

The Effect of Education Level on the Performance of Health Workers at UPTD North Cimahi Health Center

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Abstrak

Tingkat pendidikan karyawan merupakan faktor penting yang mempengaruhi produktivitas kerja. Tingkat pendidikan yang dimiliki seseorang akan berpengaruh terhadap pola pikir, sikap, dan tingkah laku yang diyakini mampu meningkatkan produktivitas kerja demi tercapainya target yang telah ditetapkan. Penelitian ini bertujuan untuk mengetahui dan menganalisa bagaimana pengaruh tingkat pendidikan terhadap kinerja tenaga kesehatan di UPTD Puskesmas Cimahi Utara Kota Cimahi. Metode penelitian yang digunakan adalah kuantitatif deskriptif dengan metode survey. Populasi dalam penelitian ini adalah seluruh karyawan UPTD Puskesmas di Cimahi Utara, dengan sampel penelitian 25 orang. Teknik pengumpulan data dilakukan dengan teknik observasi, wawancara, dokumentasi dan kuisioner. Hasil penelitian ini menunjukkan bahwa tingkat pendidikan dengan nilai t hitung sebesar 7,512 nilai t tabel sebesar 2,07 yang artinya $t_{hitung} > t_{tabel}$ dan probabilitas se besar $0,000 < 0,05$ berarti terdapat pengaruh positif tingkat pendidikan dan terhadap kinerja tenaga kesehatan di Cimahi Utara.

Kata Kunci: Kinerja, Tenaga Kesehatan, Tingkat Pendidikan.

Abstract

Employee education level is an important factor affecting work productivity. The level of education possessed by a person will affect the mindset, attitudes, and behaviors that are believed to increase productivity in order to achieve the set targets. This study aims to find out and analyze the influence of education level on the performance of health workers at the North Cimahi Health Center, UPTD Cimahi City. The research method used is a quantitative descriptive survey method. The population in this study was all UPTD Puskesmas employees in North Cimahi, with a total sample size of 25 people. Data collection techniques included observation, interviews, documentation, and questionnaires. The findings of this study indicate that the level of education has a positive influence on the education level and performance of health workers in North Cimahi, with a t-count value of 7.512, a t-table value of 2.07 indicating that $t\text{-count} > t\text{-table}$, and a probability of $0.000 < 0.05$.

Keywords: Education Level, Health Workforce, Performance.

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INTRODUCTION

Law Number 36 of 2014 concerning Health Workers states that health workers play an important role in improving the maximum quality of health services to the community so that the community is able to increase awareness, willingness, and ability to live healthily so that the highest degree of health will be realized as an investment for the development of socially and economically productive human resources as well as one of the elements of general welfare as referred to in the Preamble of the 1945 Constitution of the Republic of Indonesia.

Health workers are any person who is dedicated to the health sector and has knowledge and/or skills through education in the health sector, which for certain types requires authority to carry out health efforts. Personnel in the health sector consist of health workers and assistant health workers. Health personnel are grouped into 13 types, consisting of: (1) medical personnel; (2) clinical physiologists; (3) nursing personnel; (4) midwives; (5) pharmaceutical personnel; (6) public health; (7) environmental health personnel; (8) nutrition personnel; (9) physical therapy personnel; (10) medical technical

personnel; (11) biomedical engineering personnel; (12) traditional health personnel; and (13) health personnel others (Dinkes Jawa Barat, 2020).

Health human resources can be said to be the "heart" of the national health system. Without the energy to move and serve, the other pillars cannot work (Budijanto & Astuti, 2015). The readiness of human resources can be realized through good human resource planning, which focuses attention on the steps that must be taken by management to ensure that the organization has the right manpower to occupy the right positions and jobs at the right time. appropriate in order to achieve the goals and various targets that have been set (Siagian, 2012; Usman, 2016).

One area where the population ratio per health center is not in accordance with national regulations is the Cimahi City area. The Cimahi District Health Office states that the Health Service is obliged to realize that the people of Cimahi City are healthy both physically and mentally and are independent in maintaining their own health and their environment so that they can carry out their activities properly (Dinkes Cimahi, 2019).

Cimahi City currently has 13 units and two auxiliary health centers. The ratio of puskesmas to population in Cimahi City is 1:42,183 residents, with an ideal condition of 1:30,000 residents. In order for the Puskesmas to carry out its functions optimally, it needs to be managed properly, starting from the resources used, the service process, and service performance. It is hoped that visits to Puskesmas in the future will be healthy visits, in accordance with Permences Number 75 of 2014 concerning Community Health Centers, so that Puskesmas will prioritize promotional and preventive efforts in providing health services but not neglect comprehensive, sustainable, and quality curative and rehabilitative efforts.

Performance is a measurement of the expected work results in the form of something optimal (Robbins, 2006). Efforts to improve the performance of health workers in Puskesmas are very important because there are various aspects related to efforts to improve health services (Usman, 2016). In carrying out its functions, the Puskesmas can realize four missions in health development, namely: driving the development of development-oriented sub-districts; encouraging community and family self-reliance for healthy living; maintaining and improving quality, equitable, and affordable health services; and maintaining and improving the health of individuals, groups, and communities, as well as the environment (Alamsyah & Muliawati, 2013; Usman, 2016).

Performance is the result of a person as a whole during a certain period carrying out tasks such as work standards, targets, goals, or criteria that have been determined in advance and have been mutually agreed upon (Veithzal & Sagala, 2010). Employee performance is defined as the employee's ability to do something with a certain expertise. Employee performance is very necessary, because with this performance, it will be known how far the employee's ability to carry out the tasks assigned to him extends (Sinambela, 2011).

The performance of health workers is a consequence of society's demand for excellent service or high-quality service. Through the performance of health workers, it is hoped that they will be able to show their real professional contribution in improving the quality of health services, which will have an impact on health services in general in the organization where they work, and the final impact will lead to the quality of life and welfare of the community (Ratnasari & Sunuharyo, 2018).

According Butler et al. state that one of the most important goals in an organization is to maximize employee performance to achieve organizational goals. Organizations not only need employees who have high abilities and skills but also employees who are satisfied and have a psychological balance to improve performance in the organization. Increasing the performance of individual employees will later encourage the overall performance of human resources, which is reflected in increased productivity (Veithzal & Sagala, 2010).

Education and skills are an investment by health workers in carrying out their roles according to their duties and responsibilities (Handayani *et al.*, 2009; Notoatmojo, 2003). Education provides knowledge in the form of theories (hard skills) that will support an employee in the world of work (Davis, 1994; Sutermeister, 1999). More clearly, Handoko (2002: 126) states that formal education is a very important capital because, with education, a person has the ability and can easily develop himself in his field of work. Employees with qualified education are considered capable of carrying out their positions and have experience that supports the skills to carry out their routine work, so it will be easier for them to achieve maximum performance (Davis & John, 1994; Wirawan *et al.*, 2019).

Hariandja added that the educational level of an employee can increase the company's competitiveness and improve company performance (Sudjana, 2002:169). For this reason, a person must have expertise obtained through a high-level process (Saudagar, Fachruddin, and Ali Idrus, 2011). Research conducted by Aswad and Ferrial (2016) shows that the level of education has a significant effect on employee performance. In addition, research conducted by Ratnasari and Sunuharyo (2018) also shows that education has a significant effect on employee performance.

RESEARCH METHODS

Method

The research method is basically a scientific way to obtain data with specific purposes and uses (Sugiyono, 2013). This study is both descriptive and verification in nature. According to Danang Sunyoto, "The descriptive method aims to describe something that was going on at the time the research was conducted and examine the causes of a particular symptom." Through this type of descriptive research, an overall picture of the impact of education on the performance of health workers can be obtained. While the verification research tests the truth of a hypothesis, which is done through data collection in the field, the research will examine the effect of the variable level of education on employee performance (Sunyoto, 2012).

Descriptive and verification research is carried out through data collection in the field. The research method used in this research is the explanatory survey method. Sugiyono argues that survey methods are used to obtain data from certain natural (not artificial) places, but researchers carry out treatments in collecting data, for example by distributing questionnaires, performing tests, conducting interviews, and so on (Sugiyono, 2013).

Data Participant

The participants used in this study were all UPTD Puskesmas employees in North Cimahi. The participants were 25 health workers at the Cimahi Utara Health Center.

Data Analysis

In this study, data analysis used descriptive data analysis, namely using a questionnaire arranged based on variables. Processing of the data collected from the results of the questionnaire can be grouped into three steps, namely preparation, tabulation, and application of the data in a research approach. Because this study examines two variables, namely level of education and employee performance, the verification data analysis used is multiple linear regression analysis and correlation analysis.

RESULTS AND DISCUSSION

Results

Validity Test

An overview of the educational level of health workers at the North Cimahi UPTD Health Center based on the last educational background attained the number of respondents was 25 people, with the classification of respondents who had an S1 background at 15 people (60% of the total respondents) and

respondents who had a D3 background at 10 people (40% of the total respondents). It can also be seen in the table below.

Table 1. Latest Education of Health Workers

last education		
	Frequency	Percent
Valid	D3	10
	S1	15

Based on the results of the validity test of the education level variable, the correlation between each indicator showed significant results. This can be seen through the results of $r_{count} > r_{table}$, so it can be concluded that each question indicator is valid. can be seen in the table below.

Table 2. Education Level Variable

item	r hitung	r tabel	Keputusan
item 1	0,798	0,413	Valid
item 2	0,703	0,413	Valid
item 3	0,795	0,413	Valid
item 4	0,806	0,413	Valid
item 5	0,757	0,413	Valid
item 6	0,702	0,413	Valid
item 7	0,609	0,413	Valid

While the results of the validity test on the performance variables of health workers showed a significant correlation between each indicator, this can be seen through the results of $r_{count} > r_{table}$, so it can be concluded that each question indicator is valid. Following are the results of the validity of the performance of health workers.

Table 3. Health Workforce Performance Variables

item	r hitung	r tabel	Keputusan
item 1	0,807	0,413	Valid
item 2	0,837	0,413	Valid
item 3	0,931	0,413	Valid
item 4	0,790	0,413	Valid
item 5	0,731	0,413	Valid
item 6	0,500	0,413	Valid

item 7	0,832	0,413	Valid
item 8	0,911	0,413	Valid
item 9	0,903	0,413	Valid
item 10	0,767	0,413	Valid
item 11	0,832	0,413	Valid
item 12	0,931	0,413	Valid
item 13	0,959	0,413	Valid
item 14	0,959	0,413	Valid
item 15	0,854	0,413	Valid
item 16	0,894	0,413	Valid

Reliability Test

Berdasarkan hasil uji validitas terdapat nilai cronbach’s alpha pada variabel X₁ (tingkat pendidikan) adalah 0,818 atau 81,8%, nilai cronbach’s alpha pada variabel Y (kinerja tenaga kesehatan) adalah 0,97 atau 97%, sedangkan untuk nilai cronbach’s alpha secara keseluruhan yaitu 0,964 atau 96,4%. Dari hasil tersebut maka dapat dikatakan bahwa masing-masing konstruk reliabel karena lebih besar dari 0,6.

Classical Assumption Test/Verification Analysis

1. Normality test

The validity test was carried out to determine the level of validity of an instrument, meaning that the instrument used in this study really measures what it is supposed to measure. The instrument validity test is carried out to ensure that there is a similarity between the data collected and the data that actually occurs in the object under study.

Tabel 4. Normality Test

<i>Shapiro-Wilk</i>		
Statistic	df	Sig.
0,929	25	0,082
Shapiro-Wilk		

As can be seen in the table above, based on the SPSS output with a significance level of 5%, it can be said that the residuals in the model have a p-value of 0.082 > 0.05, meaning that the residuals in the multiple linear regression model are normally distributed data.

2. Uji Linearitas

The linearity test aims to determine whether the two or more variables tested have a linear relationship or not. This test is usually used as a prerequisite for correlation or linear regression analysis (Setiawan & Yosepha, 2020).

Tabel 5. Linearity Test

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Y	* Between	(Combined)	1128.593	10	112.859	6.424	.001
X1	Groups	Linearity	905.387	1	905.387	51.533	.000
		Deviation from Linearity	223.206	9	24.801	1.412	.272
Within Groups			245.967	14	17.569		
Total			1374.560	24			

Judging from the division in the linearity table with a significance level of 5%, it can be said that the two variables x1 have linear data. This can be seen from the p-value deviation from linearity, which is 0.272 greater than 0.05, so both variables have linear data.

3. Heteroscedasticity Test

The heteroscedasticity test aims to test whether in the regression model there is an inequality of variance and residuals from one observation to another. If the residual variance from one observation to the next remains constant, this is referred to as homoscedasticity; if it varies, this is referred to as heteroscedasticity.

Tabel 6. Uji Heterokedastisitas

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients		t	Sig.
		B	Std. Error	Beta			
1	(Constant)	13.432	3.786			3.548	.002
	X1	-.215	.126	-.291		-1.699	.103

4. Multicollinearity Test

Based on the SPSS output, the tolerance value shows that there are no independent variables that have a tolerance value of less than 0.10, which means there is no correlation between the independent variables with a value of more than 95%. The results of the calculation of the variance inflator factor (VIF) also show the same thing: none of the independent variables has a VIF value of more than 10. So, it can be concluded that there is no multicollinearity between variables in the regression model. The results of the multicollinearity test are as follows:

Tabel 6. Multicollinearity Test

Collinearity Statistics		Collinearity Statistics
Tolerance	VIF	Tolerance
0,940	1,064	0,940
0,940	1,064	0,940

5. Multiple Regression Analysis

Based on the results of the regression calculation shown in the table above, then the regression equation formed is:

$$Y = 20,060 + 1,937X_1$$

From the regression equation above, it can be interpreted that:

When the education level is zero, the performance of health workers is 20.060. When the value of the education level increases by 1 level, the performance of health workers increases by 1.937.

6. Goodnes of Fit Test

The accuracy of the sample regression function in estimating the actual value can be assessed by its goodness of fit. Statistically at least, this can be measured from the value of the coefficient of determination, the value of the F statistic, and the value of the t statistic.

a. The coefficient of determination

Based on the output of the SPSS model summary, the adjusted R² is 0.694, which means that 69.4% of the performance of health workers can be explained by the variation of the two independent variables, namely the level of education. while the rest (100% minus 69.4% = 30.6%) is explained by other factors outside the model.

Standard Error of Estimate (SEE) of 4.18297 This means that the smaller the SEE value, the more precise the regression model will be in predicting the dependent variable.

b. F Test

With a confidence level of 95% or a significance level of 5%, F count > F table, then Ho is rejected and Ha is accepted, meaning that each independent variable has a significant influence on the dependent variable. In this study, the calculated F is 28.059 with a probability of 0.000 and df1 = 2, while df2 = n-k-1 = 25-2-1 = 22 and an F table of 3.44 is obtained. Because the probability of 0.000 is smaller than 0.05 and F count > F table, the regression model can be used to predict the performance

of health workers, or it can be said that there is a positive effect on the level of education on the performance of health workers in North Cimahi, Cimahi Cityable.

c. T Test

The educational level of health workers produced a t-count value of 7.512 and a $df = n - k = 25 - 3 = 22$ of 2.07, indicating that $t\text{-count} > t\text{-table}$ and a probability of $0.000 < 0.05$. So it can be concluded that there is a positive influence on the level of education and the performance of health workers in North Cimahi.

Discussion

Education Level of Health Workers

The definition of education in this study is the level of education, the type of education, and the linearity of majors with the type of work of each employee, as well as efforts to increase the development and knowledge of institutions so as to build workability.

The previous hypothesis test results showed that the level of education had an effect on the performance of health workers at the North Cimahi Health Center, as evidenced by the acquisition of t-count test results of 7.512 and the value of t-table with $df = n - k = 25 - 3 = 22$ of 2.07, indicating that $t\text{ count} > t\text{ table}$ and probability of $0.000 < 0.05$.

In line with Sedarmayanti's assumption that education is one factor that influences performance, Where Education relates to increasing knowledge and understanding in an effort to master and train certain skills, knowledge, and attitudes that can later be applied in the world of work. That way, every employee who has a higher level of education certainly has better knowledge and attitudes when supporting work activities. Although the skills themselves are not always apparent from the level of education, educated employees have a high level of awareness of the importance of performance, which can encourage employees to take productive actions (Sedarmayanti, 2011).

In the Total Quality Management (TQM) theory put forward by Edwards Deming, it is explained that one way to improve quality in an institution or company is by implementing an increase in human resources (HR) through education and training (Sallis, 2012). Hariandja emphasized that the level of education of an employee can increase the competitiveness of the institution and improve its performance (Hariandja, Marihot T.E, 2002).

The education level of health workers at North Cimahi Health Center, Cimahi City, has an undergraduate education background of 60% and 40% D3. All health workers who work at North Cimahi Health Center already have educational qualifications that are linear with professionalism in their fields and are supported by qualified health workers. experienced. Apart from that, to increase the knowledge and skills of health workers, the puskesmas encourages all employees and health workers to carry out education and training provided by the government, especially from the Health Office. Meanwhile, increasing knowledge in the context of continuing education to the next level is quite difficult, considering that the North Cimahi Health Center is one of the health centers that is very active in treating patients, as evidenced by the number of daily visits to the community and an average of 100–200 visits every day with various services, namely general services, dental poly, COVID vaccination, MCH services, pregnant women services, and so on (Results of Interview with North Cimahi Health Center Administration Head).

Based on the explanation above, it is clear that the level of education of an employee, especially health workers, has a positive and significant effect on performance. This can also have an impact on the performance of institutions.

Performance of Health Workers

Based on the statistical test results above, the level of education of health workers at the North Cimahi Health Center in Cimahi City can improve the work output of health workers in order to achieve the goals set by the organization or institution. In other words, the variable level of education can be used as a good factor and significantly determines the increase in employee performance. In addition to education, the development of health workers at the North Cimahi Health Center also needs to be carried out, both in terms of technical skills and managerial skills. According to (Purwadhi, 2019), employee development can be done through employee performance, employee discipline, worker attendance, the level of damage to production, tools, and machines, the work accident rate, the level of wastage of raw materials, labor, and time, the level of employee cooperation, the incentive pay rate, employee initiatives, and leadership and management decisions. According to Soekidjo (2009), the performance of a workforce is influenced by motivation, ability (education), and perception factors.

There are also other factors that can affect employee performance, including ability and willingness. Ability without will does not produce performance. Likewise, will alone, without being accompanied by ability, still does not produce optimal performance. According to (Mulyasa, 2007), there are several factors that affect teaching performance or productivity, namely technological factors, values, work climate, health status, and minimum wage levels, as well as leadership (in this case, the head of the Puskesmas). Findings and analysis in the field of health workforce development at the North Cimahi Health Center include employee absences carried out through a tool in the form of a pinger print; employee discipline is measured by working hours and work discipline; employee wage levels are divided into PNS and non-PNS health workers; salaries of PNS health workers are in accordance with provisions of the central government while the salaries of health workers are in accordance with regional regulations in Cimahi City; besides that, the leadership of the head of the puskesmas in North Cimahi and Cimahi City also greatly influences employee performance. apply discipline to all employees at the North Cimahi Health Center and emphasize more optimal health services to the community.

In the context of developing health workers at the North Cimahi Health Center, of course there are factors that influence the development process and employee performance. In line with this opinion. (Sedarmayanti, 2011), states that there are several factors that affect performance, including, (1) mental attitude (work motivation, work discipline, work ethics, and work culture), (2) education, (3) skills, (4) leadership management, (5) income level, (6) salary and health, (7) social security and welfare, (8) work climate, (9) adequate facilities and infrastructure, (10) technology, and (11) opportunity to excel. Both opinions refer to the same variables, namely several aspects found in individuals, work environment and culture, facilities/infrastructure, and welfare as work motivation.

The above factors are of course also felt by the North Cimahi Health Center health workers, namely the leadership of the head of the puskesmas, the work environment, the infrastructure of the puskesmas, which is still lacking in supporting health services for the community, such as medical equipment that is still incomplete, the motivation of health workers who fluctuate in serving the community, Information technology capabilities are constantly being improved in order to provide information and benefits to the community, and the welfare of health workers is not fully guaranteed, considering that work productivity is very high. Health workers sometimes complain about the high workload, but the salary they receive is sometimes not appropriate. In addition, the number of human resources at the North Cimahi Health Center needs to be increased in several sections, including pharmacists, public health analysts, and medical recorders.

Based on Luis R. Gomez-Mejia, David B. Balkin, and Robert L. Cardy (2012), it is suggested that performance aspects consist of:

- 1) Work quality
- 2) Quantity of work performed
- 3) Interpersonal effectiveness
- 4) Capabilities (Luis *et al.*, 2012).

CONCLUSION

The education level of health workers at the North Cimahi Health Center, UPTD Cimahi City, as a whole has a positive effect on performance, as seen from the level, type, and suitability of majors (fields of expertise) with jobs in the field. However, in the field, there are still around 40% of health workers who are D3 graduates, making it possible to increase educational equality. Health workers at the North Cimahi Health Center in Cimahi City also make efforts to increase the knowledge of all health workers through training and participation in seminars held by the government.

The level of education of health workers at the North Cimahi Health Center in Cimahi City can improve the work results of health workers in order to achieve the goals set by the organization or institution. In other words, the variable level of education can be used as a good factor and significantly determines the increase in employee performance. In addition to education, the development of health workers at the North Cimahi Health Center in Cimahi City also needs to be carried out, both in terms of technical skills and managerial skills.

BIBLIOGRAPHY

- Alamsyah, D., & Muliawati, R. (2013). *Pilar Dasar Ilmu Kesehatan Masyarakat*. Nuha Medika.
- Budijanto, D., & Astuti, W. D. (2015). Tingkat Kecukupan Tenaga Kesehatan Strategis Puskesmas Di Indonesia (Analisis Implementasi Permenkes No.75 Tahun 2014). *Buletin Penelitian Sistem Kesehatan*, 18(2), 179–186.
- Davis, K., & John, W. N. (1994). *Perilaku Dalam Organisasi*. Erlangga.
- Dinkes Cimahi. (2019). Dinkes Kota Cimahi, 2019. *Journal of Physics A: Mathematical and Theoretical*, 44(8), 1689–1699. www.dinkes.kotacimah.go.id
- Dinkes Jawa Barat. (2020). Profil Kesehatan Jawa Barat Tahun 2020. *Dinas Kesehatan Provinsi Jawa Barat*, 103–111.
- Handayani, L., Ma'ruf, N. ., & Sopacua, E. (2009). Peran Tenaga Kesehatan Sebagai Pelaksana Pelayanan Kesehatan Puskesmas. *Jurnal Penelitian Dan Pengembangan Pelayanan Kesehatan*, 12–20.
- Hariandja, Marihot T.E. (2002). *Manajemen Sumber Daya Manusia*. Grasindo.
- Luis, R. C., Gomez, M. L. R., & David, B. B. (2012). *Managing Human Resources*. Pearson Education, Inc.
- Mulyasa, E. (2007). *Menjadi Kepala Sekolah Profesional*. PT Remaja Rosdakarya.
- Notoatmojo, S. (2003). *Pengembangan Sumber Daya Manusia*. Rineka Cipta.
- Purwadh. (2019). *Manajemen Sumber Daya Manusia Pasca Revolusi Industri 4.0*. Mujahid Press.
- Ratnasari, M. D., & Sunuharyo, B. S. (2018). Pengaruh Pendidikan dan Pelatihan Terhadap Kinerja Karyawan Melalui Variabel Mediator Kemampuan Kerja Karyawan (Studi Pada Karyawan PT Petrokimia Gresik). *Jurnal Administrasi Bisnis*, 58(1), 210–218.
- Robbins, S. P. (2006). *Perilaku Organisasi*. PT Indeks.
- Sallis, E. (2012). *Total Quality Management in Educational: Manajemen Mutu Pendidikan (XVI)*. IRCiSoD.

- Sedarmayanti. (2011). *Membangun dan Mengembangkan Kepemimpinan Serta Meningkatkan Kinerja Untuk Meraih Keberhasilan*. PT Refika Aditma.
- Setiawan, C. K., & Yosepha, S. Y. (2020). Pengaruh Green Marketing dan Brand Image Terhadap Keputusan Pembelian Produk the Body Shop Indonesia (Studi Kasus Pada Followers Account Twitter @TheBodyShopIndo). *Jurnal Ilmiah M-Progress*, 10(1), 1–9. <https://doi.org/10.35968/m-pu.v10i1.371>
- Siagian, S. P. (2012). *Manajemen Sumber Daya Manusia*. Bumi Aksara.
- Sinambela, L. P. (2011). *Reformasi Pelayanan Publik: Teori, Kebijakan, Dan Implementasi*. Bumi Aksara.
- Sugiyono. (2013). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Alfabeta.
- Sunyoto, D. (2012). *Teori, Kuisisioner, dan Analisis Data Sumber Daya Manusia (Praktik Penelitian)*. CAPS.
- Usman. (2016). Analisis Kinerja Tenaga Kesehatan Pada Puskesmas Lapadde Kota Parepare. *Jurnal Media Kesehatan Masyarakat Indonesia*, 12(1), 21–28.
- Veithzal, R., & Sagala, E. J. (2010). *Manajemen Sumber Daya Manusia Perusahaan*. PT. RajaGrafindo Persada.
- Wirawan, K. E., Bagia, I. W., & Jana Susila, G. P. A. (2019). Pengaruh Tingkat Pendidikan, Pelatihan Dan Pengalaman Kerja Terhadap Kinerja Karyawan. *BISMA: Jurnal Manajemen*, 7(1), 60–67. <https://doi.org/10.17509/image.v7i1.23137>