KEY BEHAVIORAL INDICATORS OF COMMUNITY HEALTH CENTER EMPLOYEES

Verani Dwitasari[1], Qurratul Aini[2]
[1]Master of Hospital Management, Post Graduate Program, Universitas Muhammadiyah Yogyakarta
[2]Master of Hospital Management, Post Graduate Program, Universitas Muhammadiyah Yogyakarta
Email: veranidwitasari@gmail.com

ABSTRACT

Background: Performance measurement needs to be done, not only by assessing results, but also by assessing whether process is running optimally. One of the measuring tools that can be used to assess the performance process is Key Behavioral Indicators. This study aimed to measure the performance of Community Health Center employees using Key Behavioral Indicators.
Method: This research used descriptive survey method with a quantitative approach. The data were collected through questionnaire distributed to 40 employees of Community Health Center as respondents. Data were analyzed using descriptive method which followed by multiple linear regression test.
Result and Discussion: The mean value of employee performance is 3.95. From the simultaneous F test, the value of F count is 0.2454 with sig. 0.053 ($p > 0.05$). From the partial t test obtained the significance value of gender, age, profession, and period of work >0.05, while the level of education variable is 3.139 with sig. 0.003 ($p<0.05$).
Conclusions: The level of employee performance has met the expectations. Gender, age, education, profession, and work period do not have a simultaneous effect on performance. Education partially has a significant effect on employee performance.

Keywords: Performance measurement, Key Behavioral Indicators measuring tool.

BACKGROUND

Indonesia is expected to be ready to face the tight competition in free trade among ASEAN countries, including the health sector. It is necessary to improve the competitiveness of health care facilities in Indonesia. Some efforts need to be made to improve the quality of health services in Indonesia, one of them with national and international accreditation.[1]

Human resources greatly contribute to the development and achievement of an organization. In this case, the performance of human resources can affect the quality improvement in an organization.[2] The study of Aboazoum et al. (2015), explains that individual performance cannot be separated from the success of an organization.[3]

In order to encourage the performance improvements, performance measurement is needed. Employee performance must be evaluated and monitored regularly.[4] There are two performance metrics that are generally used, namely the Key Performance Indicator (KPI) and the Key Behavioral Indicator (KBI).

Key Performance Indicator (KPI) is a measurement tool that is useful for generating business output. Superficially, the KPI seems to be a great tool for any sustainable improvement program. But if we analyze further, KPI only measures one side of the results, not what should be improved in the work process.

Behavior is an area of management concern that has not received much attention in an organization. Behavior can be used as a benchmark for employee performance. Without people who are doing the right behavior, a work unit will not be able to achieve optimal results. In this case, Key Behavioral Indicators (KBI) can be used as a measurement tool to assess whether the process is running optimally.[6] KBI can accurately measure employee performance based on factors that affect the total success of a program.

KBI tools identified in this study consist of universal performance factors which include functional and technical skills, communication skills, client services, problem solving and decision making, inclusiveness, commitment to quality, and collaboration and teamwork. These factors need to be identified and developed to improve overall employee performance.[7]

The general purpose of this study is to measure the performance of

Community Health Center employees using Key Behavioral Indicators. The specific purposes of this study is to analyze the performance measurement of Community Health Center employees based on functional and technical skills, communication skill, client services, problem solving and decision making, inclusiveness, quality of commitment, collaboration and teamwork using Key Behavioral Indicators. The other purpose is assessing the influence of respondent characteristics (gender, age, education, profession, and period of work) on employee performance.

This research is expected to contribute to the development of hospital management science which includes employee performance management. For related institution, it is expected to be a guideline for implementing performance improvements of Community Health Center employees. For the government, it can be a reference for improving the performance quality in other health facilities. For the community using Community Health Center services are expected to get more optimal, better health services.

RESEARCH METHOD

The research method used in this study was a descriptive survey method with a quantitative approach. The research subjects were Community Health Center employee and the research object was performance measurement with Key Behavioral Indicators. The samples were functional employees of Community Health Center who lied 40 people. Data collection in this study used a questionnaire with Likert scale.

5 = Always

4 = Often

3 = Sometimes

2 = Seldom

1 = Never

The result of the performance level is based on the average score of the respondent's answer and is classified into:

5 = Exceptional Performance

4,00-4,99= Exceeds Performance Expectations

3,00-3,99 = Successfully Meets Performance Expectations

2,00-2,99 = Performance Needs Improvement

1,00-1,99 = Unsatisfactory Performance

The data were analyzed using quantitative descriptive method followed by examining the relationship between

respondent characteristics (gender, age, level of education, type of profession, and period of work) with performance factors using multiple regression tests on SPSS program.

RESULT

Validity and Reliability Test

Table 1.Validity Test Result

Fungsional & Technical Skills	**r Count**	**Sig.**	**Result**
Question 1	0,770	0,000	Valid
Question2	0,821	0,000	Valid
Question3	0,916	0,000	Valid
Question4	0,629	0,000	Valid
Question 5	0,761	0,000	Valid
Communication Skills	**r Count**	**Sig.**	**Result**
Question 6	0,715	0,000	Valid
Question 7	0,796	0,000	Valid
Question 8	0,787	0,000	Valid
Question 9	0,889	0,000	Valid
Question 10	0,784	0,000	Valid
Question 11	0,599	0,000	Valid
Client Services	**r Count**	**Sig.**	**Result**
Question 12	0,682	0,000	Valid
Question 13	0,747	0,000	Valid
Question 14	0,872	0,000	Valid
Question 15	0,698	0,000	Valid
Question 16	0,736	0,000	Valid
Question 17	0,768	0,000	Valid
Problem Solving	**r Count**	**Sig.**	**Result**
Question 18	0,699	0,000	Valid
Question 19	0,815	0,000	Valid
Question 20	0,857	0,000	Valid
Question 21	0,720	0,000	Valid
Question 22	0,698	0,000	Valid
Inclusiveness	**r Count**	**Sig.**	**Result**
Question 23	0,740	0,000	Valid
Question 24	0,900	0,000	Valid
Question 25	0,747	0,000	Valid
Question 26	0,900	0,000	Valid
Question 27	0,702	0,000	Valid
Quality of Commitment	**r Count**	**Sig.**	**Result**
Question 28	0,831	0,000	Valid
Question 29	0,835	0,000	Valid
Question 30	0,798	0,000	Valid
Question 31	0,903	0,000	Valid
Question 32	0,841	0,000	Valid
Collaboration & Teamwork	**r Count**	**Sig.**	**Result**
Question 33	0,866	0,000	Valid
Question 34	0,876	0,000	Valid
Question 35	0,761	0,000	Valid
Question 36	0,834	0,000	Valid
Question 37	0,740	0,000	Valid

Source: Data processing, 2018.

Table. 2 Reliability Test Result

No	**Variable**	**α Value**	**Result**
1.	Fuctional& Technical Skills	0,963	Good Reliability
2	Communication Skills	0,851	Good Reliability
3.	Client Services	0,846	Good Reliability
4.	ProblemSolving-Decision Making	0,811	Good Reliability
5.	Inclusiviness	0,859	Good Reliability
6.	Quality of Commitment	0,896	Good Reliability
7.	Collaboration & Teamwork	0,876	Good Reliability

Source: Data processing, 2018.

Question items are valid if the correlation coefficient r counts ≥ r table. Validity can also be seen from the significance value ≤0.05.

R table is obtained by looking at df (degree of freedom) at a significance of 5% (0.05). In the study, it was obtained df = 38, so that r table was 0.3120. All Question items in the study (Question No.1-37) have r count> 0.3120 with a

significance of 0,000 which means that all question items are valid (Table 1).

In the reliability test, all variables have good reliability, with a value of α>0.6 (Table 2).

Characteristics of Respondents

Table 3 is describing the distribution of respondents' characteristics. Functional employees are dominated by female employees, with a total of 34 people (85%), while male employees number 6 (15%). The highest age of functional employee of Community Health Center is 31-40 years old (67.5%), followed by 41-50 years old (27.5%), and lastly >50 years (5%). Most of the level educations of functional employee are D3, as many as 29 people (72.5%). Employees with S1 are 4 people (10%), D4 are 2 people (5%), and high school is 1 person (2.5%). Employee profession consists of 3 doctors / dentists (7.5%), 14 nurses (35%), 19 midwives (47.5%) and others 4 people (10%) consisting of 1 laboratory analysis, 1 sanitarian, 1 pharmacist assistant, and 1 nutrition. The employee's working period varies greatly. There are 7 people with a working period of ≤5 years (17.5%), 13 people with a working period of 6-10 years (32.5%), 9 people working period 11-15 years (22.5%), 3 people working period work 16-20 years (7.5%), and 8 people> 20 years (20%).

Table 3. Distribution of Respondent Characteristics

Gender	**N**	**Percentage**
Male	6	15 %
Female	34	85 %
Age	**N**	**Percentage**
31-40 y.o	27	67,5 %
41-50 y.o	11	27,5 %
>50 y.o	2	5 %
Level of Education	**N**	**Percentage**
High School	1	2,5%
D1	4	10%
D3	29	72,5%
D4	2	5%
S1	4	10%
Type of Profession	**N**	**Percentage**
Doctor/Dentist	3	7,5 %
Nurse	14	35 %
Midwife	19	47,5 %
Others	4	10%
Period of Work	**N**	**Percentage**
≤5 y	7	17,5 %
6-10 y	13	32,5 %
11-15 y	9	22,5 %
16-20 y	3	7,5 %
>20 y	8	20 %
Total	40	100

Source: Data processing, 2018.

Performance Measurement Result

From Table 4, the mean value of employees' performance is 3.95 (±0.48). This shows that the performance of Community Health Center employees has met the expectations.

Table. 4 Distribution of Performance Measurement Results

Variable	Mean	SD	Minimum	Maximum
Performance	3.95	0.48	3.16	4.78
Fungsional & Technical Skills	3.99	0.63	2.60	5.00
Communication Skillsi	4.13	0.56	3.20	5.00
Client Services	3.85	0.54	2.70	5.00
Problem Solving & Decision Making	3.74	0.54	2.40	5.00
Inclusiveness	4.15	0.58	3.20	5.00
Quality of Commitment	3.68	0.58	3.00	5.00
Collaboration & Teamwork	4.06	0.58	3.00	5.00

Source: Data processing, 2018.

The mean value of the functional and technical skills of Community Health Center employees is 3.99 (±0.63). This shows the performance level of Community Health Center employees based on functional and technical expertise has met expectations.

The mean value of the communication skill factor is 4.13 (±0.56). This means that the level of performance of Community Health Center employees based on communication skills achieved achievement exceeded expectations.

In the client service factor, the mean value is 3.87 (±0.54), which means that the level of performance based on the customer service factor of Community Health Centeremployees has met expectations.

For the mean value of problem solving and decision making factors is 3.74 (±0.54) which means that the performance level of Community Health Center employees based on problem solving factors and decision making has met expectations.

The mean value of the inclusiveness factor is 4.15 (±0.58). This shows that the level of performance of Community Health Center employees based on inclusiveness factors achieved exceeded expectations.

For the mean value of the quality of commitment is 3.68 (±0.58). This value shows that the level of performance of Community Health Center employees based on the quality of commitment factor has met expectations.

Whereas for the mean value of collaboration and teamwork is 4.06

(±0.58), which means that the performance level of Community Health Center employees is based on the collaboration and teamwork achieving exceeds expectations.

Relationship Between Respondents Characteristics and Employee Performance

To assess the influence of the respondent's characteristics on employee performance, multiple regression tests have been carried out which have been assessed for classical assumptions. Classic assumption test is assessed based on multicollinearity test, heteroscedasticity test, normality, and autocorrelation test. According to Ghozali (2013):

- Multicollinearity test

Table 5.Multicollinearity Test Result

Variable	Collinierity	
	Tolerance	VIF
Gender	0,496	2,016
Age	0,553	1,807
Education	0,514	1,945
Profession	0,364	2,745
Period of Work	0,727	1,375

Source: Data processing, 2018.

Multicollinearit test is carried out by comparing the value of tolerance and variance inflation factor (VIF) with the required values. If the value of t> 0.10, or equal to the value of VIF <10, then the data compiled is free from multicollinearity. In Table 6, it shows that the variables of gender, age, education, profession, and period of work fulfill the requirements of multicollearity test.

- Heteroscedasticity test aims to assess whether residual variance inequality occurs in regression models from one observation to another. In this study, heteroscedasticity did not occur by looking at the plot graph between the predicted values of the dependent variable, ZPRED and SRESID residuals.
- Normality test aims to assess whether the independent and dependent variable regression models have a normal distribution with a Normal Probability Plot (P-Plot).[8]

From the analysis results obtained:

$Y = 103,125 + (-10,374)* X_1 + (-1,567)*X_2 + 14,119*X_3 + 7,735*X_4 + 1,313* X_5$

Y = Performance

Constanta = 103,125

X1 = Gender
X2 = Age
X3 = Level of Education
X4 = Profession
X5 =Period of Work

Simultaneous F test

By comparing the F count > F table on the Sig. <0.05. F table is seen in df1 5 (k-1) and df2 34 (n-k) which is 2.49. Whereas F count is 2,454 (F count <F table) and sig. 0.053 which means gender, age, profession, education, and period of work have no significant effect (simultaneously) on employee performance.

Parsial T Test

Tabel 6. T-count Test Result

Variable	t-Count	Sig
Gender	-1,011	0,319
Age	-0,261	0,795
Education	3,139	0,003
Profession	1,390	0,174
Period of Work	0,592	0,558

Source: Data processing, 2018.

Table 6. shows that gender, age of profession, and period of work have a significance> 0.05, which means that the independent variables of gender (sig. 0.319), age (sig. 0.795), profession (sig. 0.174), and period of work (sig. 0.558) does not significantly influence the performance variable.

As for the education variable, it has a count of 3,139 with sig. 0.003 (<0.05) which means that education independent variables have a partial positive and significant effect on employee performance variables. The higher education, the higher the performance and vice versa.

Determination Coefficient

From the results obtained the coefficient of determination (R2) of 0.26. This means that only 26% of the dependent variable (employee performance) is affected by the existence of independent variables of gender, age, education, profession, and work period, while the remaining 74% is explained by other reasons outside the variables in the study.

DISCUSSION

Perfomance Measurement of Community Health Center Employees using Key Behavioral Indicators

The performance of Community Health Center employees using Key Behavioral Indicators generally has met the expectations. The performance of

Community Health Center employees has consistently fulfilled the goals, job requirements, and expectations. Employees provide strong, reliable, and meaningful contributions to the work unit.

In a study it was explained that the success of a company depends on employee performance.[9] Other research also mentions that performance appraisal and employee participation have a positive effect on organizational effectiveness.[10]

Functional and Technical Skill Factor

The performance level of Community Health Center employees based on functional and technical skills has met expectations.

This result is supported by conditions at Community Health Center, where functional employees of Community Health Center are health workers who have appropriate educational qualifications, and 35 of the 40 functional employees have participated in additional training that supports their skills. The development of human resources through education and training that is appropriate to needs can influence the competence measurement of the workers in carrying out tasks related to technical skills.[11] Other studies also mention that skills can be obtained through education, training or experience embedded in individuals.[12]

However, in keeping with the development of prevailing policies, regulations and / or technological progress, employees of Community Health Center only achieve sufficient assessment or meet expectations. This might be improved by increasing employee socialization of the applicable policies or laws.

Communication Skill Factor

The performance level of Community Health Center employee based on communication skills achieved exceeded expectations.

From the data obtained from the "Pedoman Pengorganisasian UPTD Community Health Center" it is known that almost every employee is responsible for different programs. The activeness of every employee of Community Health Center in contributing in program can affect their communication skills.

In line with Mahajan's (2015) explanation, communication skills cannot be taught, but can be developed through

training, dedication, and decent hard work. The more time spent to listening, speaking, reading and writing is very helpful in improving communication skills.[13]

Client Service Factor

The performance level of Community Health Center staff based on client service factors has met expectations.

The commitment of Community Health Center in fulfilling client services is optimally contained in one of the Puskesmas missions, namely maintaining and improving quality, equitable and affordable health efforts. In addition, in the value system of Community Health Center is also principled to provide excellent service and services that are fast, precise, responsive and friendly. This is in line with Somerville's (2011) research which shows that the importance of organizational leadership creates and instills a client service-based organizational culture that includes innovation, trust, collegiality, empowerment and appropriate risk taking that enables improving the quality of client services.[14]

Client service implementation that has met expectations is seen in the Community Health Center's program in obtaining input or communication from the community and service quality improvement programs. In an effort to obtain input from the community there were several programs implemented, including direct surveys to residential areas, suggestion boxes and dissatisfied boxes placed within the Puskesmas, providing telephone services, and cross-sectoral coordination. Whereas in an effort to improve quality, quality management teams have been formed that play a role in policy making, planning, implementing, monitoring, and evaluating in relation to the quality of Community Health Center services.

In the implementation of client services, it is not only enough to achieve expectations, but can be improved especially on elements of problem solving as early as possible, skill in serving various types of clients, and responding to all client requests in a timely manner. One that can be done is to improve internal communication.

Problem Solving and Dicision Making Factor

Performance level of Pukesmas Bendo employees based on problem

solving factors and decision making has met expectations.

In a study explained that the process of solving problems will be easier if done by exploring and analyzing problems systematically. Proactive attitudes and expanding the individual's knowledge base by using various sources of information enable them to integrate knowledge and interdisciplinary approaches. Increasing frequency in facing a problem that must be solved,can further increase innovation and creativity.[15] Batista et al. (2005) explain that the need to share experiences and analysis in problem solving, thus allowing the production of knowledge that strengthens the transformation of problem solving practices.[16]

Systematic problem solving has been carried out at the Puskesmas. The method that has been used is Root Cause Analysis (RCA) as in the case of phlebitis in hospitalization, as well as the use of Requirements Traceability Matrix (RTM) in solving problems from the suggestion box regarding the lack of seating and length of queues.

Employee performance based on problem solving abilities and decision making can still be optimized. One way is to socialize the use or selection of problem solving methods systematically to all employees.

In the research of de Guzman and Choi (2013), functional expertise will influence communication, teamwork, problem solving, self management, and organizational ability.[17] Whereas teamwork can also improve problem solving abilities.[18] In this case, the strengthening of performance factors others, namely on the functional skill factor and teamwork, can help in improving problem solving skills and employee decision making

Inclusiveness Factor

The performance level of Community Health Center employees based on inclusiveness factors achieved exceeded expectations.

According to Jayne and Dipboye (2004), there are several programs that include inclusiveness, including:

- Regulation of the composition of the workforce.
- Development of external relations
- Participate in training.
- Creating internal structures to maintain programs.[19]

In the implementation at the Community Health Center, inclusiveness can be seen from the opportunity for each employee to contribute to a program. In developing external relations with groups outside the organization, Community Health Center has a program to develop active participation for all components of society, such as cross-sectorals, professional organizations, or community organizations. In addition, involving employees in various trainings is also a Puskesmas effort in building the inclusive environment.

Quality of Commitment Factor

The level of performance of Community Health Center employee based on commitment to quality factors has met expectations.

With leadership commitment, full implementation of safety culture, and improvement in the overall application of tools and methods can improve the quality of health services.[20] Javed's (2015) research also mentions that quality management is the responsibility of top management.[21] The leadership role in Community Health Center is monitoring and forming a special team in improving service quality, namely quality management teams based on patient safety.

In an effort to improve the quality of commitment, the elements that need to be considered are accountability that can develop team effort, productivity and quality according to the target, activeness in developing resources. Therefore, employee participation in trainings that support competency enhancement can be developed to support individual quality improvement.

Collaboration and Teamwork Factor

Performance level of Community Health Center employees based on the value of collaboration and teamwork achieved exceeded expectations.

The development of collaboration and teamwork at Puskesmas can be seen from team formation in each program, and a clear job description for Community Health Center employees. This is as explained by Xiao et al. (2013), the strategy to increase teamwork depends on how the larger system supports the team. Clear role definitions, joint training, structured communication, and understanding common goals are some of the characteristics that support the development of collaboration and teamwork.[22]

Functional skills will affect communication, teamwork, problem solving, self-management, and organizational ability.[17] Team work is also influenced by commitment, interdependence, interpersonal skills, appropriate team composition, and communication.[18] This explains that improvements in others performance factors (functional skills, communication, and commitment) can increase the value of collaboration and teamwork.

Relationship Between Respondents' Characteristics and Employee Performance

In multiple regression test obtained the significance value of gender (sig. 0,319), age (sig. 0,795), profession (sig. 0,174), and work period (sig. 0,558) has p value > 0,05 which means that gender, age, profession, and the period of work does not significantly influence the performance variable, whereas for the education variable has a t count of 3,139 with sig. 0.003 ($p<0.05$) which means that education has a partial positive and significant effect on employee performance. These results are consistent with Beyhan's (2008) study that there is a statistically significant positive relationship between the level of education and work readiness and employee performance. However, there was no significant relationship between gender, age, and marital status on work performance and readiness.[23] Thomas et al. (2010) also explained that education positively influences the performance of core tasks, while also positively relating to creativity and behavior.[24]In other studies also explained that performance should not focus solely on work experience. In his research, the smallest correlation between work experience and contextual performance was obtained. In evaluating employee performance must be based on age, educational qualifications, work experience and job rankings.[25]

CONCLUSION

The performance measurement of Community Health Center employees using Key Behavioral Indicators has met the expectations. Performance measurement of Community Health Center employees based on functional and technical skills, communication skill, client services, problem solving & decision making, inclusiveness, quality of commitment, collaboration & teamwork

have met expectations. While the performance measurement of Community Health Center employees based on communication skills, inclusiveness, and quality commitment are included in the category of exceeding expectations.

Education levels have a positive and significant effect on employee performance. Gender, age, profession and period of work do not significantly influence employee performance.

Researchers recommend to related institution to improve employee performance through increasing employee socialization of applicable policies or laws, dissemination and knowledge sharing regarding the use or selection of systematic problem solving methods, improvement of internal communication, and employee participation in trainings that support improvement competence.

The limitations of this study is in the number of samples and the size of the population used. There are many factors in employee performance that have not been included in the research variables, so that for further research is expected to be able to expand the existing variables.

BIBLIOGRAPHY

1. Kemenkes, 2017. *Laporan Akuntabilitas Kinerja Institusi Pemerintah Ditjen Pelayanan Kesehatan Tahun 2016*.
2. Schroeder, H., 2012. *The Importance of Human Resource Management in Strategic Sustainability: An Art and Science Perspective.* J. Environ. Sustain. 2, 1–9. https://doi.org/10.14448/jes.02.0004
3. Aboazoum, H.M.E., Nimran, U., Musadieq, M.A., 2015. *Analysis Factors Affecting Employees Job Performance In Libya* 8.
4. Cheng, E.W., Li, H., Fox, P., 2007. *Job Performance Dimensions for Improving Final Project Outcomes.* J. Constr. Eng. Manag. 133, 592–599. https://doi.org/10.1061/(ASCE)0733-9364(2007)133:8(592)
5. Nes, H. van, 2014. *Performance Improvement – From Measurement To Action : Key Performance Indicators And Key Exception Indicators.* https://executivefinance.nl/wp-content/uploads/2015/02/FC201401081.pdf
6. Cox, R.F., Issa, R.R.A., Koblegard, K., 2005. *Management's Perception of Key Behavioral Indicators for*

Construction. J. Constr. Eng. Manag. 131, 368–376. https://doi.org/10.1061/(ASCE)0733-9364(2005)131:3(368)

7. *Performance Factors & Behavior Indicators, 2016.* University of California. https://hr.ucr.edu/docs/performance/2016_2017_performance_factors_behavior_indicators_4.12.16.pdf
8. Ghozali, I. (2013) *Aplikasi Analisis Multivariate Dengan Program. Edisi Ketujuh*. Semarang:Badan Penerbit Universitas Diponegoro.
9. Siddiqui, M.N., 2014. *Success of an Organization is a result of Employees Performance*. Advances in Social Sciences Research Journal 1, 179–201. https://doi.org/10.14738/assrj.14.280
10. Tahsildari, A., Shahnaei, S., 2015. *Enhancing Organizational Effectiveness by Performance Appraisal, Training, Employee Participation, and Job Definition.* European Journal of Business and Management 9.
11. Mohd Salleh, K., Lisa Sulaiman, N., 2015. *Technical Skills Evaluation Based on Competency Model for Human Resources Development in Technical and Vocational Education.* Asian Soc. Sci. 11. https://doi.org/10.5539/ass.v11n16p74
12. Ogundele, 2013. *The Place of Technical Education towards Skill Acquisition to National Development.* IOSR J. Res. Method Educ. IOSRJRME 3, 73–76. https://doi.org/10.9790/7388-0357376
13. Mahajan, R., 2015. *The Key Role Of Communication Skills In The Life Of Professionals* 4
14. Somerville, K., 2011. Str*ategies to improve client service: Exemplars in the Canadian federal government* 16, 16
15. Kadir, Z.A., Abdullah, N.H., Anthony, E., Salleh, B.M., Kamarulzaman, R., 2016. *Does Problem-Based Learning Improve Problem Solving Skills?—A Study among Business Undergraduates at Malaysian Premier Technical University.* Int. Educ. Stud. 9, 166. https://doi.org/10.5539/ies.v9n5p166
16. Batista, N., Batista, S.H., Goldenberg, P., Seiffert, O., Cecí, M., 2005. *Problem-Solving Approach In The Training Of Health Care Professionals*. Rev Saúde Pública 7.
17. De Guzman, A.B., Choi, K.O., 2013. *The Relations Of Employability Skills*

To Career Adaptability Among Technical School Students. J. Vocat. Behav. 82, 199–207. https://doi.org/10.1016/j.jvb.2013.01.009

18. Tarricone, P., Luca, J., 2002. *Successful teamwork: A case study* 7.
19. Jayne, M.E.A., Dipboye, R.L., 2004. *Leveraging diversity to improve business performance: Research findings and recommendations for organizations.* Hum. Resour. Manage. 43, 409–424. https://doi.org/10.1002/hrm.20033
20. Chassin, M.R., Loeb, J.M., 2011. *The Ongoing Quality Improvement Journey: Next Stop, High Reliability.* Health Aff. (Millwood) 30, 559–568. https://doi.org/10.1377/hlthaff.2011.0076
21. Javed, S., 2015. *Impact of Top Management Commitment on Quality Management* 5, 5.
22. Xiao, Y., Parker, S.H., Manser, T., 2013. *Teamwork and Collaboration*. Rev. Hum. Factors Ergon. 8, 48.
23. Beyhan, E., 2008. *The Impact Of Higher Education On The Job Preparedness And Job Performance Of Turkish National Police Officers.*187
24. Thomas, J.P., Whitman, D.S., Viswesvaran, C., 2010. *Employee proactivity in organizations: A comparative meta-analysis of emergent proactive constructs.* J. Occup. Organ. Psychol. 83, 275–300. https://doi.org/10.1348/096317910x502359
25. Cyprian, U., Mercy, U., 2017. *Demographic Variables and Job Performance of Librarians in University Libraries in South East Nigeria* 25