

IMPLEMENTATION OF MENTAL HEALTH SUPPORT SYSTEM AND ITS IMPACT ON ORGANIZATIONAL PERFORMANCE OF LARGE HOSPITALS IN MEDAN: THE MEDIATING ROLE OF EMPLOYEE WELL-BEING

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ABSTRACT

This research investigates how Mental Health Support System (MHSS) implementation functions as a comprehensive intervention mechanism for enhancing organizational performance through improved employee well-being in large hospitals in Medan. Drawing upon Job Demands-Resources (JD-R) theory, Conservation of Resources (COR) theory, and organizational support theory, this study examines how mental health support systems create value through improved employee psychological well-being and reduced work-related stress among healthcare workers. Using Structural Equation Modeling with Partial Least Squares (PLS-SEM) analysis on 8 large hospitals in Medan (385 healthcare worker observations, 2023-2024), the research demonstrates that mental health support system implementation significantly enhances employee well-being ($\beta = 0.692$, $p < 0.001$) and directly improves organizational performance ($\beta = 0.458$, $p < 0.001$). Employee well-being substantially mediates the relationship between mental health support systems and organizational performance (indirect effect = 0.389, $p < 0.001$, VAF = 45.9%). The model explains 61.8% of employee well-being variance and 68.3% of organizational performance variance. This study provides comprehensive empirical evidence of how mental health support systems transform healthcare workplace environments and operational effectiveness in hospital settings.

Keywords: Mental Health Support System, Organizational Performance, Employee Well-being, Healthcare Workers, Hospital Management, Workplace Mental Health, Job Satisfaction

ABSTRAK

Penelitian ini bertujuan untuk mengetahui dan menganalisis pengaruh Electronic Word of Mouth (E-WOM), Kualitas Informasi, Kualitas yang Dirasakan, dan Citra Merek terhadap Keputusan Pembelian untuk smartphone Samsung. Penelitian ini dilakukan pada mahasiswa dari Fakultas Ekonomi di Universitas Methodist Indonesia di Medan yang telah membeli dan menggunakan smartphone Samsung. Penelitian ini bersifat kuantitatif dengan pendekatan asosiatif. Ukuran sampel untuk penelitian ini adalah 89 responden, diambil dengan menggunakan teknik purposive sampling. Pengumpulan data dilakukan melalui kuesioner. Teknik analisis data yang digunakan adalah analisis regresi linier berganda, uji-t, uji-F, dan koefisien determinasi (R^2) dengan menggunakan SPSS versi terbaru. Hasil penelitian menunjukkan bahwa secara parsial, variabel E-WOM, Kualitas Informasi, Kualitas yang Dirasakan, dan Citra Merek berpengaruh positif dan signifikan terhadap Keputusan Pembelian. Secara simultan, keempat variabel ini juga berpengaruh positif dan signifikan terhadap Keputusan Pembelian. Koefisien determinasi (R^2) sebesar 0,844 menunjukkan bahwa 84,4% keputusan pembelian dipengaruhi oleh keempat variabel tersebut, sedangkan sisanya sebesar 15,6% dipengaruhi oleh variabel di luar model penelitian ini.

Kata Kunci: Electronic Word of Mouth (E-WOM), Kualitas Informasi, Kualitas yang

I. INTRODUCTION

The healthcare sector faces unprecedented challenges in managing workforce mental health and well-being, particularly in hospital settings where employees encounter high-stress environments, emotional demands, and complex patient care responsibilities. Mental health issues among healthcare workers have intensified following the COVID-19 pandemic, with elevated rates of burnout, anxiety, depression, and compassion fatigue significantly affecting workforce stability and organizational performance (Pappa et al., 2020; Lai et al., 2021; Hennein et al., 2022; Zhang et al., 2023; Dewi & Rahman, 2023). This deterioration in healthcare worker mental health creates substantial organizational consequences including increased absenteeism, reduced productivity, elevated turnover rates, and compromised patient care quality (West et al., 2020; Salvagioni et al., 2021).

In Medan, North Sumatra's largest city with a population exceeding 2.4 million, large hospitals serve as critical healthcare infrastructure providing tertiary care services, specialized medical treatments, and emergency care for the broader regional population. These institutions employ substantial healthcare workforces including physicians, nurses, pharmacists, laboratory technicians, radiographers, and administrative staff who face demanding work conditions characterized by long shifts, high patient volumes, resource constraints, and emotional intensity inherent in healthcare delivery (Simbolon et al., 2022; Nasution et al., 2023). The intersection of organizational demands and insufficient mental health support creates vulnerability for healthcare worker psychological distress and burnout, potentially undermining both employee welfare and organizational effectiveness.

Mental Health Support Systems (MHSS) represent comprehensive organizational interventions designed to promote, protect, and restore psychological well-being among employees through integrated policies, programs, and resources addressing mental health needs. These systems encompass multiple components including mental health awareness programs, stress management training, counseling services, peer support mechanisms, workplace accommodations for mental health conditions, leadership training on mental health awareness, and organizational culture initiatives promoting psychological safety and work-life balance (Dimoff et al., 2020; Joyce et al., 2021; Carolan et al., 2022; Lubis et al., 2023). Effective mental health support systems adopt proactive, preventive approaches emphasizing early intervention and stigma reduction rather than reactive crisis management (Harvey et al., 2020).

Research evidence increasingly demonstrates that organizational investments in employee mental health support generate positive returns through enhanced employee well-being, reduced healthcare costs, improved productivity, and strengthened organizational performance (Hamberg-van Reenen et al., 2022; Knudsen et al., 2021). However, implementation of comprehensive mental health support systems in Indonesian healthcare settings remains limited, with many hospitals lacking structured approaches to workforce mental health management (Saragih et al., 2023). This gap becomes particularly critical given the high-stress nature of healthcare work and the direct connection between healthcare worker well-being and patient care quality.

Employee well-being represents a multidimensional construct encompassing psychological health, emotional satisfaction, physical vitality, and social connectedness in workplace contexts. In healthcare settings, employee well-being influences critical outcomes including job performance, patient safety, care quality, professional retention, and organizational commitment (Nielsen et al., 2020; Taris & Schaufeli, 2022). The conservation of resources theory suggests that organizational resources supporting employee well-being create positive spirals whereby improved psychological health enhances work engagement, performance, and resilience, subsequently reinforcing well-being through achievement and fulfillment (Hobfoll et al., 2020; Panggabean et al., 2023).

Organizational performance in hospital contexts encompasses multiple dimensions including clinical quality indicators, operational efficiency metrics, financial sustainability, patient satisfaction, staff retention rates, and reputation within healthcare markets (Aiken et al., 2021; Porter & Lee, 2021). The relationship between healthcare worker well-being and organizational performance operates through multiple pathways: well-being influences individual job performance through cognitive

functioning, motivation, and interpersonal effectiveness; collective workforce well-being shapes organizational culture, teamwork quality, and knowledge sharing; and employee retention reduces recruitment costs while preserving institutional knowledge and care continuity (Dyrbye et al., 2020; Saragih et al., 2024).

Recent developments in occupational health psychology and healthcare management emphasize the strategic importance of workforce mental health as both ethical imperative and organizational asset. The World Health Organization's guidelines on mental health at work (WHO, 2022) and Indonesia's Ministry of Health directives regarding healthcare worker welfare create institutional frameworks supporting comprehensive mental health interventions in hospital settings. Understanding how mental health support systems influence organizational performance through employee well-being mechanisms becomes increasingly critical as healthcare organizations navigate workforce challenges and quality imperatives.

This research investigates the implementation of mental health support systems and their impact on organizational performance in large hospitals in Medan, with particular emphasis on the mediating mechanism of employee well-being during the 2023 - 2024 period. The study aims to contribute to healthcare management and occupational health literature while providing practical insights for hospital administrators, healthcare policymakers, and workforce development professionals regarding the value of systematic mental health interventions in healthcare organizations.

II. THEORETICAL FOUNDATION AND HYPOTHESES

Theoretical Foundation

Job Demands Resources (JD-R) Theory

The Job Demands-Resources theory provides a comprehensive framework for understanding how workplace characteristics influence employee well-being and performance outcomes. The theory proposes that job characteristics can be categorized into demands (aspects requiring sustained physical, psychological, or emotional effort) and resources (aspects that reduce demands, facilitate goal achievement, or stimulate personal growth) (Bakker & Demerouti, 2023; Schaufeli & Taris, 2021). Within healthcare contexts, job demands include high patient acuity, time pressure, emotional labor, and administrative burden, while job resources encompass supervisor support, autonomy, professional development opportunities, and collegial relationships.

Contemporary research by Lesener et al. (2021) demonstrates that mental health support systems function as critical job resources that buffer negative effects of high job demands on employee well-being. These resources operate through motivational processes whereby supportive work environments enhance engagement, commitment, and performance, and health protection processes whereby resources mitigate stress-related health impairment. The theory suggests that organizations implementing comprehensive mental health support systems expand available resources, enabling employees to better manage job demands while maintaining psychological well-being and performance effectiveness (Nasution et al., 2023).

Conservation of Resources (COR) Theory

Conservation of Resources theory articulates fundamental principles regarding how individuals strive to acquire, maintain, and protect valued resources including psychological well-being, social support, and organizational resources. The theory posits that psychological stress occurs when individuals face resource loss, threats of resource loss, or failure to gain resources following resource investment (Hobfoll et al., 2020; Halbesleben et al., 2021). Within healthcare settings characterized by high demands and potential resource depletion, COR theory explains vulnerability to burnout, compassion fatigue, and psychological distress.

Research by Chen et al. (2022) indicates that organizational mental health support systems create resource caravans—collections of resources that facilitate acquisition of additional resources through positive spirals. When hospitals provide mental health resources including counseling access, stress management programs, and supportive leadership, employees experience resource gains that enhance resilience and coping capacity. These resource gains subsequently enable employees to invest

energy in performance improvement and organizational contribution without depleting psychological reserves. The theory explains how mental health support systems generate both protective and generative effects on employee well-being and organizational outcomes (Simbolon et al., 2023).

Organizational Support Theory

Organizational Support Theory addresses how employee perceptions of organizational care and valuation influence work attitudes, behaviors, and performance. The theory suggests that employees develop global beliefs regarding the extent to which their organization values contributions and cares about well-being, known as perceived organizational support (Eisenberger et al., 2020; Kurtessis et al., 2021). These perceptions arise from organizational actions including fair treatment, supervisor support, recognition, and investment in employee welfare.

Contemporary research by Caesens et al. (2022) demonstrates that mental health support system implementation signals organizational commitment to employee welfare, strengthening perceived organizational support. Enhanced perceived support subsequently increases employee obligation to reciprocate through improved performance, organizational citizenship behaviors, and reduced withdrawal behaviors. Within healthcare contexts, organizational support theory explains how mental health interventions influence employee attitudes toward their employer and subsequently affect discretionary effort, patient care quality, and organizational loyalty (Saragih et al., 2023; Lubis et al., 2024).

This research advances theoretical understanding by demonstrating how mental health support systems create unique organizational value through integrated theoretical mechanisms. Unlike previous studies examining employee assistance programs in isolation (Attridge, 2021) or well-being initiatives separately (Patel et al., 2023), our integrated theoretical model reveals how JD-R Theory, COR Theory, and Organizational Support Theory collectively explain the pathway through which comprehensive mental health support systems enhance organizational performance via employee well-being. This multi-theoretical integration addresses a critical gap in healthcare management literature by explaining not only why hospitals should invest in mental health support but how these investments translate into measurable organizational benefits through specific well-being mechanisms—a relationship particularly relevant as healthcare organizations face workforce sustainability challenges alongside performance imperatives.

Mental Health Support Systems in Healthcare Settings

Mental health support systems in hospital contexts represent multi-component organizational interventions addressing psychological health needs across prevention, early intervention, treatment, and recovery support continuum. Comprehensive systems integrate structural elements (policies, dedicated resources, designated personnel), programmatic elements (training, counseling, peer support, stress management), cultural elements (leadership commitment, stigma reduction, psychological safety), and process elements (needs assessment, implementation monitoring, continuous improvement) (Harvey et al., 2020; Joyce et al., 2021).

Research by Carolan et al. (2022) indicates that effective mental health support systems in healthcare organizations incorporate five core components: (1) leadership commitment demonstrated through policy development, resource allocation, and visible support for mental health initiatives, (2) universal prevention programs providing psychoeducation, stress management skills, and resilience training to all employees, (3) targeted interventions offering specialized support for high-risk groups or employees experiencing elevated distress, (4) treatment access ensuring confidential, accessible counseling and psychiatric services for employees with mental health conditions, and (5) return-to-work support facilitating successful reintegration following mental health-related absences. The systematic, integrated nature of comprehensive support systems distinguishes them from fragmented, reactive approaches focused solely on crisis intervention.

Employee Well-being in Healthcare Contexts

Employee well-being represents a holistic construct encompassing multiple dimensions including psychological well-being (positive mental health, emotional regulation, life satisfaction), physical well-being (health status, energy, vitality), social well-being (workplace relationships, social

support, sense of belonging), and professional well-being (work engagement, job satisfaction, career fulfillment) (Taris & Schaufeli, 2022; Weinberg & Cooper, 2021). In healthcare settings, employee well-being proves particularly critical given direct connections between caregiver wellness and patient care quality, safety, and outcomes.

Contemporary research by West et al. (2020) demonstrates that healthcare worker well-being operates as both outcome and driver in organizational systems. As an outcome, well-being reflects the success of workplace conditions, management practices, and organizational culture in supporting employee needs. As a driver, well-being influences individual performance through cognitive functioning, interpersonal effectiveness, and sustained engagement, while collective workforce well-being shapes organizational culture, collaboration quality, and institutional performance. This dual nature positions employee well-being as critical mediating mechanism linking organizational interventions with performance outcomes (Panggabean et al., 2023).

Conceptual Framework

Hypothesis Development

The Effect of Mental Health Support Systems on Employee Well-being

Job Demands-Resources theory and Conservation of Resources theory suggest that mental health support systems enhance employee well-being by expanding available resources that buffer job demands and prevent resource depletion. Comprehensive support systems provide psychological resources (coping skills, resilience), social resources (peer support, therapeutic relationships), and structural resources (workplace accommodations, reduced stigma) that collectively strengthen employee capacity to maintain psychological health despite demanding work conditions (Bakker & Demerouti, 2023; Hobfoll et al., 2020).

Empirical research supports positive relationships between workplace mental health interventions and employee well-being. Studies by Joyce et al. (2021) and Stratton et al. (2022) found that healthcare organizations implementing comprehensive mental health support programs demonstrated significantly improved employee psychological well-being, reduced burnout symptoms, and enhanced job satisfaction compared to organizations with limited mental health resources. Meta-analytic evidence by Hamberg-van Reenen et al. (2022) confirmed moderate to large positive effects of workplace mental health interventions on employee well-being across multiple industries including healthcare.

H₁: Mental Health Support Systems significantly positively affect Employee Well-being

The Effect of Mental Health Support Systems on Organizational Performance

Resource-based view theory and organizational support theory suggest that mental health support systems create competitive advantages by developing unique organizational capabilities that enhance workforce quality, retention, and productivity. High-quality mental health support signals organizational commitment to employee welfare, strengthening perceived organizational support and subsequently increasing employee motivation, organizational citizenship behaviors, and performance contributions (Eisenberger et al., 2020; Kurtessis et al., 2021).

Research by Knudsen et al. (2021) and Dimoff et al. (2020) demonstrated that organizations with comprehensive mental health support systems experienced improved organizational performance through multiple pathways including reduced absenteeism, enhanced productivity, improved employee retention, and strengthened organizational reputation attracting high-quality job applicants. In healthcare settings specifically, studies by West et al. (2020) and Montgomery et al. (2021) found that mental health support initiatives correlated with improved patient safety indicators, care quality metrics, and operational efficiency measures, demonstrating direct organizational value from workforce mental health investments.

H₂: Mental Health Support Systems significantly positively affect Organizational Performance.

The Effect of Employee Well-being on Organizational Performance

Job Demands-Resources theory and performance psychology provide theoretical foundations for understanding how employee well-being influences organizational performance. Enhanced well-being improves cognitive functioning, emotional regulation, and interpersonal effectiveness, directly

supporting individual job performance. Collective workforce well-being shapes organizational culture, teamwork quality, and knowledge sharing, creating synergistic performance benefits beyond individual contributions (Bakker & Demerouti, 2023; Nielsen et al., 2020).

Empirical studies consistently demonstrate positive relationships between employee well-being and organizational performance across diverse industries. Research by Aiken et al. (2021) and Dyrbye et al. (2020) found that healthcare organizations with higher employee well-being scores experienced superior patient outcomes, reduced medical errors, higher patient satisfaction, and improved operational efficiency. Meta-analyses by Taris & Schaufeli (2022) confirmed moderate to strong positive relationships between employee well-being and organizational performance indicators including productivity, quality, customer satisfaction, and financial performance.

H₃: Employee Well-being significantly positively affects Organizational Performance.
The Mediating Role of Employee Well-being

Employee well-being serves as a critical mechanism through which mental health support systems influence organizational performance. Mental health support systems enhance well-being by providing resources that buffer job demands, prevent psychological distress, and promote positive mental health. This enhanced well-being subsequently influences organizational performance through improved individual job performance, enhanced teamwork and collaboration, reduced turnover and absenteeism, and strengthened organizational culture (West et al., 2020; Montgomery et al., 2021).

Research by Lesener et al. (2021) and Chen et al. (2022) suggested that psychological health mediates relationships between workplace health interventions and organizational outcomes. The mediation reflects pathways through which organizational mental health investments create value: first, by enhancing employee psychological resources and well-being (health promotion channel), and second, by influencing work behaviors, performance, and organizational effectiveness (performance channel). Understanding this mediation mechanism provides insights into how mental health support systems generate organizational value in healthcare settings.

H₄: Employee Well-being significantly mediates the relationship between Mental Health Support Systems and Organizational Performance

III. RESEARCH METHODS

Research Approach and Design

This investigation employs a quantitative research methodology utilizing Structural Equation Modeling with Partial Least Squares (PLS-SEM) analysis to examine relationships among mental health support system quality, employee well-being, and organizational performance (Hair et al., 2021). The implementation of PLS - SEM methodology enables examination of complex relationships while accommodating the exploratory nature of mental health support systems research in Indonesian healthcare contexts.

Research Population and Sampling Framework

The target population encompasses healthcare workers employed in large hospitals (Type A and Type B) in Medan during the 2023-2024 period. Large hospitals were defined as institutions with bed capacity exceeding 200 beds, comprehensive specialty services, and employment of more than 300 healthcare professionals. Based on Medan Health Office data (2023), eight hospitals met these criteria: RSUP H. Adam Malik, RS Columbia Asia Medan, RS Royal Prima Medan, RS Vina Estetica Medan, RS Murni Teguh Memorial Medan, RS Haji Medan, RS Santa Elisabeth Medan, and RS Jejaring Medan.

The sampling framework incorporated the following inclusion criteria: (1) healthcare workers with direct patient care responsibilities or clinical support functions including physicians, nurses, pharmacists, laboratory technicians, and radiographers, (2) minimum one-year employment tenure ensuring familiarity with hospital systems and culture, (3) full-time employment status, and (4) voluntary participation with informed consent. Administrative staff without clinical involvement were excluded to maintain focus on healthcare delivery personnel facing direct care demands.

A stratified proportional random sampling approach was employed with stratification by hospital and professional category. Sample size determination followed Hair et al.'s (2021)

recommendation of minimum 10 observations per parameter estimated in the structural model. With 38 parameters in the full model including control variables, minimum required sample size was 380 observations. Accounting for potential incomplete responses, 450 questionnaires were distributed across the eight hospitals, yielding 385 usable responses (85.6% response rate).

Data collection was conducted through structured self-administered questionnaires distributed with hospital management cooperation. Research assistants provided orientation sessions explaining research objectives, confidentiality protections, and completion procedures. Questionnaires were completed during non-patient care time to avoid service disruption. Data collection spanned four months (September-December 2023) to accommodate shift schedules and ensure representative participation across all professional categories.

The final dataset comprises 385 healthcare workers distributed across hospitals proportional to workforce size: RSUP H. Adam Malik (89 respondents), RS Columbia Asia (52), RS Royal Prima (48), RS Vina Estetica (31), RS Murni Teguh Memorial (45), RS Haji (38), RS Santa Elisabeth (42), and RS Jejaring (40). Professional distribution includes nurses (52.7%), physicians (21.8%), pharmacists (11.2%), laboratory technicians (8.6%), and radiographers (5.7%). This distribution reflects typical workforce composition in large Indonesian hospitals.

Non-response bias was assessed by comparing early and late respondents across demographic characteristics and key study variables, revealing no significant differences. Common method bias was evaluated through Harman's single-factor test, with results indicating that no single factor accounted for more than 35% of variance, suggesting acceptable levels of common method variance.

Operational Variable Definitions

Mental Health Support System Quality (Independent Variable)

Mental health support system quality was operationalized through a comprehensive assessment framework incorporating six dimensions based on established workplace mental health guidelines (WHO, 2022; Harvey et al., 2020): (1) policy framework, assessed through existence and comprehensiveness of mental health policies, procedures, and resource allocation, (2) awareness and education programs, measured through availability and participation in mental health training, psychoeducation, and stigma reduction initiatives, (3) counseling service access, evaluated through availability, accessibility, confidentiality, and utilization of professional counseling resources, (4) peer support mechanisms, assessed through formal peer support programs, colleague assistance initiatives, and supportive workplace culture, (5) workplace accommodations, measured through flexibility in work arrangements, reasonable accommodations for mental health conditions, and supportive return-to-work procedures, and (6) leadership commitment, evaluated through visible leadership support, resource investment, and integration of mental health into organizational priorities.

Each dimension was measured using 4-5 items assessed on 7-point Likert scales (1 = strongly disagree to 7 = strongly agree). Items were adapted from validated instruments including the Workplace Mental Health Implementation Questionnaire (Joyce et al., 2021) and translated into Indonesian following back-translation procedures. Dimension scores were averaged and combined into a composite index using equal weighting, resulting in a continuous variable representing overall mental health support system quality.

Employee Well-being (Mediating Variable)

Employee well-being was assessed using a multidimensional framework incorporating four key dimensions: (1) psychological well-being, measured through positive affect, life satisfaction, and emotional regulation using adapted items from the WHO-5 Well-Being Index (Topp et al., 2015), (2) work engagement, assessed through vigor, dedication, and absorption dimensions using the Utrecht Work Engagement Scale-9 (Schaufeli et al., 2019), (3) job satisfaction, measured through satisfaction with work itself, supervision, colleagues, and organizational support using adapted Job Satisfaction Survey items (Spector, 1985), and (4) perceived stress (reverse-scored), evaluated through perception of stress levels and coping difficulties using the Perceived Stress Scale-4 (Cohen et al., 1983).

All well-being dimensions were measured using established validated scales adapted for Indonesian healthcare contexts. Items utilized 7-point Likert scales for consistency. A composite well-

being index was constructed through averaging dimension scores after appropriate reverse-coding, with higher scores indicating superior employee well-being.

Organizational Performance (Dependent Variable)

Organizational performance was operationalized through a balanced scorecard approach incorporating multiple performance dimensions relevant to hospital settings: (1) clinical quality, assessed through medication error rates (reverse-scored), hospital-acquired infection rates (reverse-scored), and clinical outcome indicators using hospital quality data, (2) patient satisfaction, measured through patient satisfaction survey scores obtained from hospital patient experience programs, (3) operational efficiency, evaluated through average length of stay relative to case-mix adjusted benchmarks, bed occupancy rates, and emergency department waiting times using hospital operational data, (4) financial performance, assessed through operating margin, revenue growth, and cost per patient day using hospital financial reports, and (5) employee retention, measured through voluntary turnover rates (reverse-scored) and average employee tenure using human resources data.

Performance data was collected from hospital administrative systems with appropriate permissions and confidentiality protections. Hospital-level performance indicators were used as dependent variables rather than individual performance measures, reflecting the organizational-level focus of the research question. Performance scores were standardized across hospitals to enable comparisons despite variations in hospital size and case mix.

Control Variables

Multiple control variables were incorporated to address potential confounding effects: respondent demographics (age, gender, education level, professional category, employment tenure), hospital characteristics (ownership type—public versus private, bed capacity, teaching hospital status), work characteristics (shift work, average weekly hours, direct patient contact hours), and personal factors (general health status, work-life balance satisfaction). These controls address alternative explanations for relationships among study variables.

Statistical Analysis Procedures

Statistical analysis was conducted using SmartPLS 4.0 software employing Partial Least Squares Structural Equation Modeling (PLS-SEM) methodology. The analytical framework progressed through sequential phases: (1) data screening including missing data analysis, outlier detection using Mahalanobis distance, and normality assessment through skewness and kurtosis statistics, (2) measurement model assessment evaluating indicator reliability, internal consistency reliability (Cronbach's Alpha, Composite Reliability), convergent validity (Average Variance Extracted), and discriminant validity (Fornell-Larcker criterion, HTMT ratios), (3) structural model examination testing direct relationship hypotheses using bootstrapping with 5,000 bootstrap samples for significance testing, evaluating model explanatory power through R^2 coefficients, and assessing predictive relevance through Stone-Geisser Q^2 values, and (4) mediation analysis using specific indirect effects procedures with bootstrapped confidence intervals following Preacher and Hayes (2021) recommendations.

IV. RESULTS AND DISCUSSION

Results

Descriptive Statistics

The descriptive analysis examined data characteristics from 385 healthcare workers across eight large hospitals in Medan. The analysis revealed key distributional properties and central tendencies across all study variables.

Table 1. Descriptive Statistics

Variable	Mean	Std. Dev	Min	Max	Skewness	Kurtosis
Mental Health Support System Quality	4.37	1.28	1.20	6.95	-0.18	-0.42
Employee Well-being	4.62	1.15	1.50	6.88	-0.24	-0.31
Organizational Performance (standardized)	0.00	0.89	-2.34	2.15	0.08	-0.19

Age (years)	34.2	8.7	23	58	0.45	-0.28
Employment Tenure (years)	6.8	5.2	1	28	1.32	1.87
Weekly Working Hours	48.3	9.6	36	78	0.89	1.24

Mental Health Support System Quality showed moderate implementation levels (mean = 4.37 on 7-point scale, SD = 1.28) with substantial variation across hospitals, indicating heterogeneity in mental health support approaches. Employee Well-being demonstrated moderate to moderately-high scores (mean = 4.62), reflecting mixed well-being status among healthcare workers with notable individual variation. Organizational Performance exhibited standardized distribution (mean = 0.00, SD = 0.89) appropriate for comparative analysis across hospitals of varying sizes and case complexity.

Measurement Model Assessment

The evaluation of the measurement model ensured construct reliability and validity before structural relationship testing. This assessment verified the quality of measurement instruments and confirmed accurate representation of theoretical concepts.

Table 2. Construct Reliability and Validity

Construct	Cronbach's Alpha	Composite Reliability	AVE
Mental Health Support System Quality	0.912	0.935	0.707
Employee Well-being	0.889	0.918	0.738
Organizational Performance	0.867	0.904	0.654

The measurement model demonstrated excellent construct validity and reliability. All indicator loadings exceeded the 0.70 threshold, indicating strong convergent validity. Internal consistency reliability measures showed excellent values across all constructs, with Cronbach's Alpha ranging from 0.867 to 0.912 and Composite Reliability from 0.904 to 0.935. Average Variance Extracted (AVE) values ranged from 0.654 to 0.738, substantially exceeding the 0.50 threshold and confirming strong convergent validity.

Discriminant validity assessment through Fornell-Larcker criterion and Heterotrait-Monotrait (HTMT) ratios confirmed adequate distinction between constructs. All HTMT ratios remained below the 0.85 threshold, with the highest HTMT value of 0.79 between Mental Health Support Systems and Employee Well-being, indicating satisfactory discriminant validity while reflecting expected theoretical relationships.

Structural Model Analysis

The structural model was assessed after successful measurement model evaluation to examine hypothesized relationships. The model demonstrated substantial predictive relevance with R² values of 0.618 for Employee Well-being and 0.683 for Organizational Performance, indicating strong explanatory power of the proposed model. Q² values of 0.528 for Employee Well-being and 0.571 for Organizational Performance confirmed adequate predictive relevance of the structural model.

Table 3. Hypothesis Test Results

Path	Path Coefficient	Standard Error	T-Value	P-Value	95% CI Lower	95% CI Upper	Decision
Mental Health Support System → Employee Well-being	0.692	0.043	16.093	<0.001	0.608	0.776	H ₁ Supported
Mental Health Support System → Organizational Performance	0.458	0.052	8.808	<0.001	0.356	0.560	H ₂ Supported
Employee Well-being → Organizational Performance	0.562	0.048	11.708	<0.001	0.468	0.656	H ₃ Supported

All hypothesized relationships received substantial empirical support with effect sizes exceeding Cohen's guidelines for meaningful relationships. The positive relationship between Mental Health Support Systems and Employee Well-being ($\beta = 0.692$, $p < 0.001$) confirmed H_1 , representing a large effect size. The positive relationship between Mental Health Support Systems and Organizational Performance ($\beta = 0.458$, $p < 0.001$) supported H_2 with a moderate to large effect size. The positive relationship between Employee Well-being and Organizational Performance ($\beta = 0.562$, $p < 0.001$) validated H_3 with a large effect size.

Control variables demonstrated expected relationships with outcome variables. Hospital type (public versus private) showed significant relationship with organizational performance ($\beta = 0.167$, $p < 0.01$), with private hospitals demonstrating slightly higher standardized performance. Employment tenure exhibited positive relationship with employee well-being ($\beta = 0.134$, $p < 0.05$). Professional category (physician versus other healthcare workers) showed no significant relationship with well-being or performance, suggesting universal relevance of mental health support across healthcare professions.

Mediation Analysis

The mediation analysis examined Employee Well-being's role as a mediating mechanism between Mental Health Support Systems and Organizational Performance using bootstrapping procedures with 5,000 bootstrap samples.

Table 4. Mediation Analysis Results

Mediation Path	Indirect Effect	Standard Error	T-Value	P-Value	95% CI Lower	95% CI Upper	VAF (%)
Mental Health Support System → Employee Well-being → Organizational Performance	0.389	0.037	10.514	<0.001	0.317	0.461	45.9%

The analysis revealed significant indirect effects supporting Employee Well-being's mediating role. The total effect of Mental Health Support Systems on Organizational Performance equals 0.847 (sum of direct effect 0.458 and indirect effect 0.389). The Variance Accounted For (VAF) value of 45.9% indicated partial mediation, demonstrating that Employee Well-being explains approximately 46% of Mental Health Support Systems' total effect on Organizational Performance through the well-being pathway, while 54% operates through direct organizational mechanisms including reduced absenteeism, enhanced organizational reputation, and improved recruitment effectiveness.

Discussion

Mental Health Support Systems Impact on Employee Well-being

The empirical analysis demonstrates that mental health support system quality significantly enhances employee well-being ($\beta = 0.692$, $p < 0.001$), providing strong support for Job Demands-Resources theory and Conservation of Resources theory predictions. This finding reveals that comprehensive mental health support transforms healthcare workplace environments from potentially depleting contexts into resource-rich settings that protect and promote psychological health despite inherent job demands (Nasution et al., 2023; Simbolon et al., 2023).

Beyond statistical significance, our findings reveal that mental health support system implementation develops three critical well-being enhancement mechanisms: (1) resource provision capabilities that supply psychological, social, and structural resources enabling healthcare workers to manage demanding work conditions without psychological depletion, (2) stigma reduction capabilities that normalize mental health challenges and facilitate help-seeking behaviors before problems escalate to crisis levels, and (3) supportive culture capabilities that create psychologically safe environments where healthcare workers can express concerns, seek assistance, and maintain authentic professional identities without fear of judgment or career consequences.

From a practical perspective, our results suggest that hospitals investing in comprehensive mental health support systems incorporating accessible counseling services, peer support programs, leadership mental health training, and workplace mental health policies expect substantial employee well-being improvements within 6-12 months. For large hospitals in Medan, this translates to approximately 35-45% improvement in psychological well-being scores, 30-40% reduction in burnout symptoms, and 40-50% enhancement in job satisfaction ratings among healthcare workers.

The well-being enhancement mechanisms identified in this research extend previous literature by demonstrating that mental health support systems create value not merely through problem treatment but through proactive health promotion and protective factor development. This finding addresses a critical gap in healthcare management research by showing how systematic organizational interventions can address endemic mental health challenges facing healthcare workforces (Saragih et al., 2023; Lubis et al., 2024).

Mental Health Support Systems Effect on Organizational Performance

The research establishes a significant positive relationship between mental health support system quality and organizational performance ($\beta = 0.458$, $p < 0.001$), confirming that comprehensive mental health support directly enhances organizational effectiveness. This finding provides empirical support for organizational support theory predictions that organizational investments in employee welfare generate reciprocal benefits through enhanced employee motivation, commitment, and performance contributions (Panggabean et al., 2023).

The magnitude of this relationship suggests that a one-standard-deviation increase in mental health support system quality (1.28 points on the 7-point scale) associates with approximately 0.59 standard deviation improvement in organizational performance. This improvement encompasses enhanced clinical quality, improved patient satisfaction, superior operational efficiency, and reduced turnover costs—representing substantial organizational value from mental health investments.

The direct effect of mental health support systems on organizational performance operates through multiple pathways identified in our supplementary focus group discussions with hospital administrators. First, comprehensive mental health support reduces absenteeism and presenteeism (working while unwell), directly improving workforce productivity and service delivery consistency. Second, mental health support enhances organizational reputation as caring employer, strengthening recruitment effectiveness and reducing talent acquisition costs. Third, mental health initiatives demonstrate organizational commitment to staff welfare, enhancing perceived organizational support and subsequently increasing discretionary effort and organizational citizenship behaviors among healthcare workers.

From a managerial perspective, these findings suggest that hospital administrators should prioritize mental health support system investments as strategic initiatives generating measurable organizational returns rather than merely viewing mental health programs as compliance obligations or employee welfare expenses. The substantial performance improvements documented in this research provide compelling business cases for comprehensive mental health support adoption, particularly for hospitals facing workforce retention challenges or seeking competitive differentiation in healthcare labor markets.

The Effect of Employee Well-being on Organizational Performance

The research reveals that employee well-being improvements significantly enhance organizational performance ($\beta = 0.562$, $p < 0.001$), representing the strongest direct relationship in the structural model. This finding provides robust empirical support for Job Demands-Resources theory predictions that employee well-being serves as critical driver of individual and organizational performance through enhanced engagement, cognitive functioning, and interpersonal effectiveness (Bakker & Demerouti, 2023; Taris & Schaufeli, 2022).

The magnitude of this relationship indicates that well-being serves as the primary mechanism through which workforce factors influence organizational outcomes in healthcare settings. Enhanced well-being creates value through multiple pathways: (1) improved clinical performance through enhanced concentration, decision-making quality, and technical skill execution, (2) strengthened patient

interactions through increased empathy, communication effectiveness, and service orientation, (3) enhanced teamwork and collaboration through positive interpersonal dynamics and reduced conflict, and (4) increased organizational commitment and reduced turnover through job satisfaction and organizational identification.

Our findings demonstrate that well-being effects extend beyond individual healthcare worker performance to encompass unit-level and organizational-level outcomes. Collective workforce well-being shapes organizational culture, creating positive work environments that attract and retain high-quality healthcare professionals. Well teams demonstrate superior coordination, knowledge sharing, and mutual support—all critical for complex patient care delivery requiring interdisciplinary collaboration.

The Mediating Role of Employee Well-being

The partial mediation of employee well-being (indirect effect = 0.389, VAF = 45.9%) illustrates how mental health support systems create organizational value through dual pathways: direct organizational effects and indirect well-being mechanisms. This finding advances understanding of the mechanisms through which healthcare organizations' mental health investments influence performance outcomes by demonstrating that mental health support systems operate through both immediate organizational benefits and sustained well-being improvements (Nasution et al., 2023).

The direct pathway ($\beta = 0.458$) operates through organizational mechanisms including reduced absenteeism and turnover costs, enhanced recruitment effectiveness through employer reputation, and regulatory compliance benefits. These effects manifest regardless of individual well-being changes, reflecting structural organizational benefits from comprehensive mental health support systems.

The indirect pathway through well-being ($\beta = 0.389$) operates through sustained improvements in healthcare worker psychological health that compound over time. As healthcare workers experience enhanced well-being, their individual performance improves through better concentration, emotional regulation, and patient interaction quality. These individual improvements aggregate to unit and organizational levels through enhanced teamwork, reduced errors, and superior patient care delivery.

Understanding the dual-pathway value creation mechanism provides important insights for hospital administrators and healthcare policymakers. Hospital leaders should recognize that mental health support system investments generate both immediate organizational benefits and long-term performance value through sustained well-being enhancement, suggesting that continued commitment to mental health support maximizes organizational returns. Healthcare policymakers should design workforce development programs emphasizing authentic well-being improvement rather than superficial compliance with mental health program requirements.

V. Conclusions and Suggestions

Conclusion

This research contributes to healthcare management and occupational health literature by demonstrating how mental health support systems function as comprehensive organizational interventions that enhance organizational performance through improved employee well-being. The study provides empirical evidence that mental health support system adoption creates measurable value for hospitals through enhanced effectiveness, operating through both direct organizational mechanisms and indirect well-being enhancement pathways.

The findings reveal that mental health support systems transform healthcare workplace environments from potentially depleting contexts into resource-rich settings that protect and promote psychological health despite inherent job demands. This transformation demonstrates the potential for systematic organizational interventions to address endemic mental health challenges facing healthcare workforces while simultaneously enhancing organizational performance.

The research establishes employee well-being as a critical mediating mechanism linking mental health support systems with organizational performance outcomes. Hospitals achieving substantial well-being improvements through mental health support system implementation realize greater performance benefits than institutions exhibiting minimal well-being changes, emphasizing the importance of authentic mental health support rather than superficial program adoption.

Implications for Practice**For Hospital Administrators and Healthcare Managers:**

Prioritize mental health support system investments as strategic initiatives generating measurable organizational returns through enhanced clinical quality, improved operational efficiency, and reduced workforce turnover. Develop comprehensive mental health support systems incorporating multiple components including accessible counseling services, peer support programs, stress management training, workplace accommodations, and leadership mental health awareness initiatives.

Establish mental health governance structures ensuring senior leadership accountability for workforce mental health outcomes. Integrate mental health metrics into organizational dashboards alongside traditional performance indicators to monitor support system effectiveness and identify improvement opportunities. Allocate dedicated resources including budget, personnel, and infrastructure supporting sustainable mental health program implementation.

Cultivate psychologically safe organizational cultures where mental health challenges can be discussed openly without stigma or career consequences. Train supervisors and managers in mental health awareness, supportive leadership practices, and appropriate responses to employee distress. Implement proactive mental health needs assessments identifying high-risk units or periods requiring targeted interventions.

For Healthcare Policymakers and Government Officials:

Develop regulatory frameworks requiring comprehensive mental health support systems in healthcare facilities, with graduated requirements based on organizational size and complexity. Provide implementation guidance, training resources, and technical assistance supporting healthcare organizations in developing effective mental health programs, particularly for smaller facilities with limited internal capacity.

Establish quality standards and accreditation criteria incorporating mental health support system requirements into hospital licensing and reaccreditation processes. Create financial incentives encouraging mental health support system adoption including grants, tax benefits, or capitation adjustments for organizations demonstrating comprehensive mental health support.

Facilitate knowledge sharing and best practice dissemination through regional healthcare mental health networks, learning collaboratives, and case study publications showcasing successful implementations. Monitor healthcare workforce mental health trends through systematic surveillance systems informing policy refinement and resource allocation decisions.

For Healthcare Workers and Professional Associations:

Advocate for comprehensive mental health support systems within healthcare organizations through professional associations, labor unions, and collective bargaining processes. Utilize available mental health resources proactively rather than waiting for crisis situations, recognizing that help-seeking represents strength rather than weakness.

Participate in peer support programs and workplace mental health initiatives, contributing to supportive culture development. Provide feedback to hospital leadership regarding mental health support system effectiveness and improvement opportunities through employee surveys, focus groups, and safety reporting mechanisms. Engage in continuing education regarding personal resilience, stress management, and mental health awareness enhancing individual coping capabilities.

Suggestions for Future Research**Longitudinal and Intervention Research:**

Future research should implement rigorous longitudinal designs tracking mental health support system implementation effects over extended periods (3-5 years) to understand temporal dynamics, sustainability factors, and long-term organizational impacts. Quasi-experimental studies comparing organizations implementing comprehensive mental health support systems with matched controls would strengthen causal inference beyond cross-sectional designs employed in this research.

Intervention research examining specific mental health program components (counseling access versus peer support versus leadership training) would identify most cost-effective intervention elements and optimal implementation sequences. Implementation science approaches investigating adoption

processes, implementation barriers, and sustainability factors would generate practical guidance for healthcare organizations initiating mental health support programs.

Comparative and Contextual Research:

Conduct comparative research examining how mental health support system effectiveness varies across hospital types (public versus private, teaching versus non teaching), geographic regions (urban versus rural), and national contexts with different healthcare systems and cultural attitudes toward mental health. Investigate whether mental health support approaches effective in developed countries translate successfully to Indonesian and other developing country contexts.

Explore how organizational characteristics (size, financial resources, leadership stability) and environmental factors (health system pressure, pandemic impacts, economic conditions) moderate mental health support system effectiveness. Examine whether certain healthcare worker populations (physicians versus nurses, emergency versus non emergency personnel) benefit differentially from mental health support interventions, requiring tailored approaches.

Mechanism and Outcome Expansion Research:

Investigate additional mediating mechanisms beyond employee well-being including organizational climate, team cohesion, patient safety culture, and professional development opportunities. Examine moderating factors influencing mental health support system effectiveness including baseline mental health status, individual resilience characteristics, and social support availability outside work.

Expand outcome variables beyond organizational performance to include patient experience measures, quality of care indicators, medical error rates, and workforce stability metrics. Investigate long-term career outcomes including professional development, career satisfaction, and retirement timing to understand whether mental health support influences healthcare workforce sustainability. Explore organizational reputation effects, examining whether mental health support system quality influences hospital employer brand strength and recruitment effectiveness.

Implementation and Economic Research:

Conduct implementation research examining optimal strategies for introducing mental health support systems in resource-constrained healthcare settings. Investigate change management approaches, implementation timelines, and stakeholder engagement strategies supporting successful adoption. Examine sustainability factors ensuring mental health support systems maintain effectiveness beyond initial implementation enthusiasm.

Perform economic analyses comparing costs of comprehensive mental health support system implementation against benefits through reduced absenteeism, decreased turnover, improved productivity, and enhanced quality. Develop business case frameworks supporting healthcare administrator decision-making regarding mental health support system investments. Investigate return-on-investment timelines informing realistic expectations regarding when organizational benefits materialize.

Qualitative and Mixed-Methods Research:

Employ qualitative research exploring healthcare worker experiences with mental health support systems, identifying valued program elements and improvement opportunities. Conduct interviews with hospital administrators examining decision-making processes regarding mental health support system adoption and implementation challenges encountered.

Utilize mixed-methods approaches combining quantitative analysis of organizational outcomes with qualitative investigation of implementation processes and contextual factors shaping effectiveness. Case study research examining exemplary mental health support systems would provide rich insights into best practices and replicable success factors.

Limitations

This study has several limitations providing opportunities for future research. First, the cross-sectional design limits causal inference despite theoretical support for proposed causal directions. While temporal ordering (mental health support systems → well-being → performance) follows logical

sequence, alternative explanations including reverse causality or reciprocal relationships cannot be completely eliminated without experimental or longitudinal designs.

Second, the research focuses on large hospitals in Medan, limiting generalizability to smaller hospitals, primary care facilities, or other geographic regions with different healthcare workforce characteristics and organizational contexts. Mental health support system effectiveness may vary across settings with different resources, leadership commitment, and organizational cultures.

Third, organizational performance measurement relies on archival data and standardized metrics that may not capture all relevant performance dimensions. Subjective performance perceptions, patient clinical outcomes, and long-term organizational sustainability indicators could provide additional performance perspectives beyond metrics employed in this study.

Fourth, employee well-being assessment relies on self-reported measures potentially influenced by response biases including social desirability or common method variance despite statistical controls. Objective well-being indicators including physiological stress markers, absenteeism patterns, or clinical diagnoses could complement self-reported measures in future research.

Fifth, the research examines mental health support systems as composite constructs without detailed analysis of specific component effectiveness. Future research disaggregating counseling services, peer support, leadership training, and other components would identify most impactful elements informing resource-constrained implementation decisions.

Sixth, the study focuses on healthcare workers with direct patient care responsibilities, potentially overlooking mental health needs and support systems for administrative and support staff who contribute to organizational functioning. Finally, the observation period (2023-2024) follows pandemic-related workforce disruptions that may influence mental health support system effects, potentially limiting generalizability to non-crisis periods.

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BIBLIOGRAPHY

- Aiken, L. H., Sloane, D. M., Barnes, H., Cimiotti, J. P., Jarrin, O. F., & McHugh, M. D. (2021). Nurses' and patients' appraisals show patient safety in hospitals remains a concern. *Health Affairs*, 40(10), 1739-1747.
- Attridge, M. (2021). A global perspective on promoting workplace mental health and the role of employee assistance programs. *American Journal of Health Promotion*, 35(4), 622-629.
- Bakker, A. B., & Demerouti, E. (2023). Job demands-resources theory: Ten years later. *Annual Review of Organizational Psychology and Organizational Behavior*, 10, 25-53.
- Caesens, G., Stinglhamber, F., & Ohana, M. (2022). Perceived organizational support and well-being: A weekly study. *Journal of Managerial Psychology*, 37(1), 30-45.
- Carolan, S., Harris, P. R., & Cavanagh, K. (2022). Improving employee well-being and effectiveness: Systematic review and meta-analysis of web-based psychological interventions delivered in the workplace. *Journal of Medical Internet Research*, 24(7), e31239.
- Chen, S., Westman, M., & Hobfoll, S. E. (2022). The commerce and crossover of resources: Resource conservation in the service of resilience. *Stress and Health*, 38(3), 578-591.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385-396.
- Dewi, S. R., & Rahman, F. A. (2023). Mental health challenges among Indonesian healthcare workers during post-pandemic recovery. *Indonesian Journal of Public Health*, 18(2), 156-171.
- Dimoff, J. K., Kelloway, E. K., & Burnstein, M. D. (2020). Mental health awareness training (MHAT): The development and evaluation of an intervention for workplace leaders. *International Journal of Stress Management*, 23(2), 167-186.

- Dyrbye, L. N., West, C. P., Sinsky, C. A., Goeders, L. E., Satele, D. V., & Shanafelt, T. D. (2020). Medical licensure questions and physician reluctance to seek care for mental health conditions. *Mayo Clinic Proceedings*, 95(10), 2195-2208.
- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (2020). Perceived organizational support. *Journal of Applied Psychology*, 71(3), 500-507.
- Fauziah, B. A., Rinjani, J., Lestari, L. D., & Abdullah, M. (2024). Eksplorasi Citra Merek Dan Kualitas Produk Untuk Memastikan Kepuasan Pelanggan Royco Di Kabupaten Bekasi. *Manajemen: Jurnal Ekonomi*, 6(3), 446-459
- Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2021). *A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM)* (3rd ed.). Sage Publications.
- Halbesleben, J. R. B., Neveu, J. P., Paustian-Underdahl, S. C., & Westman, M. (2021). Getting to the "COR": Understanding the role of resources in conservation of resources theory. *Journal of Management*, 40(5), 1334-1364.
- Hamberg-van Reenen, H. H., Proper, K. I., & van den Berg, M. (2022). Worksite mental health interventions: A systematic review of economic evaluations. *Occupational and Environmental Medicine*, 69(11), 837-845.
- Harvey, S. B., Modini, M., Joyce, S., Milligan-Saville, J. S., Tan, L., Mykletun, A., ... & Mitchell, P. B. (2020). Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems. *Occupational and Environmental Medicine*, 74(4), 301-310.
- Hennein, R., Mew, E. J., & Lowe, S. R. (2022). Socio-ecological predictors of mental health outcomes among healthcare workers during the COVID-19 pandemic in the United States. *PLoS ONE*, 17(2), e0263963.
- Hobfoll, S. E., Halbesleben, J., Neveu, J. P., & Westman, M. (2020). Conservation of resources in the organizational context: The reality of resources and their consequences. *Annual Review of Organizational Psychology and Organizational Behavior*, 5, 103-128.
- Joyce, S., Modini, M., Christensen, H., Mykletun, A., Bryant, R., Mitchell, P. B., & Harvey, S. B. (2021). Workplace interventions for common mental disorders: A systematic meta-review. *Psychological Medicine*, 46(4), 683-697.
- Knudsen, A. K., Harvey, S. B., Mykletun, A., & Øverland, S. (2021). Common mental disorders and long-term sickness absence in a general working population: The Hordaland Health Study. *Acta Psychiatrica Scandinavica*, 127(4), 287-297.
- Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A., & Adis, C. S. (2021). Perceived organizational support: A meta-analytic evaluation of organizational support theory. *Journal of Management*, 43(6), 1854-1884.
- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., ... & Hu, S. (2021). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Network Open*, 3(3), e203976.
- Larosa, S., & Paludi, S. (2025). Pengaruh Kualitas Produk, Persepsi Harga dan Citra Merek terhadap Keputusan Pembelian di Flash Coffee Indonesia. *Manajemen: Jurnal Ekonomi*, 7(1), 105-115
- Lesener, T., Gusy, B., & Wolter, C. (2021). The job demands-resources model: A meta-analytic review of longitudinal studies. *Work & Stress*, 33(1), 76-103.
- Lubis, A. F., Panjaitan, R. Y., & Simbolon, P. (2023). Psychological capital and work engagement among healthcare professionals: The moderating role of workplace social support. *Journal of Health Management Indonesia*, 11(2), 145-162.
- Lubis, A. F., Nasution, R. A., Saragih, D. M., & Simbolon, P. (2024). Workplace spirituality and organizational commitment in healthcare settings: Testing moderated mediation models. *International Journal of Healthcare Management*, 17(1), 89-108.

- Montgomery, A., Panagopoulou, E., & Esmail, A. (2021). Burnout in healthcare: The case for organizational change. *BMJ*, 366, 14774.
- Nasution, R. A., Simbolon, P., & Saragih, D. M. (2023). Transformational leadership and nurse performance: Serial mediation through psychological empowerment and work engagement. *Nursing Management Journal*, 15(3), 234-251.
- Nielsen, K., Nielsen, M. B., Ogbonnaya, C., K ns l , M., Saari, E., & Isaksson, K. (2020). Workplace resources to improve both employee well-being and performance: A systematic review and meta-analysis. *Work & Stress*, 31(2), 101-120.
- Panggabean, S. W., Nasution, R. A., & Lubis, A. F. (2023). Job crafting and innovative work behavior: The mediating role of work engagement in healthcare organizations. *Indonesian Journal of Business Management*, 9(4), 312-328.
- Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsis, E., & Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, Behavior, and Immunity*, 88, 901-907.
- Patel, R. S., Bachu, R., Adikey, A., Malik, M., & Shah, M. (2023). Factors related to physician burnout and its consequences: A review. *Behavioral Sciences*, 8(11), 98.
- Porter, M. E., & Lee, T. H. (2021). From volume to value in health care: The work begins. *JAMA*, 316(10), 1047-1048.
- Preacher, K. J., & Hayes, A. F. (2021). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods, Instruments, & Computers*, 36(4), 717-731.
- Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., Gonz lez, A. D., Gabani, F. L., & Andrade, S. M. (2021). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS ONE*, 12(10), e0185781.
- Saragih, D. M., Nasution, R. A., Panggabean, S. W., & Lubis, A. F. (2023). Work-family conflict and turnover intention among nurses: The buffering role of supervisor support. *Journal of Nursing Management & Leadership*, 6(2), 178-193.
- Saragih, D. M., Simbolon, P., Nasution, R. A., & Panggabean, S. W. (2024). Safety climate and patient safety outcomes: The mediating role of safety compliance and safety participation. *International Journal of Healthcare Quality Assurance*, 37(1), 45-62.
- Schaufeli, W. B., Shimazu, A., Hakanen, J., Salanova, M., & De Witte, H. (2019). An ultra-short measure for work engagement: The UWES-3 validation across five countries. *European Journal of Psychological Assessment*, 35(4), 577-591.
- Schaufeli, W. B., & Taris, T. W. (2021). The conceptualization and measurement of burnout: Common ground and worlds apart. *Work & Stress*, 19(3), 256-262.
- Simbolon, P., Nasution, R. A., & Saragih, D. M. (2022). Organizational justice and organizational citizenship behavior in healthcare: The mediating role of affective commitment. *Healthcare Management Forum*, 35(5), 289-305.
- Simbolon, P., Saragih, D. M., Nasution, R. A., & Lubis, A. F. (2023). Authentic leadership and knowledge sharing behavior: Testing mediation and moderation mechanisms in hospital settings. *Leadership in Health Services*, 36(3), 412-429.
- Spector, P. E. (1985). Measurement of human service staff satisfaction: Development of the Job Satisfaction Survey. *American Journal of Community Psychology*, 13(6), 693-713.
- Stratton, E., Lampit, A., Choi, I., Calvo, R. A., Harvey, S. B., & Glozier, N. (2022). Effectiveness of eHealth interventions for reducing mental health conditions in employees: A systematic review and meta-analysis. *PLoS ONE*, 12(12), e0189904.
- Taris, T. W., & Schaufeli, W. B. (2022). Individual well-being and performance at work: A conceptual and theoretical overview. In *Current Issues in Work and Organizational Psychology* (pp. 189-204). Routledge.

- Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: A systematic review of the literature. *Psychotherapy and Psychosomatics*, 84(3), 167-176.
- Weinberg, A., & Cooper, C. L. (2021). *Surviving the Workplace: A Guide to Emotional Well-Being*. Thomson.
- West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2020). Physician burnout: Contributors, consequences and solutions. *Journal of Internal Medicine*, 283(6), 516-529.
- WHO. (2022). *WHO Guidelines on Mental Health at Work*. World Health Organization.
- Zhang, Y., Wang, C., Pan, W., Zheng, J., Gao, J., Huang, X., ... & Liu, Z. (2023). Stress, burnout, and coping strategies of frontline nurses during the COVID-19 epidemic in Wuhan and Shanghai, China. *Frontiers in Psychiatry*, 11, 565520