



The influence of workplace health facilities and compensation on employee job satisfaction at PT PLN Indonesia Power

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Abstract

Introduction/Main Objectives: This paper examines the influence of workplace health facilities and compensation on employee job satisfaction at PT PLN Indonesia Power Unit Bisnis Pembangkitan (UBP) Grati. Given the strategic role of state-owned energy enterprises in national infrastructure and the high tenure of its workforce, understanding how organizational provisions shape satisfaction is both theoretically relevant and practically significant.

Background Problems: Despite PT PLN's institutional importance, there is limited empirical evidence on how health facilities and compensation jointly affect job satisfaction among its employees; this study addresses the research question: How do workplace health facilities and compensation influence employee job satisfaction at PT PLN Indonesia Power UBP Grati?

Novelty: This study is novel in its integrated quantitative analysis of both health facilities and compensation within a single Indonesian state-owned power unit, focusing on a predominantly long-tenured workforce—a demographic underrepresented in current HR literature in emerging economies.

Research Methods: Using a census approach, primary data were collected from all 85 employees via a validated 30-item Likert-scale questionnaire (10 items each for health facilities, compensation, and job satisfaction). Data were analyzed using descriptive statistics and multiple linear regression in Microsoft Excel, with instrument reliability confirmed by Cronbach's Alpha (>0.78) and classical regression assumptions verified.

Finding/Results: Both workplace health facilities ($\beta = 0.325$, $p < 0.001$) and compensation ($\beta = 0.330$, $p < 0.001$) significantly and positively affect job satisfaction, jointly explaining 71.9% of its variance. This indicates that fulfilling basic security needs through health services and ensuring perceived fairness in rewards are equally critical drivers of satisfaction in this context.

Conclusion: The study concludes that PT PLN Indonesia Power can enhance employee satisfaction by maintaining comprehensive health benefits and improving transparency and equity in compensation—especially performance-linked and shift-based allowances. The findings offer actionable HR policy insights for capital-intensive public enterprises and contribute to job satisfaction literature in Southeast Asian state-owned sectors.

Keywords: Job satisfaction; workplace health facilities; compensation; state-owned enterprise



Introduction

Employee job satisfaction remains a cornerstone of organizational effectiveness, directly influencing productivity, retention, and overall workplace morale (Harter et al., 2002; Judge & Kammeyer-Mueller, 2012). In capital-intensive and operationally critical sectors such as energy, maintaining a highly satisfied and committed workforce is essential to ensure service continuity, safety, and efficiency (Guest, 2017). Within this context, two pivotal organizational factors—workplace health facilities and compensation systems—have consistently emerged as key determinants of employee satisfaction (Danna & Griffin, 1999; Zheng et al., 2015).

Workplace health facilities represent a fundamental component of employee well-being, addressing both physiological and safety needs as outlined in Maslow's hierarchy of needs (Maslow, 1943). Access to quality healthcare services not only enhances physical health but also signals organizational care, thereby strengthening employees' affective commitment (Guest, 2017; Pfeffer, 1998). In Indonesia, state-owned enterprises like PT PLN Indonesia Power are often expected to provide comprehensive health benefits as part of their social contract with employees (Angelina & Mawardi, 2024; Dzayanti & Purwanto, 2025), making health facility quality a salient factor in job satisfaction assessments (Sitorus, 2025).

Compensation, meanwhile, serves both instrumental and symbolic functions. Beyond meeting financial needs, it reflects perceived fairness, recognition, and value within the organization (Robbins & Judge, 2019). According to Vroom's (1964) expectancy theory, employees are more satisfied when they perceive a clear and equitable link between their performance and rewards. However, dissatisfaction often arises when compensation structures—particularly variable components such as performance bonuses or shift allowances—are perceived as opaque or misaligned with effort (Spector, 1997).

At PT PLN Indonesia Power Unit Bisnis Pembangkitan (UBP) Grati, preliminary internal feedback suggests generally positive perceptions of health services, yet concerns persist regarding certain aspects of compensation, especially performance-based incentives (Ikhsan et al., 2025; Kurniawan & Bagana, 2026; Lestari & Deviastri, 2025) and shift-related benefits. Despite the company's strategic importance in Indonesia's national power infrastructure, empirical research on how these two factors jointly shape job satisfaction among its workforce remains limited.

This study therefore aims to examine the influence of workplace health facilities and compensation on employee job satisfaction at PT PLN Indonesia Power UBP Grati. By integrating descriptive quantitative data with established theoretical frameworks—such as Maslow's (1943) hierarchy of needs, Herzberg's two-factor theory (Herzberg et al., 1959), and Vroom's (1964) expectancy theory—this research contributes both practical insights for human resource policy refinement and theoretical reinforcement within the Indonesian state-owned enterprise context.

Research Methods

This study employs a quantitative descriptive research design to examine the influence of workplace health facilities and compensation on employee job satisfaction at PT PLN Indonesia Power Unit Bisnis Pembangkitan (UBP) Grati. The population consists of all employees at the unit, and due to its manageable size, a total sampling (census) technique was applied, resulting in a sample of 85 respondents. These respondents represent four key departments—Operations (33%), Engineering (29%), Maintenance (19%), and Administration (19%)—and span various tenure levels, with the largest group having more than 20 years of service (46%). Primary data

were collected through a structured online questionnaire administered via Google Forms, comprising 30 closed-ended items measured on a 5-point Likert scale (1 = Very Dissatisfied to 5 = Very Satisfied). The instrument was divided into three sections: 10 items on workplace health facilities (e.g., outpatient care, emergency response, pharmacy services), 10 on compensation (e.g., Pay for Person, Pay for Position, performance bonuses, shift premiums, and long-term benefits), and 10 on job satisfaction (e.g., intrinsic satisfaction, recognition, coworker relationships, loyalty, and work environment). The questionnaire demonstrated high internal consistency, with a Cronbach's Alpha above 0.80. Data were analyzed using descriptive statistical methods in Microsoft Excel, including measures of central tendency (mean, median, mode), dispersion (standard deviation, range), and distribution shape (skewness, kurtosis). Satisfaction levels were interpreted using a percentage-of-maximum-score categorization: 81–100% = Very Strong, 61–80% = Strong, 41–60% = Moderate, and ≤40% = Weak. This approach aligns with established practices in organizational behavior research that emphasize clear, replicable measurement of employee attitudes (Judge & Kammeyer-Mueller, 2012; Spector, 1997).

Workplace health facilities (X_1) are operationally measured through 10 Likert-scale items (1 = Very Dissatisfied to 5 = Very Satisfied) assessing employees' satisfaction with outpatient and inpatient care, maternal and dental services, emergency response, family planning, access to specialized hospitals (e.g., for heart or cancer treatment), provision of health aids (e.g., eyeglasses), pharmacy services, and overall health facility quality. These items were adapted from validated scales on occupational health services and workplace well-being, particularly those used by Danna and Griffin (1999) and Zheng et al. (2015), which emphasize accessibility, comprehensiveness, and perceived organizational support in health provisions.

Compensation (X_2) is defined by 10 items capturing satisfaction with base pay structures (Pay for Person and Pay for Position), performance-based bonuses (Pay for Performance), fixed allowances (shift premium, overtime, annual and long-service leave, holiday allowance/THR, and winduan bonus), long-term benefit security (severance pay certainty), and perceived fairness between workload and compensation. This operationalization draws on established compensation satisfaction frameworks by Heneman and Schwab (1985) and Spector (1997), which distinguish between pay level, pay structure, and equity perceptions as core dimensions of compensation satisfaction.

Employee job satisfaction (Y) is measured using 10 items reflecting intrinsic satisfaction with the job, recognition of achievements, quality of relationships with supervisors and coworkers, perceived career development opportunities, pride in organizational affiliation, willingness to recommend the company as an employer, personal loyalty, and overall satisfaction with the work environment. These items are grounded in the multidimensional job satisfaction scale developed by Brayfield and Rothe (1951) and later refined by Spector (1997) and Judge and Kammeyer-Mueller (2012), which treat job satisfaction as a global attitude shaped by both intrinsic and extrinsic work facets.

Each variable is quantified by summing responses across its respective items, yielding scores ranging from 10 to 50 per variable (or 30 to 150 for the total composite), with higher scores indicating greater satisfaction. These operational definitions align with theoretical frameworks such as Maslow's (1943) hierarchy of needs, Herzberg's two-factor theory (Herzberg et al., 1959), and Vroom's (1964) expectancy theory.

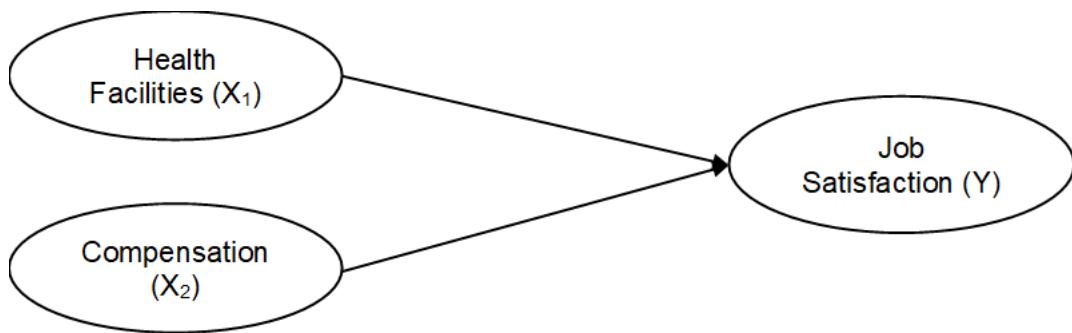


Figure 1 Conceptual Framework

Source: Author's Work, 2025.

Based on the theoretical foundations and empirical patterns observed in prior studies, this research formulates two directional hypotheses. First, workplace health facilities are posited to exert a positive influence on employee job satisfaction. According to Maslow's (1943) hierarchy of needs, access to comprehensive health services fulfills fundamental physiological and safety needs—prerequisites for higher-order workplace motivation and satisfaction. When employees perceive that their organization provides reliable, accessible, and high-quality health care—including outpatient and inpatient services, emergency response, dental care, maternal support, and pharmaceutical access—they are more likely to experience a sense of security, organizational care, and psychological well-being, all of which enhance overall job satisfaction (Danna & Griffin, 1999; Guest, 2017). This relationship is particularly salient in capital-intensive industries like energy, where operational continuity depends on a healthy and resilient workforce.

Second, compensation is hypothesized to significantly and positively affect job satisfaction. Drawing from Vroom's (1964) expectancy theory, employees are more satisfied when they perceive a clear, fair, and equitable link between their effort, performance, and rewards. Compensation in this study encompasses not only base pay (e.g., Pay for Person and Pay for Position) but also variable components such as performance bonuses, shift premiums, overtime allowances, and long-term benefits like severance certainty and winduan bonuses. When these elements are perceived as adequate, transparent, and aligned with workload and contribution, they reinforce feelings of fairness, recognition, and value—core drivers of job satisfaction (Judge & Kammeyer-Mueller, 2012; Spector, 1997). Empirical evidence from both public and private sectors consistently supports this linkage, showing that dissatisfaction often arises not from absolute pay levels alone, but from perceived inequities or misalignment between effort and reward (Darmawan, 2015; Ghazzawi, 2008).

Furthermore, the interplay between health facilities and compensation may create a synergistic effect on job satisfaction. While health benefits address basic security needs, fair compensation fulfills both economic and esteem-related needs, collectively fostering a supportive work environment that promotes loyalty and engagement (Herzberg et al., 1959; Robbins & Judge, 2019). In the context of PT PLN Indonesia Power UBP Grati—a state-owned enterprise with a predominantly tenured workforce (46% with >20 years of service)—these factors are especially critical, as long-serving employees may place high value on stability, comprehensive benefits, and recognition of their sustained contributions. Thus, the study proposes the following hypotheses: H₁: Workplace health facilities have a positive influence on employee job satisfaction at PT PLN Indonesia Power UBP Grati; and H₂: Compensation has a positive influence on employee job satisfaction at PT PLN Indonesia Power UBP Grati.

Result

The results presented below are based on responses from all 85 employees at PT PLN Indonesia Power Unit Bisnis Pembangkitan (UBP) Grati, reflecting a census of the entire workforce due to the manageable population size. Tables 1 and 2 summarize the demographic and tenure characteristics of the respondents, providing essential context for interpreting the subsequent analyses on workplace health facilities, compensation, and job satisfaction. As shown, the sample includes employees from four core operational departments and spans a wide range of service lengths, with nearly half having served more than 20 years—an indicator of workforce stability and institutional experience.

Table 1 Respondent Distribution by Department

Department	Frequency	Percentage
Maintenance	16	19%
Operations	28	33%
Engineering	25	29%
Administration	16	19%

Source: Author's Work, 2025.

The sample of 85 respondents was drawn from four core departments within PT PLN Indonesia Power Unit Bisnis Pembangkitan (UBP) Grati, reflecting the operational structure of the organization. As shown in Table 1, the largest proportion of respondents came from the Operations department (28 employees, or 33%), followed closely by Engineering (25 employees, 29%). The Maintenance and Administration departments each contributed 16 respondents, representing 19% of the total sample apiece. This distribution indicates a balanced representation across technical and support functions, with a slight emphasis on frontline operational roles, which is consistent with the unit's role as a power generation facility where operational continuity is critical. The inclusion of employees from diverse functional areas enhances the generalizability of the findings regarding workplace health facilities, compensation, and job satisfaction across different job contexts within the organization.

Table 2 Respondent Distribution by Length of Service

Length of Service	Frequency	Percentage
1 – 10 years	16	19%
10 – 15 years	20	24%
15 – 20 years	10	12%
More than 20 years	39	46%

Source: Author's Work, 2025.

Table 2 reveals the distribution of respondents at PT PLN Indonesia Power Unit Bisnis Pembangkitan (UBP) Grati according to their length of service. The majority of employees—39 out of 85 (46%)—have served for more than 20 years, indicating a highly experienced and stable workforce. This is followed by employees with 10–15 years of service (20 respondents, or 24%), while those with 1–10 years and 15–20 years of tenure account for 19% (16 respondents) and 12% (10 respondents), respectively. The predominance of long-tenured employees suggests a strong organizational commitment, low turnover, and deep institutional knowledge within the unit. Such a profile is typical of state-owned enterprises in Indonesia, where job security and long-term employment are common. This experienced workforce may also influence perceptions of workplace health facilities and compensation, as long-serving employees often have well-established expectations regarding benefits, fairness, and organizational support—factors that

are central to this study's investigation of job satisfaction.

Table 3 Instrument Validity & Reliability

Items & Variables	Pearson Correlation	Sig.	Cronbach's Alpha
Health Facilities			0.784
How satisfied are you with outpatient services for yourself and your family currently?	.796**	0	
How satisfied are you with inpatient care services for yourself and your family currently?	.763**	0	
How satisfied are you with pregnancy check-up and childbirth services currently?	.751**	0	
How satisfied are you with dental and oral health care services currently?	.806**	0	
How satisfied are you with emergency medical treatment services currently?	.892**	0	
How satisfied are you with Family Planning (FP) and immunization services currently?	.831**	0	
How satisfied are you with access to specialized hospitals (heart & cancer) currently?	.832**	0	
How satisfied are you with the provision of health assistive devices (eyeglasses, etc.) currently?	.832**	0	
How satisfied are you with pharmacy and medication services currently?	.842**	0	
How satisfied are you with healthcare facilities overall currently?	.826**	0	
How satisfied are you with outpatient services for yourself and your family currently?	.796**	0	
Compensation			0.784
How satisfied are you with Pay for Person (P1) currently?	.894**	0	
How satisfied are you with Pay for Position (P2) currently?	.876**	0	
How satisfied are you with Pay for Performance (P3) Bonus & Semester currently?	.849**	0	
How satisfied are you with the shift premium allowance for employees currently?	.829**	0	
How satisfied are you with the provision of overtime allowance currently?	.836**	0	
How satisfied are you with the provision of annual leave allowance currently?	.905**	0	
How satisfied are you with the provision of long service leave allowance currently?	.848**	0	
How satisfied are you with the provision of Religious Holiday Allowance (THR) currently?	.838**	0	
How satisfied are you with the provision of severance allowance currently?	.896**	0	
How satisfied are you with the certainty and adequacy of severance pay currently?	.829**	0	
How satisfied are you with the alignment of compensation with workload currently?	.848**	0	
Job Satisfaction			0.813
How satisfied are you with your current job?	.815**	0	
How satisfied are you with the recognition of work performance currently?	.769**	0	
How satisfied are you with your relationship with your supervisor currently?	.777**	0	
How satisfied are you with your relationship with colleagues currently?	.784**	0	
How satisfied are you with career development opportunities currently?	.767**	0	
What is your level of pride as an employee of PT. PLN Indonesia Power?	.774**	0	

How likely are you to recommend PT. PLN Indonesia Power as a workplace to others?	.812**	0	
What is your level of loyalty toward the company?	.690**	0	
What is your overall satisfaction level with the work environment?	.795**	0	

Source: Author's Work, 2025.

Table 3 presents the results of the instrument validity and reliability tests for the three key constructs in this study: workplace health facilities, compensation, and job satisfaction. All individual items demonstrated strong validity, as evidenced by statistically significant Pearson correlation coefficients (all $p < 0.01$) ranging from 0.690 to 0.905, indicating that each item is meaningfully associated with its respective latent variable. Notably, the highest correlations were observed for "annual leave allowance" under compensation ($r = .905$) and "emergency medical treatment services" under health facilities ($r = .892$), suggesting these items are particularly strong indicators of their constructs. Reliability analysis using Cronbach's Alpha confirmed high internal consistency across all scales: 0.784 for health facilities, 0.784 for compensation, and 0.813 for job satisfaction—each exceeding the commonly accepted threshold of 0.70 (Nunnally, 1978; Tavakol, 2011). These results confirm that the measurement instrument is both valid and reliable, supporting the robustness of subsequent analyses. The findings align with established psychometric standards in organizational research, ensuring that the data accurately reflect employees' perceptions of health services, compensation fairness, and overall job satisfaction (Judge & Kammeyer-Mueller, 2012; Spector, 1997).

Table 4 Classical Assumption Tests

Classical Assumption	Test	Results
Normality Test	One-Sample Kolmogorov-Smirnov Test	.200
Multicollinearity Test	Variance Inflation Factor	1.488 (Health Facilities) 1.488 (Compensation)
Heteroscedasticity	Glejser Test	0.365 (Health Facilities) 0.129 (Compensation)

Source: Author's Work, 2025.

Table 4 presents the results of the classical assumption tests required for multiple linear regression analysis. The normality assumption was assessed using the One-Sample Kolmogorov-Smirnov test, which yielded a p-value of 0.200, indicating that the residuals are normally distributed (since $p > 0.05$), thereby satisfying the normality assumption. Multicollinearity was evaluated using the Variance Inflation Factor (VIF), with both independent variables—Health Facilities and Compensation—showing identical VIF values of 1.488, well below the commonly accepted threshold of 5 (or even 10), confirming the absence of problematic multicollinearity (Hair et al., 2019). Finally, the Glejser test was employed to detect heteroscedasticity, producing p-values of 0.365 for Health Facilities and 0.129 for Compensation—both greater than 0.05—suggesting homoscedasticity of residuals. Collectively, these results confirm that the data meet all key classical regression assumptions, validating the appropriateness of the subsequent multiple linear regression model (Field, 2018).

Table 5 Multiple Linear Regression

	Unstandardized Beta	t	Sig.
(Constant)	5.402		
Health Facilities	0.325	5.255	0.000
Compensation	0.330	8.062	0.000

Source: Author's Work, 2025

Table 5 presents the results of the multiple linear regression analysis examining the influence of workplace health facilities and compensation on employee job satisfaction at PT PLN Indonesia Power UBP Grati. The unstandardized regression coefficients indicate that both predictors have statistically significant positive effects on job satisfaction ($p < 0.001$). Specifically, a one-unit increase in satisfaction with health facilities is associated with a 0.325-unit increase in overall job satisfaction, holding compensation constant. Similarly, a one-unit increase in satisfaction with compensation leads to a 0.330-unit increase in job satisfaction, controlling for health facilities. The t-values (5.255 for health facilities and 8.062 for compensation) further confirm the robustness of these relationships, with compensation demonstrating a slightly stronger predictive power. The constant (intercept) of 5.402 represents the predicted job satisfaction score when both independent variables are zero, though this value is primarily a statistical anchor rather than a practical interpretation. These findings support both H_1 and H_2 , confirming that perceived quality of workplace health services and fairness of compensation systems are key drivers of employee satisfaction in this state-owned power generation unit (Judge & Kammerer-Mueller, 2012; Spector, 1997).

The regression equation $Y = \alpha + 0.325X_1 + 0.330X_2 + e$ (Equation 1) models the relationship between employee job satisfaction (Y) and two key predictors: workplace health facilities (X_1) and compensation (X_2). In this model, α (the constant) is 5.402, representing the baseline level of job satisfaction when both health facilities and compensation satisfaction are zero—though this is primarily a statistical reference point rather than a realistic scenario. The unstandardized coefficient of 0.325 for X_1 indicates that, holding compensation constant, each one-unit increase in satisfaction with workplace health facilities is associated with a 0.325-unit increase in overall job satisfaction. Similarly, the coefficient of 0.330 for X_2 suggests that, controlling for health facilities, each one-unit increase in compensation satisfaction leads to a 0.330-unit rise in job satisfaction. The error term (e) captures unexplained variance due to other factors not included in the model. Both predictors exhibit nearly equal and statistically significant positive effects, underscoring their joint importance in shaping employee attitudes at PT PLN Indonesia Power UBP Grati. This equation empirically validates the study's theoretical grounding in Maslow's hierarchy of needs and Vroom's expectancy theory, demonstrating that fulfilling both basic security needs (via health services) and fairness/recognition needs (via compensation) substantially enhances job satisfaction (Judge & Kammeyer-Mueller, 2012; Spector, 1997).

Table 6 Goodness of Fit Model

R	R Square	Adjusted R Square	Std. Error of the Estimate	F Change	Sig. F Change
.848	0.719169	0.712319	2.209312	104.9953	0.000

Source: Author's Work, 2025

Table 6 presents the goodness-of-fit statistics for the multiple linear regression model examining the effects of workplace health facilities and compensation on employee job satisfaction. The model demonstrates strong explanatory power, with a multiple correlation coefficient (R) of 0.848, indicating a high degree of association between the predictors and the dependent variable. The R Square value of 0.719 (or 71.9%) reveals that approximately 71.9% of the variance in job satisfaction is jointly explained by satisfaction with health facilities and compensation. After adjusting for the number of predictors in the model, the Adjusted R Square remains robust at 0.712, confirming that the model is not overfitted and maintains its explanatory strength. The standard error of the estimate (2.209) reflects the average distance that observed job satisfaction scores deviate from the regression line, suggesting reasonable precision in prediction. Furthermore, the F-change statistic of 104.995 with a significance level of $p < 0.001$ indicates that the overall regression model is statistically significant and reliably predicts job satisfaction. These results collectively affirm that the model fits the data well and provides a valid

basis for interpreting the influence of the two independent variables on employee job satisfaction at PT PLN Indonesia Power UBP Grati (Field, 2018).

Discussion

The findings of this study provide robust empirical support for the positive and significant influence of both workplace health facilities and compensation on employee job satisfaction at PT PLN Indonesia Power Unit Bisnis Pembangkitan (UBP) Grati. The regression results reveal that satisfaction with health facilities ($\beta = 0.325$, $p < 0.001$) and compensation ($\beta = 0.330$, $p < 0.001$) jointly explain approximately 71.9% of the variance in overall job satisfaction—demonstrating that these two organizational factors are central to shaping employee attitudes in this state-owned power generation unit.

These results align closely with foundational theoretical frameworks. First, Maslow's (1943) hierarchy of needs posits that physiological and safety needs—such as access to reliable healthcare—must be fulfilled before employees can achieve higher-order workplace motivation. The strong positive effect of health facilities in this study corroborates this view: employees who perceive comprehensive, accessible, and high-quality health services (including outpatient care, emergency response, maternal support, and pharmacy access) report significantly higher job satisfaction. This is particularly relevant in Indonesia's state-owned enterprise context, where health benefits are often viewed not merely as perks but as part of an implicit social contract between employer and employee (Guest, 2017).

Second, the slightly stronger predictive power of compensation supports Vroom's (1964) expectancy theory, which emphasizes the motivational role of perceived fairness and reward-effort alignment. Employees at UBP Grati appear especially sensitive to the structure and transparency of their compensation—particularly performance bonuses, shift premiums, and long-term benefits like severance certainty. This finding echoes prior research indicating that dissatisfaction often stems less from absolute pay levels and more from perceived inequities or lack of recognition (Ghazzawi, 2008; Spector, 1997). Notably, the high Cronbach's Alpha for compensation items (0.784) and the strong item correlations (e.g., $r = .905$ for annual leave allowance) suggest that employees evaluate compensation holistically, integrating both monetary and symbolic dimensions of fairness.

Furthermore, the absence of multicollinearity ($VIF = 1.488$) and the model's strong goodness-of-fit (Adjusted $R^2 = 0.712$, $F = 104.995$, $p < 0.001$) reinforce the reliability of these conclusions. The results also extend Herzberg's two-factor theory (1959) by showing that both "hygiene" factors (e.g., health services) and "motivators" (e.g., performance-linked pay) operate synergistically in this context—neither alone is sufficient, but together they create a work environment conducive to sustained satisfaction and loyalty.

Recent empirical work further validates this dual-pathway model. A (2023) study by Fiaz et al. emphasized that high-quality workplace systems—including health support and equitable reward structures—significantly enhance employee engagement and psychological well-being, especially in operationally demanding sectors. Similarly, Gazi (2024) found in a Bangladesh industrial context that dissatisfaction with salary and benefits strongly predicts negative workplace behaviors, reinforcing the notion that compensation fairness is not just a transactional concern but a relational one that shapes organizational citizenship. In healthcare settings—another high-stakes, continuity-critical industry—Alrawahi (2020) reported that over 75% of workers expressed dissatisfaction when health provisions and pay were inadequate, directly linking these factors to attrition and burnout. These cross-sectoral findings underscore the universality of the mechanisms observed at UBP Grati: when employees feel their basic security

and esteem needs are met through institutional support and fair rewards, their commitment and satisfaction increase markedly.

Importantly, these findings carry practical implications for human resource policy in capital-intensive, operationally critical sectors. Given that 46% of respondents have served more than 20 years, PT PLN Indonesia Power must recognize that long-tenured employees value stability, comprehensive benefits, and equitable recognition. Enhancing transparency in compensation structures and expanding access to specialized healthcare (e.g., for chronic or critical illnesses) could further elevate satisfaction levels. Future research could explore mediating roles of organizational trust or moderating effects of tenure length to deepen understanding of these dynamics.

Conclusion

This study confirms that both workplace health facilities and compensation significantly and positively influence employee job satisfaction at PT PLN Indonesia Power Unit Bisnis Pembangkitan (UBP) Grati. The regression analysis reveals that these two factors jointly explain approximately 71.9% of the variance in job satisfaction, with compensation showing a marginally stronger effect ($\beta = 0.330$, $p < 0.001$) compared to health facilities ($\beta = 0.325$, $p < 0.001$). These findings validate the study's hypotheses and align with foundational theories—Maslow's hierarchy of needs, Herzberg's two-factor theory, and Vroom's expectancy theory—demonstrating that the fulfillment of basic security needs through accessible health services and the perception of fairness and recognition through equitable compensation are critical drivers of satisfaction in a state-owned, operationally critical enterprise.

The results carry important practical implications for human resource policy. Given that nearly half of the workforce has served for more than 20 years, PT PLN Indonesia Power should prioritize maintaining and enhancing comprehensive health benefits while ensuring transparency, consistency, and perceived equity in its compensation structure—particularly in performance-based incentives and shift-related allowances. Limitations of this study include its cross-sectional design and focus on a single unit, which may restrict generalizability. Future research could adopt longitudinal or multi-site approaches to examine how these relationships evolve over time or differ across organizational contexts. Additionally, exploring mediating variables such as organizational trust or psychological contract fulfillment could offer deeper theoretical insights into the mechanisms linking workplace provisions to employee attitudes.

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