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WORK DISCIPLINE AND EMPLOYEE PERFORMANCE IN AN ISLAMIC HOSPITAL: EVIDENCE FROM BUKITTINGGI, INDONESIA

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Abstract

This study analyzes the effect of work discipline on employee performance at Ibnu Sina Islamic Hospital Bukittinggi, Indonesia, where attendance records showed persistent lateness and absenteeism. Existing hospital studies report inconsistent findings and usually combine discipline with motivation or leadership, so its stand-alone contribution remains unclear; this study isolates discipline as the only predictor in a faith-based Class C hospital in West Sumatra. A quantitative correlational design was used. A total of 211 of 446 employees, selected through Slovin's formula and simple random sampling, completed a validated five-point Likert questionnaire (Cronbach's α = .945 for discipline and .967 for performance). Data were analyzed using descriptive statistics, classical assumption tests, simple linear regression, a t-test and the coefficient of determination. Work discipline had a positive and significant effect on employee performance (B = 1.449; β = .853; t = 23.660; p < .001) and explained 72.7% of its variance. The study contributes single-predictor evidence that discipline is a dominant, manageable lever of hospital performance, and it identifies recognition systems, consistent supervision and regular appraisal as practical priorities.

Keywords: *Work Discipline; Employee Performance; Hospital; Public Administration; Indonesia*

1. Introduction

Hospitals are strategic health institutions that provide comprehensive individual health services, including inpatient, outpatient and emergency care (Kemenkes RI, 2020). Because communities rely on them as the main point of referral, the quality of what hospitals deliver depends heavily on how well they manage their employees. Employee performance is the measure of work results achieved against assigned tasks within a certain period (Yusmar et al., 2024), and it reflects how far an organization achieves its targets, mission and vision (Ningsih, 2018). Work discipline is one of the elements that shape this performance: where discipline is instilled, employees take their duties more seriously (Emil & Nugraha, 2022), and in health care, where punctuality and compliance

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with procedures are indispensable, it is difficult to meet public service standards without it (Yusmar et al., 2024).

Ibnu Sina Islamic Hospital Bukittinggi is a fully accredited (paripurna) Class C hospital with 127 beds, owned by the West Sumatra Islamic Hospital Foundation and inaugurated in 1969. Observation nevertheless revealed a discipline problem. Attendance records for October–December 2023 show that every employee in the Marketing unit (2 of 2) was late in each month, late arrival in the Pharmacy unit ranged from 87.88% to 96.97% of staff, and in the Laboratory unit it was 92.31% in October before falling to 69.23% in December. Absenteeism was also notable in November–December 2023, for example sick leave among 38.46% of Laboratory staff in November and among 15.62% of Nutrition staff in November, rising to 34.38% in December. High lateness and absence are generally treated as signs of performance problems (Kusumabrata, 2023). An interview with an employee on 19 November 2024 pointed to a possible contributing factor: best-attendance recognition had not been awarded for about five years, and employees were formally appraised only once every three years, so there was little incentive to arrive early.

The evidence on whether discipline translates into performance is mixed. Emil and Nugraha (2022), Hani and Rochman (2022) and Pamungkas et al. (2023) found a positive and significant effect in hospital settings, whereas Yaqin et al. (2023) found no partial effect among nursing staff and Basyid (2024) reported no significant effect. Many hospital studies also examine discipline together with motivation or leadership style (Febrian & Alfian, 2023; Indahwati et al., 2024; Indriyani et al., 2021; Suwanto, 2019), which makes it hard to see what discipline contributes by itself. Recent performance studies in this journal have looked at non-physical work environment and workload (Skilder et al., 2025), competence and work stress (Doris et al., 2025), and agile work culture, organizational commitment and work motivation (Mokodompit et al., 2026); work discipline was not among the predictors examined in these studies.

Taken together, the inconsistent findings, the bundled models and the documented attendance problems at the study site define a research gap: the stand-alone effect of work discipline on employee performance in a faith-based regional hospital has not been quantified. This study therefore aims to analyze the effect of work discipline on employee performance at Ibnu Sina Islamic Hospital Bukittinggi. Its novelty lies in (1) isolating discipline as the sole predictor so that its own contribution to performance can be estimated, (2) pairing survey evidence with hospital attendance records and interview data, and (3) turning the findings into concrete policy priorities for public service hospital management.

2. Literature Review

Work Discipline

Work discipline is the attitude of obeying written and unwritten rules together with the willingness to accept sanctions for violations (Wau et al., 2021). Ideally it grows from awareness and a sense of responsibility rather than coercion (Maskur et al., 2024). Handoko, as cited in Hafidulloh et al. (2021), distinguishes preventive discipline, which builds self-discipline so that rules are followed without compulsion; corrective discipline,

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which responds to violations through educational warnings or sanctions; and progressive discipline, in which penalties increase with the seriousness or repetition of violations. Hasibuan, as cited in Maskur et al. (2024), identifies six determinants of discipline: clear goals and employee ability, the leader's example, remuneration and welfare, fairness, close supervision, and sanctions. Discipline is measured here with the five indicators of Malayu, as cited in Farida and Hartono (2016): employee absenteeism, lateness, labor turnover, frequent errors in work, and work stoppages.

Employee Performance

Performance is the actual achievement of a person in a given period, judged against standards that relate directly to the assigned task (Hafidulloh et al., 2021). This study adopts the eight aspects proposed by Prawirosentono, as cited in Gustina (2024): quantity of work, quality of work, job knowledge, creativeness, cooperation, dependability, initiative and personal qualities. Recent studies in this journal show that performance has several determinants. Skilder et al. (2025) found that non-physical work environment and workload together accounted for 88.7% of the variation in employee performance in a company with 38 employees. Doris et al. (2025) reported that competence significantly affected teacher performance while work stress did not. Mokodompit et al. (2026) found that agile work culture had a significant direct effect on village apparatus performance ($\beta = 0.384$), that organizational commitment had no significant direct effect ($\beta = 0.098$), and that work motivation mediated both relationships. Raffles et al. (2025) likewise reported that occupational safety and health explained 64.7% of employee work productivity. These studies treat performance as multi-determined, but none of them tests work discipline.

Work Discipline and Employee Performance

Discipline creates an orderly work environment in which employees work more effectively, individually or in groups, and so produce better performance (Wau et al., 2021); it also encourages employees to channel their energy and thinking toward organizational goals (Furi & Kusumadipradja, 2018). In hospitals, weak discipline can delay work and reduce service quality (Kusumabrata, 2023; Yusmar et al., 2024). Empirically, a significant positive effect has been reported in a regional hospital in South Barito (Emil & Nugraha, 2022), among medical and non-medical staff of a regional hospital emergency department in Majalengka (Hani & Rochman, 2022), in a hospital in Makassar (Pamungkas et al., 2023) and in a general hospital in South Tangerang (Suwanto, 2019). Wachidah and Luturlean (2019) found that discipline contributed 53.2% of the variation in employee performance at a state logistics agency in West Java. Conversely, Yaqin et al. (2023) and Basyid (2024) found no significant effect. Because most evidence is positive but not uniform, the study tests the hypothesis that work discipline has a significant effect on employee performance at Ibnu Sina Islamic Hospital Bukittinggi (H_a), against the null hypothesis of no effect (H_0). Figure 1 summarizes the conceptual framework.

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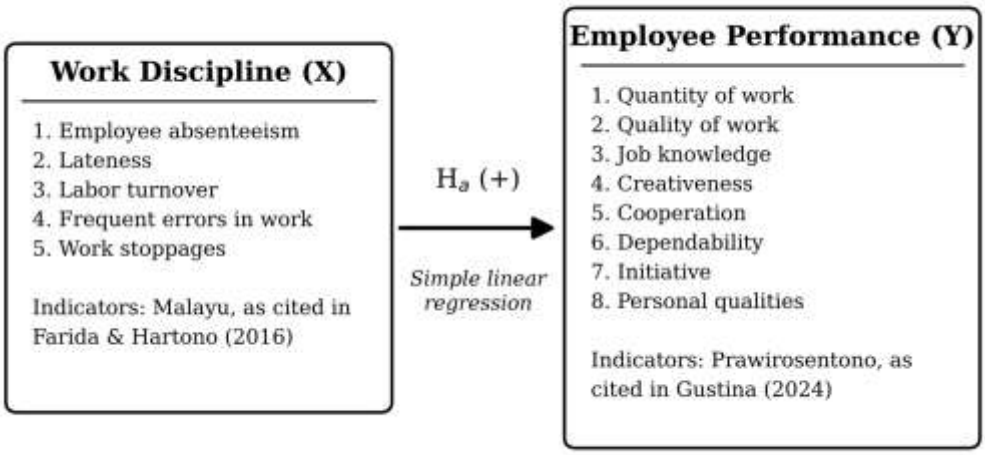


Figure 1. Conceptual Framework

3. Research Method

Research Approach, Data Types and Data Sources

The study used a quantitative approach with a correlational design, which examines the degree of relationship between variations in one variable and variations in another (Azwar, 2019; Sugiyono, 2013). Work discipline was the independent variable (X) and employee performance the dependent variable (Y). The data were quantitative scores. Primary data came directly from hospital employees through observation, interviews and a questionnaire, and secondary data (staff composition, attendance records and the hospital profile) came from documents held by the hospital's training division. Fieldwork began in June 2025.

Population, Sampling and Respondents

The population was all 446 active employees of Ibnu Sina Islamic Hospital Bukittinggi: 31 medical personnel, 200 nursing personnel, 6 other health workers and 139 non-medical employees. The sample size was computed with Slovin's formula (Soesana et al., 2023), $n = N / (1 + Ne^2)$, with N = 446 and a 5% tolerated error, giving n = 210.8, rounded to 211. Respondents were drawn by simple random sampling, which gives each member of the population an equal chance of selection (Priadana & Sunarsi, 2021).

Research Instruments and Theoretical Framework

A structured questionnaire rated on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree; Sugiyono, 2013) was the main instrument. The work discipline scale had 15 items based on the indicators of Malayu, as cited in Farida and Hartono (2016); a sample item is "I arrive on time in accordance with working hours". The employee performance scale had 24 items based on the eight aspects of Prawirosentono, as cited in

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Gustina (2024); a sample item is "I complete my work on time according to targets". These two frameworks define the constructs and the indicators shown in Figure 1.

Data Collection Techniques

Data were collected through observation of lateness and attendance, documentation of hospital records, interviews on employees' perceptions of discipline and performance, and the distribution of the questionnaire to the selected respondents.

Data Credibility

The questionnaire was pilot-tested on 30 respondents. An item was valid when its correlation exceeded the critical r of .361 (α = .05), and a scale was reliable when Cronbach's α exceeded .70 (Soesana et al., 2023). Table 1 shows that all items were valid and both scales were highly reliable.

Table 1. Validity and Reliability of the Instruments

Variable	Items	Item r (r-table = .361)	Cronbach's α	Decision
Work discipline (X)	15	.619–.865	.945	Valid, reliable
Employee performance (Y)	24	.648–.855	.967	Valid, reliable

Data Analysis Techniques

Data were analyzed with SPSS. Descriptive statistics comprised the mean and the respondent achievement level (TCR), calculated as the mean score divided by the maximum score multiplied by 100% and interpreted as very high (81–100%), high (61–80%), moderate (41–60%), low (21–40%) or very low (0–20%). Classical assumptions were checked with the Normal P-P plot of standardized residuals (normality), the ANOVA test for linearity, and the Glejser test (heteroscedasticity). The hypothesis was tested with simple linear regression, $Y = a + bX$, and a t-test at α = .05 (Ghozali, 2016); H_0 is rejected when Sig. < .05 and the t-value exceeds the t-table value. The coefficient of determination was read from the adjusted R^2.

4. Result

Respondent Profile

Table 2 presents the profile of the 211 respondents. Most were female (85.3%) and aged 31–40 years (46.4%). Nearly half held a diploma (49.3%), and 82.0% had worked at the hospital for more than six years, indicating an experienced and stable workforce.

Table 2. Respondent Profile (N = 211)

Characteristic	Category	Frequency	%
Gender	Male	31	14.7
	Female	180	85.3
Age	< 20 years	2	0.9

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Characteristic	Category	Frequency	%
	21–30 years	30	14.2
	31–40 years	98	46.4
	41–50 years	74	35.1
	> 51 years	7	3.3
Education	Junior high school	3	1.4
	Senior high school	69	32.7
	Diploma (D1/D2/D3)	104	49.3
	Bachelor (S1/D4)	35	16.6
Length of service	< 1 year	7	3.3
	1–5 years	31	14.7
	6–10 years	85	40.3
	> 10 years	88	41.7

Descriptive Statistics

Both variables were in the high category (Table 3). Item-level TCR for work discipline ranged from 76.02% to 80.76%; the highest item concerned asking for permission with a clear reason when absent (M = 4.04), and the lowest concerned perceiving colleagues as serious about their work (M = 3.80). For employee performance, item-level TCR ranged from 76.02% to 80.09%; the highest item was striving to give maximum service so that service users are satisfied (M = 4.00), and the lowest was willingness to try new work methods (M = 3.80).

Table 3. Descriptive Statistics of the Study Variables

Variable	Items	Mean	TCR (%)	Category
Work discipline (X)	15	3.93	78.67	High
Employee performance (Y)	24	3.87	77.44	High

Classical Assumption Tests

The assumptions required for regression were met (Table 4). The residuals were approximately normal, the Glejser test showed no heteroscedasticity, and the linear component of the relationship was significant. The deviation-from-linearity test was also significant (F = 1.728; Sig. = .017), which is noted in the Conclusion.

Table 4. Results of the Classical Assumption Tests

Test	Criterion	Result	Conclusion
Normality (P-P plot)	Points follow diagonal	Points spread around the diagonal	Normal
Heteroscedasticity (Glejser)	Sig. > .05	Sig. = 1.000	None detected

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Test	Criterion	Result	Conclusion
Linearity (ANOVA)	Sig. (Linearity) < .05	F = 616.316; Sig. = .000	Linear

Regression Analysis and Hypothesis Test

Tables 5 and 6 present the regression results. The regression equation is Y = 7.441 + 1.449X, meaning that each one-point increase in the work discipline score is associated with a 1.449-point increase in the performance score. The t-value (23.660) exceeded the t-table value (1.971; df = 209; α = .05) and Sig. = .000 (< .001), so H_0 was rejected and H_a was accepted. The standardized coefficient (β = .853) indicates a strong positive effect, and the adjusted R^2 of .727 shows that work discipline explained 72.7% of the variance in employee performance, leaving 27.3% to factors outside the model.

Table 5. Model Summary

Model	R	R Square	Adjusted R^2	Std. Error of the Estimate
1	.853	.728	.727	8.232

Table 6. Regression Coefficients (Dependent Variable: Employee Performance)

Predictor	B	Std. Error	Beta	t	Sig.
(Constant)	7.441	3.658		2.035	.043
Work discipline	1.449	.061	.853	23.660	.000

5. Discussion

The hypothesis was supported: work discipline had a strong, positive and significant effect on employee performance at Ibnu Sina Islamic Hospital Bukittinggi and, by itself, explained 72.7% of its variance. This agrees with earlier hospital studies that found a significant positive effect (Emil & Nugraha, 2022; Hani & Rochman, 2022; Pamungkas et al., 2023; Suwanto, 2019) and with the view that employees who arrive on time, follow rules and take responsibility for their tasks work more effectively (Furi & Kusumadipradja, 2018; Wau et al., 2021). The share of variance explained here is larger than the 53.2% reported for a non-health organization (Wachidah & Luturlean, 2019). Hospital work is highly dependent on timing and procedure, which may make discipline especially consequential, although this study cannot test that explanation directly.

Placing the result beside recent work in this journal adds perspective. Discipline alone explained 72.7% of the variance in performance, a figure that lies between the 88.7% explained jointly by non-physical work environment and workload (Skilder et al., 2025) and the 64.7% reported for occupational safety and health on productivity (Raffles et al., 2025). These studies differ in setting, outcome and sample size (38 and 54 employees), so the comparison is indicative only, but it suggests that discipline is as influential as the work-environment and safety factors that performance studies usually emphasize. The remaining 27.3% of unexplained variance is consistent with the multi-

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determined view of performance in this literature, in which competence (Doris et al., 2025), work culture and motivation (Mokodompit et al., 2026) also matter.

The results also help explain why earlier studies disagree. Doris et al. (2025) found that one predictor, competence, was significant while another, work stress, was not, which shows that significance depends on the predictor, setting and measurement. The null findings of Yaqin et al. (2023) and Basyid (2024) may likewise reflect differences in occupational group, instruments or the other variables in their models. In Mokodompit et al. (2026), organizational commitment affected performance only through work motivation; a similar pathway could operate for discipline, which this single-predictor design cannot show.

Descriptively, respondents rated both discipline and performance as high, and the weakest items, perceiving colleagues' seriousness and willingness to try new methods, still fell in the high category but indicate room for improvement in team cohesion and innovation. It is notable that self-reported discipline was high even though the 2023 attendance records showed substantial lateness in several units. This may reflect differences between units, the time gap between the records and the 2025 survey, or favorable self-assessment; the two sources measure discipline differently and cannot be compared directly. The practical implication is that management should keep strengthening discipline through consistent supervision, clear rules, fair sanctions and rewards, a revived best-attendance recognition and more frequent appraisal, together with team-building and innovation training for the weakest items.

The study's contribution is to provide single-predictor evidence from a faith-based Class C hospital in West Sumatra, quantifying how much of employee performance can be attributed to discipline alone and linking the statistical result to concrete management actions.

6. Conclusion

Work discipline has a positive and significant effect on employee performance at Ibnu Sina Islamic Hospital Bukittinggi ($B = 1.449$; $\beta = .853$; $t = 23.660 > 1.971$; $p < .001$) and explains 72.7% of its variance, while the remaining 27.3% is attributable to factors outside the model such as motivation, work environment, leadership and compensation. The findings imply that hospital management can improve performance by strengthening discipline through consistent supervision, clearly communicated rules, fair sanctions and rewards, a reinstated best-attendance recognition and regular performance appraisal.

The study has limitations. It covers one hospital with a predominantly female sample (85.3%), relies on self-reported cross-sectional data, and used attendance records (October–December 2023) that precede the 2025 survey. Although the linear component was significant, the deviation-from-linearity test was also significant (Sig. = .017), suggesting that non-linear models could be explored. Further research should use multi-site samples, combine questionnaires with attendance records and supervisor ratings, and add predictors such as motivation, leadership and work environment, including mediating roles for work motivation (cf. Mokodompit et al., 2026).

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