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Exploring the Interplay of Professionalism and Organizational Commitment in Enhancing Human Resource Productivity: Evidence from a Military Hospital

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ABSTRACT

This study examines the roles of professionalism and organizational commitment as predictors of human resource (HR) productivity in a military hospital (Hospital X) in the Special Region of Yogyakarta, Indonesia. A descriptive qualitative single case study was employed. Data were collected through semi-structured interviews with ten purposively selected informants representing multiple organizational levels, supported by participant observation and document review. Data were analyzed using Braun and Clarke's (2006) six-phase thematic analysis with source and method triangulation. Data saturation was achieved at the eighth informant. The findings reveal that HR professionalism was generally adequate but constrained by cross-assignment practices involving 60% of nursing staff, nurse-to-patient ratios exceeding recommended standards (1:10 versus 1:4–1:6), and administrative tasks consuming approximately 40% of nurses' working time. Affective commitment emerged as the strongest dimension of organizational commitment, while continuance commitment remained the weakest, particularly among younger and civilian personnel. The study also identified a synergistic interaction between professionalism and organizational commitment in enhancing HR productivity, rather than a simple additive effect. Furthermore, military-specific contextual factors, including command hierarchy, dual workforce composition, and dual operational demands, moderated these relationships. Based on these findings, the study proposes a conceptual model in which affective commitment mediates the relationship between professionalism and HR productivity, while hierarchical structure and role duality function as contextual moderators. These findings extend conventional human resource management models and provide practical implications for developing integrated managerial strategies to improve workforce productivity in military healthcare organizations.

Keywords: Professionalism; Organizational Commitment; HR Productivity; Military Hospital

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INTRODUCTION

Human resources constitute the most critical strategic asset in healthcare organizations because the quality, safety, efficiency, and continuity of healthcare services depend substantially on the competence, commitment, and performance of healthcare professionals (Kabene et al., 2006; Vermeeren et al., 2014). Unlike other organizational resources, healthcare professionals directly influence patient outcomes through their knowledge, clinical competence, ethical conduct, and commitment to organizational goals. Consequently, improving HR productivity has become a strategic priority for healthcare organizations seeking to maintain service quality while responding to increasing operational complexity, workforce shortages, and growing public expectations (Dubois & Singh, 2009; Kabene et al., 2006).

The challenge is particularly evident in military hospitals. Unlike civilian hospitals, military healthcare organizations perform a dual institutional mission. They are responsible not only for delivering healthcare services to military personnel, their families, and civilians, but also for maintaining operational readiness in support of national defense (Bricknell & Cain, 2020). These dual responsibilities create a distinctive organizational environment characterized by rigid command structures, military discipline, dual workforce composition consisting of military and civilian personnel, and rapidly changing operational demands. As a result, managing human resources in military hospitals requires organizational approaches that differ substantially from those commonly applied in civilian healthcare institutions.

Hospital X, a fully accredited military hospital located in the Special Region of Yogyakarta, illustrates these organizational challenges. Despite having more than 800 personnel and over 260 inpatient beds, preliminary organizational assessments revealed several issues indicating suboptimal HR productivity(Krijgsheld et al., 2022). Approximately 60% of employees reported performing duties outside their primary professional competencies, while 70% experienced difficulties achieving expected work targets and perceived that their performance had not met organizational standards. Furthermore, prolonged night shifts and increasing administrative workloads reduced the time available for direct patient care, suggesting that structural and managerial factors may constrain employee productivity beyond individual capability alone (Tett & Meyer, 1993).

The human resource management literature consistently identifies professionalism and organizational commitment as two critical determinants of employee performance and productivity (Krijgsheld et al., 2022). Professionalism enables employees to perform their duties based on specialized competence, ethical standards, accountability, and continuous professional development. Previous studies have demonstrated positive associations between professionalism and service quality, job performance, and organizational effectiveness, particularly within healthcare organizations. Likewise, organizational commitment has been widely recognized as an important driver of employee retention, discretionary effort, organizational citizenship behavior, and long-term performance. Employees who develop strong emotional attachment to their organizations tend to demonstrate higher motivation, greater responsibility, and stronger willingness to contribute beyond formal job requirements.

Although both constructs have received extensive scholarly attention, existing evidence reveals several important limitations. First, most previous studies conceptualize professionalism and organizational commitment as independent predictors of employee performance or productivity. Consequently, limited attention has been devoted to understanding how these two constructs interact to influence HR productivity through mutually reinforcing mechanisms. Existing human resource management models,

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therefore, remain predominantly linear, assuming separate rather than synergistic relationships among these variables.

Second, empirical evidence has largely been generated from civilian organizations, including public agencies, private companies, educational institutions, and general hospitals. Such findings cannot be readily generalized to military hospitals because military organizations operate under substantially different institutional arrangements. Command hierarchy, military values, operational discipline, and the coexistence of military and civilian personnel create organizational dynamics that may strengthen, weaken, or even alter the relationships among professionalism, organizational commitment, and productivity.

Third, previous studies have predominantly employed quantitative research designs emphasizing hypothesis testing and statistical relationships among variables. While these approaches successfully estimate the magnitude of relationships, they provide limited understanding of the organizational processes through which professionalism and commitment jointly shape employee productivity. Consequently, the mechanisms underlying these relationships remain insufficiently understood, particularly within complex institutional settings such as military healthcare organizations where organizational culture, hierarchy, and contextual conditions strongly influence employee behavior.

These limitations indicate four important research gaps. Theoretically, existing HRM literature has not adequately explained the interaction mechanism between professionalism and organizational commitment in influencing productivity. Empirically, evidence from military healthcare organizations remains scarce. Methodologically, qualitative investigations capable of revealing contextual organizational processes remain limited. Contextually, the distinctive institutional characteristics of military hospitals have rarely been incorporated into contemporary HRM models.

To address these gaps, this study adopts a qualitative single-case study approach to examine the relationships among professionalism, organizational commitment, and HR productivity in a military hospital. Rather than testing causal relationships statistically, this study seeks to understand how professionalism and organizational commitment are experienced, interpreted, and enacted by healthcare personnel operating within a military organizational environment. Specifically, this study aims to: (1) examine the condition of HR professionalism at Hospital X; (2) analyze the organizational commitment profile of hospital personnel; (3) explore the factors shaping HR productivity; and (4) explain how professionalism and organizational commitment interact to influence productivity within the distinctive context of a military hospital.

This study contributes to the human resource management literature in three important ways. First, it extends conventional HRM perspectives by demonstrating that professionalism and organizational commitment operate through a synergistic rather than purely independent relationship in shaping HR productivity. Second, it develops a contextual understanding of HR productivity by incorporating military organizational characteristics, including command hierarchy, dual workforce composition, and dual operational responsibilities, as influential contextual conditions. Third, based on empirical findings, this study proposes a contextual conceptual model in which affective organizational commitment functions as an important mechanism linking professionalism to HR productivity, while military organizational characteristics moderate this relationship. These contributions enrich existing HRM theory and provide practical insights for developing integrated human resource management strategies in military healthcare organizations.

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LITERATURE REVIEW

Professionalism in Healthcare Organizational Contexts

Professionalism in human resource management refers to a condition in which individuals carry out their duties by drawing on expertise acquired through specific education and training (Sedarmayanti, 2017). This concept extends beyond technical competence to encompass dimensions of ethics, accountability, efficiency, and responsibility.(Hsu et al., 2015) demonstrate that nursing professionalism is strongly correlated with job satisfaction and commitment to evidence-based practice, which in turn contributes to the quality of patient care.

(Tilley, 2008) defines professionalism in healthcare as the integration of clinical competence, professional ethics, and accountability to standards of practice established by the professional community. This framework is particularly relevant to military hospitals, where standard operating procedures draw on dual sources of authority: national health regulations and military doctrine.

The dimensions and indicators of professionalism used in this study draw on (Sedarmayanti, 2017), encompassing competence (skills and knowledge), effectiveness (quantity and quality of work), efficiency (appropriate use of resources), and responsibility (task completion, timeliness, and willingness to bear risk). This is further reinforced by Hall's, as cited in Rabie (2019), model of professionalism, which comprises five dimensions: use of the professional organization as a primary reference, belief in public service, belief in self-regulation, a sense of calling to the profession, and autonomy.

Organizational Commitment

Organizational commitment is defined as an attitude reflecting employee loyalty to an organization, manifested through an ongoing process in which organizational members express concern for the organization's success and continued well-being (Tett & Meyer, 1993). The widely used three-component model proposed by Meyer et al. (2002) comprises: (1) affective commitment, an emotional attachment to and identification with the organization; (2) normative commitment, a moral sense of obligation to remain; and (3) continuance commitment, a calculation of the costs and benefits of leaving the organization.

(Meyer et al., 2002)'s meta-analysis, encompassing more than 155 studies, found that affective commitment is the strongest predictor of positive work behaviors, including performance and productivity, relative to the other two dimensions. This finding carries direct implications for HR retention strategy design: approaches relying solely on financial incentives, which primarily affect continuance commitment, prove less effective than approaches that cultivate employees' identity and emotional attachment to the organization.

Within the military context, organizational commitment carries an additional dimension absent in civilian organizations: loyalty to the corps (esprit de corps), formed through military socialization and reinforced by shared values of solidarity and sacrifice. While this dimension can serve as a powerful source of commitment (Mathieu & Zajac, 1990). ay also widen the divide between military and civilian personnel working within the same institution.

Human Resource Productivity

HR productivity is understood as the ratio between outcomes achieved and employee input per unit of time (Sedarmayanti, 2017). In healthcare contexts, productivity is

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measured not merely by the quantity of medical procedures performed but also by the quality of care, patient safety, and resource use efficiency (Aiken et al., 2014 ; Carayon et al., 2014). In healthcare organizations, productivity extends beyond the volume of services delivered. It encompasses the ability to provide high-quality care, maintain patient safety, and use healthcare resources efficiently. These dimensions collectively reflect organizational performance and healthcare value (Carayon et al., 2014; Andritsos & Tang, 2014; Aiken et al., 2014).

Sedarmayanti (as cited in Badriyah, 2013) identifies six principal dimensions of workforce productivity: (1) work attitude, (2) skill level, (3) the relationship between workers and the work environment, (4) productivity management, (5) workforce efficiency, and (6) entrepreneurship. These six dimensions provide the operational foundation for assessing HR productivity at Hospital X.

Interrelationships Among Variables and Conceptual Framework

The literature reveals a consistent relationship among professionalism, organizational commitment, and productivity, although the underlying mechanism remains debated. (Blau and Boal, 1987) propose a typological model distinguishing employees with high commitment and high professional involvement who exhibit the strongest productivity and retention from other combinations. This model implies that the two variables are not redundant but rather complementary in their contribution.

(Rani, Lambey, and Pinatik, 2018) confirm a significant effect of professionalism on productivity within an Indonesian banking institution. (Matahelumual, Adolfina, and Kawet, 2019) Find a positive effect of organizational commitment on productivity within a regional government agency. Meanwhile, Waterkamp, Tawas, and Mintardjo (2017) confirm that professionalism and organizational commitment jointly influence employee performance within a banking institution, suggesting a potential interaction effect that warrants further exploration.

Based on this theoretical and empirical foundation, this study constructs a conceptual framework in which professionalism provides the technical and ethical capacity required for task execution, while organizational commitment, particularly affective commitment, provides the internal motivation that drives individuals to optimize that capacity. These two factors interact synergistically in shaping productivity, with contextual factors specific to the military environment serving as moderators of this relationship.

RESEARCH METHOD

Research Design

This study employed a qualitative approach using a single-case study design to explore how professionalism and organizational commitment interact in shaping human resource (HR) productivity within a military hospital. A qualitative design was considered appropriate because the phenomenon under investigation involves organizational processes, employee experiences, institutional values, and contextual influences that cannot be adequately explained through quantitative measurement alone. Rather than examining statistical relationships among variables, this study sought to understand the meanings, mechanisms, and organizational dynamics underlying HR productivity within a complex institutional setting.

A single-case study design was adopted following Yin (2018), who argues that a single case is appropriate when the case represents a unique organizational context

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capable of providing rich theoretical insights. Hospital X was selected because it possesses characteristics that distinguish it from conventional healthcare organizations. As a fully accredited military hospital, it simultaneously performs civilian healthcare services and military operational support while managing both military and civilian personnel under a hierarchical command structure. These characteristics provide an appropriate setting for examining contextual mechanisms influencing professionalism, organizational commitment, and HR productivity.

Research Setting

The study was conducted at Hospital X, a fully accredited military hospital located in the Special Region of Yogyakarta, Indonesia. The hospital has more than 260 inpatient beds and employs approximately 800 healthcare and administrative personnel. Besides providing healthcare services for active military personnel, military families, retired personnel, and civilians, the hospital also supports military operational readiness. These multiple organizational functions create a distinctive managerial environment that differs substantially from civilian hospitals.

Fieldwork was conducted over a three-month period, including preparation, participant recruitment, data collection, transcription, coding, thematic analysis, member checking, and interpretation of findings.

Participant Selection

Participants were selected using purposive sampling to ensure that each informant possessed substantial knowledge and direct experience regarding the organizational phenomenon under investigation. Selection criteria included:

- occupying managerial or operational positions directly related to HR management or healthcare service delivery;
- having a minimum of two years of working experience within the hospital, except one junior nurse included to represent early-career perspectives;
- willingness to participate voluntarily; and
- ability to provide detailed information regarding professionalism, organizational commitment, and work productivity.

Ten participants representing multiple organizational levels participated in the study, including senior management, nursing managers, ward supervisors, senior nurses, and junior nurses. This diversity enabled the collection of perspectives from strategic, managerial, and operational levels.

Rather than determining sample size a priori, participant recruitment followed the principle of information power and theoretical saturation. According to Hennink and Kaiser (2022), qualitative interviews may achieve thematic saturation within approximately 9 to 17 interviews when the study has a focused objective and relatively homogeneous participants. During this study, no substantially new themes emerged after the eighth interview. Two additional interviews were conducted to confirm category stability and strengthen analytical confidence, resulting in a final sample of ten informants.

Data Collection

Data were collected using three complementary techniques to enhance methodological triangulation.

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Semi-structured interviews

Semi-structured interviews served as the primary source of data. Each interview lasted approximately 60 to 90 minutes and was conducted face-to-face using an interview guide developed from the theoretical dimensions of professionalism, organizational commitment, and HR productivity. Interviews were audio-recorded with participants' consent and subsequently transcribed verbatim.
Examples of guiding interview questions included:

Professionalism

- How do you define professionalism in your daily work?
- What organizational factors support or hinder professional practice?

Organizational commitment

- What motivates you to remain working in this hospital?
- How do military organizational values influence your commitment?

HR productivity

- What factors most strongly influence employee productivity?
- How do professionalism and organizational commitment affect work performance in your unit?

Follow-up probing questions were employed whenever clarification or a deeper explanation was required.

Participant observation

Participant observation was conducted throughout the research period to obtain a contextual understanding of daily organizational practices. Observation focused on employee interactions, communication patterns, work allocation, interdepartmental coordination, leadership practices, and implementation of organizational procedures. Field notes were recorded immediately after each observation session.

Document analysis

To strengthen data credibility, documentary evidence was collected from personnel reports, staffing records, organizational regulations, work schedules, accreditation documents, performance reports, and internal policy documents. Documentary data were used to verify information obtained through interviews and observations.

Data Analysis

Data were analyzed using the six-phase reflexive thematic analysis proposed by Braun and Clarke (2021). Analysis was conducted iteratively throughout the research process rather than after data collection had been completed.
The analytical procedure consisted of six stages:

- familiarization with the data through repeated reading of interview transcripts and field notes;
- generation of initial codes representing meaningful units of information;
- organization of related codes into preliminary categories;
- review and refinement of candidate themes by comparing patterns across participants and data sources;

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- definition and naming of final themes; and
- interpretation of themes by integrating empirical findings with existing human resource management theories.

Coding combined deductive and inductive strategies. Deductive coding was guided by the conceptual dimensions of professionalism, organizational commitment, and HR productivity derived from the literature. Inductive coding enabled new contextual themes unique to military healthcare organizations to emerge from participants' narratives.

Table 1. Illustrates The Analytical Process Employed In This Study.

Raw quotation	Initial code	Category	Final theme
"Nurses often work outside their expertise because staffing is limited."	Cross-assignment	Competency mismatch	Professionalism constrained by structural factors
"Administrative reports consume too much of our working time."	Administrative burden	Procedural inefficiency	Organizational barriers to productivity
"I stay because I feel proud to serve in this institution."	Institutional pride	Emotional attachment	Affective organizational commitment

Source: Own Compilation (2026)

To ensure research rigor, four criteria proposed by Lincoln and Guba were applied. Credibility was enhanced through triangulation of interviews, observations, and documentary evidence, together with member checking involving three key informants who reviewed the interpretation of findings.

Transferability was strengthened by providing thick descriptions of the organizational context, participant characteristics, and institutional setting, enabling readers to assess the applicability of findings to similar contexts.

Dependability was maintained through an audit trail documenting research decisions, coding revisions, theme development, and analytical reflections throughout the study.

Confirmability was ensured by maintaining reflexive field notes, preserving interview transcripts, and continuously comparing interpretations across researchers and data sources to minimize subjective bias.

Ethical approval for this study was obtained from the relevant institutional authority before data collection commenced. Participation was entirely voluntary, and written informed consent was obtained from every participant. Participants were informed of the study objectives, confidentiality procedures, and their right to withdraw at any stage without consequences.

To protect confidentiality, the hospital is reported as "Hospital X," while participants are identified only through numerical codes (I-1 to I-10). Audio recordings, transcripts, and research documents were stored securely and used exclusively for academic purposes.

RESULTS

Thematic analysis generated four overarching themes that explain how professionalism and organizational commitment shape HR productivity within the military hospital context.

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Table 2. Thematic Analysis

Theme	Subtheme
Theme 1: Professionalism under structural constraints	Cross-assignment practices
	Excessive workload
	Administrative burden
Theme 2: Asymmetric organizational commitment	Strong affective commitment
	Corps-based normative commitment
	Fragile continuance commitment
Theme 3: Productivity challenges in a military healthcare setting	Burnout and declining motivation
	Knowledge transfer gaps
	Hierarchical coordination barriers
	Uneven workforce distribution
Theme 4: Synergistic relationship between professionalism and commitment	Mutual reinforcement
	Context-dependent productivity gains

Source: Own Compilation (2026)

Theme 1: Professionalism under Structural Constraints

Participants consistently described professionalism as a core requirement for healthcare service delivery, but they also emphasized that structural conditions often limited the full expression of professional competence.

The most prominent issue was cross-assignment of nursing staff. Several participants reported being temporarily assigned to units outside their primary expertise due to staffing shortages.

"We always try to place personnel according to their competencies, but operational demands sometimes force us to assign staff across specialties." (I-1)

Document analysis indicated that approximately 60% of nursing staff had experienced cross-assignment during the previous year. Participants explained that such practices reduced confidence, increased adaptation time, and limited opportunities to apply specialized competencies.

Workload pressure emerged as a second subtheme. Observations in several inpatient wards revealed nurse-to-patient ratios approaching 1:10, exceeding commonly recommended standards for general care units.

"We can usually finish the required tasks, but maintaining the expected quality becomes difficult when the workload is too high." (I-4)

Administrative burden represented a third structural constraint. Nurses reported spending substantial time on documentation and reporting activities.

"Nearly forty percent of our time is spent completing administrative reports that could actually be simplified." (I-7)

Field observations confirmed frequent duplication of reporting procedures across departments. Participants perceived that these administrative requirements reduced time available for direct patient care and professional development activities.

Theme 2: Asymmetric Organizational Commitment

Analysis of organizational commitment revealed an uneven pattern across the three commitment dimensions.

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Affective commitment was the strongest dimension. Senior staff and military personnel frequently expressed pride in belonging to the institution.

"Being part of this military hospital is a source of pride. We feel that our work contributes not only to healthcare but also to national service." (I-2)

Normative commitment was strongly influenced by military socialization. Military personnel viewed remaining in the organization as a matter of duty and loyalty.

"*For military members, leaving is not just a personal choice. There is a responsibility to the corps and the institution." (I-3)*

In contrast, civilian employees described normative commitment in more organizational and professional terms rather than corps loyalty.

Continuance commitment appeared to be the weakest dimension. Younger staff, particularly civilian employees, indicated that workload, compensation, and career opportunities strongly influenced their intention to stay.

"I value working here, but if another hospital offered better pay and a more balanced workload, I would seriously consider moving." (I-10)

This pattern suggests that emotional attachment to the institution was relatively strong, whereas retention based on economic or practical considerations was more fragile.

Theme 3: Productivity Challenges in a Military Healthcare Setting

Participants identified several factors that hindered HR productivity despite generally adequate professional competence.

The first challenge was burnout and declining motivation. Supervisors observed that many employees entered the organization with high enthusiasm but gradually experienced fatigue under sustained workload pressure.

"New staff are usually very enthusiastic, but after years of continuous pressure, their motivation tends to decline." (I-5)

The second challenge concerned knowledge transfer. Senior nurses possessed extensive clinical experience, but the hospital lacked a structured mentoring system.

"We have many experienced nurses, but the transfer of knowledge to junior staff depends too much on informal learning." (I-6)

A third challenge involved hierarchical coordination. Participants reported that decision-making processes often moved slowly because information had to pass through multiple levels of command.

"The communication chain is quite long, so operational decisions that should be quick sometimes become delayed." (I-1)

Finally, workforce distribution was perceived as uneven. Personnel records showed that some units had relatively surplus staffing while others experienced chronic shortages, creating productivity imbalances across departments.

Theme 4: Synergistic Relationship between Professionalism and Commitment

The most significant finding was the discovery of a synergistic relationship between professionalism and organizational commitment.

Participants repeatedly described these two factors as mutually reinforcing rather than independent.

"Professional employees tend to become more committed because they take pride in their work. At the same time, committed employees are more willing to improve their professionalism. When both are present, productivity increases significantly." (I-2)

Observation data supported this perception. Units that displayed both high professional standards and strong organizational commitment, particularly the ICU and

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surgical ward, showed fewer patient complaints, lower absenteeism, and more timely completion of tasks compared with units where one or both factors were weaker.

Participants also emphasized that this synergy depended on organizational conditions. Supportive leadership, fair recognition, competency-based assignments, and efficient procedures were viewed as necessary conditions for professionalism and commitment to translate into higher productivity.

DISCUSSION

Professionalism as a Strategic Resource Constrained by Organizational Structure

This study demonstrates that professionalism alone does not automatically produce high productivity. Although employees generally possessed adequate technical competence, structural conditions such as cross-assignment, high patient loads, and administrative burden limited the effective use of that competence.

These findings extend Sedarmayanti's view of professionalism as an individual capability by showing that professionalism is also an organizationally conditioned resource. Employees may have the necessary expertise, but their ability to apply it depends on staffing arrangements, workload distribution, and procedural design.

The cross-assignment phenomenon is particularly important. Previous healthcare studies have linked competency mismatch with reduced job satisfaction and lower quality of care. The present study confirms that such effects also occur in military hospitals, where operational flexibility often requires personnel redistribution. However, while cross-assignment may solve short-term staffing problems, it can weaken professional identity and reduce opportunities for specialization.

Similarly, the excessive administrative burden reported by participants supports arguments in the healthcare management literature that non-clinical tasks can crowd out direct patient care. The finding that nurses spent approximately 40% of their working time on administrative activities suggests that productivity problems may stem not only from workforce shortages but also from inefficient organizational processes.

Affective Commitment as the Most Valuable Form of Commitment

The commitment profile identified in this study aligns with Meyer et al.'s three-component model but also reveals a distinctive military pattern. Affective commitment emerged as the strongest dimension, particularly among military personnel and senior staff.

This result is consistent with research showing that emotional attachment is the strongest predictor of positive work behavior. Employees who felt proud of the institution demonstrated greater willingness to contribute beyond formal job requirements.

However, the study also identifies a potential generational challenge. Younger and civilian employees expressed weaker emotional attachment and greater sensitivity to workload and compensation. This suggests that corps-based values, which historically strengthened commitment in military organizations, may not automatically transfer to newer workforce cohorts.

The implication is that retention strategies relying primarily on financial incentives are unlikely to create durable commitment. Instead, military hospitals need to cultivate meaningful work experiences, recognition systems, and opportunities for professional growth that strengthen employees' emotional connection to the organization.

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From Linear to Synergistic HRM Models

The central contribution of this study is the finding that professionalism and organizational commitment interact synergistically in shaping HR productivity.
Most HRM studies treat these variables as separate predictors. In contrast, the present findings suggest that professionalism provides the capability to perform, while affective commitment provides the motivation to apply that capability. Productivity becomes highest when both are present simultaneously.

This pattern supports Blau and Boal's argument that high professional involvement combined with high organizational commitment produces superior performance. It also resonates with Social Identity Theory, which proposes that individuals who strongly identify with both their profession and their organization are more likely to invest effort, maintain standards, and pursue collective goals.

The ICU and surgical ward provide concrete examples of this synergy. Employees in these units not only possessed strong clinical competence but also demonstrated strong identification with the organization's mission, resulting in better productivity indicators.
Importantly, the study finds that this synergy is not automatic. It requires enabling conditions such as competency-based assignments, supportive leadership, procedural efficiency, and fair recognition. Without these conditions, even highly competent and committed employees may experience frustration and declining productivity.

The Military Hospital as a Distinctive HRM Context

This study highlights the importance of organizational context in HRM research. Three contextual factors were particularly influential.

- Command hierarchy strengthened procedural compliance but sometimes slowed operational decision-making.
- Dual workforce composition created different commitment profiles between military and civilian personnel.
- Dual operational demands required employees to balance civilian healthcare service with military support responsibilities.

These factors suggest that HRM practices developed for civilian hospitals cannot be transferred directly to military healthcare organizations without adaptation. Effective management in military hospitals requires balancing discipline and hierarchy with professional autonomy, collaboration, and employee engagement.

Proposed Contextual Model of HR Productivity

Based on the empirical findings, this study proposes a contextual model of HR productivity in military hospitals.

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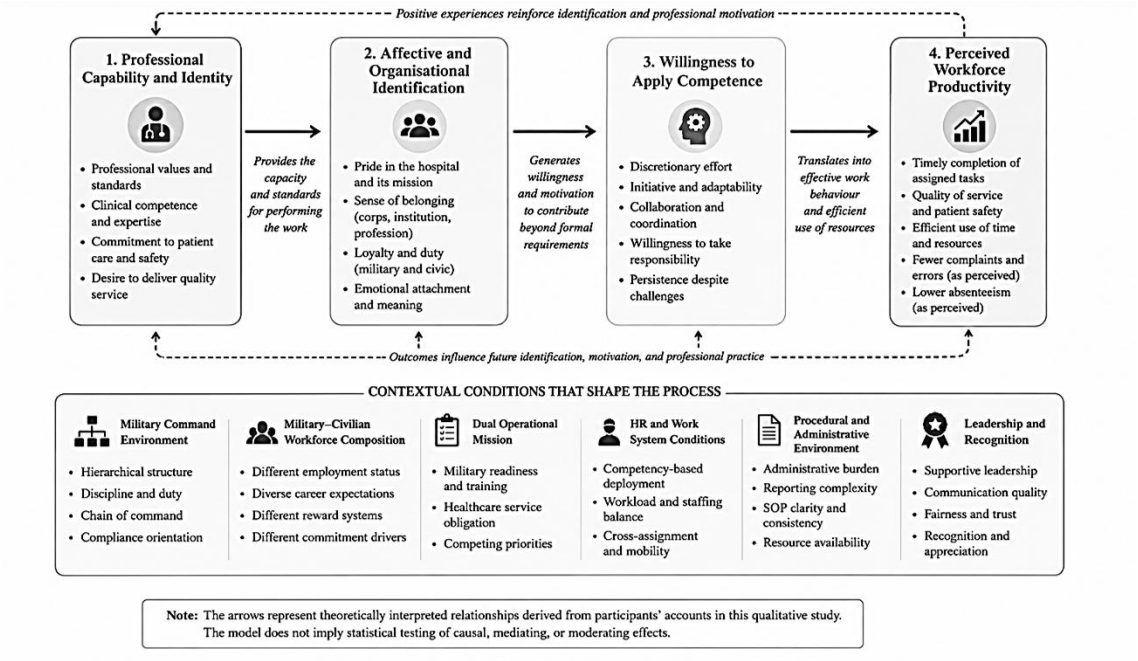

Figure 1. A Qualitative Process Model of Professional Organisational Alignment in a Military Hospital
Source: Own Compilation (2026)

The model proposes that professionalism influences HR productivity both directly and indirectly through affective organizational commitment. Military contextual factors such as command hierarchy, dual workforce composition, and dual operational demands moderate these relationships, while procedural efficiency and competency-based assignment alignment function as necessary conditions for the synergistic effect to emerge.

This model extends conventional HRM frameworks by integrating mediating, moderating, and conditional dimensions within a military healthcare context.

Overall, the findings indicate that improving HR productivity in military hospitals requires more than technical training or financial incentives. Productivity emerges from the interaction between professional capability, emotional attachment to the organization, and organizational systems that enable employees to perform effectively within a complex military healthcare environment.

CONCLUSION

This study yields four principal conclusions. First, HR professionalism at Hospital X is generally adequate but faces systemic structural obstacles, particularly cross-assignment practices affecting 60% of nursing staff, nurse-to-patient ratios exceeding standards (1:10), and procedural inefficiencies consuming 40% of productive working time. Strengthening professionalism requires interventions targeting the structural roots of these problems, rather than individual training programs alone.

Second, organizational commitment at Hospital X exhibits an asymmetric pattern in which affective commitment rooted in corporate values and institutional pride remains relatively strong, while continuance commitment is highly fragile, particularly among younger and civilian staff. This condition indicates a risk of generational erosion that requires a proactive strategy for cultivating meaningful work experiences among new generations of workers.

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Third, a multiplicative synergistic interaction pattern exists between professionalism and organizational commitment in shaping HR productivity. The principal implication is that single-target interventions, for instance, professionalism training without corresponding reform of the reward system, tend to produce limited and unsustainable effects. An integrated HR development approach is required: building professionalism and commitment simultaneously as a cohesive intervention package.
Fourth, the military context exerts a significant moderating influence on the relationships among variables through command hierarchy, dual workforce composition, and dual operational demands. This study proposes three theoretical propositions that extend conventional linear HRM models by incorporating mediational (the role of affective commitment), moderational (military contextual factors), and conditional (procedural efficiency and assignment alignment as prerequisites) dimensions.

This study has several limitations. As a single case study, these findings cannot be directly generalized to all military hospitals in Indonesia. The study also did not examine other potential moderating variables, such as leadership style and organizational culture, in depth. Future research is recommended to employ a multi-site design involving several military hospitals with differing characteristics, to consider mixed-methods approaches for quantitatively testing the generalizability of the propositions advanced here, and to incorporate additional mediating and moderating variables such as leadership style, organizational climate, and job satisfaction within a more comprehensive model.

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