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Analysis of the Performance Achievement of Substitute Employees During Leave at Simpang Lima Gumul Regional Public Hospital Kediri

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Abstract

Research aim : *This study aims to describe in detail the employee leave application procedures implemented at RSUD Simpang Lima Gumul Kediri and to analyze the performance achievements of substitute employees, particularly in terms of their competencies and the quality of services delivered during the main employees' leave period.*

Design/Methode/Approach : *The research adopts a qualitative case study approach. Data were collected through interviews, direct observations, and documentation reviews. Informants were selected using purposive sampling based on the 5R criteria (Relevance, Recommendation, Rapport, Readiness, Reassurance).*

Research Finding : *The leave process at RSUD SLG is manual and lacks standard handover procedures. Substitutes are appointed informally without training, yet generally perform well despite increased workloads. Operational efficiency is limited by the absence of digital systems and clear guidelines.*

Theoretical contribution/Originality : *This research contributes to the body of knowledge in Human Resource Management by highlighting the gap in substitute performance management within public health institutions. It also emphasizes the need for procedural standardization and digital transformation in leave management systems—especially for non-civil servant employees (Non-ASN).*

Practitionel/Policy implication : *The findings suggest that RSUD SLG should implement a digital leave management system, establish formal standard operating procedures (SOPs) for task delegation, and conduct regular training for substitute employees. These improvements can enhance service continuity and reduce administrative bottlenecks.*

Research limitation : *This study is limited to administrative staff and Non-ASN employees within a single public hospital (RSUD SLG Kediri). The findings may not be generalizable to other hospital settings or employee categories such as PNS (Civil Servants).*

Keywords : *Human Resource Management; Employee Leave; Substitute Performance; Non-Civil Servant; Administrative Process.*

1. Introduction

Human Resource Management (HRM) is one of the essential elements in maintaining the sustainability and operational efficiency of an organization, including in government institutions. According to Dessler, HRM is a series of processes including recruitment, training, performance evaluation, and compensation, as well as managing work relationships, health and safety, and fairness issues [1]. This definition reflects how an organization manages its employees, starting

from hiring, providing training to enhance skills, assessing their performance, and giving appropriate compensation. Furthermore, it emphasizes the importance of maintaining good work relationships, ensuring health and safety, and promoting fairness for all employees.

Hasibuan further explains that HRM is both a science and an art in managing workforce relations and roles optimally to support the achievement of organizational goals, employee welfare, and the broader interests of society [2]. Thus, HRM is not merely seen as an administrative process but also as an integrative approach to aligning employee roles with organizational needs. The main objective of HRM is to ensure that the workforce is utilized effectively and efficiently meaning that every individual works according to their potential and capacity, achieving optimal results without wasting time and resources. Proper HR management can help organizations achieve their goals while also ensuring employee well-being and contributing positively to society. Therefore, HRM plays a strategic role in balancing the interests of the organization, employees, and the wider community.

The Regional General Hospital Simpang Lima Gumul (RSUD SLG) Kediri is a Technical Implementation Unit (UPTD) under the Health Office of Kediri Regency, providing public health services. The planning of RSUD SLG began in 2009, with a feasibility study conducted in 2010, land acquisition in 2011, and construction completed by the end of 2017. The hospital was officially inaugurated on August 7, 2018, and began operations on January 2, 2019. As a class C regional hospital, RSUD SLG aims to provide quality and affordable healthcare services to the community, especially for underprivileged groups [3].

RSUD SLG employs various staff, including medical personnel (doctors and nurses) and non-medical personnel (administrative staff, technicians, and cleaning staff), all of whom are integral to the hospital's operations. Given the dynamic and high workload environment, an efficient and well-managed HR system is essential. Even though RSUD SLG is a regional-owned enterprise, its main focus is not on profit, but on delivering optimal and accessible healthcare services as part of its public service mission.

The human resources in the hospital, both medical and non-medical, are the key to successful service delivery. Therefore, RSUD SLG must implement planned and targeted HR management from workforce planning based on workload and competencies to transparent recruitment and selection processes. Continuous competency development through training should be prioritized to enhance professionalism and responsiveness. Moreover, objective performance evaluations and incentives are crucial to maintaining employee motivation. With strong HR management, RSUD SLG is expected to provide effective healthcare services and a supportive work environment aligned with public service goals.

In the administrative division of RSUD SLG, the Head of Sub-Administrative Affairs oversees the Planning, Finance, and General & Personnel Subdivisions. Each subdivision has a room head responsible for coordinating and assigning substitute employees when regular staff are on leave, ensuring the replacement has adequate competency. The General & Personnel Subdivision plays a significant role in managing administrative matters, including leave management. This unit ensures that all leave applications follow the established procedures, from eligibility checks to scheduling that doesn't disrupt hospital operations.

However, issues arise when substitute staff lack the same level of competency as the staff they replace, resulting in delays in administrative and operational processes. This indicates inefficiencies in HR management, particularly in task delegation and substitute placement. There is a pressing need to enhance the leave management system to ensure proper documentation and effective substitute mechanisms. This research focuses on non-civil servant (non-ASN) staff and aims to offer insights into improving HR delegation systems in hospital settings. It also provides

practical recommendations for RSUD SLG and other hospitals facing similar challenges.

1.1. Statement of Problem

The employee leave management system at RSUD Simpang Lima Gumul Kediri still encounters significant issues, particularly in the process of assigning and managing substitute employees during the leave period. Although leave applications from non-civil servant (Non-ASN) employees are generally approved, the lack of standardized procedures for task handovers and the absence of formal training for substitutes have led to operational inefficiencies. Substitutes often do not possess the same level of competence as the employees they are replacing, which results in disrupted workflows and decreased service quality. Furthermore, the current leave system is still conducted manually and lacks digital support, making it more vulnerable to errors and delays. These problems reflect a broader issue in human resource management at the hospital, highlighting the urgent need for more structured and competency-based delegation practices.

1.2. Research Objectives

The primary objectives of this study are twofold. First, it aims to describe in detail the procedures involved in the employee leave application process at RSUD Simpang Lima Gumul Kediri, focusing on how task delegation is managed and what challenges are faced during its implementation. Second, it seeks to analyze the performance outcomes of substitute employees, especially in terms of their competence and the quality of services they provide while the primary employees are on leave. These objectives are intended to provide a comprehensive understanding of how the leave system functions and its impact on hospital operations.

2. Method

This research employs a qualitative approach, which is appropriate for exploring the social phenomena surrounding the employee leave system and the role of substitute staff within RSUD Simpang Lima Gumul Kediri. Using a case study design, the study investigates the procedures and experiences related to leave applications and the assignment of temporary replacements. Data were collected through three primary techniques: in-depth interviews with relevant staff, direct observation of leave and delegation processes, and review of official documentation such as leave forms and employee schedules. Informants were selected purposively based on the 5R criteria: Relevance, Recommendation, Rapport, Readiness, and Reassurance [4]. Data analysis was carried out through four stages: description, reduction, presentation, and conclusion. To ensure the credibility and accuracy of the findings, data triangulation and consultations with academic supervisors were also conducted throughout the research process.

3. Results and Discussion

This study presents findings derived from data collected through interviews with informants directly involved in the leave application process and substitute employee management at RSUD Simpang Lima Gumul Kediri. The initial step in analysis involved describing the characteristics of the informants, including initials, gender, age, position, and notable traits, to provide context to their perspectives during interviews. These characteristics are summarized in Table 1.

Table 1. Characteristics of Informants

No.	Name Initials	Gender	Occupation	Character Trait

1.	DAF	Female	HR Staff	Friendly
2.	NFD	Female	HR Staff	Firm
3.	AHD	Male	Kabag Tata Usaha	Firm
4.	NA	Female	Kasubag Umum dan Kepegawaian	Firm and soft

Due to limitations, interviews with two informants (DAF and NFD) were conducted online via WhatsApp, while interviews with AHD and NA were conducted in person. The data collected was clear and relevant, providing insights into the leave procedures for non-civil servant (Non-ASN) employees, task handover mechanisms, challenges, and efforts to improve substitute employee performance. The responses are compiled in a tabulated format to facilitate analysis:

Table 2. Interview Results

HR Staff and Head of Administrative Section

	Question	DAF	NFD	AHD
	How is the task handover procedure conducted when an employee is on leave at SLG Hospital Kediri?	Colleagues in the same room usually act as substitutes. So, it is adjusted accordingly.	Colleagues in the same room usually act as substitutes. So, it is adjusted accordingly.	There is an approval mechanism from the Head of the Room, who also regulates the substitute.
	Is there a clear procedure for task handover?	None	None. Colleagues usually know the workflow or ask the person on leave.	Regulated by the Head of the Room.
	Can you explain the workflow of task handover?	No standard workflow. Colleagues help when needed.	HR staff usually know the workflow.	Based on equal positions, substitutions are done within the same unit by staff on break. There's also a regulation on the max

				number of people on leave.
	Question	**DAF**	**NFD**	**AHD**
	What are the obstacles in task handover?	Confusion about whom to hand tasks over to or forgetfulness .	Confusion about whom to hand tasks over to or forgetfulness.	None
	Is there training for substitute staff?	No specific training.	None	No need for training in technical or service units due to equal roles. No cross-profession substitution.
	How is communication between the needing unit and the unit responsible for leave management?	Leave is coordinated by the Head of the Room, not a specific unit. HR only provides the leave form after initial verification.	leave lies with the department head, as they are the ones who understand the on-ground situation. When an employee requests a leave form from HR, the reason and number of leave days will be asked for consideration. The duration of leave is limited to 1–3 days per month, unless there are special circumstances. Although HR issues the leave form, the department head may still reject the request if there is a staff shortage that cannot be covered by other team members.	Leave matters should be coordinated with the head of each respective department, not with the leave management unit.
	Question	**DAF**	**NFD**	**AHD**

	What is the impact of the manual system on performance?	If there are any problems, task completion might be a bit slow. But if there are no problems, work proceeds as usual.	If there are any problems, task completion may take longer or be delayed. On the other hand, if there are no problems, everything proceeds as usual.	A bit slow
	How does technology help in leave management?	Tech like leave apps helps coordination and tracking.	Helpful if used properly; otherwise, can be a hassle.	Very helpful.
	Recommendations to improve task delegation?	None yet.	None yet.	Strengthening Equal Human Resources. Equal in the sense that whether it's technical staff, those in the polyclinic, inpatient care, or other areas when someone takes leave,

Research Instrument for the Head of General Affairs and Staffing Subdivision

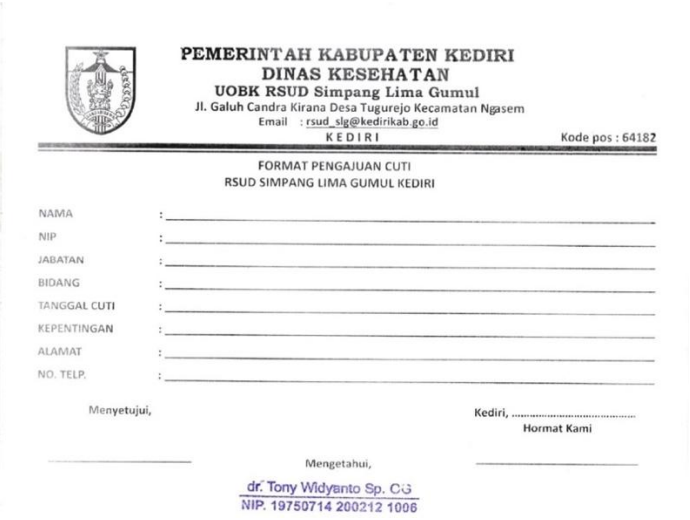
Question	NA
How is the leave management procedure for Non-ASN employees applied at RSUD SLG Kediri?	Non-civil servant employees who wish to take leave must submit a request to their direct supervisor. Once approved, the request is forwarded to the personnel department for final approval by the management. This process is still carried out manually, although there are plans for digitalization in the future.
What are the criteria used to select a substitute employee for leave at SLG Regional Public Hospital?	The selection of replacement staff is delegated to each respective unit, as they are the ones most familiar with the field conditions. The main criteria are proficiency in the duties of the staff being replaced and prior experience in handling similar tasks.

Question	NA
How does the performance level of replacement employees compare to the employees they replace?	In general, the performance of the replacement employees is considered good and they are capable of carrying out their tasks. However, they tend to feel burdened due to having to handle additional workloads. Nevertheless, there are no significant disruptions to the completion of the work.
How is the task handover procedure currently carried out for employees taking leave at RSUD SLG Kediri?	The task handover procedure is carried out informally, namely through the direct delegation of authority from the employee who will take leave to their replacement. It is usually communicated verbally or through a brief briefing without formal documentation.
Is there a clear procedure for task handover?	There is no standardized or written procedure that specifically regulates the task handover process. The handover is more practical in nature and depends on the initiative and readiness of the individuals or units involved.
Can you explain the workflow of task handover?	The leave application process in this institution still appears somewhat unstructured, but generally proceeds as follows. First, the employee wishing to take leave submits a request to their immediate supervisor. Once the supervisor approves, the request is forwarded to the human resources department for further processing and submission to the leadership. If the leave is approved by the leadership, the employee taking leave usually provides informal guidance to the replacement employee. Subsequently, the replacement employee continues the duties left behind based on their understanding and experience.
What are the obstacles in task handover?	The main challenge arises when the leave is sudden and there is no clear task handover. This causes confusion regarding the current status of the work, forcing the replacement employee to coordinate directly with the employee on leave.
How do leaders perceive the performance of replacement employees at RSUD SLG?	Leaders generally evaluate the performance of replacement employees positively, especially in the administrative department where tasks are routine. No significant complaints regarding their performance have been reported
Is there training provided for replacement staff?	There is no systematic special training for replacement employees. Knowledge and tasks are informally handed over by the employee who will take leave. Existing formal training is individual-based and does not cover comprehensive mastery of the tasks.
Question	**NA**

What is the impact of placing replacement employees on performance during leave periods?	Tasks are still completed, but replacement employees experience an increased workload. Their rest time is reduced. While this does not directly affect work results, it has the potential to decrease effectiveness in the long term.
What indicators are used to evaluate the performance achievements of replacement employees at RSUD SLG?	Performance evaluations are conducted every three months and include indicators such as task completion targets, quality of task execution, and work behavior like integrity and discipline. The assessments are carried out by the immediate supervisor.
What is the specific role of the General and Personnel Subdivision in ensuring smooth task continuation by replacements?	The General and Personnel Subdivision only ensures that tasks continue to run. The detailed responsibilities of replacements and their performance evaluations are delegated to each respective unit through the immediate supervisor.

Source: Results from the interview

This section aims to provide a comprehensive explanation of the employee leave application procedure at RSUD Simpang Lima Gumul Kediri, particularly for non-civil servant (Non-ASN) staff, along with the process of task delegation during the leave period. Based on interviews with several informants, it was found that the leave application process is still carried out manually. Employees must submit a leave request to their immediate supervisor or head of unit. If approved, they proceed to fill out the leave request form, print it, and submit it to their supervisor and the hospital director for final approval. Leave applications should be submitted at least one week in advance, except for emergency situations involving illness or death in the family, in which case the leave must still be reported and can be processed retroactively after the employee returns to work. If such leave falls near the end of the month, it must be reported and processed by the first week of the following month.



PEMERINTAH KABUPATEN KEDIRI
DINAS KESEHATAN
UOBK RSUD Simpang Lima Gumul
Jl. Galuh Candra Kirana Desa Tugurejo Kecamatan Ngasem
Email : rsud_slg@kedirikab.go.id
KEDIRI Kode pos : 64182

FORMAT PENGAJUAN CUTI
RSUD SIMPANG LIMA GUMUL KEDIRI

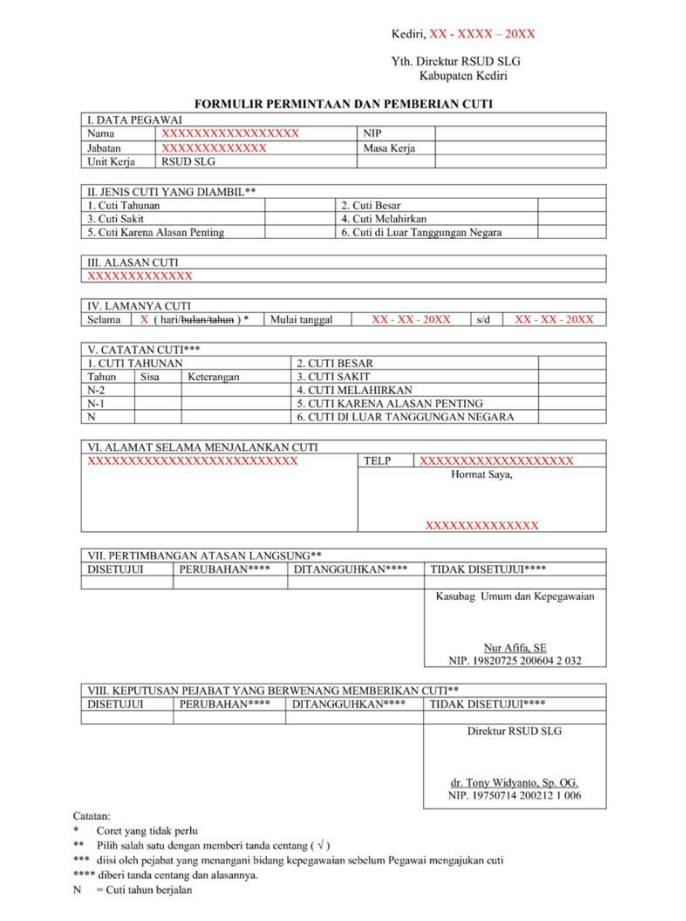
NAMA :
NIP :
JABATAN :
BIDANG :
TANGGAL CUTI :
KEPENTINGAN :
ALAMAT :
NO. TELP. :

Menyetujui,

Kediri, ...
Hormat Kami

Mengetahui,
dr. Tony Widyanto Sp. OG
NIP. 19750714 200212 1006

Image 1. Leave Application Format of RSUD Simpang Lima Gumul Kediri



Kediri, XX - XXXX – 20XX

Yth. Direktur RSUD SLG
Kabupaten Kediri

FORMULIR PERMINTAAN DAN PEMBERIAN CUTI

I. DATA PEGAWAI			
Nama	XXXXXXXXXXXXXXXX	NIP	
Jabatan	XXXXXXXXXXXXX	Masa Kerja	
Unit Kerja	RSUD SLG		

II. JENIS CUTI YANG DIAMBIL**			
1. Cuti Tahunan		2. Cuti Besar	
3. Cuti Sakit		4. Cuti Melahirkan	
5. Cuti Karena Alasan Penting		6. Cuti di Luar Tanggungan Negara	

III. ALASAN CUTI
XXXXXXXXXXXX

IV. LAMANYA CUTI					
Selama	X (hari/~~bulan/tahun~~) *	Mulai tanggal	XX - XX - 20XX	s/d	XX - XX - 20XX

V. CATATAN CUTI***				
1. CUTI TAHUNAN			2. CUTI BESAR	
Tahun	Sisa	Keterangan	3. CUTI SAKIT	
N-2			4. CUTI MELAHIRKAN	
N-1			5. CUTI KARENA ALASAN PENTING	
N			6. CUTI DI LUAR TANGGUNGAN NEGARA	

VI. ALAMAT SELAMA MENJALANKAN CUTI		
XXXXXXXXXXXXXXXXXXXXXXXXXX	TELP	XXXXXXXXXXXXXXXXXX
	Hormat Saya,	
	XXXXXXXXXXXXX	

VII. PERTIMBANGAN ATASAN LANGSUNG**			
DISETUJUI	PERUBAHAN****	DITANGGUHKAN****	TIDAK DISETUJUI****

Kasubag Umum dan Kepegawaian

Nur Afifa, SE
NIP. 19820725 200604 2 032

VIII. KEPUTUSAN PEJABAT YANG BERWENANG MEMBERIKAN CUTI**			
DISETUJUI	PERUBAHAN****	DITANGGUHKAN****	TIDAK DISETUJUI****

Direktur RSUD SLG

dr. Tony Widyanto, Sp. OG.
NIP. 19750714 200212 1 006

Catatan:
* Coret yang tidak perlu
** Pilih salah satu dengan memberi tanda centang (√)
*** diisi oleh pejabat yang menangani bidang kepegawaian sebelum Pegawai mengajukan cuti
**** diberi tanda centang dan alasannya.
N = Cuti tahun berjalan

Image 2. Leave Request and Approval Form

This procedure illustrates a traditional bureaucratic model that lacks digital system integration. This manual system leads to several issues such as delays in processing, difficulties in tracking leave status, and the risk of lost documents. These inefficiencies negatively impact operational performance [5]. Although the HR department has expressed intentions to develop a digital leave management system (e-leave), its implementation has not yet been realized due to limited resources and insufficient infrastructure.

In terms of task delegation, the mechanism remains informal and undocumented. Based on information gathered, tasks are typically handed over through brief verbal directions or informal explanations from the employee going on leave to a colleague, who is usually from the same unit and has similar responsibilities. This system assumes that the replacement employee already understands the basic flow and context of the tasks. However, such informal practices can result in inconsistency and confusion, particularly when leave is taken suddenly due to illness or early childbirth. In these cases, the replacement often struggles to adjust due to a lack of complete and documented handover information. Consequently, replacements frequently have to contact the absent employee to seek clarification regarding unresolved tasks.

The hospital attempts to minimize service disruption by appointing replacements familiar with the workflow and responsibilities. In administrative units, there is a culture of mutual support

where staff back each other up, making transitions smoother. However, in technical service units such as intensive care, the situation becomes more complex when no one with the required skills is readily available. Due to the absence of an official SOP, the success of task delegation relies heavily on interpersonal communication, the readiness of the replacement, and the leadership of unit heads who are responsible for managing task rotations.

The selection of replacement employees at RSUD Simpang Lima Gumul Kediri is also not standardized. Each unit head has the authority to decide who is competent and available to take over the tasks of the absent employee. The main consideration is the replacement's familiarity with the job and comparable competencies. Typically, replacements are chosen from within the same unit, and decisions are made based on the subjective judgment of the unit head [6]. The unit head plays a crucial role in both approving leave and appointing replacements, as they best understand the operational needs and dynamics of their team. This localized, experience-based decision-making demonstrates that good human resource management in hospitals supports employee performance and the achievement of organizational goals [7].

Nevertheless, several challenges arise in this process. One major obstacle is sudden leave, which prevents adequate preparation. When this happens, replacements are chosen quickly, often without proper guidance or preparation. The lack of formal documentation further complicates the process, as task-related information is often not well-recorded. As a result, the replacement must contact the person on leave directly to inquire about unfinished duties. This practice not only disrupts the leave of the original employee but also affects the replacement's ability to perform effectively. The absence of structured documentation can lead to errors, especially if the replacement lacks full understanding of the task context.

Interviews also reveal that there is no formal training program for employees assigned as replacements. Instead, knowledge and skills are acquired informally through prior experience, brief instructions from the departing employee, or hands-on guidance from colleagues. This practice makes the success of task transition highly dependent on individual capability. The lack of training can lead to gaps in understanding responsibilities. In some cases, replacement staff become confused during execution, particularly when information is incomplete or poorly documented. Such conditions slow down adaptation and affect work performance [8].

Advancements in technology can play a significant role in improving this situation. Technology is increasingly helpful in various work aspects, including hospital staff leave applications [9]. A digital system would allow employees to submit leave applications online, monitor approval processes in real-time, and access clear documentation. It could also support more systematic task delegation. Unfinished tasks could be documented and automatically shared with replacements, improving transparency and minimizing miscommunication. Electronic task handover documentation can also serve as a reference for evaluating replacement performance. However, the reality in RSUD SLG is that the implementation of technology in leave management remains very limited. Processes are still manual, involving printed forms and verbal communication, which frequently cause administrative obstacles and workflow delays. Digitalization would save time and effort, improve data accuracy, speed up delegation processes, and strengthen performance evaluation systems.

Despite the lack of structured support, interviews indicate that replacement staff generally perform well. Supervisors and colleagues acknowledge their ability to carry out assigned tasks. In many cases, replacements show a high level of dedication and responsibility, even without formal authority transfer or documented task handovers. Their performance reflects adaptability, particularly among those with prior knowledge or experience in similar tasks. This is especially true in administrative units, where familiarity with workflows is common. Nevertheless, replacements often face increased workloads, taking on both their regular duties and those of the absent employee. If the workload exceeds their capacity, it can result in job stress and a negative perception of their performance [10].

RSUD SLG monitors and evaluates staff performance every three months, covering both quantitative (task completion targets) and qualitative (work behavior) aspects [11]. The qualitative assessment includes indicators such as discipline, integrity, responsibility, teamwork, and communication skills. Evaluations are carried out by supervisors who are familiar with day-to-day performance, including the contribution of replacement staff during leave periods. In administrative sections, replacement employees are often rated on par with those they replace, especially when they have similar backgrounds and experiences. However, in technical units like emergency departments or intensive care, special skills are required, and replacements may lack comparable competencies. In such cases, their performance depends on how well the unit prepares and supports them with training or mentoring beforehand.

Although the performance of replacement staff is generally adequate, the supporting systems need improvement. Informants report that there is no special training or preparation before replacements begin their duties. As a result, they rely on brief instructions from the employee going on leave or informal guidance from colleagues. This condition may hinder efforts to improve performance quality unless addressed through systematic training and preparation policies.

Several recommendations can be proposed to enhance the performance of replacement employees. First, hospitals should develop written and standardized procedures for task delegation during leave. These SOPs will serve as a consistent reference across units. Second, hospitals should provide regular training and mentoring for replacements, especially those in roles with direct service responsibilities. Such training will improve individual skills and ensure that replacements understand workflows and operational standards. Third, there is a pressing need for digitizing leave management and task handover processes for Non-ASN employees. Online systems can enhance storage efficiency, information access, and documentation [12].

Finally, hospitals must conduct comprehensive internal competency mapping to identify qualified and experienced staff capable of taking over responsibilities when needed. The importance of implementing performance management based on evaluation is key to improving employee performance in facing organizational challenges [13]. With accurate data on competencies, decisions on replacements can be made more effectively, ensuring tasks are delegated to the right individuals and minimizing the risk of errors.

4. Conclusion

The leave submission procedure for Non-Civil Servant Employees (Non-ASN) at RSUD Simpang Lima Gumul Kediri is still implemented manually and conventionally, resulting in inefficiencies, delayed processing, and challenges in tracking and documentation. Likewise, the

task handover process during employee leave lacks formal Standard Operating Procedures (SOP), leading to informal and inconsistent practices, especially in sudden leave situations.

The selection of substitute employees is also not standardized and is heavily reliant on the discretion of each unit head, based on subjective assessments of competence and familiarity with the tasks. Although the substitutes generally perform well and show adaptability, the absence of structured training and documentation can hinder work continuity and impact service quality, particularly in specialized service units. The absence of digital systems further exacerbates these issues. Technological advancements, if adopted, have the potential to enhance efficiency in leave management and task delegation through systematic documentation, real-time tracking, and transparent workflows.

To improve overall performance and service quality, several recommendations are necessary: the establishment of formal SOPs for task handovers, regular training programs for substitutes, the implementation of a digital leave management system, and a comprehensive internal competency mapping to ensure the right personnel are assigned as substitutes. These measures are essential to strengthen institutional capacity and maintain continuity and quality in healthcare services during employee leave periods.

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