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The Influence of Ihsan Value-Based Leadership on Engagement and Clinical Performance of Nurses at RSU PKU Muhammadiyah Purbalingga

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Abstract

This study aims to examine the influence of Ihsan value-based leadership on nurse engagement and clinical performance among nurses at RSU PKU Muhammadiyah Purbalingga. The research was motivated by a research gap in previous studies, which reported inconsistent findings regarding the effect of leadership on employee performance. A quantitative approach was used, with data collected through a closed-ended questionnaire distributed to 110 nurses selected using a purposive sampling technique. The collected data were analyzed descriptively and tested through classical assumption tests, followed by multiple linear regression analysis to examine the relationships among the research variables. The results show that Ihsan value-based leadership has a positive and significant influence on nurse engagement, explaining 69.22% of its variance. Ihsan value-based leadership also significantly influences clinical performance, explaining 6.76% of its variance, while engagement itself has a stronger influence on clinical performance, explaining 43.43% of its variance. When examined simultaneously, Ihsan value-based leadership and engagement jointly explain 78.5% of the variance in nurses' clinical performance. These findings confirm that leadership grounded in the moral and spiritual value of Ihsan, which emphasizes honesty, sincerity, and fairness, plays an important role in strengthening nurse engagement, which in turn improves clinical performance. This study provides practical implications for hospital management, particularly in encouraging hospital leaders to strengthen Ihsan value-based leadership practices in order to enhance nurse engagement and the quality of clinical care.

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1. INTRODUCTION

Health services in hospitals are one of the main pillars in improving the quality of life of the community in general and are an important indicator of the success of the national health system. The quality of services provided by hospitals is determined not only by facilities, cutting-edge medical technology, and other supporting infrastructure, but also greatly depends on human resources (HR), particularly nursing staff who are the frontline in the process of delivering clinical services [1]. Nurses play a role as direct implementers in the nursing care process, as well as being the spearhead in building empathetic relationships, trust, and patient satisfaction [2]. Therefore, optimal quality of service is

greatly influenced by the competence, integrity, and work ethic of nurses, which must be supported by an effective managerial and leadership system grounded in moral culture.

The complexity of healthcare services is currently in an increasingly high situation, so the success of hospital management is greatly determined by the leadership style of head nurses and managers who are able to instill moral, ethical, and spiritual values in every decision-making process and daily interaction [3]. This leadership style, grounded in moral and spiritual values, is not only able to increase workforce motivation and commitment, but is also able to build an organizational culture that is conducive, full of empathy, and collaborative. This phenomenon is consistent with the results of recent research stating that leadership concerned with ethical and moral values can substantially improve the satisfaction and loyalty of healthcare workers and improve the overall quality of service [4].

High-quality healthcare services will certainly increase public trust in hospitals and improve the treatment success index, patient safety, as well as reduce the risk of medical errors and clinical complications [5]. In this context, clinical performance becomes the main indicator reflecting the effectiveness and efficiency of service processes in the hospital. Good clinical performance is able to ensure that every medical and nursing process runs safely, on time, and in accordance with standard operating procedures [6]. The phenomenon shows that the success of achieving clinical performance does not only depend on individual competence and working environment conditions, but is also greatly influenced by the leadership pattern applied at the management level, particularly by the head nurse.

The Ihsan value-based leadership approach is a pattern that instills the principles of morality, honesty, sincerity, and justice in management and interpersonal interactions within the hospital environment. The value of Ihsan itself originates from a moral and ethical concept rooted in spiritual and religious culture, which emphasizes moral excellence in all aspects of human life [7]. This approach is believed to be able to motivate healthcare workers deeply because it aligns with the spiritual values embraced by the majority of Indonesian society, particularly Muslims, who regard all work as a form of worship [8]. Ihsan value-based leadership, which functions as the main driving factor in transforming organizational culture and increasing the motivation and dedication of healthcare workers. This approach emphasizes decision-making grounded in honesty, fairness, and sincerity in carrying out leadership functions, thereby creating a conducive and empathetic work atmosphere, as well as strengthening social solidarity among team members [9].

The results of a study conducted by Khairunnisa (2021) found a result that leadership has a positive and significant influence on employee performance. This is also in line with the results of research conducted by Hurint (2024) who stated in their research that there is an influence between leadership and employee performance. However, in other research conducted by Natalia (2024) the results showed that leadership did not have a positive and significant effect on employee performance. This study was supported by research conducted by Rosi (2018) which states that leadership has no influence on employee performance.

This research will be conducted in Purbalingga Regency, specifically at the Muhammadiyah General Hospital (RSU), which is one of the hospitals known for providing the best service to the community in Purbalingga Regency. RSU Muhammadiyah Purbalingga is a hospital that has been established for quite a long time in the Purbalingga Regency area; this hospital has several health facility services supported by a number of health workers, both medical and non-medical personnel. RSU PKU Muhammadiyah Purbalingga provides complete medical services including specialist clinics (Pediatrics, Neurology, Internal Medicine, Obstetrics/Gynecology, Surgery, Orthopedics, ENT,

Dental) with varying doctor schedules, comfortable inpatient care with new facilities (including a private class 1 room), and also serves BPJS Kesehatan (national health insurance) patients. This hospital aims to provide quality, friendly, and professional service in accordance with the Islamic values of Muhammadiyah (RSU PKU Muhammadiyah Purbalingga, 2023).

RSU PKU Muhammadiyah Purbalingga was inaugurated as a general hospital in 2020, after previously operating as a clinic. Based on the results of observations that the researcher conducted in the field, it is known that there are still several complaints from patients/hospital visitors, such as a patient who felt that the service from nurses was still lacking in responsiveness because some time ago, when he was hospitalized and requested an IV replacement, the nursing staff did not replace the patient's IV drip due to a shortage of nursing staff. Then there was also a polyclinic visitor who complained about the long queues and the lengthy administrative service at the polyclinic, which made the service process seem slow (Hasil Observasi, 2025).

Based on the research gap found from the study results, it was found that leadership does not have a positive and significant effect on employee performance. Therefore, the problem formulation is as follows: 1. Is there an influence of ihsan value-based leadership on engagement at RSU PKU Muhammadiyah Purbalingga? 2. Is there an influence of ihsan value-based leadership on the clinical performance of nurses at RSU PKU Muhammadiyah Purbalingga? 3. Is there an influence of engagement on the clinical performance of nurses at RSU PKU Muhammadiyah Purbalingga?

2. METHOD

The type of research used is explanatory research, which is research aimed at explaining the relationships between variables through hypothesis testing. This research emphasizes the analysis of interrelationships between variables, although it still includes descriptive elements [12]. This research was conducted at PKU Muhammadiyah Purbalingga General Hospital, which is one of the private healthcare institutions in Purbalingga based on a religious organization and oriented toward spiritual values. This hospital was chosen as the research location because it has a strong commitment to implementing moral and spiritual values as part of its organizational culture.

The population in this study consisted of all nurses working at RSU PKU Muhammadiyah Purbalingga. This population was selected because nurses are healthcare workers who are directly involved in clinical services, the implementation of nursing care, and interact with the leadership system applied in the hospital. The sampling technique in this study used purposive sampling, which is a technique for determining samples based on certain considerations or criteria set by the researcher in accordance with the research objective. This technique was used because not all members of the population have characteristics that match the needs of the research. Therefore, the respondents selected were nurses who were considered the most relevant, understood the conditions being studied, and were able to provide the required data accurately [13].

The independent variable in this study is leadership based on the value of ihsan, the moderating variable is engagement, and the dependent variable is clinical performance. This study uses a closed questionnaire, namely a questionnaire designed in such a way that respondents will choose one answer that matches their characteristics by giving a checklist mark (√). The Likert scale is used in the research instrument because it can measure the opinions, perceptions, attitudes, and views of individuals or groups regarding social phenomena.

Table 2.1. Kisi-Kisi Variabel Penelitian

Research Variables	Indicator

Value-Based Leadership of Ihsan (X)	The application of moral values in decision-making, including justice, honesty, and sincerity.
	The sincerity of leadership in carrying out duties and making decisions without personal incentive motivation.
	Fairness in the distribution of duties, promotions, and treatment of staff and patients.
	The exemplary conduct of leadership in moral behavior, honesty, and consistent integrity that serves as an example for subordinates.
Involvement (*Engagement*) (M)	Internal motivation in carrying out duties and service.
	Dedication and commitment to nursing organization and profession.
	The sense of empowerment felt by nurses in carrying out their duties independently and responsibly.
	A sense of ownership toward the organization, including strong identification with and loyalty to the hospital.
Clinical Performance (Y)	Compliance with applicable procedures and standard operating procedures (SOP)
	Service outcomes in the form of clinical outcomes, such as treatment success rates and patient safety
	Safety and hygiene standards in the service process, including infection management and the use of medical equipment
	Patient satisfaction measured through surveys and feedback related to the quality of service received

The data used in this study were sourced from two main categories, namely primary and secondary data. Primary data were obtained through the opinions of the respondents studied, in the form of written answers from several questionnaires and direct observation of hospital management officials, ward heads (managers or clinical leaders), and nurses who were actively and directly involved in the clinical service process. Secondary data were collected from official organizational documents, including formal policies, standard operating procedures (SOPs), hospital activity reports, quality reports, audit results, and documents related to the development of an organizational culture based on moral and spiritual values. The data collection method used in this study includes several main techniques, namely questionnaires, respondents, and documentation. The data analysis technique in this study was conducted quantitatively with the aim of determining the influence of ihsan value-based leadership on the engagement and clinical performance of nurses at RSU PKU Muhammadiyah Purbalingga.

3. RESULTS AND DISCUSSION

a. Results

1) Descriptive Analysis

The completed questionnaire was distributed to 110 nurse respondents in order to obtain research data. The questionnaire to be used as the instrument was developed from the elaboration of indicators. Descriptive analysis can be used to describe the research data. The variables in this study include ihsan value-based leadership, engagement, and clinical performance.

a) Value-Based Leadership of Ihsan

The ihsan-value-based leadership questionnaire data consists of four indicators and fifteen question items. Based on the descriptive analysis of the ihsan-value-based leadership variable, the following values were obtained: mean = 46.6182, median = 47, standard deviation = 6.02895, lowest value = 30, and highest value = 59.

Statistics

Kepemimpinan_Berbasis_Nilai_Ihsan

N	Valid	110
	Missing	0
Mean		46.6182
Median		47.0000
Std. Deviation		6.02895
Minimum		30.00
Maximum		59.00

Figure 3.1 Descriptive Analysis of Ihsan Value-Based Leadership

b) Involvement (Engagement)

The engagement questionnaire data consists of four indicators and fifteen question items. Based on the descriptive analysis of the engagement variable, the mean value = 46.9909, median = 48, standard deviation = 6.04038, lowest value = 30, and highest value = 60 were obtained.

Statistics

Keterlibatan_Engagement

N	Valid	110
	Missing	0
Mean		46.9909
Median		48.0000
Std. Deviation		6.04038
Minimum		30.00
Maximum		60.00

Figure 3.2 Descriptive Analysis of Engagement

c) Clinical Performance

The clinical performance questionnaire data consists of four indicators and fifteen question items. Based on the descriptive analysis of the clinical performance variable,

the mean value = 46.7273, median = 47, standard deviation = 5.92291, lowest value = 30, and highest value = 60.

Statistics

Kinerja_Klinis

N	Valid	110
	Missing	0
Mean		46.7273
Median		47.0000
Std. Deviation		5.92291
Minimum		30.00
Maximum		60.00

Figure 3.3. Descriptive Analysis of Clinical Performance

2) Analysis Prerequisite Test

a) Normality Test

Table 3.1. shows the results of the normality test on the research data. The normality test was conducted using the One-Sample Kolmogorov-Smirnov test with the assistance of the SPSS program. The purpose of the normality test is to determine whether the data for each variable is normally distributed or not. The significance level for the normality test is 0.5. If the probability value is greater than 0.05, the data is normally distributed, and if the probability value is smaller than 0.05, the data is not normally distributed.

Table 3.1. Normality Test Results

Variable	Asymp. Sig	Condition	Description Data Distribution
Value-Based Leadership of Ihsan (X)	0,217	Sig > 0,05	Normal
Involvement (Engagement) (M)	0,231	Sig > 0,05	Normal
Clinical Performance (Y)	0,160	Sig > 0,05	Normal

Table 3.1. shows that the normality test results for each variable have a probability greater than 0.05, so it can be concluded that each variable has normally distributed data.

b) Linearity Test

Table 3.2. shows the results of the linearity test on the research data. The linearity test was conducted using the Test for Linearity with the help of the SPSS program. The purpose of the linearity test is to determine the pattern of the relationship between the independent variable and the dependent variable. The significance level for the linearity test is 0.5. If the significance value is greater than 0.05, the data is said to be linear, and if the significance value is less than 0.05, the data is said to be non-linear.

Table 3.2. Linearity Test Results

Relationship Model	Asymp. Sig	Requirements Sig.	Description Data Distribution
Ihsan Value-Based Leadership (X) with Engagement (M)	0,302	Sig < 0,05	Linier
Value-Based Leadership of Ihsan (X) with Clinical Performance (Y)	0,267	Sig < 0,05	Linier
Engagement (M) with Clinical Performance (Y)	0,240	Sig < 0,05	Linier

Table 3.2 shows that the results of the linearity test for each variable have a significance level of less than 0.05, so it can be concluded that each variable has linear data.

3) Regression Test

a) The influence of ihsan value-based leadership on engagement

Coefficients[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	8.154	2.517		3.239	.002
	Kepemimpinan_Berbasis_Nilai_Ihsan	.833	.054	.832	15.555	.000

a. Dependent Variable: Keterlibatan_Engagement

Figure 3.4. Regression Test of the Influence of Ihsan Value-Based Leadership on Engagement

Figure 3.4 explains the influence between the ihsan value-based leadership variable and engagement. The significance column shows a figure of 0.000, which is smaller than 0.05, thus producing the decision that ihsan value-based leadership has a significant influence on engagement. The influence of ihsan value-based leadership on engagement is 0.8322 = 0.6922 or 69.22%.

b) The influence of ihsan-based value leadership on clinical performance

Coefficients[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	4.497	2.167		2.075	.040
	Kepemimpinan_Berbasis_Nilai_Ihsan	.255	.079	.260	3.218	.002
	Keterlibatan_Engagement	.646	.079	.659	8.168	.000

a. Dependent Variable: Kinerja_Klinis

Figure 3.5. Regression Test of the Influence of Ihsan Value-Based Leadership on Clinical Performance

Figure 3.5 explains the influence between the ihsan value-based leadership variable and clinical performance. In the significance column, the figure shows 0.025, which is smaller than 0.05, thus resulting in the decision that ihsan value-based

leadership has a significant effect on clinical performance. The influence of ihsan value-based leadership on clinical performance is 0.260 = 0.0676 or 6.76%.

c) The influence of engagement on clinical performance

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	4.497	2.167		2.075	.040
	Kepemimpinan_Berbasis_Nilai_Ihsan	.255	.079	.260	3.218	.002
	Keterlibatan_Engagement	.646	.079	.659	8.168	.000

a. Dependent Variable: Kinerja_Klinis

Figure 3.6. Regression Test of the Effect of Engagement on Clinical Performance

Figure 3.6 explains the influence between the engagement variable and clinical performance. In the significance column, the figure of 0.000 is smaller than 0.05, resulting in the decision that engagement has a significant effect on clinical performance. The influence of engagement on clinical performance is 0.659 = 0.4343 or 43.43%.

d) The influence of value-based leadership (ihsan) and engagement on clinical performance

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.886[a]	.785	.781	2.76995

a. Predictors: (Constant), Keterlibatan_Engagement, Kepemimpinan_Berbasis_Nilai_Ihsan

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3002.846	2	1501.423	195.685	.000[b]
	Residual	820.972	107	7.673		
	Total	3823.818	109			

a. Dependent Variable: Kinerja_Klinis

b. Predictors: (Constant), Keterlibatan_Engagement, Kepemimpinan_Berbasis_Nilai_Ihsan

Figure 3.7. Regression Test of the Influence of Ihsan Value-Based Leadership and Engagement on Clinical Performance

Figure 3.7 explains the influence between the variables of ihsan-based value leadership and engagement on clinical performance. The significance column shows a figure of 0.000, which is smaller than 0.05, resulting in the decision that ihsan-based value leadership and engagement have a significant influence on clinical

performance. The influence of ihsan-based value leadership and engagement on clinical performance is 0.785 = 78.5%.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.886[a]	.785	.781	2.76995

a. Predictors: (Constant), Keterlibatan_Engagement, Kepemimpinan_Berbasis_Nilai_Ihsan

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3002.846	2	1501.423	195.685	.000[b]
	Residual	820.972	107	7.673		
	Total	3823.818	109			

a. Dependent Variable: Kinerja_Klinis

b. Predictors: (Constant), Keterlibatan_Engagement, Kepemimpinan_Berbasis_Nilai_Ihsan

Figure 3.8. Regression Test of the Influence of Value-Based Leadership Rooted in Ihsan and Engagement on Clinic Performance

b. Discussion

1) The Influence of Ihsan Value-Based Leadership on Engagement at RSU PKU Muhammadiyah Purbalingga

The results of the regression test show that leadership based on ihsan values has a significant effect on nurse engagement, with a correlation coefficient of 0.832 and a coefficient of determination (R^2) of 0.6922 at a significance level of 0.000 (< 0.05). This means that 69.22% of the variation in nurse engagement can be explained by the application of ihsan values in leadership, while the remaining 30.78% is explained by factors outside this research model, such as the compensation system, workload, or peer support. This R^2 value is relatively high compared to similar studies on ethical leadership in the healthcare sector, which generally report an effect in the range of 40–55% on engagement. The strong effect found in this study indicates that in institutions with a strong religious identity, such as RSU PKU Muhammadiyah Purbalingga, the spiritual dimension of leadership has greater explanatory power than in hospitals with a more secular management orientation [14].

This finding is consistent with the scores on the four indicators that make up the ihsan-value-based leadership variable (X): the application of moral values in decision-making, sincerity without personal incentive motivation, fairness in the distribution of tasks and promotions, and exemplary leadership behavior. It should be underlined that the regression test in this study was conducted at the composite variable level, not at the level of individual indicators, so the following discussion addresses how each indicator conceptually contributes to the total score of X and the underlying psychological mechanisms, rather than claiming a separate statistical test was performed for each indicator. In a hospital environment, nurses need not only clear work direction but also moral exemplary behavior from their leaders. When leaders make decisions fairly, honestly, and sincerely, nurses feel valued, trusted, and treated humanely — a condition that theoretically builds psychological safety as a prerequisite for the emergence of engagement [8].

The indicator of leadership sincerity — carrying out duties and making decisions without personal incentive motivation — appears to be one of the main contributors to the high engagement score in this study. Nurses tend to be highly sensitive to the sincerity of their leaders; when leaders are seen to prioritize the collective good over personal interests, feelings of respect and trust emerge that strengthen the emotional bond with the organization [15]. It should be noted, however, that sincerity is an intention-based construct that is inherently difficult for subordinates to observe directly; in practice, nurses assess a leader's sincerity not from the intention itself, but from the consistency of behavior over time. The implication is that leadership sincerity will only have a real impact on engagement when it is demonstrated repeatedly and over a sufficiently long period to be recognized as a pattern, rather than merely an incidental act.

The indicator of fairness in the distribution of tasks, promotions, and treatment of staff and patients also made a significant contribution. Nurses judge fairness not only by outcomes (distributive justice) but also by the transparency of the decision-making process (procedural justice) — for example, the clarity of promotion criteria and openness in the allocation of workload [16]. It is this combination of the two dimensions of fairness that has empirically proven to have a stronger influence on engagement than outcome fairness alone, consistent with the broader organizational justice literature. This finding carries a practical implication that hospital management needs to explicitly document and communicate promotion criteria and task distribution, rather than simply applying them fairly without transparency.

The indicator of leadership exemplariness in moral behavior, honesty, and integrity functions as an indicator that underpins the effectiveness of the three preceding indicators, since fairness and sincerity that are not consistently demonstrated by leaders tend not to be trusted by subordinates. In other words, exemplariness serves as a credibility-check mechanism for the other three values in the eyes of nurses. Overall, these four indicators do not operate additively or independently, but rather reinforce one another: consistent exemplariness makes a leader's fairness and sincerity appear credible, while genuine fairness and sincerity strengthen the legitimacy of that exemplariness in the eyes of subordinates. This interaction explains why the combined effect of the four indicators on engagement (69.22%) is far greater than their direct effect on clinical performance (6.76%, discussed in the next section) — ihsan first shapes psychological conditions, which are only then manifested in technical work behavior.

The magnitude of this effect can also be understood through the perspective of spiritual leadership, which emphasizes that transcendent values in leadership — not merely technical competence — are the primary source for building subordinates' commitment and work engagement. Consistent with the findings of Anwar and Rahayu (2020) that spiritual leadership has a significant effect on organizational commitment in hospital settings, the results of this study reinforce the argument that the spiritual dimension of leadership operates through an affective-psychological pathway distinct from leadership based solely on managerial competence. Nugroho (2023) further asserts that organizational culture and spiritual values can strengthen the influence of leadership on work engagement, so the high R^2 found in this study aligns with the proposition that institutions with a strong religious culture provide a social medium that amplifies the effect of value-based leadership on engagement.

Comparison with studies at other Islamic-based hospitals further reinforces this finding. Khairunnisa and Mas'ud (2024), at RSI Muhammadiyah Kendal, found that Islamic leadership, organizational culture, and Islamic work motivation jointly have a significant effect on nurse performance, while Rahman and Mas'ud (2022), at the Muhammadiyah Islamic Hospital of Kendal Regency, confirmed the role of Islamic work

motivation as a variable that strengthens the influence of leadership on work behavior. The similarity in Muhammadiyah institutional context between these studies and the location of the present study indicates that the pattern of strong influence of religiously-valued leadership on employees' psychological-affective variables such as engagement is not an isolated finding, but a relatively consistent pattern across hospitals with similar religious identities—thereby strengthening the external validity of this study's findings for other Islamic/Muhammadiyah hospital contexts.

Viewed against effect size interpretation guidelines, an R^2 of 0.6922 falls into the large effect category, even sitting at an upper threshold that is rarely reported in organizational behavior research in the healthcare sector. This magnitude should be interpreted with caution, given that the leadership and engagement data were collected from the same source (nurses) at a single point in time (cross-sectional, self-report), raising the possibility of common method bias that could inflate the strength of the relationship between variables. Therefore, although these results are statistically compelling, further research is recommended to use a longitudinal design or dual data sources — for example, supervisors' assessments of subordinate engagement — to confirm the strength of the relationship found.

Practically, this finding indicates that the management of RSU PKU Muhammadiyah Purbalingga needs to make strengthening engagement a top priority in developing ihsan-value-based leadership, given that the pathway of influence on engagement is far stronger than the direct pathway to clinical performance. Concrete steps that can be taken include integrating the indicators of sincerity, fairness, and exemplariness into leadership training modules for ward heads and nursing supervisors, as well as conducting regular engagement surveys to monitor the effectiveness of ihsan value implementation over time, rather than relying solely on clinical performance indicators as the sole benchmark of leadership success.

2) The Influence of Ihsan-Value-Based Leadership on the Clinical Performance of Nurses at RSU PKU Muhammadiyah Purbalingga

The results of the regression test show that ihsan-value-based leadership also has a significant direct effect on nurses' clinical performance, with a correlation coefficient of 0.260 and a coefficient of determination (R^2) of 0.0676, at a significance level of 0.025 (< 0.05). This means that only 6.76% of the variation in clinical performance can be directly explained by ihsan-value-based leadership — far smaller than its effect on engagement (69.22%). This gap in the magnitude of influence is an important finding: ihsan values do not appear to directly translate into better clinical performance, but instead operate primarily by first strengthening work engagement, as will be further elaborated in the combined discussion section (point 4) and the analysis of the relationship with ihsan values (point 5).

In the dimension of clinical performance, leadership sincerity contributes through a more indirect pathway compared to its effect on engagement. When leaders act without personal interest motives, nurses tend to work in an environment with lower internal political pressure, allowing greater focus on technical-clinical aspects such as SOP compliance and patient safety (Barokah et al., 2025). Nevertheless, leadership sincerity does not automatically improve clinical competence or resource availability — two factors that, according to performance theory, also determine clinical performance apart from leadership factors. This reinforces the argument that the direct effect of ihsan values on clinical performance is inherently limited, since clinical performance is the result of an interaction between psychological conditions (which are influenced by leadership) and technical-procedural factors (which are not directly influenced by leadership).

Fairness in the distribution of tasks and treatment of staff and patients contributes to clinical performance mainly through equitable workload distribution: proportional task distribution prevents excessive fatigue (burnout) among some nurses, which could otherwise reduce accuracy and procedural compliance [17]. In other words, fairness functions more as a factor that prevents performance decline than as a direct driver of performance improvement — an important nuance that distinguishes how fairness operates on engagement (a driving mechanism) versus on clinical performance (a protective mechanism).

Leadership exemplariness in moral behavior and integrity contributes to clinical performance mainly through shaping work norms that nurses internalize, such as honesty in reporting actions and adherence to patient safety standards [18]. Nevertheless, given the small proportion of leadership's direct effect on clinical performance (6.76%) compared to its far greater effect on engagement (69.22%), it can be tentatively concluded that the four indicators of ihsan-based leadership predominantly influence clinical performance through an indirect pathway — namely, by first shaping nurses' work engagement — a pattern further confirmed through the analysis in points 3 and 4 below.

3) The Influence of Engagement on the Clinical Performance of Nurses at RSU PKU Muhammadiyah Purbalingga

The results of the regression test show that engagement has a significant effect on clinical performance, with a correlation coefficient of 0.659 and a coefficient of determination (R^2) of 0.4343, at a significance level of 0.000. This means that 43.43% of the variation in clinical performance is explained by engagement — far greater than leadership's direct effect on clinical performance (6.76%). This finding confirms that engagement is a far stronger predictor of clinical performance than leadership itself, consistent with the job demands-resources literature, which positions engagement as a direct driver of productive work behavior, while also reinforcing the notion that engagement serves as the primary linking pathway between leadership and clinical performance.

At the indicator level, internal motivation and professional dedication/commitment appear to be the most clinically relevant contributors, as both are directly related to discipline in carrying out SOPs: nurses driven by internal motivation tend not to wait for supervision before acting according to standards, while dedication to the profession fosters thoroughness in nursing care as a form of moral responsibility rather than merely an administrative obligation [19].

The empowerment indicator makes a conceptually distinct contribution from the previous two indicators: whereas internal motivation and dedication relate to the willingness to act, empowerment relates to the capacity to act. Nurses who feel empowered are better able to make quick and accurate clinical decisions in unexpected situations, without needing to wait for instructions from superiors — a capacity that is crucial given the fast-response demands inherent in clinical work [20]. This dimension is an important note for management: fostering motivation without accompanying it with adequate delegation of authority risks having little impact on clinical performance, since nurses may be motivated yet still lack the latitude to act.

The indicator of sense of belonging and loyalty to the organization contributes primarily to the consistency of performance over the long term, since nurses who identify strongly with the hospital tend to maintain the quality of their work not only when supervised, but also as part of safeguarding the institution's good name, which they regard as part of themselves [5]. Overall, these four engagement indicators work in a complementary manner: motivation and dedication drive the willingness to act according

to standards, empowerment enables that action to be carried out independently, and sense of belonging maintains its consistency over time.

4) The Influence of Ihsan-Value-Based Leadership and Engagement on the Clinical Performance of Nurses at RSU PKU Muhammadiyah Purbalingga

The results of the multiple regression test show that ihsan-value-based leadership and engagement simultaneously have a significant effect on clinical performance, with a coefficient of determination (R^2) of 0.785 at a significance level of 0.000. This means that 78.5% of the variation in clinical performance can be jointly explained by these two variables — far greater than the direct effect of leadership alone (6.76%), and close to the sum of leadership's direct effect and engagement's effect (6.76% + 43.43% = 50.19%) plus the additional contribution from the interaction between the two variables in the multiple regression model. This pattern reinforces the indication that engagement serves as the primary linking pathway between ihsan-based leadership and clinical performance. As additional illustration, multiplying the correlation coefficient of leadership on engagement (0.832) by the correlation coefficient of engagement on clinical performance (0.659) yields an estimated indirect effect of approximately 0.548 (54.8%), far exceeding its direct effect (6.76%). This estimate is descriptive in nature and has not yet been formally tested through a Sobel test or bootstrapping as a standard mediation test, so further research is recommended to conduct formal mediation testing to statistically confirm this pattern.

Engagement plays a very important role in this chain of influence, as it reflects the extent to which nurses are emotionally and psychologically connected to their work, rather than merely being physically present at the workplace. Nurses with high engagement work attentively and are committed to maintaining service quality, a condition that directly supports thoroughness, SOP compliance, and concern for patient safety. As outlined in point 3, engagement's contribution to clinical performance operates through four complementary pathways: internal motivation and dedication drive the willingness to act according to standards, empowerment enables quick and independent action, and sense of belonging maintains the consistency of work quality over the long term.

Ihsan-value-based leadership and nurse engagement have a mutually reinforcing (reciprocal) relationship: leadership that is fair, honest, sincere, and of high integrity creates a work climate that fosters engagement, while nurses with high engagement are better able to translate leadership direction into high-quality clinical action. This reciprocal relationship explains why the combined model (X and M simultaneously) has far greater explanatory power (78.5%) than the model involving leadership alone (6.76%).

Overall, these findings show that improving nurses' clinical performance cannot be achieved through moral leadership alone, nor through engagement-improvement programs alone, but requires both simultaneously: ihsan-based leadership provides a fair and sincere work climate as a prerequisite, while engagement serves as the mechanism that translates that climate into concrete clinical work behavior. The implication is that managerial interventions targeting only one variable — for example, leadership training without accompanying reinforcement of staff engagement, or vice versa — risk producing suboptimal improvements in clinical performance.

5) Analysis of the Relationship Between Research Findings and the Value of Ihsan

The findings outlined above show that ihsan-value-based leadership consistently has a positive effect on both nurse engagement and clinical performance. To deepen the interpretation of these results, it is necessary to further examine how these empirical findings relate to the essence of ihsan itself as an ethical and spiritual concept underlying the leadership behavior in this study.

Conceptually, ihsan holds the highest position in the structure of religiosity after Islam and iman (faith), as reflected in the hadith explaining that ihsan is the state of worshipping as though one sees Allah, and if unable to attain that state, then believing that Allah is always watching. This principle of muraqabah (awareness of being observed) forms the psychological foundation of ihsan-based behavior, including in the context of leadership.

A leader who has internalized the value of ihsan does not act fairly, honestly, and sincerely merely because organizational rules demand it, but because of a spiritual awareness that every action is always under transcendent observation. This awareness is what distinguishes ihsan-based leadership from ethical leadership models in general, and explains why the indicator of leadership sincerity without personal incentive motivation proved to have a significant effect on both engagement and clinical performance among nurses in this study.

Examined further, the four indicators of ihsan-based leadership used in this study — fairness, honesty, sincerity, and exemplariness — are essentially operational articulations of the two main dimensions of ihsan known in the study of Islamic ethics (akhlak): ihsan fi al-ibadah (earnestness and sincerity in carrying out responsibilities) and ihsan fi al-muamalah (goodness and itqan/excellence in interacting with and serving others).

Leadership sincerity and exemplariness more strongly represent the ihsan fi al-ibadah dimension, as they relate to inner motives and moral consistency that are not always directly visible, whereas fairness and honesty more strongly represent the ihsan fi al-muamalah dimension, as they relate to the quality of interaction and service directly experienced by nurses and patients alike. This division is consistent with the view that ihsan-value-based leadership is a holistic approach that integrates morality and spirituality into every aspect of management and service.

Further analysis should also address the fairly striking difference in the magnitude of effect between ihsan-value-based leadership on engagement (69.22%) compared to its direct effect on clinical performance (6.76%). This difference can be explained through the characteristic of ihsan as a value that operates primarily in the affective and psychological domain before manifesting in the domain of technical behavior. Ihsan first touches the inner dimension of nurses — such as feelings of being valued, feelings of security, and trust in leadership — such that the most direct and powerful manifestation of ihsan is the growth of work engagement.

Clinical performance, by contrast, is a behavior that is also heavily influenced by technical-procedural factors such as competence, operational standards, and resources, so the direct effect of ihsan values on it is relatively smaller, although still significant. This pattern reinforces the finding that engagement plays a major role in bridging the influence of ihsan-based leadership on clinical performance, as shown by the substantial simultaneous effect of ihsan-value-based leadership and engagement on clinical performance, which reaches 78.5%. In other words, ihsan first builds a conducive inner condition, which then becomes the driving energy for high-quality work behavior.

The implication of this analysis is that the application of ihsan values in hospital leadership cannot stop at the level of mere personal exemplariness, but needs to be

reinforced through the institutionalization of values — for example, through spiritual-value-based leadership training, strengthening a religious and ethical organizational culture, and human resource management systems that explicitly reward sincerity, fairness, and exemplariness. Strengthening organizational culture in this way is important so that the value of ihsan, initially individual to the leader, can evolve into a collective culture that further drives more optimal improvement in clinical performance.

Based on this discussion, it can be concluded that ihsan-value-based leadership is not merely relevant as a general model of ethical leadership, but is an operational manifestation of the teaching of ihsan itself — one that guides leaders to do good sincerely, excellently, and with full spiritual awareness, thereby enabling the delivery of healthcare services that are not only technically professional but also morally and spiritually meaningful for all hospital stakeholders.

6) Implications of the Value of Ihsan for Leadership Development in Islamic-Based Hospitals

Compared to ethical leadership theories developed in modern management literature, such as transformational leadership and servant leadership, ihsan-value-based leadership shares fundamental similarities — namely, an emphasis on integrity, self-sacrifice, and orientation toward the common good above the leader's personal interests. Nevertheless, ihsan-based leadership possesses a dimension not fully captured by those theories: the dimension of transcendent accountability (vertical, to Allah) that accompanies organizational accountability (horizontal, to fellow human beings).

In transformational leadership and servant leadership, a leader's ethical motivation generally stems from humanistic values, organizational vision, or social awareness. In ihsan-based leadership, that motivation is reinforced by the belief that every act of leadership carries the value of worship and will be accounted for before Allah, making it tend to be more resistant to the temptation to compromise with short-term pragmatic interests. This characteristic is what makes the findings of this study relevant not only as an empirical contribution to leadership literature in general, but also as a reinforcement of the distinctiveness of the Islamic-value-based leadership model within the context of healthcare service.

The relevance of ihsan values becomes even stronger given that this study was conducted at RSU PKU Muhammadiyah Purbalingga, a healthcare institution under the auspices of the Islamic organization Muhammadiyah, whose vision includes da'wah through charitable enterprises (amal usaha), including in the health sector. For hospitals with such a religious background, ihsan is not merely an additional value in leadership but an integral part of the institution's identity and mission itself.

The finding that ihsan-value-based leadership has a significant effect on nurse engagement and clinical performance can thus be interpreted as empirical evidence that the internalization of Islamic values by hospital leaders is not only spiritual in dimension, but also produces a real impact on organizational effectiveness and service quality. This is consistent with the notion that Muhammadiyah's health-related charitable enterprises are essentially a form of dakwah bil hal — da'wah carried out through concrete deeds and service to society, not merely through words.

Based on the above analysis, several practical implications can be formulated for leadership development at RSU PKU Muhammadiyah Purbalingga as well as other Islamic-based hospitals. First, leadership development programs for structural officials and ward heads should not focus solely on managerial and clinical competencies, but should also explicitly incorporate the strengthening of ihsan values — for example, through Islamic studies, moral (akhlak) coaching, and spiritual mentoring for leaders.

Second, leadership performance evaluation systems can be enriched with behavioral indicators reflecting ihsan, such as exemplariness, sincerity in decision-making, and fairness in task distribution, so that the value of ihsan is not merely a normative slogan but is measurable and can be evaluated periodically. Third, given that clinical performance is more heavily influenced indirectly through nurse engagement, hospital management needs to ensure that the work climate built by ihsan-based leadership is also supported by adequate work systems, procedural standards, and resources, so that the engagement energy generated by ihsan values can be optimally channeled into superior clinical performance [21].

Taking these implications into account, this study affirms that the strengthening of ihsan values in leadership is not merely theoretical but has an empirical basis that can serve as a foundation for human resource policy decisions in hospitals. Going forward, the consistent and institutionalized application of ihsan values has the potential to become one of the distinctive competencies of Islamic-based hospitals in building a work culture that is not only professionally competitive, but also grounded in strong moral and spiritual values.

4. CONCLUSION

1. The effect of ihsan-value-based leadership on engagement is $0.832^2 = 0.6922$, or 69.22%.
2. The effect of ihsan-value-based leadership on clinical performance is $0.260^2 = 0.0676$, or 6.76%.
3. The effect of engagement on clinical performance is $0.659^2 = 0.4343$, or 43.43%.
4. The combined effect of ihsan-value-based leadership and engagement on clinical performance is 0.785, or 78.5%.

For hospital management, the results of this study are expected to serve as a consideration in strengthening ihsan-value-based leadership patterns within the nursing work environment. Leadership that emphasizes exemplariness, care, responsibility, and service grounded in values of goodness needs to be continuously developed so that it can enhance nurse engagement at work and have an impact on improving clinical performance.

For ward heads or nursing leaders, it is recommended to build closer, more supportive, and coaching-oriented working relationships. Leaders should not only serve as work directors but also as role models in professional attitude, empathy, and commitment to service quality. In this way, nurses will feel more valued, more motivated, and develop a stronger sense of belonging to the organization.

For nurses, this study is expected to serve as encouragement to continuously improve engagement at work, whether through internal motivation, dedication to the profession, or responsibility in providing clinical care. High engagement will help nurses work more optimally, adhere to service standards, and focus more closely on patient safety and satisfaction.

For hospital institutions, programs are needed to strengthen a work culture aligned with the value of ihsan, such as value-based leadership training, work-ethic coaching, employee engagement evaluation, and recognition of good performance. Such efforts are important so that improvements in engagement and clinical performance do not depend solely on individuals, but are also supported by a conducive organizational system.

For future researchers, it is recommended to expand this study by adding other variables that may also influence nurses' clinical performance, such as job satisfaction, organizational culture, work environment, workload, or organizational commitment. Further research could also be conducted at different hospitals or with a larger sample size so that the findings have stronger generalizability. In addition, qualitative or mixed-methods approaches could be

used to explore more deeply how the value of ihsan is applied in leadership and experienced by nurses in their day-to-day work practice.

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