The Role of Entrepreneurial Orientation, Information Technology and Dynamic Capabilities on Organizational Agility with Government Policies as A Moderation in Hospital Management View

Hargo Wahyuono[1*], Moeljadi[1], Mintarti Rahayu[1], Sudjatno[1]
[1]Management Department, Faculty of Economics and Business, Universitas Brawijaya, Malang, 65300 Jawa Timur, Indonesia
*Corresponding author: hargowahyuono@student.ub.ac.id

Abstract: The healthcare industry is constantly evolving, and hospital management plays a critical role in keeping up with these changes. In today's fast-paced and competitive environment, healthcare organisations need to be agile, flexible, and adaptable to succeed. This is where the concept of organisational agility comes into play. Organisational agility refers to the ability of an organisation to respond quickly and effectively to changes in the environment, whether they are internal or external. In this context, the role of entrepreneurial orientation, information technology, and dynamic capabilities cannot be overstated. This research aims to investigate how these factors influence organisational agility in hospital management, and how government policies can moderate their impact. This study aims to investigate the impact of entrepreneurial orientation, information technology, and dynamic capabilities on organisational agility in hospital management. Data was collected from hospital managers in multiple regions in Jawa Timur Province, Indonesia, and the results of the study indicate that entrepreneurial orientation, information technology, and dynamic capabilities have a positive impact on organisational agility. These findings have significant implications for hospital managers, policymakers, and researchers, as they highlight the importance of understanding the role of entrepreneurial orientation, information technology, and dynamic capabilities in enhancing organisational agility in the healthcare industry. Ultimately, this research can inform the development of strategies that help healthcare organisations improve their agility and respond effectively to changes in today's healthcare landscape, where agility is increasingly becoming a key determinant of success.

Keywords: Management, Hospital, Human Resources, Organisational Agility, Dynamic Capability

1. INTRODUCTION

Healthcare has an important role in society and the nation. Moreover, for the nation, public health problems will cause large economic losses to the state and interfere with efforts to increase the nation's resilience and competitiveness. This is stated by the government in Law Number 36 of 2009 concerning Health. In the health system, hospitals play a critical role in providing and improving quality and affordable services by the community to realize the highest degree of health (Law Number 44 of 2009 Opening section). To carry out this role, the hospital has the function of maintenance, treatment, and restoration of public health, carrying out educational activities, research and development of services and health technology. The roles and functions carried out cause complexity in hospital management, related to government regulations, customer demands, types and qualifications of human resources, the development of types of diseases, the development of health technology, information technology and so on. The law No. 40 Year 2004 concerning the National Social Security System (SJSN), the government stipulates that the health service needs of the Indonesian population

will be served using universal health coverage.

In addition to these changes, the SJSN era caused various kinds of problems due to the many administrative rules of service and late bill payments. This increases patients' expectations and demands for health services. This is a problem for many patients who choose to get health services abroad (Khoirunurrofik & Raras, 2021). Indonesian Patients also happy to seek treatment in Singapore for reasons of service quality, up-to-date medical technology, and quality of medical personnel. While research by Rubino et al., (2022) shows that the reason patients seek treatment in Singapore is because of the quality of medical personnel and the quality of medical services. This shows that there are challenges for hospitals in Indonesia related to service quality, quality of medical personnel, health technology and price. Hospitals are also required to increase the use of information technology. Service speed and waiting time are determining factors for patient loyalty to the hospital, which can be improved by utilizing information technology (Alexandra et al., 2021). The Covid-19 pandemic has also driven patient demands for hospitals to use information technology in providing online health consultations. Although this effort has been carried out starting in 2015, the need for online health services has increased during the Covid 19 Pandemic (Lugito et al., 2021).

Furthermore, another information technology to improve service quality is the Electronic Medical Record. The implementation of Electronic Medical Records (EMR) will support Clinical Decission Support) which will improve the quality of patient safety, increase staff compliance with guidelines and reduce the occurrence of medication errors. The complexity of regulations, disease cases, customer demands, and the speed of technological development have an impact on a dynamic and unpredictable environment. Hospitals are required to be able to overcome and seize opportunities from these uncertain conditions. For this reason, agility is needed to be able to respond to this dynamic environment. Organisational Agility is a condition where organisations could see opportunities and can quickly make changes in the internal organisation in an integrated manner to respond to these opportunities, quickly, flexible, affordable and relevant (Au et al., 2019) . The necessary changes must be able to occur in the fastest possible time, with several choices of methods to run, supported by flexible resources following the chosen method, with rational costs according to the benefits obtained and referring to the delivery of value to customers according to the organisation's mission. From this point of view, strengthening that Organisational Agility is a condition where the organisation can respond to any changes in its environment.

The Organisational Agility model formulated by Zhang et al., (2022) uses 3 major parts of agility, namely agility drivers, agility capabilities and agility providers. Triggers of agility (agility drivers) are changes in customer desires, competitor activities, government policies and other external factors. The strategy that has been chosen, then translated through 4 management areas in the organisation, namely organisation, technology, human resources and innovation, using old or new techniques and methods, and integrated with the use of information technology. This is called an agility provider. Thus, Organisational Agility occurs due to the

trigger of agility and is responded to through the main area of the organisation as an agility provider. While agility capabilities is the ability where the organisation can quickly read and respond to external conditions (responsiveness), able to carry out the chosen strategy productively, effectively and efficiently, able to utilize the resources, systems and facilities of the organisation to carry out the chosen strategy (flexibility) and able to carry out the chosen strategy (Guo et al., 2023; Zhang et al., 2022).

In addition, this study seeks to examine the internal factors that support the creation of Organisational Agility. In this study, 2 (two) internal factors were selected, namely organisations, in this case the entrepreneurial orientation of organisations and information technology. The entrepreneurial orientation was chosen by considering the uniqueness of the hospital as a socio-economic organisation that is not only health service but also must obtain economic value for service improvement in dynamic and complex environmental conditions. While the information technology factor was chosen with the consideration that an increasingly complex and dynamic environment requires the speed of data and information processing to integrate processes in hospitals. In addition, now the community has begun to demand services that are facilitated by the use of information technology. Several studies have shown that entrepreneurial orientation affects Organisational Agility (Ridwandono & Subriadi, 2019). Service speed and waiting time are determining factors for patient loyalty to the hospital, which can be improved by utilizing information technology (Guo et al., 2023). In addition, this study includes the Dynamic Capability variable as a mediating variable between information technology and entrepreneurial orientation with Organisational Agility. Darvishmotevali et al., (2020) which shows that the relationship between information technology and entrepreneurial orientation with Organisational Agility, respectively, becomes weak or negatively affects when environmental dynamics increase.

2. LITERATURE REVIEW

Organisational Agility

Organisational Agility is the ability to deal with unpredictable changes, overcome threats from the business environment and take advantage of those changes (Zhang et al., 2022). Organisational Agility as the ability of the organisation to detect innovation opportunities and seize competitive market opportunities through the utilization of assets, knowledge and relationships with speed and surprise. Definition of Organisational Agility in research carryout by Guo et al., (2023) with the scope of hospitals is defined as the ability of hospitals to respond to environmental changes, overcome problems arising from these changes and take opportunities so that it can maintain and improve its service capabilities. The breakdown of the four indicators is as follows: Responsiveness, which is the ability to identify changes and the speed with which they respond to those changes. Responsiveness to changes that occur can be seen from the ability of the organisation to: a) Read, interpret and anticipate changes; b) React quickly in the face of change; c) Adapting to or coping with change. Competency, namely the ability possessed to produce productivity, efficiency and effectiveness in an effort to achieve organisational goals. The company's competencies include a) Strategic view; b) Appropriate technology

or adequate technology mastery ability; c) Product quality; d) Cost-effectiveness; e) The number of new products produced; f) Change management; g) competent and empowered human resources; h) Effective and efficient operations ; i) Integration between parts; j) Relationship with internal and external environment; k) and also speed, the ability to complete tasks and production quickly, according to a set time target.

Entrepreneurial Orientation

Entrepreneurship at the organisational level is a process in which it updates itself and its target market proactively, through continuous innovation and risk-taking (Ubochi et al., 2021). In this study, the entrepreneurial orientation process in the hospital organisation allows the hospital to evaluate the position of the hospital routinely proactively in its environment (proactiveness), innovate services continuously to maintain the position of the hospital in its environment (innovativeness) and the courage to take risks (risk-taking) to allocate resources and carry out new practices. Innovativeness of services continuously to maintain the position of the hospital in its environment. Proactiveness includes the organisation's tendency to initiate initiatives compared to other organisations in the same industry and to introduce new services compared to other organisations in the same industry. Risk Taking, the courage to take risks to allocate resources and carry out new practices. Risk taking includes the tendency of the organisation to take risky decisions in conditions of uncertainty, and to dare to take opportunities as necessary in achieving organisational goals.

Information Technology

Organisational information technology is defined as the organisation's ability to drive the optimization of ownership and use of technology and information (Modgil et al., 2022). The ability to utilize technology infrastructure is not only limited to the ability to operate hardware but also includes the ability to function software, manage data and update the necessary information technology elements. The Operational Definition of Information Technology in research with the scope of the hospital is defined as the ownership, use and updating of hospital information technology (Salamzadeh et al., 2022).

Dynamic Capabilities

Dynamic capabilities of the organisation will shape the ability to identify and assess opportunities and threats in the environment (sensing), integrate and reorganize resources owned to capture opportunities or anticipate threats (seizing) and continuously make changes to adapt (reconfigure) respond to rapid environmental changes (Y. S. Wang & Hsu, 2018). Dynamic capability is the ability of a hospital to identify and change in the environment (sensing), integrate and reorganize its resources to respond to the environment, either opportunities or threats (seizing) and continuously make changes to adapt (reconfigure) to respond to rapid environmental changes. Measurement Dynamic capability indicators are measured based on sensing, seizing, and transforming capabilities (Inigo & Albareda, 2019).

Government Policy

Definition of Concept Government policy is the result of the decision of legislative and executive functions in

carrying out legislative policy products and their implementation, in order to manage and influence public life managed by the state and its supporting structures. Government policies have their own objectives and processes in the executive and legislative policy-making process, so that the next is measured based on their real performance in the field, whether the socialized policy is proven or just a promise that has not been widely realized. Evaluation also ensures that the policy process is guaranteed not based on policy implementation alone but ensures that there is a process of circulating results and returning to input to ensure government policies run in the established corridors (Dubey et al., 2023; Kendrick & Mackenzie, 2023).

3. METHOD

Sample

Hospitals in Indonesia are classified in Type A, B, C and D. The classification is based on service capabilities, supporting facilities and facilities as well as human resources (Gov Regulation No. 47 of 2021 concerning the Implementation of the Hospital Sector. The difference between types of hospitals is the number of beds, service capabilities, facilities and human resources. The more the number of beds and the more complete the ability of services, facilities and human resources, the higher the type of hospital.

Table 1. Hospitals in Jawa Timur Province according to Type and Accreditation Status

NO	Hospital TYPE	Number of Hospital	ACCREDITATION STATUS			
			Plenary	Main	Associate	Basis
1	Type A	5	5 (100%)	0	0	0
2	Type B	63	59 (94%)	2 (3%)	2 (3%)	0
3	Type C	197	77 (39%)	32 (16%)	60 (30%)	28 (15%)
4	Type D	138	16 (12%)	12 (9%)	83 (60%)	27 (19%)

According to data obtained from the Directorate General of Health Services of the Ministry of Health of the Republic of Indonesia as of September 2022, the number of hospitals in Jawa Timur is 403 hospitals, consisting of 5 Type A hospitals, 63 Type B hospitals, 197 Type C hospitals and 138 Type D hospitals (Khoirunurrofik & Raras, 2021).

The sample of this study was Type B Hospital in Jawa Timur which amounted to 63 hospitals. The selection of the sample is based on conformity with the research theme with the following justifications: Jawa Timur is the province with the second highest number of hospitals in Indonesia; Jawa Timur has the highest hospital growth from 2012 – 2019 which is 17 percent; and Jawa Timur is the second most hospitals in Indonesia, as many as 89.6 percent have been accredited by the Hospital Quality Commission. Those three reasons illustrate that hospitals in Jawa Timur could manage and improve service quality and are able to innovate in providing services that are described as the highest growth and the largest number in Indonesia. This sampling technique is carried out because the

required research sample has limited criteria, namely having to occupy as President Director or Director or Deputy Director or structural officer 1 (one) level below the Board of Directors who understands the ins and outs of the strategic aspects of the organisation (Khoirunurrofik & Raras, 2021; Wulandari et al., 2021).

Data Types and Sources

This study used 2 types of data, namely primary data and secondary data. The primary data used is information about personal experience of organisational knowledge and capabilities regarding Entrepreneurial Orientation, ownership and use of Information Technology, Dynamic Capabilities, Organisational Agility and Government Policies that affect hospital organisations. Primary data in this study were obtained directly from filling out questionnaires by respondents.

Variable Measurement Techniques

The numeration process is very important to facilitate the analysis of the meaningfulness and influence of each variable, for that the respondents' answer data in the form of actions and opinions are coded using the Likert scale (score 1 - 5) (Hair et al., 2021).

Table 2. Measurement Scale

Answer Options	Notation	Score	Meaning of Notation
Totally Agree	TA	5	Excellent / Very high / Eager
Agree	A	4	Good/high/want
Neutral	N	3	Enough/ neutral
Disagree	D	2	Bad / low / don't want
Strongly Disagree	TD	1	Very bad / Very low / Really don't want to

Research Instrument Test (Pilot Test)

This research is quantitative research that uses questionnaires as an instrument for collecting data. Instruments are the main tool in reaching the reality under study and as a tool.

Validity Test

The validity test is used to measure the validity or validity of a questionnaire. A questionnaire is said to be valid if the questions on the questionnaire are able to reveal something that will be measured by the questionnaire (Hair et al., 2021).

Reliability Test

Reliability tests are used to measure a questionnaire which is an indicator of variables. A questionnaire is said to be reliable if a person's answers to statements will be consistent over time (Hair et al., 2021).

Validity Test with Confirmatory Factor Analysis (CFA) Method

Especially for questions in the questionnaire related to Government Policy variables as moderation variables, instrument testing was also carried out with the validity test of the Confirmatory Factor Analysis (CFA) Method (Basco et al., 2021).

Data Analysis Methods

In this study using several methods to analyze the data that has been obtained,

including Descriptive analysis, inferential statistical analysis, mediation test, and moderation test.

Conceptual Framework

Based on the background, objectives, literature review, previous research from this study and the relationship between variables that have been explained, the conceptual framework used in this study is as follows:

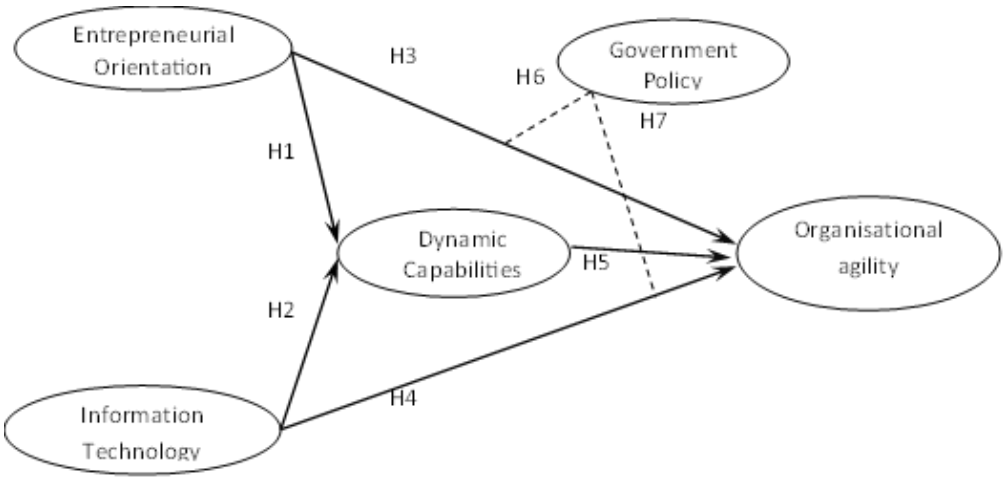

Figure 1. Research Framework

Research Hypothesis

H1. Entrepreneurial orientation has a significant effect on dynamic capabilities.

H2. Information technology has a significant effect on dynamic capabilities.

H3. Entrepreneurial orientation has a significant effect on Organisational Agility.

H4. Information technology has a significant effect on Organisational Agility.

H5. Dynamic capabilities have a significant effect on Organisational Agility.

H6. Government policy moderates significantly the relationship of dynamic capability with Organisational Agility.

H7. Government policy moderates significantly the relationship of information technology with Organisational Agility.

4. RESULTS AND DISCUSSION

This study uses primary data that is generated from questionnaire distribution to respondents through the Secretary of the Board of Directors or the Research Section of the Hospital. The questionnaire was submitted directly by the researcher to give confidence to the hospital on the research being carried out. How to fill out the questionnaire is given through 2 options to facilitate respondent, namely through the questionnaire print form or filling in the google form online, following the development of respondent technology literacy. The questionnaire was distributed to 63 type B hospitals in Jawa Timur Province.

Each hospital is represented by respondents, namely: Director and/or Head of Hospital and/or Deputy Director and/or Manager and/or Head of Section in charge of research or strategic planning. Researchers do not limit the minimum

number of respondents in each hospital. The total number of respondents who returned the questionnaire was 140 respondents. The characteristics of respondents according to their position are as follows:

Table 3. Characteristics of Respondents by Position and Term of Office

NO	DESCRIPTION	RESPONDENTS BY POSITION		RESPONDENTS ACCORDING TO AVERAGE TENURE
		Sum	%	
1	Management	102	73%	3.72 Years
2	Manager	38	27%	2.83 Years
	Total	**140**	**100%**	**3.47 Years**

The questionnaire that was filled out and returned until the end of the filling period, came from 55 hospitals or 87% of the total type B hospitals of 63 hospitals. While total respondents who returned questionnaires as many as 140 respondents from 55 hospitals. Table 5.4 shows the characteristics of respondents according to Position and Average Term of Office. Respondents with the position of Director or Head of Hospital or Deputy Director or Deputy Head of Hospital are grouped as Directors. While respondents with positions 1 level below the Board of Directors are classified as Managers. This illustrates that respondents who provide answers have sufficient understanding of the strategic aspects of hospitals and are able to answer questionnaires that are delivered well and can represent related hospitals.

The total respondents with the Board of Directors position group were10.2 respondents or 7.3% of the total respondents, with an average tenure of 3.72 years. The total respondents with the position group of Managers were 38 respondents or 27% of the total respondents, with an average tenure of 2.83 years. This shows that according to their experience, respondents have a sufficient understanding of the strategic aspects of Hospital and are thus considered capable of giving answers well.

Table 4. Characteristics of Respondent Hospital based on Ownership and Accreditation Level

NO	HOSPITAL OWNERSHIP	RESPONDENTS BY POSITION		TOTAL
		Plenary	Non-Plenary	
1	Government (Local Government, Police, National Army)	29	1	30
2	Private	22	3	25
Total		**51**	**4**	**55**

As mentioned earlier, 140 respondents who filled out and returned the questionnaire, came from 55 hospitals. The hospitals where respondents work are depicted in table 4, A total of 55 hospitals consist of 30 hospitals owned by the Government and 25 hospitals owned by the private sector, all of which have been accredited. From these data, 29 government hospitals are accredited with plenary level

and 22 private hospitals are plenary accredited. It can be concluded that 93% of hospitals represented by respondents are plenary accredited. This illustrates that the respondent's hospital has good quality management so that it is expected to support the respondent's ability to provide questionnaire answers.

Outer Model Analysis

Measurement model is a model with calculation results based on calculations using the PLS program. The method used is Confirmatory Factor Analysis, whereby using this tool it will be known that the existing indicators can really explain a construct. The purpose of the measurement model is to describe how well the indicators in this study can be used as instruments for measuring latent variables (Hair et al., 2021).

To test the validity of variables associated with each indicator, the outer model is tested. This test is to find out whether the selected indicator is appropriate and represents the set variable. A variable is said to have good validity for its construct or latent variable if the standard loading factor is > 0.70. In outer model testing, data will be analyzed related to Convergent Validity, Average Variance Extracted (AVE) values and Composite Reliability. In the convergent validity test, the indicator is said to be valid if the loading factor value > 0.7 and the AVE value in each latent variable > 0.5 (Basco et al., 2021; Hair et al., 2021).

Table 5. Convergent Validity Test Results

VARIABLE	INDICATORS	PARTIAL VALIDITY (LF > 0.7 = Valid)		RATING	OVERALL VALIDITY (AVE ≥ 0.5 = Valid)	
		LOADING FACTOR	KET		AVE	KET
Organisational Agility (Y)	Y1	0.866	Valid	2	0.694	Valid
	Y2	0.866	Valid	3		Valid
	Y3	0.871	Valid	1		Valid
	Y4	0.720	Valid	4		Valid
Entrepreneurship Orientation (X1)	X1.1	0.909	Valid	1	0.756	Valid
	X1.2	0.797	Valid	3		Valid
	X1.3	0.899	Valid	2		Valid
Information Technology (X2)	X2.1	0.938	Valid	1	0.878	Valid
	X2.2	0.937	Valid	2		Valid
Dynamic Capability (Z)	Z1	0.907	Valid	2	0.776	Valid
	Z2	0.918	Valid	1		Valid
	Z3	0.814	Valid	3		Valid
Government Policy (M)	M1	0.786	Valid	3	0.691	Valid
	M2	0.821	Valid	2		Valid
	M3	0.884	Valid	1		Valid

Table 5 shows that the loading factor value of each indicator is greater than 0.7 and the AVE value of each variable is more than 0.5. Thus, this research can be declared valid and pass the convergent validity test. Furthermore, reliability tests were carried out on the research. This test is to determine the consistency of indicators in each variable. Research is said to be reliable if each variable has a Composite Reliability value and Cronbach's alpha > 0.7.

Table 6. Reliability Test Results

VARIABLE	INDICATORS	COMPOSITE RELIABILITY	CRONBACH'S ALPHA	INFORMATION
Organisational Agility (Y)	Y1	0.900	0.851	Reliable
	Y2			
	Y3			
	Y4			
Entrepreneurship Orientation (X1)	X1.1	0.903	0.837	Reliable
	X1.2			
	X1.3			
Information Technology (X2)	X2.1	0.935	0.861	Reliable
	X2.2			
Dynamic Capability (Z)	Z1	0.912	0.854	Reliable
	Z2			
	Z3			
Government Policy (M)	M1	0.870	0.775	Reliable
	M2			
	M3			

In Table 6, the values of composite reliability and Cronbach's alpha, each latent variable has a value greater than 0.7. This means that for each indicator in one variable, respondents' answers tend to be consistent. Thus, this research can be declared reliable because it has met the reliability test.

The next test is discriminant validity, to ensure that one latent variable does not measure the same thing as another latent variable. It is said to be valid if it has a greater AVE square root value compared to other variables (Hair et al., 2021).

Table 7. Discriminant Validity Test Results

	Y	X1	X2	Z	M
Organisational agility (Y)	**0.833**	0.732	0.717	0.804	0.628
Entrepreneurship Orientation (X1)	0.732	**0.870**	0.711	0.739	0.508
Information Technology (X2)	0.717	0.711	**0.937**	0.726	0.638
Dynamic Capability (Z)	0.804	0.739	0.726	**0.881**	0.609
Government Policy (M)	0.628	0.508	0.638	0.609	**0.831**

Table 7 presents the results of discriminant validity testing. Each variable has the greatest value compared to other variables horizontally, so this study meets the requirements of the discriminant validity test. Thus this study can be stated that the measurement model is valid and reliable.

Inner Model Analysis (Structural Model)

The structural model or inner model is used as a test of the research hypothesis, by measuring the R-Square Adjusted and Q-Square values presented in Table 8 below:

Table 8. R-Square Adjusted and Q-Square values

Variable	R^2 Adjusted	Q^2
Dynamic Capability (Z)	0.623	0.631
Organisational agility (Y)	0.570	0.724

Table 8 shows that dynamic capabilities have an Adjusted R-Square value of 0.623, which means that entrepreneurial and information technology orientation variables can predict dynamic capability variables by 62%. Organisational Agility has an R-Square Adjusted value of 0.570. which means that the variables of entrepreneurial orientation, information technology, dynamic capabilities and government policies can predict the variable Organisational Agility by 57%. The Q^2 value of each variable shows a value greater than 0. namely dynamic capability has a Q 2 value of 0.631 and Organisational Agility has a Q^2 value of 0.724. This shows that each independent variable has good predictive relevance where values that are closer to 1 indicate the observation value produce a better model.

Hypothesis Test Results

Hypothesis testing in this study was carried out using the value of path coefficients. The results of the analysis can be described as follows:

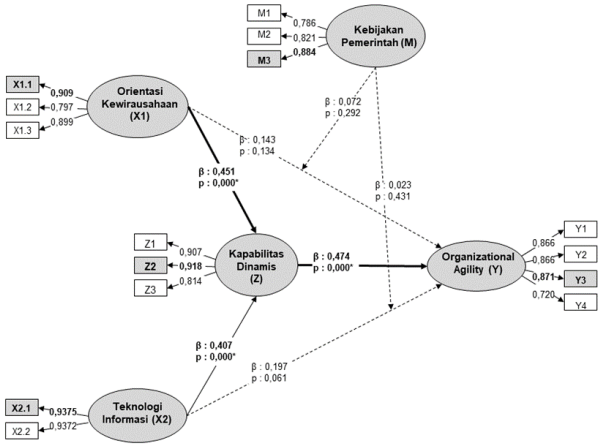

Figure 2. Path Coefficients Chart Analysis Results

Mediation Test Results

Then mediation testing was carried out to determine whether Kapability Dinamis (Z) can act as a mediating variable on the influence of Entrepreneurial Orientation (X1) and Information Technology (X2) on Organisational Agility (Y). The results of the mediation test are shown in table 9 as follows:

Table 9. Specific Indirect Effect Test Results

NO	VARIABLE			β	P-Value (< 0.05)	INFORMATION
	Explanatory Variables	Mediation Variables	Response Variables			
1	Entrepreneurial Orientation	Dynamic Capabilities	Organisational Agility	0.214	0.009*	Mediation
2	Information Technology	Dynamic Capabilities	Organisational Agility	0.193	0.017*	Mediation

The test results found that Dynamic capability (Z) was able to mediate the relationship between Entrepreneurial Orientation (X1) and Organisational Agility (Y). This is indicated by a p-value of 0.009 or less than 0.05 (0.009 < 0.05). The Dynamic capability (X1) is also known to mediate the relationship between Information Technology (X2) and Organisational Agility (Y). This can be seen from the p-value of 0.017 or less than 0.05 (0.017 < 0.05).

Furthermore, the role of mediation will be calculated using the Variance Accounted For (VAF) and Barron &; Kenny (1986) criteria. If the VAF value is above 80% (VAF > 80%) then it is categorized as full mediation, if the VAF value is between 20% - 80% (VAF = 20% - 80%) then it is categorized as a partial mediator (partial mediation) and if the VAF value is below 20% (VAF < 20%) then it can be concluded that there is almost no mediation effect (Hair et al., 2021).

The first calculation of the magnitude of the mediation role was carried out to calculate the mediating role of the Dynamic Capability variable between the variables of Entrepreneurial Orientation and Organisational Agility. The calculation is carried out as follows:

$$\text{VAF} = \frac{\text{Indirect Influence}}{\text{Indirect Influence} + \text{Direct Influence}}$$

$$\text{VAF} = \frac{0.451 * 0.474}{(0.451 * 0.474) + 0.143}$$

$$\text{VAF} = 0.598$$

From the VAF calculation above, the VAF value for the relationship between Entrepreneurial Orientation (X1), Dynamic Capability (Z) and Organisational Agility (Y) is 59.8%. This shows that Dynamic Capability (Z) mediates the effect of Entrepreneurial Orientation (X1) on partial Organisational Agility (Y) (VAF value 20% - 80%).

The second calculation of the magnitude of the mediation role was carried out to calculate the mediation role of the Dynamic Capability variable between Information Technology and Organisational Agility variables. The calculation is carried out as follows:

$$\text{VAF} = \frac{\text{Indirect Influence}}{\text{Indirect Influence} + \text{Direct Influence}}$$

$$\text{VAF} = \frac{0.407 * 0.474}{(0.407 * 0.474) + 0.197}$$

$$\text{VAF} = 0.493$$

From the VAF calculation above, the VAF value for the relationship between Information Technology (X2), Dynamic Capability (Z) and Organisational Agility (Y) is 49%. This shows that the Dynamic Capability (Z) mediates the influence of Information Technology (X2) on Organisational Agility (Y) partially (VAF value 20% - 80%) (Hair et al., 2021).

Moderation Test Results

The moderation variable in this study acts as a variable that can strengthen or weaken the relationship between the predictor variable (independent) and the dependent variable. In accordance with the results of hypothesis testing that have been previously submitted, the results are obtained that Government policy (M) is not significant in moderating the relationship between entrepreneurial K (X1) and Organisational Agility (Y), where the p-value is 0.292 or greater than 0.05 (0.292 > 0.05). While Entrepreneurial Orientation (X1) has no significant effect on Organisational Agility (Y) (P-Value = 0.134 > 0.05). In addition, the Government

policies (M) does not significantly moderate the relationship between Information Technology (X2) and Organisational Agility (Y), where the p-value is 0.431 or greater than 0.05 (0.431 > 0.05). While Information Technology (X2) with no significant effect on Organisational Agility (Y) (P-Value = 0.061 > 0.05).

Goodness of Fit Test Results

The Goodness of Fit test shows the index and measure of the accuracy of the relationship between latent variables (inner model) related to the assumptions. The Fit Criteria The table model below is a Rule of Thumb, so it should not be rigid or absolute. If there are one or 2 Goodness of Fit indicators that are stated to be Good or Ideal, of course, the model can still be used (Hair et al., 2021). The results of the model accuracy test are shown in Table 10 as follows:

Table 10. Model Accuracy Test (Goodness of Fit)

No	Model Fit and Quality Indices	Analysis Results	Model Fit Criteria	Conclusion
1	Average path coefficient (APC)	0.263, P<0.001	P<0.050	Good Fit
2	Average R-squared (ARS)	0.643, P<0.001	P<0.050	Good Fit
3	Average adjusted R-squared (AARS)	0.633, P<0.001	P<0.050	Good Fit
4	Average block VIF (AVIF)	2.669	Acceptable If <= 5, Ideally <= 3.3	Ideal
5	Average full collinearity VIF (AFVIF)	3.810	Acceptable If <= 5, Ideally <= 3.3	Acceptable
6	Goodnes of fit (GoF)	0.647	Small >= 0.1, Medium >= 0.25, Large >= 0.36	Large
7	Sympson's paradox ratio (SPR)	0.750	Acceptable if >= 0.7, ideally = 1	Acceptable
8	R-squared contribution ratio (RSCR)	0.963	Acceptable if >= 0.9, ideally = 1	Acceptable
9	Statistical suppression ratio (SSR)	1.000	Acceptable If >= 0.7	Ideal
10	Nonlinear bivariate causality direction ratio (NLBCDR)	0.688	Acceptable If >= 0.7	Marginal Fit

Based on the results of the model precision test shown in Table 5. 18, it is known that there are 6 out of 10 criteria, namely No. 1-4, 6 and No. 9 Model Fit and Quality Indices, declared good/good fit/ideal. Thus, it can be concluded that the results of the synthesis of several theories combined to form a structural construct on the Path Diagram are worthy of new scientific findings.

Discussion of Research Results

Furthermore, a discussion will be held about the results of the study. At the beginning, a discussion of descriptive analysis will be carried out to get an idea of respondents' answers to questions on each

variable. Furthermore, a discussion was carried out related to the hypothesis test to get a more complete picture related to the results of the study.

Descriptive Analysis Discussion

Descriptive statistical analysis will discuss the mean results of both variables, indicators, and question items. In addition, it will also be discussed related to the Loading Factor of each indicator to show the strongest variable measuring factor (dominant) so that it can also be interpreted as a dominant contribution in representing variables.

Table 11. Mean Value and Loading Factor Variables and Indicators

No	Variables and Indicators	Mean Indicator	Variable Mean	Loading Factor
I	**Organisational Agility (Y)**		4.06	
1	Responsiveness (Y.1)	4.25		0.866
2	Competency (Y.2)	4.40		0.866
3	Flexibility (Y.3)	4.04		0.871
4	Quickness (Y.4)	3.50		0.720
II	**Entrepreneurial Orientation (X.1)**		3.99	
1	Innovativeness (X.1.1)	3.95		0.909
2	Proactiveness (X.1.2)	3.91		0.797
3	Risk Taking (X.1.3)	4.13		0.899
III	**Information Technology (X.2)**		4.14	
1	IT Infrastructure (X.2.1)	4.08		0.938
2	IT Capability (X.2.2)	4.19		0.937
IV	**Dynamic Capability (Z)**		4.09	
1	Sensing (Z.1)	4.04		0.907
2	Seizing (Z.2)	4.07		0.918
3	Transforming (Z.3)	4.15		0.814
V	**Government Policy (M)**		3.72	
1	Government Policy related to Hospital Entrepreneurship Orientation (M.1)	3.68		0.786
2	Government Policy related to Information Technology (M.2)	3.99		0.821
3	Government Policy related to Health Insurance in Social Security Program (M.3)	3.57		0.884

Furthermore, the results of testing this research hypothesis will be described. The discussion is based on empirical findings, theories and some relevant research and is used as a reference for this research. The discussion aims to explain the relationship between variables described in this research model.

The Effect of Entrepreneurial Orientation on Dynamic Capabilities

According to the results of the hypothesis test that has been carried out, it is known that the Entrepreneurial Orientation variable affects Dynamic Capability by 0.451 with a significance value of 0.000. Thus, it is concluded that Entrepreneurial Orientation has a significant effect on Dynamic Capability. This is supported by research carryout by

Colombo et al., (2021) with 302 small companies in Nigeria, which showed that Entrepreneurial Orientation influences the development of the company's Dynamic Capabilities. Miao et al., (2022) conducted a study on 188 CEOs of companies in China and produced research results that CEO Entrepreneurial Orientation affects the company's Dynamic Capabilities. Thus, the results of the test of the influence of Entrepreneurial Orientation on the Dynamic Capabilities of organisations in this study support previous research. The test results show that Entrepreneurial Orientation has a significant effect on Dynamic Capabilities. While dynamic capability is the ability of the organisation to adjust and rearrange organisational capabilities, resources and functional competencies, to changes in the environment. When associated with the organisation's Entrepreneurial Orientation, entrepreneurial orientation plays a role in supporting the creation of Dynamic Capabilities which lead to organisational performance in uncertain external environmental conditions. Without changing the Entrepreneurial Resources owned through Dynamic Capabilities, these resources will not have an impact on organisational performance in a rapidly changing environment. From the answers to the questionnaire respondent, it was obtained that the picture of Entrepreneurial Orientation has a mean that is not too large, which is 3.99, while Dynamic Capability has a mean value of 4.09. From the partial validity test, it was found that Innovativeness is the dominant factor that creates Entrepreneurial Orientation, while Seizing is the dominant factor that creates Dynamic Capability. It can be concluded that respondents rated the Entrepreneurial Orientation and Dynamic Capability of Hospital where they work is still lacking.

The Effect of Information Technology on Dynamic Capabilities

Based on the result, the Information Technology variable affects Dynamic Capability by 0.407 with a p-value of 0.000. Thus, it can be concluded that Information Technology has a significant effect on Dynamic Capabilities. The results of this study are in accordance with the research conducted by Inigo & Albareda, (2019) and Uner et al., (2020) show that information technology has a significant effect on dynamic capabilities and information technology cannot directly affect company performance, but rather through dynamic capabilities. Barrutia et al., (2022) also supports the relationship between information technology and dynamic capabilities. The results showed that information technology has a significant effect on dynamic capabilities in organisations. Information technology cannot drive performance improvement directly but contributes indirectly through improved dynamic capabilities that are broken down in second order into coordination, integration and flexibility that act as full mediation. Likewise, Uner et al., (2020) explains that information technology enhances the dynamic capabilities of partnerships, which in turn increases the value of partnerships. From the partial validity test, data was obtained that IT Infrastructure is the dominant factor in the variable of Information Technology utilization, while Seizing is the dominant factor that creates Dynamic Capabilities. It can be concluded that respondents rated Information Technology and Dynamic Capabilities of hospitals where they work is still lacking. It is necessary to increase the

ability to update information technology regularly, considering that respondents rated low on the ability of hospitals to have Information Technology infrastructure with the latest technology. Meanwhile, to improve Dynamic Capabilities, hospitals need to develop and implement standard and routine mechanisms to share information obtained from environmental observations.

The Effect of Entrepreneurial Orientation on Organisational Agility

Based on the result, the Entrepreneurial Orientation variable affects Organisational Agility by 0.143 with a p-value of 0.134. Thus, it can be concluded that Entrepreneurial Orientation has an insignificant effect on Organisational Agility. When compared to previous studies, the results of this study do not support the research conducted by Priyono et al., (2020) where both studies show that Entrepreneurial Orientation has a significant effect on Organisational Agility. Similarly, research conducted by Zhang et al., (2022) shows that entrepreneurial orientation has a significant effect on Organisational Agility. While the research of Darvishmotevali et al., (2020) which examines the relationship of entrepreneurial orientation with Responsiveness, as the main element of Organisational Agility, places Technological Turbulence as a moderation variable. The results showed that entrepreneurial orientation had a significant and positive effect on Organisational Agility. Similarly, the research of Guo et al., (2023) which resulted in the fact that entrepreneurial orientation has a strong influence on Organisational Agility. However, in the entrepreneurial orientation element, in this case risk taking and proactiveness do not affect one of the elements of Organisational Agility, namely flexibility. Still, in the research of Guo et al., (2023) where the research shows the results that some indicators in Entrepreneurial Orientation have no effect on the Flexibility indicator on the Organisational Agility variable, then the results of this study support the results of the study. It can be concluded that respondents rated the Entrepreneurial Orientation and Organisational Agility of Hospital where they work is still lacking.

The Effect of Information Technology on Organisational Agility

According to the results of the hypothesis test that has been carried out and described earlier, it is known that the Information Technology variable affects Organisational Agility by 0.197 with a p-value of 0.061. Thus, it can be concluded that Information Technology has an insignificant effect on Organisational Agility. Lee & Lee, (2018) showed that the use of information technology carried out in hospitals as research objects, showed a significant influence on Organisational Agility where the use of information technology encourages the ability of hospitals to capture change and create new opportunities. Sadreddin & Chan, (2023) shows that the use of technology on the Internet of Things affects Organisational Agility in hospitals, along with the expectation of patients to be involved in their health services, the use of the Internet of Things will make patients more involved and hospitals can provide more personalized services to patients. Alolayyan et al., (2020) shows that the use of digital technology affects hospital care service agility through the ability to exchange patient health data, which researchers call

care service orientation. In this study, digital platform capability was used to measure information technology. The results showed that IT Competencies have a significant effect on Organisational Agility. The study also added environmental dynamism as a moderation variable of the relationship between IT competencies and Organisational Agility, where the results showed that higher environmental dynamism will make the relationship between IT competencies and Organisational Agility weak. From the answers to the questionnaire respondent, it was found that Information Technology had the largest mean among other variables, which was 4.14, while Organisational Agility had a mean value of 4.06. From the partial validity test, data was obtained that IT Infrastructure is the dominant factor in the variable of Information Technology utilization, while Flexibility is the dominant factor that creates Organisational Agility. It can be concluded that respondents rated Information Technology and Organisational Agility Hospital where they work is still lacking.

The Effect of Dynamic Capabilities on Organisational Agility

According to the results of the hypothesis test that has been carried out and described earlier, it is known that the Dynamic Capability Variable affects Organisational Agility by 0.474 with a p-value of 0.000. Thus, it is concluded that Dynamic Capabilities have a significant effect on Organisational Agility. This is in accordance with previous research conducted by Zhang et al., (2022). Research conducted by Fosso Wamba, (2022) shows that Integration and Coordination Ability affect Organisational Agility, while Sensitivity and Reconfiguring have no effect. Darvishmotevali et al., (2020) research shows that dynamic capabilities affect Organisational Agility. Research by Wanasida et al. shows that business capabilities have an impact on Organisational Agility. Asmaningrum et al., (2022) research in hospitals after the Covid 19 pandemic also shows that dynamic capabilities affect Organisational Agility in hospitals during the Covid 19 pandemic. From the answers to the respondents' questionnaire, it was obtained that Dynamic Capability had a mean of 4.09, while Organisational Agility had a mean value of 4.06. From the partial validity test, data were obtained that flexibility is the dominant factor in Organisational Agility variables, while seizing is the dominant factor that creates dynamic capabilities. It can be concluded that respondents rated the Dynamic Capability and Organisational Agility of the Hospital where they work is still lacking (Irwandy & Sjaaf, 2020; Wulandari et al., 2021). Therefore, hospitals need to develop and implement standard and routine mechanisms to share information obtained from environmental observations. Meanwhile, to increase Organisational Agility, hospitals need to develop flexibility in their resources and organisation to meet community expectations.

The Role of Government Policy as a Moderation Variable in the relationship of Entrepreneurial Orientation to Organisational Agility

According to the results of the hypothesis test that has been carried out and previously described, it is known that the Government Policy Entrepreneurship Orientation Variable has an effect on Organisational Agility of 0.072 with a p-value of 0.292. Because the p-value > 0.05,

H6 is rejected. Thus, it is concluded that Government Policy has no significant effect on the relationship between Entrepreneurial Orientation and Organisational Agility. This is not in accordance with the research of Bärnreuther, (2023) that addresses issues related to Entrepreneurial Orientation, which involves entrepreneurial leadership and entrepreneurial ability as key determinants of MSME growth in India. This study explores the mediating role of employee motivation and moderation of Government Policy interventions. The results support the idea that government policy plays an important role as a full moderator on the relationships tested. The results of the study are in line with the results that entrepreneurial orientation does not affect Organisational Agility, thus the Government Policy variable also does not moderate the relationship between entrepreneurial orientation and Organisational Agility. However, data obtained that Government Policy related to Social Security Health Insurance Program is the dominant factor that forms government policy variables. The item that scored low on the Government Policy Variable related to the Social Security Policy of the Health Insurance Program was the ability of hospitals to improve service capabilities, increase investment and respond quickly to environmental changes. This shows that Government Policy related to Social Security Policy of Health Insurance Program does not make it easier for hospitals to improve service capabilities, increase investment and respond quickly to environmental changes.

The Role of Government Policy as a Moderation Variable in the relationship of Information Technology to Organisational Agility

According to the results of the hypothesis test that has been carried out and previously described, it is known that the Information Technology Variable (X2) * Government Policy (M) affects Organisational Agility (Y) of 0.023 with a p-value of 0.431. Because the p-value > 0.05, H_7 is rejected. Thus, it is concluded that Government Policy (M) has no significant effect on the relationship between Information Technology (X2) and Organisational Agility (Y). This does not support research conducted by Gibson et al., (2023) and Wang et al., (2018) which investigates the relationship between Information Technology's ability to Organisational Agility along with the moderating impact of environmental factors that influence government policy. Environmental factors (studied as diversity and unsupportive aspects of the environment including unsupportive government policies) have a significant obstacle effect on the relationship between Information Technology and Organisational Agility.

The Role of Dynamic Capability as Mediation in the relationship between Entrepreneurship and Information Technology Orientation to Organisational Agility

Based on the result, the Dynamic Capability can mediate the relationship between Entrepreneurial Orientation and Organisational Agility, and also the relationship between Information Technology and Organisational Agility. From the VAF calculation, the VAF score for the relationship between

Entrepreneurial Orientation, Dynamic Capability and Organisational Agility was 59.8%. This shows that Dynamic Capability mediates the influence of Entrepreneurial Orientation on Organisational Agility partially. Meanwhile, from the VAF calculation for Information Technology, Dynamic Capability and Organisational Agility relationships, a VAF value of 49% was obtained. This shows that Dynamic Capability mediates the influence of Information Technology on Organisational Agility partially. The results explain that Entrepreneurial Orientation will have an impact on creating Organisational Agility through dynamic capabilities (Hussain & Malik, 2022; Priyadi et al., 2022). It is appropriate, that without changing the Entrepreneurial Resources owned through Dynamic Capabilities, these resources will not have an impact on the performance of the organisation in a rapidly changing environment. The results showed that higher environmental dynamism will make the relationship between IT competencies and Organisational Agility weak. In accordance with this, it can be explained that when in a dynamically changing environment, organisations need capabilities that are able to adjust and reorganize organisational capabilities, resources, and functional competencies quickly.

5. CONCLUSION

The results of the hypothesis test show that the variable Entrepreneurial Orientation influences Dynamic Capability by 0.451 with a significance value of 0.000, thus H1 is declared accepted or concluded that Entrepreneurial Orientation has a significant effect on Dynamic Capability. The results of the hypothesis test showed that the variable Entrepreneurial Orientation influenced Organisational Agility of 0.143 with a p-value of 0.134 thus H3 was declared rejected where Entrepreneurial Orientation had an insignificant effect on Organisational Agility. The results of the hypothesis test show that the Information Technology variable influences Organisational Agility of 0.197 with a p-value of 0.061, thus H4 is declared rejected or it is concluded that Information Technology has an insignificant effect on Organisational Agility. The results of the hypothesis test show that the Dynamic Capability variable affects Organisational Agility by 0.474 with a p-value of 0.000, thus H5 is declared accepted or concluded that Dynamic Capability has a significant effect on Organisational Agility. The results of the hypothesis test show that the variable Entrepreneurial Orientation. Government Policy affects Organisational Agility by 0.072 with a p-value of 0.292, thus H6 is declared rejected or it is concluded that Government Policy has no significant effect on the relationship between Entrepreneurial Orientation and Organisational Agility. According to the results of the hypothesis test, it is known that Information Technology variables have a significant effect on Dynamic Capabilities. According to the results of the hypothesis test, it is known that the variable of Entrepreneurial Orientation has an insignificant effect on Organisational Agility. According to the results of the hypothesis test, it is known that Information Technology variables have an insignificant effect on Organisational Agility. According to the results of the hypothesis test, it is known that the Dynamic Capability Variable has a significant effect on Organisational Agility. According to the results of the hypothesis

test that has been carried out, it is known that Government Policy Variables have an insignificant effect on the relationship between Entrepreneurial Orientation with Organisational Agility and Information Technology with Organisational Agility.

Suggestion

Increased innovativeness and risk taking are needed to improve entrepreneurial orientation, considering that respondents rated very low on the ability of hospitals to produce new products within 3 years. Meanwhile, to improve Dynamic Capability, hospitals need to develop and implement standard and routine mechanisms to share information obtained from environmental observations. To improve information technology capabilities, it is necessary to increase the ability to update information technology regularly, considering that respondents rated low on the ability of hospitals to have Information Technology infrastructure with the latest technology. Hospital management needs to increase budget allocation for regular information technology updates. To improve Organisational Agility, hospitals need to develop the flexibility of their resources and organisation to meet community expectations. It is a challenge for management to dare to make decisions quickly while still anticipating risks and following the rules considering that hospitals are an industry full of strict regulations and service standards. The item that scored low on the Government Policy Variable related to the Social Security Policy of the Health Insurance Program was the ability of hospitals to improve service capabilities, increase investment and respond quickly to environmental changes. This shows that Government Policy related to Social Security Policy of Health Insurance Program does not make it easier for hospitals to improve service capabilities, increase investment and respond quickly to environmental changes.

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