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Addressing the employee trust crisis through commitment-based human resource management strategies

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***Abstract*---**The employee trust crisis represents a serious organizational challenge that may undermine productivity and organizational commitment. This study analyzes a commitment-based human resource management strategy for addressing the employee trust crisis at Ari Canti Hospital, Bali. The crisis emerged following the implementation of a non-transparent remuneration system in 2016, which contributed to quiet quitting, reflected in an extremely low level of interest in internal recruitment, ranging from 0% to 3.3% among more than 200 potential candidates, and a decline in employee satisfaction to 60% in 2025. This study employed a qualitative case study design. Data were collected through in-depth interviews, observation, and document analysis involving the hospital's management and employees. The analysis was structured around four management functions: planning, organizing, implementation, and control. The findings indicate that the commitment-based human resource strategy was optimally planned through three pillars of trust. The organizing function was also effectively implemented through the repositioning of the human resource unit as a strategic partner and the establishment of the Suka Duka Team as an employee representative body. However, the implementation function was not fully effective because line coordinators experienced difficulties in

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translating the strategy into concrete managerial practices. Consequently, the expected affective commitment had not been fully established. Control was identified as the area requiring the greatest improvement due to inconsistent mentoring at the line-management level. The study concludes that the effectiveness of commitment-based human resource management in rebuilding employee trust requires consistent and sustainable alignment among planning, organizing, implementation, and control.

***Keywords*---**affective commitment, commitment management, employee trust crisis, quiet quitting, strategic human resource management.

Introduction

Human resources are strategic organizational assets whose competence, performance, and productivity directly influence organizational sustainability and service quality (Vasantan, 2022; Safarida & Siregar, 2020). However, ineffective communication, conflicting interests, organizational changes, and managerial policies perceived as unfair may generate internal conflict and weaken employee trust (Solehudin et al., 2023). When poorly managed, these conditions can reduce motivation, productivity, workplace relationships, and organizational commitment (Pakpahan, 2022; Sudiro, 2021; Winata, 2022). Employee distrust has also become a global concern. The 2023 Global Leadership Forecast reported that only 46% of employees trusted their managers' capabilities, while only 32% expressed trust in corporate executives (Hafidz, 2024). This issue is particularly critical in healthcare institutions, where employee–management trust is essential for maintaining collaboration and service quality (Hanifah et al., 2025).

Ari Canti Hospital, Bali, has experienced an employee trust crisis since the implementation of a remuneration system in 2016. Employees perceived the system as insufficiently transparent and considered several managerial policies to be unfair and overly punitive. Authoritarian leadership and the predominantly administrative orientation of human resource management further intensified employee distrust. This condition is relevant to Widjaja's (2022) finding that employee perceptions of leadership affect their willingness to perform responsibilities effectively and accountably.

Internal data demonstrate that the crisis has persisted. Employee satisfaction reached only 66.50% in 2023, below the organizational target of 80%, while satisfaction with remuneration was only 43.68%. Although overall satisfaction increased to 68.58% in 2024, it declined to 60% in 2025 following changes in management and the remuneration system. These fluctuations indicate that efforts to rebuild trust have not been implemented consistently or structurally. The crisis has also contributed to quiet quitting, in which employees formally remain in the organization but limit their effort, involvement, and willingness to undertake additional responsibilities (Ratnatunga, 2022).

Quiet quitting at Ari Canti Hospital is reflected in employees' limited interest in career development and declining work engagement. In February 2024, only seven of 210 eligible nurses, or 3.3%, applied for internal promotion to nursing team leader positions. In the following recruitment period, none of the 209 eligible nurses applied. Internal surveys also indicated workload avoidance and unequal task distribution, with supervisors reporting employees' reluctance to accept assignments near the end of working hours and several employees complaining about additional work transferred by senior staff. These conditions may hinder employee development, weaken organizational competitiveness, and threaten the sustainability of healthcare services (Ratnatunga, 2022; Novaya, 2025).

Addressing this situation requires human resource management to move beyond administrative functions such as recruitment, compensation, and training (Dubois & Rothwell, 2004). A more strategic and human-centered approach is needed to restore employees' psychological and social relationships with the organization (Purwadhi & Yadiman, 2020). A strong organizational culture can provide direction, improve communication, strengthen loyalty, and enhance job satisfaction and organizational commitment in hospital settings (Perdana et al., 2024). Accordingly, this study applies a commitment management-based strategy that emphasizes mutual trust, employee involvement, effective communication, and stronger emotional attachment to the organization (Dewi et al., 2023). Previous studies have highlighted the importance of human interaction, transparent communication, and continuous policy evaluation in rebuilding employee trust (Kharouf & Lund, 2018; Pratiwi & Haninda, 2021; Rakhmaniar, 2024).

Despite increasing attention to employee trust and quiet quitting, limited research has examined quiet quitting as a consequence of a trust crisis through the perspective of commitment management, particularly within Indonesian hospitals. This study addresses this gap by analyzing the planning, organizing, implementation, and control of a commitment-based human resource management strategy at Ari Canti Hospital. Using a qualitative case study approach, the study aims to identify how the strategy is translated into managerial practices, assess the consistency of its implementation, and formulate a more sustainable approach to rebuilding employee trust and affective commitment.

Methods

This study employed a qualitative descriptive case study design to examine commitment-based human resource management strategies for addressing the employee trust crisis at Ari Canti Hospital, located in Mas, Ubud, Gianyar, Bali. The case study approach was selected to provide an in-depth understanding of employees' and management's perceptions, experiences, motivations, and actions within their natural organizational setting. The researcher served as the primary research instrument and directly conducted the fieldwork over approximately six to nine months. Participants were selected purposively based on four criteria: active employment at Ari Canti Hospital for at least one year, direct knowledge of the trust crisis, representation of both staff and management perspectives, and employment in units with employee satisfaction levels below 60%. Six initial

participants represented senior and middle management, the human resource unit, line coordinators, and operational staff, with tenure ranging from two to 27 years. Additional participants could be recruited through snowball sampling when further information or verification was required. Primary data were collected through semi-structured in-depth interviews and moderate participant observation, while secondary data were obtained from organizational profiles, human resource standard operating procedures, organizational structures, employee satisfaction surveys, internal recruitment records, turnover reports, remuneration policies, and human resource performance reports.

Data analysis was conducted concurrently with data collection using the interactive model of Miles, Huberman, and Saldaña (2014), consisting of data condensation, data display, and conclusion drawing and verification. Interview transcripts, field notes, and organizational documents were identified, coded, categorized, and synthesized according to four management functions: planning, organizing, implementation, and control. The analysis further applied Meyer and Allen's (1997) organizational commitment framework to assess the development of affective commitment and Wardhana's (2020) trust dimensions—ability, benevolence, and integrity—to examine how communication, managerial behavior, and organizational governance shaped employee trust. Patterns were identified by comparing evidence across participants and data sources to determine how commitment management strategies were formulated, institutionally organized, translated into operational practices, and monitored. Research credibility was strengthened through source triangulation, method triangulation, and verification of preliminary interpretations with relevant participants. Authentic organizational documents, voice recordings, photographs, and field notes were also used to maintain an auditable record and ensure that the conclusions accurately represented the organizational conditions examined.

Result and Discussion

The qualitative analysis followed open, axial, and selective coding procedures. The findings were organized around four management functions—planning, organizing, implementation, and control—and interpreted using Meyer and Allen's organizational commitment framework and Mayer et al.'s dimensions of organizational trust: ability, benevolence, and integrity. Overall, the findings show that the planning and organizing functions were relatively well established, whereas implementation and control remained constrained by inconsistent communication, mentoring, and role modeling at the line-management level.

Planning of the Commitment-Based HRM Strategy

The planning process reflected the hospital's intention to transform human resource management from a rigid administrative function into a more strategic and employee-oriented system. One of the first initiatives was strengthening the internal competence of the HR unit by recruiting personnel with relevant educational backgrounds. The Head of the HR Unit explained:

"Previously, the HR team consisted of only two people, one with a law degree and another with a high-school qualification. Now, the unit has three employees, including personnel with qualifications in human resource management and industrial and organizational psychology."

This restructuring strengthened the organization's perceived ability to formulate more professional and systematic HR policies. From Mayer et al.'s (1995) trust perspective, the recruitment of professionally qualified HR personnel represents the dimension of ability because it demonstrates the organization's competence in managing employment issues and responding to the trust crisis.

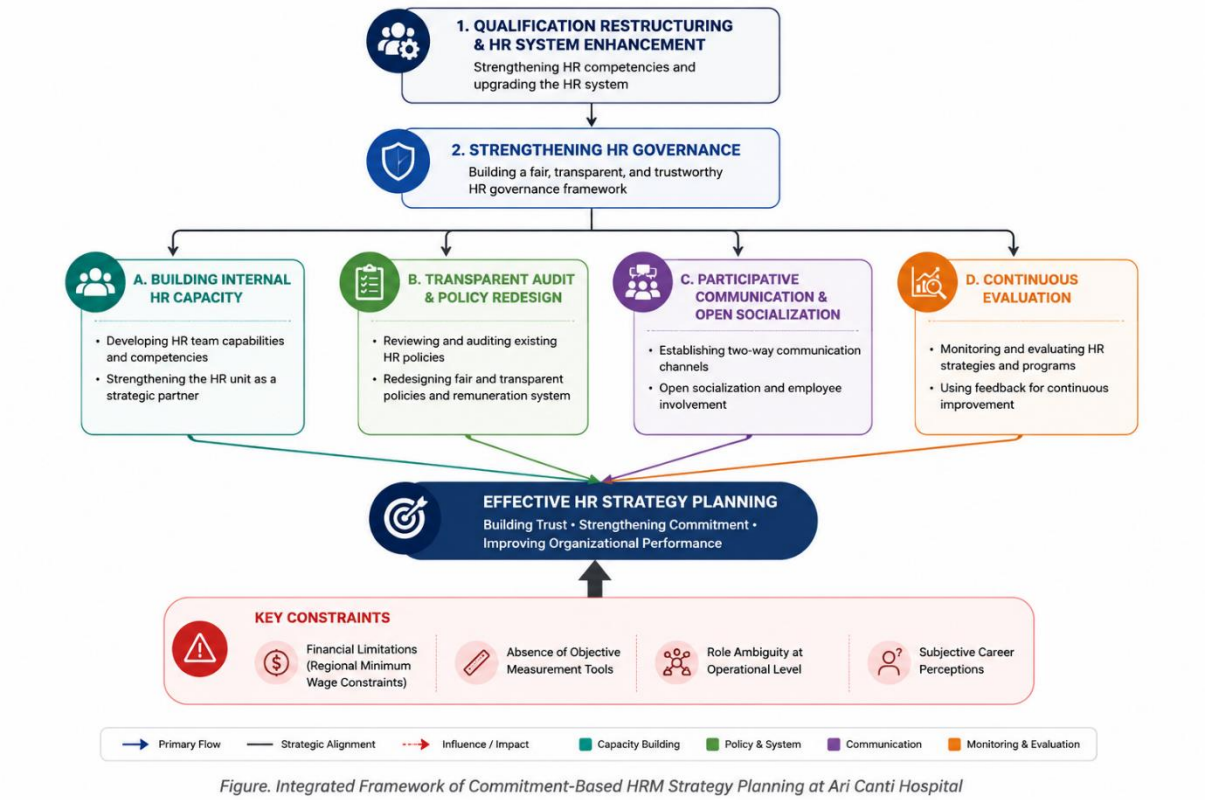

Figure. Integrated Framework of Commitment-Based HRM Strategy Planning at Ari Canti Hospital

Figure 1. HRM Strategy Planning at Ari Canti Hospital

The hospital also redesigned its remuneration and career-management policies to improve fairness and transparency. The proposed remuneration system considered tenure, workload, and career level. However, financial limitations prevented the hospital from fully aligning employee salaries with the regional minimum wage. Consequently, compensation improvements remained dependent on organizational revenue and productivity. As stated by the Head of the Nursing Subdivision:

"We do not fully understand how competitors are able to provide more, but at least we assess the company's financial capacity. When the capacity improves, we will certainly evaluate the remuneration."

Although management demonstrated benevolent intentions by considering employee welfare, the financial constraints limited the immediate realization of these plans. In addition, the organization had not yet developed standardized and objective performance instruments for promotion, rotation, and demotion. This situation generated uncertainty and reinforced employees' perceptions of subjectivity. Two managerial participants stated:

"The absence of objective standards in job evaluation often makes employees hesitant and anxious when they are offered higher leadership positions."
The planning function was therefore conceptually strong but operationally incomplete. The strategy incorporated four main elements: strengthening HR competence, auditing and redesigning policies, establishing participatory communication, and conducting continuous evaluation. These initiatives correspond to the three dimensions of trust. Ability was reflected in the professionalization of the HR unit, benevolence in policies supporting employee welfare and development, and integrity in the formalization of policies through standard operating procedures. Such organizational support may foster affective commitment because employees are more likely to develop emotional attachment when they perceive that the organization is competent, fair, and concerned about their well-being (Meyer & Allen, 1997).

Organizing the Commitment-Based HRM Strategy
The organizing function was characterized by a shift from a rigid hierarchical structure toward a more collaborative matrix arrangement. The restructuring aimed to reduce bureaucracy, shorten communication lines, and clarify responsibilities across organizational levels. The Head of the HR Unit stated:
"We changed the organizational structure from a hierarchy to a matrix to reduce bureaucracy and excessive job levels. We also clarified the roles of line managers in communicating policies and receiving employee feedback."
Under the revised structure, heads of units, wards, and installations were positioned as extensions of the HR function. They were responsible for communicating policies to operational employees and transmitting employee concerns to senior management. The HR unit was consequently repositioned as a strategic partner and service provider rather than merely an administrative and disciplinary function.

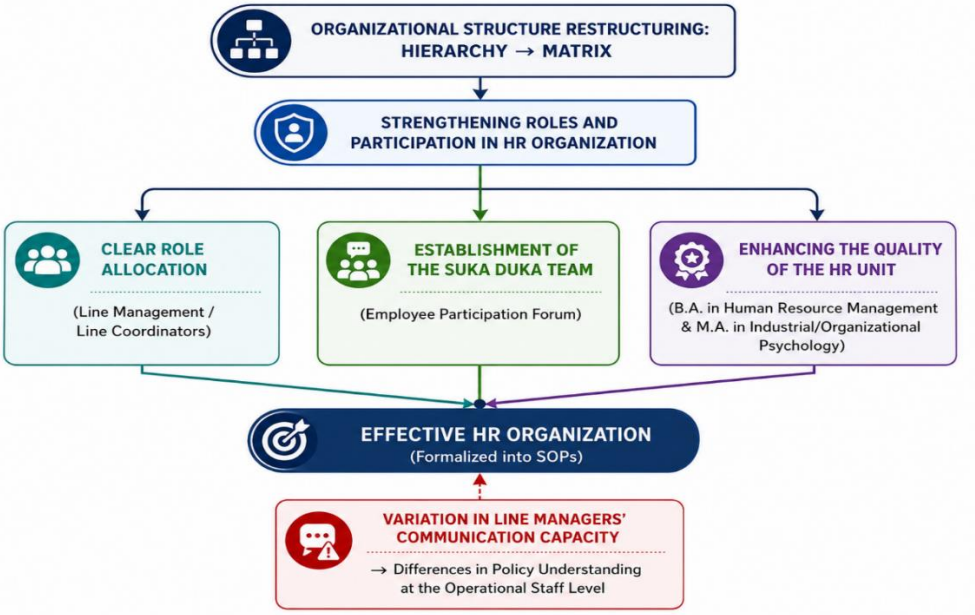

Figure. Organizational Framework of Commitment-Based HRM Strategy at Ari Canti Hospital

Figure 2. Commitment-Based HRM Strategy at Ari Canti Hospital

The hospital also established the *Suka Duka Team* as a formal employee representative body. The team collected employee concerns, reviewed internal policies affecting employee welfare, and mediated communication between staff and management. This mechanism reflected a participatory governance structure intended to reduce information gaps and provide employees with a formal channel for expressing their concerns.

However, the effectiveness of this structure varied according to the leadership and communication competence of individual line managers. The Patient Services Manager explained:

"The HR unit may already provide a channel and respond to problems, but some line managers do not necessarily communicate the same understanding to their staff. This still requires a process."

This finding demonstrates that formal restructuring alone does not guarantee consistent policy interpretation. Although roles had been clearly allocated, differences in communication skills produced unequal understandings at the operational level. From the perspective of commitment management, participatory structures support affective commitment only when employees experience meaningful involvement and receive consistent information. The organizing function at Ari Canti Hospital was therefore relatively effective in structural terms, but its success remained dependent on the competence of line managers as communication mediators and agents of organizational change.

Implementation of the Commitment-Based HRM Strategy

The implementation function focused primarily on the benevolence dimension of trust by demonstrating organizational concern for employee development and well-being. Because the hospital could not substantially increase financial compensation, it introduced various non-financial retention programs. The Head of the HR Unit described these initiatives as follows:

"*We try to optimize the resources we have through employee-retention programs, including career development, educational opportunities, employee-of-the-year recognition, team-building activities, regular exercise, and stress-management classes."*

The hospital also implemented job enrichment, multi-skilling, special assignments, and temporary leadership responsibilities to increase employee competence and organizational involvement. These programs were intended to provide career exposure and strengthen employees' sense of ownership. Nevertheless, some employees interpreted additional responsibilities as an increase in workload rather than a developmental opportunity. The Head of Patient Services explained:

"Employees may not yet understand that these assignments prepare them for future promotion or rotation. Because they do not understand the purpose, they may perceive the assignment merely as an additional burden."

Differences in work mentality also affected the implementation process. The Head of the Nursing Subdivision distinguished between employees who proactively sought development and those displaying symptoms of quiet quitting:

"Employees who want to contribute will voluntarily take work that develops their skills. Those who feel forced simply come to work and go home, are difficult to ask for help, and show very little intention to remain loyal to the hospital."

These findings demonstrate that non-financial programs and employee empowerment had not automatically generated affective commitment. The effectiveness of implementation was weakened by limited socialization, unclear performance indicators, psychological resistance to additional assignments, and inconsistent mentoring from immediate supervisors. In Meyer and Allen's (1997) framework, employees who perform tasks merely because they must retain their employment may demonstrate continuance commitment rather than affective commitment. Without consistent managerial support, developmental assignments can be interpreted as obligations instead of expressions of organizational investment.

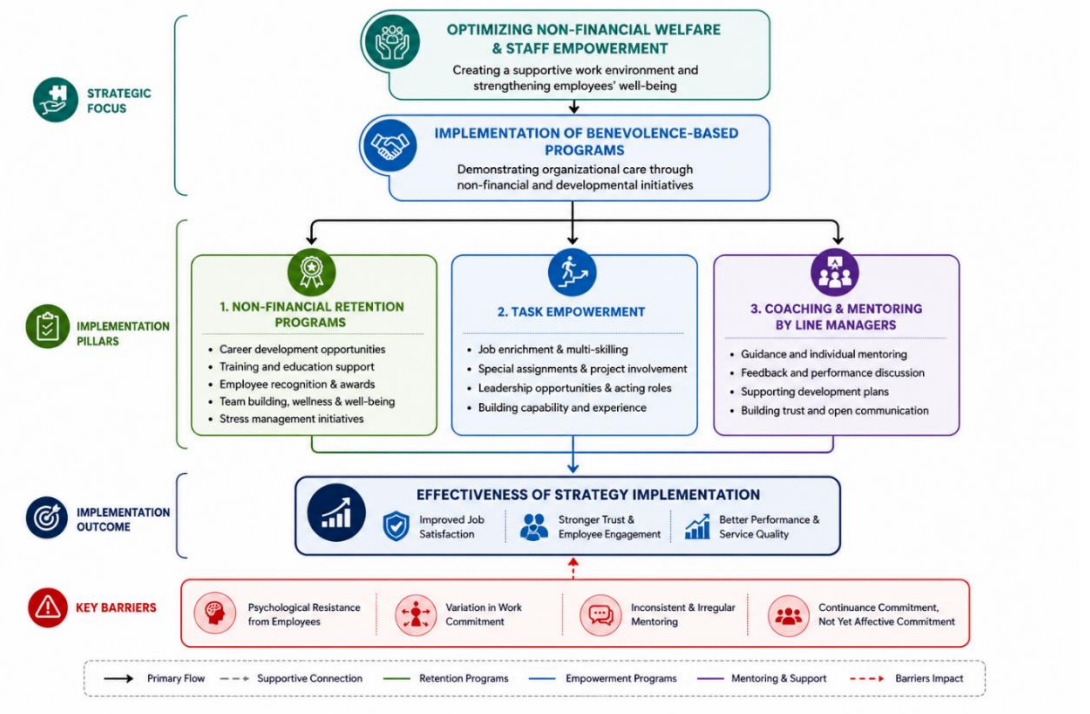

Figure 3. Implementation of the Commitment-Based HRM Strategy

The implementation stage was therefore less effective than planning and organizing. Although the hospital had developed relevant retention and empowerment programs, several line coordinators experienced difficulty translating strategic policies into concrete and meaningful actions for employees. The principal challenge was not the absence of programs but the failure to communicate their developmental purpose and provide continuous guidance. This weakened the connection between organizational benevolence and employees' emotional attachment to the hospital.

Control of the Commitment-Based HRM Strategy

The control function was designed to ensure consistency between organizational values and managerial practices. Management sought to replace earlier discriminatory practices with more objective and equitable rule enforcement. The Head of the HR Unit explained:

"We focus on consistency between organizational values and practices. Previously, employees frequently perceived the rules as strict toward lower-level staff but lenient toward management. We now attempt to enforce rules fairly regardless of background or position."

Control mechanisms included formal standard operating procedures and directors' decrees, unit-level performance indicators, employee satisfaction surveys, exit interviews, employee-development targets, workload monitoring, and regular policy communication. These mechanisms were intended to evaluate productivity, service quality, employee engagement, turnover patterns, and psychological trust. The hospital also established a target for approximately 5% of relevant employees to pursue further education each year. As stated by the Head of Patient Services:

"The organization must grow. Without organizational growth, how can we improve employee welfare?"

Employee satisfaction surveys and exit interviews served as early-warning systems for identifying recurring dissatisfaction, leadership problems, remuneration concerns, and declining commitment. The decline in employee satisfaction to 60% in 2025 indicated that the implemented interventions had not yet produced stable improvements. Control was therefore intended not merely to identify employee errors, but to evaluate whether policies and leadership practices remained aligned with the hospital's commitment strategy.

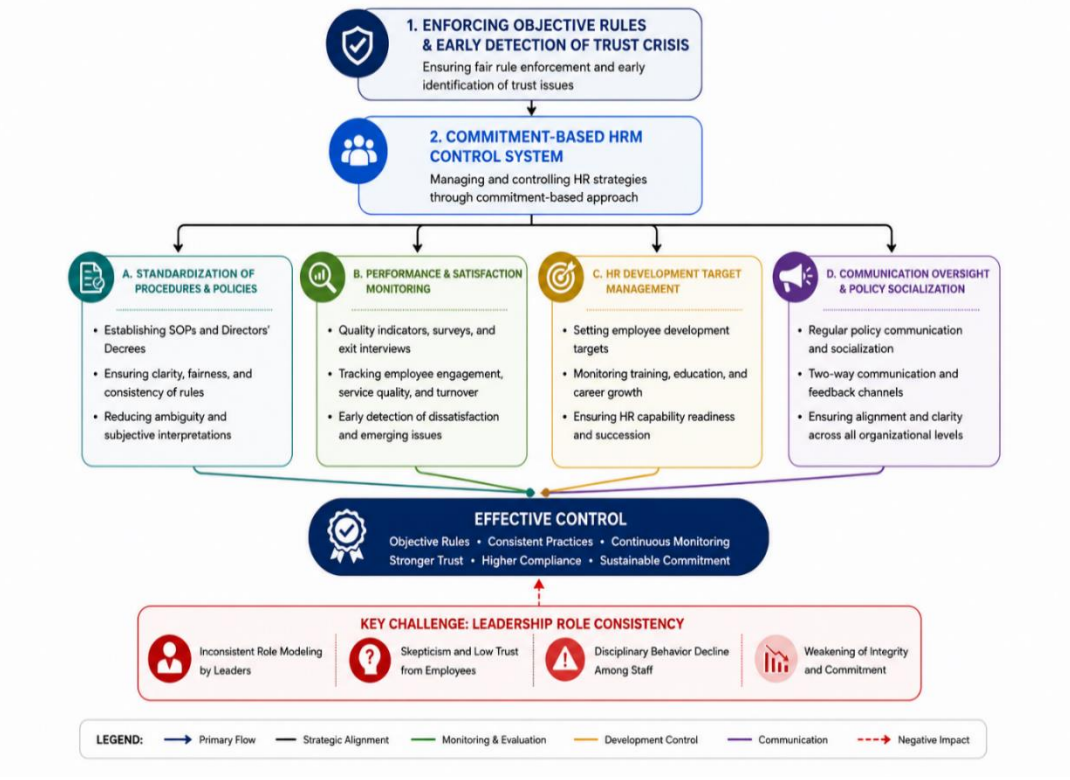

Figure 4. Control of the Commitment-Based HRM Strategy

Communication monitoring was particularly important because policy changes that were introduced without sufficient explanation could increase resistance. One participant observed:

"Communication is sometimes what causes disagreement and makes relationships become heated."

The same participant emphasized that new formal policies should be preceded by socialization:

"Before issuing a formal decree, it should first be explained, so employees are not suddenly surprised by a new policy."

Similarly, the Patient Services Manager stated:

"The most important thing is to communicate the policy and explain its purpose. After that, we build commitment, but the evaluation must never stop."

These findings support the argument that line managers function as information bridges within the organization. Failure to communicate policies accurately may obstruct information flows and accelerate the re-emergence of employee distrust (Hakim et al., 2022).

Despite the development of formal control instruments, the main weakness concerned managerial role modeling and the inconsistency of supervision at the operational level. The Patient Services Manager described how leaders' failure to comply with internal rules weakened employee confidence:

"What makes employees distrustful is sometimes not their own behavior, but ours. The crisis of trust does not begin at the bottom; it begins at the top."

This statement illustrates the integrity dimension of organizational trust. Employees observe whether managers follow the same rules imposed on operational staff. When leaders fail to demonstrate consistency, employees may perceive policies as symbolic rather than genuine, thereby encouraging similar indiscipline among staff.

Overall, the control function was not yet fully effective. Although the hospital had formalized procedures and established various monitoring instruments, mentoring and supervision were not consistently maintained across operational units. Unequal leadership competence prevented some coordinators from translating organizational objectives into clear daily practices. Consequently, service standards and team effectiveness remained inconsistent. From the trust perspective, inconsistent direction may weaken employees' perceptions of managerial integrity. From the commitment perspective, inadequate mentoring can weaken affective commitment because employees do not experience continuous developmental support from their immediate supervisors.

Taken together, the findings demonstrate that commitment-based HRM at Ari Canti Hospital has developed a relatively strong strategic foundation. Planning was supported by HR professionalization and policy redesign, while organizing was strengthened by a collaborative structure and formal employee representation. However, implementation and control remained vulnerable to communication gaps, psychological resistance, inconsistent mentoring, and weak managerial role modeling. The effectiveness of commitment management therefore depends not only on the formulation of fair and employee-oriented policies but also on the capacity of line managers to consistently translate organizational values into everyday managerial behavior.

Conclusion

This study concludes that commitment-based human resource management at Ari Canti Hospital has established a relatively strong foundation for rebuilding employee trust, particularly in the planning and organizing stages. Strategic planning was directed toward transforming HR management from an administrative and punitive function into a more strategic and employee-oriented system. This transformation was supported by the three dimensions of organizational trust—ability, benevolence, and integrity—through the recruitment of professionally qualified HR personnel, the development of employee-welfare programs, and the formalization of transparent HR procedures. The organizing function was also relatively effective, as reflected in the repositioning of the HR unit as a strategic partner, the involvement of line managers as communication intermediaries, the establishment of the *Suka Duka Team* as an employee representation forum, and the formalization of HR policies through standard operating procedures.

However, the implementation and control functions were not yet fully effective. Although the hospital introduced non-financial retention programs, competency development, job enrichment, and employee empowerment, these initiatives did not consistently generate the expected affective commitment across all units. Some employees continued to demonstrate continuance commitment, indicating that they remained in the organization primarily because of practical necessity rather than emotional attachment. The major constraint was the uneven competence of line managers in communicating, mentoring, and translating strategic HR policies into daily practices. Control mechanisms, including performance monitoring, employee satisfaction surveys, and formal procedures, were already available but were not consistently reinforced through managerial role modeling and continuous supervision. Therefore, the effectiveness of commitment-based HRM depends not only on the quality of strategic design but also on sustained alignment among planning, organizing, implementation, and control at every organizational level.

Managerial Implications

Hospital management should strengthen the role of line managers as the primary link between strategic HR policies and operational employees. Coordinators and unit managers require structured development in leadership communication, mentoring, conflict management, and employee coaching so that commitment-based policies can be translated into consistent daily behavior. The hospital should also introduce managerial key performance indicators that evaluate not only technical outcomes but also the quality of staff development, policy communication, mentoring continuity, and managerial role modeling. Transparent career standards, objective promotion criteria, continuous policy socialization, and regular employee feedback mechanisms should be reinforced to reduce perceptions of subjectivity. Non-financial retention programs should be accompanied by clear explanations of their developmental purpose so that job enrichment and additional responsibilities are perceived as career opportunities rather than additional burdens. These measures are necessary to ensure that commitment management develops into a sustainable organizational system and not merely a formal administrative program.

References

Dewi, I. C., Hamid, D. M. A., Syamil, A., Ginting, J. V. B., Basyirah, Hikmah, Butarbutar, M., Sukardi, Samsara, L., Wardhana, A., Silalahi, M., & Ernawati. (2023). *Praktik manajemen sumber daya manusia dalam organisasi*. Media Sains Indonesia.

Dubois, D. D., & Rothwell, W. J. (2004). *Competency-based human resource management*. Davies-Black Publishing.

Hafidz, L. (2024). *Strategi menanggulangi krisis kepercayaan pada perusahaan*. Talentics. https://www.talentics.id/resources/blog/strategi-menanggulangi-krisis-kepercayaan-pada-perusahaan/

Hanifah H, Sapri S.W., Purwadhi, Widjaja Y.R. (2025). Pengaruh Budaya Organisasi Terhadap Kinerja Karyawan Rumah Sakit: Sebuah Studi Systematic Literature Review (SLR). Jurnal Manajemen dan Akuntansi, 5(3),154-166.

Kharouf, H., & Lund, D. J. (2018). An empirical examination of organisational trust recovery: Influences and implications. *European Management Review, 16*(4), 1115–1128.

Mayer, R. C., Davis, J. H., & Schoorman, F. D. (1995). An integrative model of organizational trust. *Academy of Management Review, 20*(3), 709–734.

Meyer, J. P., & Allen, N. J. (1997). *Commitment in the workplace: Theory, research, and application*. SAGE Publications.

Novaya, S. (2025). *5 dampak negatif quiet quitting bagi karyawan*. IDN Times. https://www.idntimes.com/life/career/dampak-negatif-quiet-quitting-bagi-karyawan-c1c2-01-r4qhd-k6hjkj/

Pakpahan, B. A. S. (2022). *Budaya organisasi, manajemen konflik, keadilan prosedural, dan kepuasan pada pekerjaan*. Publica Indonesia Utama.

Perdana, N. R. G., Viany, Sudaman, B. P., Widjaja, Y. R., & Purwadhi. (2024). Peran budaya organisasi terhadap loyalitas karyawan rumah sakit: Literature review. *Innovative: Journal of Social Science Research, 4*(6), 4352–4362.

Perdana, N. R. G., Viany, Sudaman, B. P., Widjaja, Y. R., Purwadhi. (2024). Peran Budaya Organisasi terhadap Loyalitas Karyawan Rumah Sakit: Literature Review. INNOVATIVE: Journal of Social Science Research, 4(6), 43524362.

Pratiwi, P. Y., & Haninda, A. R. (2021). Strategi manajemen krisis public relations dalam mengembalikan kepercayaan karyawan. *Journal of Creative Communication, 3*(1), 39–58.

Purwadhi, & Yadiman. (2020). *Teori organisasi*. PT Refika Aditama.

Rakhmaniar, A. (2024). Komunikasi krisis dalam organisasi: Analisis naratif tentang pengelolaan konflik internal. *Jurnal Riset Sosial Humaniora dan Pendidikan, 2*(2), 113–127.

Ratnatunga, J. (2022). Quiet quitting: The silent challenge of performance management. *Journal of Applied Management Accounting*.

Safarida, N., & Siregar, S. (2020). Manusia sebagai aset atau biaya? Pengungkapan sumber daya manusia dalam laporan keuangan. *Jurnal Ekonomi dan Bisnis, 15*(2), 72–81.

Sebastian R., Komara E., Widjaja, Y.R., Noor C.M. (2023). Pengaruh Kepemimpinan, Lingkungan Kerja, dan Komitmen Organisasi terhadap Kinerja Perawat di Rumah Sakit Ridogalih Sukabumi. Prosiding Magister Manajemen ARS University, 1(-), 128-137.

Siswanto H, Yogi G, Purwadhi, Widjaja Y.R. (2025). Strategi Kepemimpinan Transformasional dalam Meningkatkan Kinerja SDM di Rumah Sakit Umum Daerah Masohi. Jurnal Visi Manajemen, 22(3),45-61.

Solehudin, Anwar, H. M., Fahrizal, M., Asmarany, A. I., Cholid, N., Kutoyo, M. S., Werdiningsih, R., Liana, E., Marlita, D., & Deni, A. (2023). *Manajemen konflik organisasi*. Yayasan Cendikia Mulia Mandiri.

Vasantan, P. (2022). *Knowledge management: Cara mengelola pengetahuan sumber daya manusia sebagai aset penting organisasi*. Deepublish Digital.

Widjaja, Y. R., & Ginanjar, A. (2022). Pengaruh kepemimpinan dan motivasi kerja terhadap kinerja karyawan. *Jurnal Sain Manajemen, 4*(1), 47–56.