

Health Insurance Allowance, Motivation, and Discipline Effects on Non-Medical Staff Performance

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Abstract

Purpose: This study examines the effect of the National Health Insurance Allowance or locally *Badan Penyelenggara Jaminan Sosial Kesehatan* (BPJS Kesehatan), work motivation, and work discipline on the performance of non-medical staff at the Paray Community Health Center in Biak Kota District, Biak Numfor Regency, individually and jointly.

Research Methodology: Using a quantitative approach, questionnaires were distributed to the population of 60 non-medical staff, yielding 46 usable responses. Data were analyzed with multiple linear regression estimated through Partial Least Squares Structural Equation Modeling in SmartPLS 4, following validity, reliability, and classical assumption testing, with hypotheses tested through the partial (t) and simultaneous (F) tests and the coefficient of determination.

Results: Work motivation had a positive and significant effect on non-medical staff performance, while the health insurance allowance and work discipline each showed a positive but not statistically significant partial effect; jointly, the three variables had a positive and significant effect on performance, explaining a very large share of its variation.

Conclusions: Staff performance at the health center depends primarily on motivation, with the insurance allowance and discipline functioning as necessary but not individually sufficient supporting conditions.

Limitations: The single-site sample, the modest response rate, and the cross-sectional design restrict how far the findings can be generalized.

Contributions: The study extends motivation and social-insurance theory to a non-medical primary healthcare workforce in a remote Papuan district and offers practical guidance for health center management.

Keywords: *Health Insurance Allowance, Non-Medical Staff Performance, Work Discipline, Work Motivation*

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1. Introduction

A community health center is a first-level health service facility that carries a strategic role in raising the health status of the population it serves. The Paray Community Health Center, located in Biak Kota District, Biak Numfor Regency, functions as one of the government's frontline units for delivering promotive, preventive, curative, and rehabilitative health services to the community. The

success of health service delivery at a community health center depends not only on medical personnel but also on non-medical staff, who provide administrative, operational, and direct public-service support. Effective health service delivery requires competent human resources supported by organizational systems, welfare policies, motivation, and disciplined work behavior because employee performance is a key determinant of service quality in healthcare organizations ([Kelibulin et al., 2020](#); [Kurniawan et al., 2022](#)).

One important factor shaping the quality of staff performance is the provision of a national health insurance benefit through BPJS Kesehatan for the welfare of non-medical personnel. Employee welfare programs, including access to health protection, contribute to employees' psychological security, job satisfaction, and organizational commitment because workers perceive organizational support through the fulfillment of basic needs and protection from financial risks ([Medina-Garrido et al., 2024](#); [Opoku Asuming et al., 2021](#)). For the 55 non-medical staff whose fixed income is relatively limited, the availability of this health insurance benefit is of considerable help in providing a sense of security, comfort, and relief from the burden of family health costs. When staff feel protected and have access to adequate health facilities, their morale and focus in carrying out their duties are expected to rise. However, dissatisfaction related to administrative procedures, benefit transparency, and service responsiveness may influence employees' perceptions of welfare programs and reduce their expected organizational impact ([Sari et al., 2023](#)).

Beyond the health benefit, work motivation is a psychological factor that carries substantial weight for productivity and goal attainment. Motivation can arise from internal sources, such as achievement orientation and personal development, as well as external sources, such as recognition, organizational support, and career opportunities. Previous studies have demonstrated that work motivation significantly influences employee performance because motivated employees tend to demonstrate higher commitment, responsibility, and task achievement ([Gajayana et al., 2022](#); [Ali & Simamora, 2022](#)). At Paray Community Health Center, challenges remain in the form of limited supporting facilities, administrative workload, and restricted career development opportunities, all of which may influence the motivation level of non-medical staff in performing their responsibilities.

An equally important factor is work discipline, particularly within the context of public service delivery in the health sector. Work discipline reflects employees' compliance with organizational regulations, including attendance, punctuality, adherence to procedures, and professional behavior. Strong work discipline contributes to consistent service performance because employees are more likely to complete their duties according to organizational standards ([Irawati et al., 2022](#); [Puspitasari et al., 2022](#)). Previous studies also confirm that work discipline has a significant relationship with employee performance, both independently and together with motivation factors ([Kurniawan et al., 2022](#); [Zaahidah et al., 2022](#)). On several occasions, non-medical staff have still been found lacking in punctuality, adherence to service standards, and commitment to operational procedures, which may reduce service effectiveness and community satisfaction.

Given this phenomenon, health insurance benefits, work motivation, and work discipline represent important organizational factors that potentially influence non-medical staff performance. Previous empirical studies indicate that welfare support, motivation, and discipline are important predictors of employee performance in both public institutions and healthcare organizations ([Muratin, 2022](#); [Suryani et al., 2022](#)). Nevertheless, research examining the interaction among these variables within community health centers in Papua Province, particularly Biak Numfor Regency, remains limited. The geographic conditions, availability of healthcare infrastructure, workforce characteristics, and organizational culture in Papua differ from other regions of Indonesia, requiring context-specific empirical investigation.

This study therefore investigates the extent to which health insurance benefits, work motivation, and work discipline influence the performance of non-medical staff at Paray Community Health Center in Biak Kota District. The findings are expected to contribute theoretically to human resource management literature in public health organizations and practically provide recommendations for

health center management and regional policymakers in strengthening welfare-based performance improvement strategies

2. Literature Review and Hypotheses Development

2.1 *The National Health Insurance Program and Social Protection Theory*

BPJS Kesehatan is a public legal entity responsible for administering Indonesia national health insurance program for the entire population, established under Law Number 24 of 2011, with the objective of ensuring that every resident obtains fair and equitable access to health services. As a social health insurance scheme, BPJS Kesehatan represents a government mechanism for expanding healthcare coverage, reducing financial barriers, and improving equity in access to healthcare services ([Agustina et al., 2020](#); [Agustina et al., 2020](#)). The implementation of national health insurance reflects the broader concept of social protection, where the state plays an important role in protecting citizens from health-related financial risks and ensuring access to essential services ([Kwon & Kim, 2021](#)).

Social protection through health insurance is based on the principle of risk pooling, where financial contributions from participants and government subsidies are collectively managed to provide protection against health expenditure shocks ([Acharya et al., 2020](#)). This principle is reflected in BPJS Kesehatan through a cross-subsidy mechanism that enables broader population coverage and supports vulnerable groups in obtaining healthcare services. Furthermore, equitable health insurance systems contribute not only to public health improvement but also to financial security by reducing uncertainty caused by unexpected medical expenses ([Mladovsky et al., 2021](#)).

Within an organizational context, providing BPJS Kesehatan benefits to employees can be considered a form of indirect compensation and organizational support that strengthens employees' sense of security and welfare. Employee welfare benefits have been shown to influence job satisfaction, organizational commitment, and work performance because employees perceive such benefits as evidence of organizational concern and support ([Rhoades & Eisenberger, 2020](#); [Nguyen et al., 2021](#)). Therefore, the provision of health insurance benefits for non-medical staff at healthcare institutions may contribute to improved psychological well-being, work motivation, and employee performance.

2.2 *Work Motivation*

Work motivation is the psychological condition that drives a person to carry out work with enthusiasm and a sense of responsibility. [Robbins and Judge \(2020\)](#) define motivation as the process that explains the intensity, direction, and persistence of an individual's effort toward a goal. Work motivation refers to the internal and external forces that encourage employees to initiate, direct, and sustain work-related behaviors toward achieving organizational goals. Employee motivation is shaped by psychological needs, organizational support, recognition, career opportunities, and the work environment, which collectively influence employee engagement and performance ([Van, Howard, Leroy, & Gagné, 2021](#)). Motivation theories emphasize that employees are driven not only by financial rewards but also by intrinsic factors such as achievement, autonomy, competence, and recognition ([Ryan & Deci, 2020](#)). Furthermore, contemporary organizational research shows that employees with stronger motivation tend to demonstrate higher commitment, productivity, and job performance because they perceive their work as meaningful and aligned with personal and organizational objectives ([Kooij, Kanfer, Betts, & Rudolph, 2022](#)). [Hasibuan \(2019\)](#) describes it as the provision of a driving force that creates the enthusiasm needed for staff to work together effectively toward job satisfaction.

Following [Robbins and Judge \(2020\)](#), work motivation can be understood through the fulfillment of physiological needs, reflected in adequate salary, incentives, and allowances, safety needs, reflected in job stability, health protection such as BPJS, and a safe working environment, social needs, reflected in harmonious relationships and teamwork with colleagues and superiors, esteem needs, reflected in recognition, praise, and promotion opportunities, and self-actualization needs, reflected in training, competence development, and opportunities to innovate at work. A staff member whose needs across these dimensions are reasonably met tends to display stronger motivation and, correspondingly, better performance, a pattern documented across recent applications of Maslow's and Herzberg's frameworks

to organizational performance by [Ihensekien and Joel \(2023\)](#), and across studies linking motivation, discipline, and compensation to employee performance in Indonesian organizations ([Maharani, & Rinova, 2026](#); [Illahi, & Adiwaty, 2024](#); [Natasya, Harini, & Maulana, 2024](#)).

2.3 Work Discipline

Work discipline is the attitude and behavior that reflect a staff member's compliance with the rules, norms, and work standards that prevail within an organization. [Hasibuan \(2019\)](#) defines work discipline as the awareness and willingness of an individual to obey all organizational regulations, while [Mangkunegara \(2017\)](#) states that work discipline reflects the degree of staff compliance with rules that have been established, whether written or unwritten. High work discipline creates an orderly and conducive working environment, and within a public-service organization, discipline bears directly on the quality of service the community receives, encompassing punctuality, compliance with rules, responsibility, and adherence to standard operating procedures.

Within the specific context of health service staff, responsibility is reflected in completing patient health services according to professional standards, carrying out administrative and medical tasks without delay, taking ownership of the quality of work and decisions made, and showing initiative in addressing health issues encountered in the field, while adherence to standard operating procedures is reflected in following medical and administrative service procedures, complying with occupational safety and health protocols, maintaining procedural consistency in recording and reporting health data, and delivering services in line with professional ethical and procedural standards. [Sinambela \(2018\)](#) emphasize that adherence to standard operating procedures is a central indicator of discipline in achieving consistent and accountable service, a relationship documented in Indonesian public-sector and health-facility settings ([Agustriani et al., 2022](#); [Rifqi et al., 2023](#); [Adi Jaya et al., 2022](#)).

2.4 Employee Performance

Employee performance is a central concept in human resource management because it bears directly on the achievement of organizational goals. In recent literature, employee performance is defined as the work result, observable behavior, and individual responsibility measured against an established standard. [Harry, Zein, Muhtarom, Mulyadi, and Septiani \(2024\)](#) describe employee performance as the set of results achieved, referring to an individual's accomplishment of assigned tasks, while a range of recent studies converge on a definition of performance as the quality and quantity of work completed by an employee in fulfilling assigned duties and responsibilities ([Ichsan & Zurrahmi, 2022](#)).

Drawing on these definitions, employee performance in this study is understood as the work result achieved by an individual in carrying out duties and responsibilities, in terms of both quality and quantity, together with the observable behavior that supports task execution, measured against the standards and targets an organization has established. Quality of work reflects the precision, accuracy, and conformity of results with organizational standards; quantity of work reflects the volume of output relative to targets; timeliness reflects the ability to complete tasks within an allotted period; cooperation reflects the capacity to work well with colleagues; and initiative reflects a proactive stance toward problems encountered on the job. These dimensions collectively form the operational measure of non-medical staff performance used in this study.

2.5 Relationship between the Health Insurance Allowance, Motivation, Discipline, and Performance

Theoretically, indirect compensation in the form of the BPJS Kesehatan benefit is expected to raise a sense of security and job satisfaction, and thereby staff performance, consistent with the broader literature linking compensation and welfare programs to organizational performance ([Ampong, 2024](#); [Dewi et al., 2022](#); [Margie et al., 2023](#)). Two-factor theory suggests that a health benefit of this kind functions primarily as a hygiene factor, one that prevents dissatisfaction without necessarily acting as an active driver of higher performance, while Vroom's expectancy theory suggests that a benefit perceived as a normative entitlement, rather than as a reward tied to performance, is less likely to translate into a strong performance effect. Work motivation, understood through Maslow's hierarchy and Herzberg's motivator factors, is more consistently linked with performance because it operates directly on the psychological drive to achieve, while work discipline, reflecting compliance with rules

and procedures, is expected to support performance but may, in some settings, remain more a matter of formal compliance than of the substantive drive to achieve, a pattern noted in a range of Indonesian public-sector and health-facility studies of motivation, discipline, and performance ([Handoko et al., 2021](#); [Pratama & Pinasthika, 2021](#); [Dunan & Sari, 2023](#); [Cecarrio et al., 2025](#)).

2.6 Hypotheses Development

A hypothesis is a tentative conjecture about a relationship between variables whose truth must be established empirically. The health insurance benefit is expected to raise non-medical staff performance because it reduces the financial burden of family health costs and provides a sense of security that allows staff to focus on their duties, a relationship consistent with evidence that employee welfare and compensation systems underlie broader human resource outcomes ([Ampong, 2024](#); [Kudratul Alam & Sarpan, 2024](#)).

H₁: The BPJS Kesehatan allowance has a positive and significant effect on non-medical staff performance at Paray Community Health Center

Work motivation is expected to raise performance because a psychologically driven employee invests more effort, focus, and persistence in completing assigned tasks, consistent with Maslow's and Herzberg's motivation frameworks and with recent empirical findings linking motivation to employee performance across Indonesian organizational and health-service settings ([Ihensekien & Joel, 2023](#); [Illahi & Adiwaty, 2024](#); [Rahmawati et al., 2022](#)).

H₂: Work motivation has a positive and significant effect on non-medical staff performance at Paray Community Health Center

Work discipline is expected to raise performance because compliance with attendance, procedure, and professional standards creates the operational conditions under which quality work can be produced consistently, a relationship documented in studies linking discipline to employee and health-worker performance ([Agustriani et al., 2022](#); [Rifqi et al., 2023](#); [Adi Jaya et al., 2022](#)).

H₃: Work discipline has a positive and significant effect on non-medical staff performance at Paray Community Health Center

Because welfare, motivation, and discipline are theorized to operate through distinct but complementary channels, welfare by easing financial and psychological burdens, motivation by driving effort, and discipline by ensuring consistent compliance, their combined effect on performance is expected to be jointly significant even where one or more individual channels prove weaker in isolation.

H₄: The BPJS Kesehatan allowance, work motivation, and work discipline jointly have a positive and significant effect on non-medical staff performance at Paray Community Health Center

3. Research Methodology

3.1 Research Location and Period

This study was conducted among non-medical staff at the Paray Community Health Center, located in Biak Kota District, Biak Numfor Regency. Data collection ran for five months, from September 2025 through January 2026, encompassing instrument preparation, data collection, data processing, and analysis of results.

3.2 Data Types and Sources

Both qualitative and quantitative data were used. Qualitative data consisted of information about the research variables and the factors influencing them, drawn primarily from theory on work discipline, staff competence, and employee performance, and used to support the argumentation built around the quantitative findings. Quantitative data consisted of numerical information on service development and progress among non-medical staff at Paray Community Health Center. Primary data were

obtained directly from non-medical staff through a structured questionnaire, while secondary data were drawn from books, literature, magazines, and prior research reports relevant to the topic under study ([Creswell & Creswell, 2023](#)).

3.3 Population and Sample

The population of this study comprised all 60 non-medical staff at Paray Community Health Center. Using the Slovin formula with a 5% error tolerance, the ideal sample size was calculated at 50 respondents out of the total population of 60. In the field, however, only 46 completed questionnaires were returned and usable for analysis, and this figure of 46 respondents constitutes the final sample used throughout the study.

3.4 Data Collection Method

Data collection focused on information directly related to the variables under study, namely the BPJS Kesehatan allowance, work motivation, work discipline, and non-medical staff performance at Paray Community Health Center. The principal data collection technique was a structured questionnaire developed from the indicators of each research variable and administered to non-medical staff as the source of primary data. Each questionnaire item was designed to capture respondent perceptions of the variable being measured, so that the resulting data could be used directly in statistical analysis ([Sugiyono, 2022](#)).

The measurement scale used in the questionnaire was a five-point Likert scale, ranging from strongly agree to strongly disagree, used to quantify respondent perceptions so that they could be processed through multiple linear regression analysis. Data collection was also supported by limited documentation directly relevant to the research variables, such as data on the number of non-medical staff and a general overview of staff performance, used as supporting data to strengthen the analysis and interpretation of results.

3.5 Data Analysis Method

The data analysis method used in this study was multiple linear regression, applied to determine the effect of the independent variables, comprising the BPJS Kesehatan allowance (X_1), work motivation (X_2), and work discipline (X_3), on the dependent variable, non-medical staff performance (Y), at Paray Community Health Center. Multiple linear regression was chosen because the study involves more than one independent variable hypothesized to affect the dependent variable. Data processing was carried out using SmartPLS 4, software used for Structural Equation Modeling (SEM) following a Partial Least Squares (PLS) approach, which estimates the regression relationships among the study's latent variables based on the questionnaire indicators ([Sekaran & Bougie, 2020](#)). The multiple linear regression model used in this study is formulated as follows.

$$Y = a + b_1X_1 + b_2X_2 + b_3X_3 + e \quad (1)$$

Formula 1 interpreted, where Y is non-medical staff performance, a is the constant, b_1 , b_2 , and b_3 are the regression coefficients of the BPJS Kesehatan allowance, work motivation, and work discipline respectively, X_1 , X_2 , and X_3 are the BPJS Kesehatan allowance, work motivation, and work discipline respectively, and e is the error term. This regression model is used to determine the magnitude of each independent variable's effect on the dependent variable and the direction of the relationship among the study's variables.

3.6 Classical Assumption Testing

Before conducting multiple linear regression analysis, classical assumption testing was carried out to confirm that the regression model met the statistical requirements needed for the analysis to be trustworthy. Normality testing examines whether the data in the regression model follow a normal distribution, a condition a sound regression model should satisfy, assessed through the significance value of the Kolmogorov-Smirnov test, with a significance value above 0.05 indicating normally distributed data and a value below 0.05 indicating a non-normal distribution.

Multicollinearity testing examines whether a strong relationship exists among the independent variables in the regression model, a condition a sound regression model should avoid, assessed through the Tolerance value and the Variance Inflation Factor (VIF), with a Tolerance value above 0.10 and a VIF below 10 indicating the absence of multicollinearity, and a Tolerance value below 0.10 together with a VIF above 10 indicating its presence. Heteroscedasticity testing examines whether the variance of the regression model's residuals is unequal, a condition a sound regression model should avoid, assessed through the Glejser test or a scatterplot, with a significance value above 0.05 indicating the absence of heteroscedasticity and a value below 0.05 indicating its presence.

3.7 Hypothesis Testing

Hypothesis testing was carried out to determine the effect of the independent variables on the dependent variable, both partially and simultaneously. The partial test (t-test) determines the individual effect of each independent variable, namely the BPJS Kesehatan allowance, work motivation, and work discipline, on non-medical staff performance, with the decision rule that a significance value below 0.05 leads to acceptance of the hypothesis and a value above 0.05 leads to its rejection.

The simultaneous test (F-test) determines whether the BPJS Kesehatan allowance, work motivation, and work discipline jointly affect non-medical staff performance, with the decision rule that a significance value below 0.05 indicates the independent variables jointly have a significant effect on the dependent variable, while a value above 0.05 indicates the absence of a significant joint effect. The coefficient of determination (R-squared) test determines how much of the variation in the dependent variable the independent variables can explain; the value ranges from zero to one, and a value closer to one indicates a greater capacity of the BPJS Kesehatan allowance, work motivation, and work discipline to explain variation in non-medical staff performance.

3.8 Operational Definitions

An operational definition specifies the construct or property to be studied so that it becomes a measurable variable, allowing other researchers to replicate the measurement or improve upon it. The independent variables in this study are variables that influence, or that cause change in, the dependent variable. The BPJS Kesehatan allowance is defined as the health insurance facility provided by the organization to guarantee staff welfare, measured through indicators of BPJS participation, completeness of benefits, ease of access to services, and satisfaction with the BPJS program, using a five-point Likert scale ([Sugiyono, 2022](#)).

Work motivation is defined as the internal and external drive that shapes staff enthusiasm in pursuing organizational goals, measured through indicators of the drive to achieve, responsibility toward work, recognition, clarity of work targets, and work morale, using a five-point Likert scale. Work discipline is defined as the degree of staff compliance with rules, procedures, and punctuality in carrying out work, measured through indicators of attendance, punctuality, compliance with rules, and responsibility for work, using a five-point Likert scale. Non-medical staff performance is defined as a staff member's capacity to produce work output consistent with organizational standards and goals, measured through indicators of quality of work, quantity of work, timeliness, cooperation, and initiative, using a five-point Likert scale ([Sugiyono, 2022](#)).

4. Results and Discussions

4.1 Respondent Characteristics

Applying the Slovin formula with a 5% error tolerance to the population of 60 non-medical staff yielded an ideal sample size of 50 respondents. In the field, however, only 46 completed and usable questionnaires were returned, and these 46 responses form the sample used throughout the analysis. Although the number of returned questionnaires was slightly below the calculated sample size, the available responses were considered adequate for analysis because they represented the majority of the population and provided sufficient information to examine the relationships among the research variables within the study context.

Table 1. Respondent distribution by gender

Gender	Frequency (n)	Percentage (%)
Male	5	10.9
Female	41	89.1
Total	46	100.0

Table 1 show by gender, the sample was strongly dominated by female staff, 41 respondents or 89.1%, compared with 5 male staff, or 10.9%, . This composition is consistent with the common pattern at first-level health facilities, where administrative, registration, and other support units tend to draw a larger female workforce.

Table 2. Respondent distribution by age

Age Group	Frequency (n)	Percentage (%)
26-35 years	16	34.8
34-45 years	21	45.7
46-50 years	6	13.0
Above 50 years	3	6.6
Total	46	100.0

Table 2 show by age group, respondents were dominated by the 34-45-year group, 21 respondents or 45.7%, followed by the 26-35-year group, 16 respondents or 34.8%, the 46-50-year group, 6 respondents or 13.0%, and the 50-years-and-above group, 3 respondents or 6.6%. This age structure indicates that most non-medical staff are in their productive years, combining the energy of younger staff with the accumulated experience of more senior staff, a composition that can support work discipline, motivation, and overall performance.

Table 3. Respondent distribution by level of education

Level of Education	Frequency (n)	Percentage (%)
Senior High School	2	4.3
Diploma	25	54.3
Bachelor Degree	18	39.1
Postgraduate Degree	1	2.2
Total	46	100.0

Table 3 show by level of education, respondents were dominated by diploma holders, 25 respondents or 54.3%, followed by bachelor's degree holders, 18 respondents or 39.1%, senior high school graduates, 2 respondents or 4.3%, and postgraduate degree holders, 1 respondent or 2.2%. This composition indicates that most non-medical staff already hold a formal educational qualification relevant to administrative and support duties at a first-level health facility, supporting their readiness to carry out administrative, technical, and operational tasks professionally.

4.2 Descriptive Variable Analysis

The BPJS Kesehatan allowance variable was measured using five statements. Respondents overwhelmingly agreed or strongly agreed with each statement: 67.4% strongly agreed and 30.4% agreed that the benefit received matched their workload, 60.9% strongly agreed and 34.8% agreed that no delay occurred in benefit disbursement, 58.7% strongly agreed and 34.8% agreed that they understood the benefit distribution mechanism, 56.5% strongly agreed and 39.1% agreed that the allowance had improved their welfare, and 60.9% strongly agreed and 34.8% agreed that they were satisfied with the benefit disbursement system. Overall, non-medical staff perceptions of the BPJS Kesehatan allowance fell into a very favorable category, indicating that the program has made a positive contribution to staff welfare at Paray Community Health Center.

The work motivation variable was likewise measured using five statements. A total of 39.1% of respondents strongly agreed and 60.9% agreed that they felt motivated to reach challenging work targets, 41.3% strongly agreed and 58.7% agreed that they felt fully responsible for their work results, 37.0% strongly agreed and 58.7% agreed that recognition for performance encouraged them to work better, with 4.3% disagreeing, 32.6% strongly agreed and 65.2% agreed that their work goals and targets were clear, with 2.2% disagreeing, and 32.6% strongly agreed and 67.4% agreed that they felt a high level of enthusiasm every day. Taken together, these results place work motivation among non-medical staff at Paray Community Health Center in a very favorable category.

The work discipline variable was measured using five statements. A total of 32.6% of respondents strongly agreed and 67.4% agreed that they attended work according to the set schedule, 30.4% strongly agreed and 67.4% agreed that they arrived at work punctually, with 2.2% disagreeing, 34.8% strongly agreed and 58.7% agreed that they complied with prevailing work rules and procedures, 28.3% strongly agreed and 71.7% agreed that they completed work according to the standards set, and 32.6% strongly agreed and 67.4% agreed that they maintained administrative neatness and order at the workplace. Overall, work discipline among non-medical staff also fell into a very favorable category.

The non-medical staff performance variable was measured using five statements. A total of 47.8% of respondents strongly agreed and 52.2% agreed that the work they produced met organizational standards, 52.2% strongly agreed and 47.8% agreed that they could complete work according to the targeted quantity, 54.3% strongly agreed and 45.7% agreed that they completed tasks punctually, 50.0% strongly agreed and 50.0% agreed that they could work well together with colleagues to achieve the best results, and 52.2% strongly agreed and 47.8% agreed that they showed initiative in carrying out their work. These results place non-medical staff performance at Paray Community Health Center in a very favorable category as well.

4.3 Classical Assumption Test Results

4.3.1 Multicollinearity Test

Multicollinearity testing was carried out to determine whether a high correlation exists among the independent variables in the research model. Within a PLS-SEM framework, multicollinearity arises when two or more independent variables are strongly correlated with one another, which can distort the accuracy of the analysis. The results showed that the work motivation and BPJS Kesehatan allowance variables carried Variance Inflation Factor (VIF) values above 5, specifically 8.610 for motivation and 8.022 for the BPJS Kesehatan allowance, indicating a fairly strong relationship between these two independent variables. Conceptually, this relationship is understandable, because in a community health center setting the provision of the BPJS Kesehatan benefit can itself shape the motivation level of non-medical staff, since staff who feel adequately covered by health insurance tend to display stronger work morale. Work discipline, by contrast, carried a VIF of 4.519, within the generally accepted tolerance limit, indicating that it is comparatively more independent of the other variables in shaping performance. Because all VIF values nonetheless remained below the conventional threshold of 10, the model was judged acceptable and free of serious multicollinearity.

4.3.2 Heteroscedasticity Test

Heteroscedasticity testing, carried out using the Breusch-Pagan method, produced a probability value (p-value) of 0.389, which exceeds the 0.05 significance level. This result indicates that no heteroscedasticity symptom is present in the research model, so the residual variance of the regression model is constant, or homoscedastic, and the model used satisfies this classical assumption. Analysis of the effect of the BPJS Kesehatan allowance, motivation, and work discipline on non-medical staff performance can therefore proceed without bias arising from unequal residual variance.

4.4 Multiple Linear Regression Results

Table 4. Unstandardized regression coefficients

Variable	Unstandardized Coefficient (B)
Constant	-0.516
Work Motivation	0.773

Variable	Unstandardized Coefficient (B)
BPJS Kesehatan Allowance	0.078
Work Discipline	0.178

Table 4 presents the unstandardized regression coefficients of the research model. The results show that work motivation has the largest positive coefficient ($B = 0.773$), followed by work discipline ($B = 0.178$) and BPJS Kesehatan allowance ($B = 0.078$), indicating that all independent variables have a positive relationship with non-medical staff performance. The constant value is -0.516 , representing the predicted performance value when all independent variables are assumed to be zero. Based on these coefficients, the multiple linear regression equation is formulated in Formula 2.

$$Y = -0.516 + 0.773(\text{WorkMotivation}) + 0.078(\text{BPJSKesehatanAllowance}) + 0.178(\text{WorkDiscipline}) \quad (2)$$

The regression coefficient for work motivation of 0.773 indicates that motivation carries a positive effect on non-medical staff performance, meaning that, holding the other variables constant, each one-unit increase in motivation raises non-medical staff performance by 0.773 units. This finding confirms that motivation is the most dominant factor shaping non-medical staff performance at Paray Community Health Center. The regression coefficient for the BPJS Kesehatan allowance of 0.078 indicates a positive but comparatively small effect on non-medical staff performance, meaning that, holding the other variables constant, an improvement in perceptions of the BPJS Kesehatan allowance raises performance by only 0.078 units. This indicates that the BPJS Kesehatan allowance has not yet become a primary driver of higher staff performance.

The regression coefficient for work discipline of 0.178 indicates that discipline also carries a positive effect on non-medical staff performance, meaning that, holding the other variables constant, each one-unit increase in work discipline raises performance by 0.178 units, an effect that remains smaller than that of motivation. The constant of -0.516 indicates that if work motivation, the BPJS Kesehatan allowance, and work discipline are each held at zero, non-medical staff performance would stand at -0.516 . This value is mathematical in nature and underscores that the presence of the three independent variables is essential in shaping staff performance in practice.

4.5 Hypothesis Test Results

4.5.1 Partial Significance Test (t-test)

The partial test results indicate that work motivation has a positive and significant effect on non-medical staff performance, with a calculated t-value of 6.007 and a significance value of 0.000 , below 0.05 , confirming that motivation is the dominant factor in raising performance at Paray Community Health Center. The BPJS Kesehatan allowance shows a calculated t-value of 0.647 with a significance value of 0.521 , above 0.05 , indicating that the allowance does not have a statistically significant partial effect on performance, even though its presence remains important for staff welfare. Work discipline shows a calculated t-value of 1.813 with a significance value of 0.077 , above 0.05 , indicating that discipline likewise does not have a statistically significant partial effect on performance, suggesting that formal compliance with rules and schedules is not, on its own, sufficient to raise performance without being accompanied by strong underlying motivation. A summary of the hypothesis test results is presented in Table 5.

Table 5. Summary of partial hypothesis test results

Hypothesis	Statement	Sig. Value	Result
H_1	BPJS Kesehatan allowance affects the performance of non-medical staff.	$0.521 > 0.05$	Rejected

Hypothesis	Statement	Sig. Value	Result
H_2	Work motivation affects the performance of non-medical staff.	$0.000 < 0.05$	Accepted
H_3	Work discipline affects the performance of non-medical staff.	$0.077 > 0.05$	Rejected
H_4	Work motivation, BPJS Kesehatan allowance, and work discipline simultaneously affect the performance of non-medical staff.	$0.000 < 0.05$	Accepted

4.5.2 Simultaneous Significance Test (F-test)

The simultaneous test (F-test) produced a calculated F-value of 173.180 with a significance value of 0.000, below 0.05, indicating that the regression model used in this study is statistically significant. The BPJS Kesehatan allowance, work motivation, and work discipline are accordingly confirmed to jointly have a significant effect on non-medical staff performance at Paray Community Health Center, so H_4 is accepted. The regression sum of squares of 704.972, far exceeding the error sum of squares of 58.347, indicates that variation in non-medical staff performance is explained mainly by the independent variables in the model rather than by unexplained error or omitted variables.

4.5.3 Coefficient of Determination (R-squared) Test

The coefficient of determination test produced an R-squared value of 0.924, indicating that 92.4% of the variation in non-medical staff performance can be explained by the BPJS Kesehatan allowance, work motivation, and work discipline included in the research model, while the remaining 7.6% is explained by other variables outside the model, such as leadership, the working environment, organizational culture, workload, and other individual factors. The Adjusted R-squared value of 0.918 indicates that, once adjusted for the number of independent variables and the sample size, the regression model retains very strong explanatory power, confirming that the model is stable and appropriate for explaining the relationships among the variables studied.

4.6 Discussion

4.6.1 Effect of Work Motivation on Non-Medical Staff Performance

The results show that work motivation has a positive and significant effect on non-medical staff performance at Paray Community Health Center, confirmed by a calculated t-value of 6.007 and a significance level of 0.000, below 0.05, establishing motivation as the dominant factor in raising staff performance. This finding is consistent with Maslow's hierarchy of needs, which holds that individuals are driven to work more optimally once their basic, social, esteem, and self-actualization needs are met, and with Herzberg's two-factor theory, which similarly confirms that motivator factors such as achievement, recognition, and responsibility play an important role in raising performance. At Paray Community Health Center, non-medical staff who possess a drive to achieve, feel valued, and have opportunities to grow tend to display stronger performance, a pattern that reinforces prior findings that work motivation significantly affects employee performance in both public and health-service settings ([Ihensekien & Joel, 2023](#); [Illahi & Adiwaty, 2024](#); [Maharani & Rinova, 2026](#)). Staff who are intrinsically motivated work not merely out of obligation but because of an internal drive to deliver optimal results. Given these findings, work motivation is proven to be a key factor in raising non-medical staff performance and therefore deserves serious attention from Paray Community Health Center management, through recognition policy, career development, and the creation of a supportive working environment.

4.6.2 Effect of the BPJS Kesehatan Allowance on Non-Medical Staff Performance

The results show that the BPJS Kesehatan allowance does not have a statistically significant effect on non-medical staff performance, with a calculated t-value of 0.647 and a significance level of 0.521,

above 0.05. This finding indicates that the presence of the BPJS Kesehatan benefit has not, on its own, been able to drive a direct improvement in performance. Theoretically, this result can be explained through Vroom's expectancy theory, which holds that a person is motivated when they believe their effort will produce good performance followed by a valuable reward. Within the context of BPJS Kesehatan, the allowance tends to be perceived as a normative entitlement and a mandatory facility rather than as a reward tied to performance. In addition, Herzberg's two-factor theory classifies a health benefit of this kind as a hygiene factor, one that functions to prevent job dissatisfaction rather than to directly raise motivation or performance, meaning that BPJS Kesehatan plays more of a role in providing a sense of security and social protection than in driving productivity, a pattern consistent with prior findings that welfare benefits provided uniformly, without regard to individual performance, do not always translate into a significant performance effect ([Ampong, 2024](#); [Margie et al., 2023](#)). Given these findings, while BPJS Kesehatan remains important for staff welfare, it is not, on its own, sufficient to drive higher non-medical staff performance at Paray Community Health Center without the support of other motivational factors.

4.6.3 Effect of Work Discipline on Non-Medical Staff Performance

The results show that work discipline does not have a statistically significant partial effect on non-medical staff performance, with a calculated t-value of 1.813 and a significance level of 0.077, above 0.05. This finding indicates that discipline has not yet become a primary determinant of higher performance on its own. Theoretically, work discipline concerns compliance with rules, schedules, and organizational procedures. As Hasibuan explains, work discipline is the awareness and willingness of an individual to obey prevailing rules and norms, but administrative compliance alone does not always translate directly into higher performance. Within the context of this study, work discipline tends to be formal and routine in character, so that it has not yet been able to drive staff to work more productively or innovatively, since a staff member can attend punctually and comply with the rules without necessarily demonstrating optimal quality and quantity of work, a pattern also observed in other Indonesian public-sector and health-facility studies where discipline is not always significant unless accompanied by intrinsic motivation, effective leadership, and a performance-based reward system ([Handoko et al., 2021](#); [Pratama & Pinasthika, 2021](#)). Given these findings, work discipline at Paray Community Health Center needs to be developed not merely as rule compliance but as a working culture that fosters responsibility, commitment, and professionalism.

4.6.4 Joint Effect of the BPJS Kesehatan Allowance, Work Motivation, and Work Discipline on Non-Medical Staff Performance

The simultaneous test results show that work motivation, the BPJS Kesehatan allowance, and work discipline jointly have a significant effect on non-medical staff performance, with a calculated F-value of 173.180 and a significance level of 0.000, below 0.05. Theoretically, this result indicates that staff performance is the outcome of an interaction among multiple organizational factors, whether psychological, structural, or administrative in nature. Even though not every variable proves significant in isolation, the three variables together form a working system that supports staff performance. The R-squared value of 0.924 indicates that the research model carries very strong explanatory power for variation in non-medical staff performance, consistent with human resource management theory's emphasis that performance is shaped not by a single factor alone but by a combination of internal and external factors, a conclusion also reached in studies combining compensation, motivation, and discipline as joint predictors of employee performance ([Natasya et al., 2024](#); [Dunan & Sari, 2023](#); [Cecarrio et al., 2025](#)). Given these findings, raising non-medical staff performance at Paray Community Health Center calls for a comprehensive approach that places motivation as the primary lever, supported by a fair discipline system and a genuine welfare guarantee.

5. Conclusions

5.1 Conclusion

Based on the analysis of data and the discussion presented above concerning the effect of the BPJS Kesehatan allowance, work motivation, and work discipline on non-medical staff performance at Paray Community Health Center in Biak Kota District, Biak Numfor Regency, the following conclusions can be drawn. The BPJS Kesehatan allowance does not have a significant effect on non-medical staff performance, with a significance value of 0.521, above 0.05, indicating that the health

insurance benefit is perceived more as a normative social protection facility than as a direct driver of higher performance. Work motivation has a positive and significant effect on non-medical staff performance, with a significance value of 0.000, below 0.05, confirming that the higher a staff member's intrinsic and extrinsic motivation, the better the performance produced in supporting service delivery at Paray Community Health Center. Work discipline does not have a significant partial effect on non-medical staff performance, with a significance value of 0.077, above 0.05, indicating that compliance with rules and working hours does not necessarily translate directly into higher performance unless it is accompanied by strong motivation and work awareness. Work motivation, the BPJS Kesehatan allowance, and work discipline jointly have a significant effect on non-medical staff performance, with a significance value of 0.000 from the F-test, below 0.05, confirming that the three variables together are able to shape non-medical staff performance at Paray Community Health Center. The coefficient of determination (R-squared) of 0.924 indicates that 92.4% of the variation in non-medical staff performance can be explained by work motivation, the BPJS Kesehatan allowance, and work discipline, while the remainder is explained by factors outside the research model.

5.2 Research Limitations

This study is limited in several respects. The sample was confined to 46 non-medical staff at a single community health center, a relatively small size that fell short of the 50-respondent target computed through the Slovin formula, which may affect the precision of the estimated coefficients and limits generalization to other health centers or regions with different staffing structures and working cultures. The cross-sectional design captures staff perceptions at a single point in time and cannot rule out change in the relationships among the study's variables across budget periods or leadership changes. Reliance on a self-reported Likert-scale questionnaire introduces the possibility of common method bias and socially desirable responding, particularly for sensitive items concerning discipline and satisfaction with a mandatory government benefit. Finally, the fairly high correlation observed between the BPJS Kesehatan allowance and work motivation suggests that the model may not fully isolate the independent contribution of each variable, and the model did not include other plausible determinants of non-medical staff performance, such as leadership style, organizational culture, workload, and the physical working environment.

5.3 Suggestions and Directions for Future Study

Future research would benefit from replicating this model across multiple community health centers, including those in other districts of Papua and in regions with different geographic and cultural characteristics, to test whether the dominance of motivation over welfare and discipline holds more broadly. A larger sample, approaching or exceeding the Slovin-computed target, would improve the precision and robustness of the estimated effects. Future studies could also incorporate additional variables such as leadership style, organizational culture, workload, and the physical working environment, and could adopt a longitudinal design to examine whether the relative importance of motivation, welfare, and discipline shifts as staff tenure lengthens or as health center policy evolves. Further inquiry using qualitative or mixed-methods approaches would also help clarify why the BPJS Kesehatan allowance and work discipline showed a positive but non-significant effect in this setting, and whether a more performance-linked design for either variable could strengthen their contribution to non-medical staff performance.

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Author Contributions

SNJ contributed to the conceptualization, research design, data collection, data analysis, and preparation of the initial manuscript draft. MI contributed to the development of the theoretical framework, methodology refinement, interpretation of findings, and critical revision of the manuscript. TPU contributed to literature review, manuscript editing, supervision, and final approval of the published version. All authors have read and approved the final version of the manuscript.

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