2020) asserts that ergonomic designs and supportive climates enhance enthusiasm and reduce fatigue. Taylor (2014) stress that occupational safety protocols prevent accidents, preserving workforce capacity.

Empirical investigations reveal the environment's direct impact on performance metrics in healthcare delivery. Rahmitasari et al. (2021) document that upgraded facilities correlate with faster patient throughput and fewer procedural interruptions. Recent studies demonstrate that physical and social work environments, including adequate lighting, ventilation, and harmonious interpersonal relationships, significantly reduce work stress and enhance employee concentration and performance (Wardani & Peristiwati, 2020; Gluszek et al., 2020). Accordingly, the work environment positively and significantly affects employee performance. At Faisal Islamic Hospital Makassar, space constraints and outdated tools undermine environmental support, eroding productivity. Nugroho (2022) show that open communication channels strengthen interdisciplinary teamwork, critical for complex cases. Accordingly, the work environment positively and significantly affects employee performance.

H3: Work environment has a positive and significant effect on employee performance.

2.4. Simultaneous Effect on Employee Performance

Integrated models recognize that competence, job satisfaction, and work environment interact synergistically to shape performance outcomes. Individually potent, their collective effect often exceeds partial contributions through reinforcing mechanisms. Wibowo (2020) frames performance as an emergent property of aligned competencies, motivational states, and contextual supports. High competence amplifies satisfaction when environmental conditions enable skill application without hindrance. Conversely, supportive environments enhance competency utilization, elevating satisfaction and performance. Taylor (2014) illustrates how training (competence), recognition (satisfaction), and facility upgrades

(environment) compound to drive accreditation success. Robbins and Judge (2019) note that misalignment in any dimension cascades into systemic inefficiencies.

Nguyen et al. (2020) and Tahir (2023) found that work environment and employee competence simultaneously influence performance, with job satisfaction serving as a significant mediating variable. Furthermore, competence and job satisfaction jointly contribute substantially to employee performance across organizational contexts (Diamantidis & Chatzoglou, 2019). In healthcare, environmental improvements magnify competency impacts on service speed. At Faisal Islamic Hospital Makassar, addressing all three variables holistically could resolve observed performance gaps. Nugroho (2022) emphasize that integrated interventions yield sustainable gains over isolated fixes. Fitriani and Wahyudi (2022) confirm multiplicative effects on loyalty and care quality. Thus, competence, job satisfaction, and work environment simultaneously exert positive and significant effects on employee performance.

H4: Competence, job satisfaction, and work environment simultaneously have a positive and significant effect on employee performance.

This study adopts a structured framework positing competence, job satisfaction, and work environment as independent variables directly influencing the dependent variable, employee performance (Dayanti & Nurchayati, 2023; Wairisal, 2023). Arrows denote causal pathways from each predictor to the outcome, reflecting hypothesized positive relationships. Wibowo (2020) supports this configuration by viewing performance as the convergent result of capability, affect, and context. The model assumes no mediation but allows for interaction effects in regression analysis. Visualized pathways guide hypothesis testing and interpretation of regression coefficients.

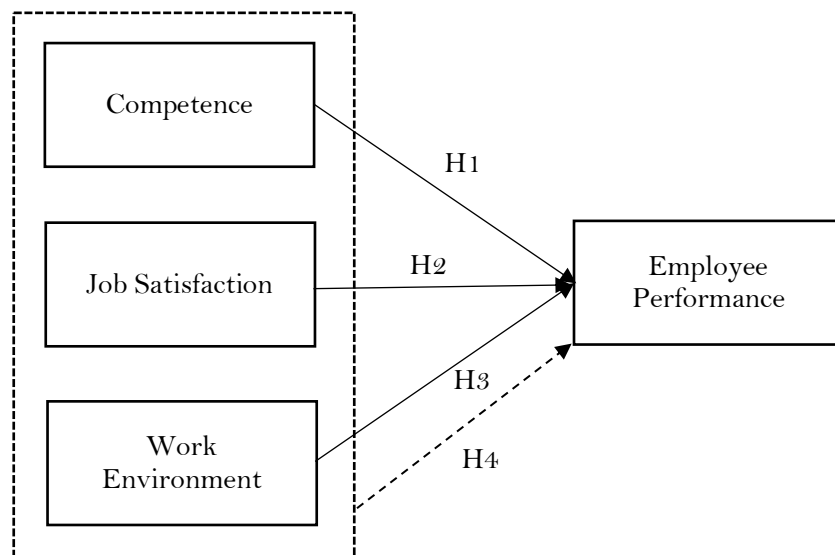


Figure 1. Conceptual Framework

Figure 1 illustrates competence (knowledge/skills/attitudes), job satisfaction (intrinsic/extrinsic fulfillment), and work environment (physical/social conditions) converging on employee performance (quality/quantity/timeliness). Robbins and Judge (2019) validate such frameworks for explanatory power in organizational behavior studies. The diagram facilitates understanding of variable interrelations without implying hierarchy. Placement of performance at the endpoint underscores its status as the ultimate criterion variable. This parsimonious structure aligns with

quantitative objectives while accommodating dominance analysis for the most influential predictor.

3. Methods

This study employs a quantitative explanatory approach to test causal relationships between competence (X_1), job satisfaction (X_2), work environment (X_3), and employee performance (Y). Sugiyono (2020) defines explanatory research as hypothesis-driven inquiry using numerical data for statistical validation. The method suits the homogeneous population and enables generalization of findings to Faisal Islamic Hospital, Makassar. Research was conducted at Faisal Islamic Hospital Makassar from October to November 2025. The population of this study consisted of 153 permanent employees. Using the Slovin formula with a 5% margin of error, the required sample was calculated to be approximately 111 employees. Simple random sampling was applied to ensure that each employee had an equal probability of selection, providing a representative subset for the study.

Competence (X_1) is indicated by work knowledge, technical skills, and professional work attitude, which reflect employees' ability to perform tasks effectively. Job satisfaction (X_2) is measured through salary, the job itself, promotion opportunities, and supervision, representing employees' evaluative responses to their work conditions. The work environment (X_3) includes physical conditions, relationships with coworkers, management support, and organizational climate that shape employees' comfort and collaboration at work. Employee performance (Y) is reflected in work quality, work quantity, timeliness, work effectiveness, and responsibility, indicating how well employees accomplish their duties and contribute to organizational goals.

Data were collected via questionnaire (primary instrument on a 5-point Likert scale), structured observation of physical facilities and workflow, and in-depth interviews with 5 key informants for triangulation. Instrument quality is ensured through validity (Pearson correlation: $r_{hitung} > r_{tabel}$, $\alpha = 0.05$) and reliability (Cronbach's $\alpha > 0.70$) tests using SPSS. Descriptive analysis summarizes respondent profiles and variable tendencies. Classical assumption tests normality (Kolmogorov-Smirnov), multicollinearity ($VIF < 10$), and heteroscedasticity (Glejser) precede regression.

Multiple linear regression models the relationship between employee performance (Y), measured by the quality, quantity, timeliness, and effectiveness of task completion, and three independent variables: competence (X_1), job satisfaction (X_2), and work environment (X_3). The model is expressed as $Y = b_0 + b_1X_1 + b_2X_2 + b_3X_3 + e$, where b_0 is the intercept, b_1 , b_2 , and b_3 are regression coefficients representing the change in Y for a one-unit increase in X_1 , X_2 , and X_3 respectively, and e is the error term accounting for unexplained variance. Competence includes knowledge, skills, and professional attitude; job satisfaction reflects perceived fairness in rewards, recognition, and work conditions; and work environment encompasses physical facilities, safety, and interpersonal coordination.

Hypothesis testing is conducted through a series of statistical procedures to validate the proposed relationships. The t-test examines the partial influence of each independent variable, competence (H_1), job satisfaction (H_2), and work environment (H_3), on employee performance, with the hypothesis accepted if the calculated t-value exceeds the critical t-table value or $p < 0.05$ at a 95% confidence level. The F-test assesses the simultaneous effect of all three independent variables on the dependent variable (H_4), accepted when the computed F-value surpasses the F-table or $p < 0.05$. To determine the most dominant predictor, standardized beta coefficients are compared, where the variable with the highest absolute beta value exerts the strongest influence on performance. The coefficient of determination (R^2) quantifies

the proportion of variance in employee performance explained by the model, indicating the combined explanatory power of competence, job satisfaction, and work environment. All analyses use SPSS version 26 or later. This rigorous methodology ensures empirical robustness, replicability, and actionable insights for hospital management.

4. Results

This section presents the empirical findings derived from the quantitative analysis of 111 valid responses collected from permanent employees at Faisal Islamic Hospital Makassar. The analysis adheres to a structured sequence: descriptive statistics to profile respondent characteristics and variable tendencies, followed by instrument validation through validity and reliability tests, classical assumption checks to ensure regression suitability, and finally multiple linear regression to test the hypothesized relationships. All statistical procedures were performed using SPSS version 26, with significance evaluated at $\alpha = 0.05$. The results provide robust evidence to accept or reject the four hypotheses while identifying the most dominant predictor of employee performance.

Table 1. Descriptive Statistics

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Competence	111	8	25	18.88	3.707
Job Satisfaction	111	15	25	22.32	2.071
Work Environment	111	9	25	19.93	3.074
Employee Performance	111	15	25	20.12	2.445

Table 1 summarizes the descriptive statistics. The descriptive profile reveals that job satisfaction (X2) recorded the highest mean score ($M = 22.32$, $SD = 2.071$), indicating that employees generally perceive positive fulfillment from salary, job content, promotion opportunities, supervision, and collegial relationships. Competence (X1) followed with a mean of 18.88 ($SD = 3.707$), suggesting moderate proficiency in work knowledge, technical skills, and professional attitudes, though the wider standard deviation signals variability across units. The work environment (X3) scored a mean of 19.93 ($SD = 3.074$), reflecting adequate but uneven physical conditions, coworker relations, management support, and organizational climate. Employee performance (Y) averaged 20.12 ($SD = 2.445$), denoting satisfactory levels of work quality, quantity, timeliness, effectiveness, and responsibility, yet room for enhancement remains evident from the score distribution. Minimum and maximum values confirm full utilization of the 5-point Likert scale across constructs, with no floor or ceiling effects.

Table 2. Validity and Reliability Test

Variable	Item	Pearson Correlation	Sig.	Cronbach's Alpha
Competence (X1)	X1.1	0.701	0.05	0.723
	X1.2	0.749		
	X1.3	0.550		
	X1.4	0.750		
	X1.5	0.707		
Job Satisfaction (X2)	X2.1	0.727	0.05	0.737
	X2.2	0.631		
	X2.3	0.728		
	X2.4	0.705		

Variable	Item	Pearson Correlation	Sig.	Cronbach's Alpha
Work Environment (X3)	X2.5	0.720	0.05	0.709
	X3.1	0.695		
	X3.2	0.768		
	X3.3	0.705		
	X3.4	0.763		
Employee performance (Y1)	X3.5	0.453	0.05	0.703
	Y1.1	0.660		
	Y1.2	0.721		
	Y1.3	0.678		
	Y1.4	0.658		
	Y1.5	0.679		

Instrument quality was rigorously assessed to ensure measurement accuracy. Table 2 presents validity and reliability results for all 20 items (5 items per variable). All items demonstrated Pearson correlation coefficients exceeding the critical r-table value at $\alpha = 0.05$ ($df = 109$), confirming construct validity. The lowest correlation ($X3.5 = 0.453$) remained above the threshold, justifying retention of all items. Reliability analysis yielded Cronbach's alpha coefficients of 0.723 (X1), 0.737 (X2), 0.709 (X3), and 0.703 (Y), all surpassing the 0.70 benchmark, thus establishing internal consistency across scales.

Table 3. Normality test results

Test	Statistic	Value
N	–	111
Normal Parameters	Mean	0.000
	Standard Deviation	1.552
Most Extreme Differences	Absolute	0.122
	Positive	0.122
	Negative	-0.098
Test Statistic	–	0.122
Asymp. Sig. (2-tailed)	–	0.096
Monte Carlo Sig. (2-tailed)	–	0.092
99% Confidence Interval	Lower Bound	0.085
	Upper Bound	0.100

Classical assumption tests were conducted to validate the applicability of the regression model. Table 3 reports the normality test outcome. The One-Sample Kolmogorov-Smirnov test produced an asymptotic significance of 0.096 (> 0.05) and a Monte Carlo significance of 0.092, indicating that the residuals are normally distributed. This suggests that the regression model meets the normality assumption, which is essential for reliable hypothesis testing. The results provide confidence that the model's estimates are unbiased and the statistical inferences drawn from the regression are valid.

Table 4. Multicollinearity and Heteroscedasticity Test

Variable	Multicollinearity Statistics		Heteroscedasticity Test	
	Tolerance	VIF	t	Sig.
Competence (X1)	0.579	1.726	0.166	0.869
Job Satisfaction (X2)	0.672	1.489	0.120	0.905
Work Environment (X3)	0.435	2.229	0.913	0.363

Table 4 summarizes the multicollinearity and heteroscedasticity diagnostics. Tolerance values exceeded 0.10, and VIF scores remained below 10, indicating the

absence of multicollinearity among the predictors. The Glejser test produced non-significant probabilities (> 0.05) for all variables, confirming that homoscedasticity was satisfied. These results demonstrate that the regression assumptions were fully met. Consequently, multiple linear regression analysis was conducted without any assumption violations, ensuring the reliability of the model's estimates and inferences.

Table 5. Results of Multiple Linear Regression Analysis

Model	Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
	B	Std. Error	Beta	t	Sig.	Tolerance	VIF
Constant	6.272	1.975	–	3.176	0.002	–	–
Competence	0.215	0.064	0.325	3.371	0.001	0.579	1.726
Job Satisfaction	0.271	0.106	0.230	2.562	0.012	0.672	1.489
Work Environment	0.188	0.089	0.236	2.121	0.036	0.435	2.229

Table 5 displays the regression model coefficients based on aggregated variable scores. The regression equation is:

$$Y = 6.272 + 0.215X_1 + 0.271X_2 + 0.188X_3 + e$$

Interpretation of unstandardized coefficients reveals that a one-unit increase in competence (X_1) elevates performance by 0.215 units, holding other variables constant. Similarly, a one-unit rise in job satisfaction (X_2) boosts performance by 0.271 units, and a one-unit improvement in work environment (X_3) enhances performance by 0.188 units. All relationships are positive, aligning with theoretical expectations. Standardized beta coefficients facilitate dominance comparison: competence ($\beta = 0.325$), work environment ($\beta = 0.236$), and job satisfaction ($\beta = 0.230$). Competence emerges as the strongest predictor, followed closely by work environment and job satisfaction.

Table 6. t-test and F-test

Hypothesis	Coefficient (B)	Sig. (t)	t	F-value	Sig. (F)	Conclusion
Competence->Employee Performance	0.215	<0.001	3.371	-	-	Significant
Job Satisfaction->Employee Performance	0.271	<0.001	2.562	-	-	Significant
Work Environment->Employee Performance	0.188	<0.001	2.121	-	-	Significant
Competence, Job Satisfaction, Work Environment->Employee Performance	-	-	-	26.092	<0.001	Significant

Hypothesis testing employed partial (t) and simultaneous (F) tests. Table 6 consolidates the outcomes. The critical t-value at $\alpha = 0.05$, $df = 107$ is 1.982. Calculated t-values for X_1 (3.371), X_2 (2.562), and X_3 (2.121) exceed this threshold with p-values below 0.05, leading to rejection of H_{01} , H_{02} , and H_{03} . Thus,

competence, job satisfaction, and work environment each exert positive and significant individual effects on employee performance, supporting H₁, H₂, and H₃. The F-test yields $F = 26.092$ ($p < 0.001$) against a critical $F(3.107) \approx 2.70$, confirming simultaneous significance and acceptance of H₄.

Table 7. Determination Coefficient Test Results

Statistics	Value
R	0.650a
R Square	0.422
Adjusted R-Square	0.406
Std. Error of the Estimate	1.884
Durbin-Watson	1.577

Table 7 reports model fit statistics. The coefficient of determination ($R^2 = 0.422$) indicates that 42.2% of the variance in employee performance is explained by the combined influence of competence, job satisfaction, and work environment. The adjusted R^2 of 0.406 accounts for model complexity and sample size, affirming reasonable predictive power. The Durbin-Watson statistic of 1.577 falls within the acceptable range (1.5–2.5), suggesting no autocorrelation in residuals.

The regression model validates all four hypotheses with statistical rigor. Competence exerts the most substantial influence ($\beta = 0.325$), underscoring the primacy of knowledge, skills, and attitudes in healthcare delivery. Job satisfaction ($\beta = 0.230$) and work environment ($\beta = 0.236$) contribute meaningfully but to a lesser degree, highlighting the need for balanced interventions. The 42.2% explanatory power signals that while these factors are pivotal, unexplored variables such as leadership style or workload may account for the remaining 57.8% variance, warranting future investigation. These findings equip hospital management with empirical priorities for enhancing service quality and accreditation compliance at Faisal Islamic Hospital Makassar.

5. Discussion

The findings of this study affirm that competence, job satisfaction, and work environment collectively and individually exert positive and significant influences on employee performance at Faisal Islamic Hospital Makassar, with the model explaining 42.2% of performance variance. Competence emerged as the dominant predictor ($\beta = 0.325$, $p = 0.001$), aligning with prior research emphasizing knowledge, skills, and professional attitudes as foundational to healthcare efficiency. For instance, Abadi and Norawati (2022) found that competency gaps among nurses directly correlate with reduced performance in inpatient settings, while Basir et al. (2023) highlighted Islamic work motivation amplifying competence effects on satisfaction and output in Makassar hotels, suggesting transferable insights to Islamic hospitals. This dominance underscores observed disparities in technological mastery at the hospital, where enhanced training could mitigate errors and boost accreditation scores, as echoed by Sukmawati (2020) in a nearby public hospital context.

Job satisfaction also significantly predicted performance ($\beta = 0.230$, $p = 0.012$), though less potently than competence. The positive coefficient supports Robbins and Judge's (2019) framework, where fulfillment from rewards and relationships drives commitment. However, the relatively modest beta may reflect persistent inequities in incentives, as Insyaniar and Razak (2018) reported low satisfaction among Faisal Islamic Hospital nurses due to uneven rewards and supervision. Similarly, Ananta et al. (2025) linked dissatisfaction to higher turnover intentions in Acehese hospitals, implying that unaddressed recognition gaps at this institution could erode loyalty.

The findings contrast with Anggrainy (2024), who identified organizational culture and punishment mechanisms as stronger mediators of satisfaction in South Sulawesi public hospitals, indicating context-specific variations in Islamic settings.

The work environment's significant yet secondary influence ($\beta = 0.236$, $p = 0.036$) reinforces its role in modulating stress and collaboration. Dewa (2023) and Fatmala et al. (2024) both documented infrastructure deficiencies hindering employee output in Indonesian health facilities, mirroring the overcrowded spaces and outdated equipment noted here. Firmanda and Wahyuningsih (2025) further advocated for healthy workplaces to sustain nursing satisfaction, while Mahmud et al. (2023) mediated environmental factors through workload in administrative roles. Compared to Adisaputra (2023), who found environment outweighing competence in educational settings, the healthcare milieu at Faisal Islamic Hospital amplifies physical and interpersonal barriers, as evidenced by higher beta proximity to satisfaction.

Simultaneously, the three variables accounted for substantial performance variation ($F = 26.092$, $p < 0.001$), validating integrated models like those in Taylor (2014). This synergy exceeds isolated effects, akin to Riskon Efendi (2023), where environment and competence indirectly boosted achievement via satisfaction. Yet, the unexplained 57.8% variance suggests omitted factors, such as leadership or workload, as Tamtomo and Murti (2024) identified in Makassar inpatient nurses. Prior Faisal-specific studies, including Arfiah et al. (2021) on balanced scorecard gaps and Ridwan et al. (2022) on MBNQA criteria, reveal consistent underperformance tied to these constructs, while Rina and Ahri (2019), Abdullah and Nurlinda (2021), and Tandiallo et al. (2023) pinpoint workload and conflicts exacerbating environmental strains.

This research enriches HRM literature by empirically integrating these variables in an Eastern Indonesian Islamic hospital, extending Wibowo's (2020) alignment framework to culturally sensitive care. It bridges gaps in holistic analyses, as Meliasari et al. (2022) and Muchlis et al. (2022) isolated spiritual or cooperative elements without full triangulation. The Hospital management should prioritize competency-building programs, equitable reward systems, and facility upgrades to yield multiplicative gains. Implications include targeted interventions for accreditation compliance and patient safety, potentially reducing turnover as warned by Wadi'ah et al. (2021). For policymakers, scaling these insights could strengthen Indonesia's health workforce amid rising demands. Future studies might explore mediators like adaptive leadership or longitudinal effects to capture dynamic interactions (Latifah, 2024).

6. Conclusion

This study provides robust empirical evidence that competence, job satisfaction, and work environment each exert a positive and significant influence on employee performance at Faisal Islamic Hospital Makassar, both individually and simultaneously. Among these factors, competence emerged as the most dominant predictor, followed closely by work environment and job satisfaction, indicating that employees' skills and knowledge, the conditions in which they work, and their motivational state collectively shape performance outcomes. The regression model accounts for 42.2% of the variance in employee performance, highlighting the critical interplay of capability, motivation, and contextual support in delivering high-quality healthcare services. These findings not only validate the proposed conceptual framework but also underscore the necessity of integrated interventions that enhance both human and organizational resources in a hospital setting facing operational challenges.

The practical implications suggest that hospital management should prioritize competency development through structured and continuous training programs,

implement equitable and transparent reward systems to strengthen job satisfaction, and invest in improving infrastructure and facilities to optimize the work environment. Such measures are likely to yield sustainable improvements in employee productivity, service quality, and overall patient outcomes. The study has limitations, including its cross-sectional design, which captures only a single point in time, and its focus on a single institution, which may restrict the generalizability of the findings. Future research should adopt longitudinal methodologies to track changes over time, consider mediating and moderating variables such as leadership, workload, or organizational culture, and expand the scope to include multiple Islamic hospitals to allow for comparative analysis and a deeper understanding of the factors driving employee performance in similar healthcare contexts.

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Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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