








“Enhancing partnership performance of medical clinics in Java, Indonesia: Perspective of women’s managerial roles”

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ENHANCING PARTNERSHIP PERFORMANCE OF MEDICAL CLINICS IN JAVA, INDONESIA: PERSPECTIVE OF WOMEN'S MANAGERIAL ROLES

Abstract

This study aims to determine the role of women with managerial positions in medical clinics and the ways in which they can enhance the performance of their partnerships to optimize business opportunities within the healthcare services sector of Indonesia. The study identified two key challenges: complex requirements from corporate partners and limited partnership capabilities of female employees. The study used entrepreneurial marketing theory as a framework to identify the key factors that can improve partnership performance by strengthening the capabilities of women in these roles. The study gathered data from 113 health clinics in Java, Indonesia, where female managers were responsible for marketing, partnerships, and director roles. The data were analyzed using structural equation modeling. The results reveal a positive impact of intrapreneurship and partnership capabilities on partnership performance. It is noteworthy that relationship quality exerts no influence on partnership performance. Furthermore, relationship quality does not function as a mediating variable for intrapreneurship capability or partnership capability on partnership performance. The healthcare services ecosystem attenuates the relationship between relationship quality and partnership performance. Additionally, the prevalence of medical clinics with female managers in the healthcare services ecosystem significantly affects partnership performance in the Java region, Indonesia.

Keywords

women's managerial role, partnership performance, entrepreneurial marketing

JEL Classification

L14, L26, L32, M31, O15

INTRODUCTION

The female workforce (representing 77% or 1.5 million employees) in health organizations in Indonesia has increased significantly, but the number of women in managerial positions remains low. In private medical clinics, the number of female workers is predominant, representing 39.57% of the overall structure of health organizations in Indonesia. There is a notable prevalence of well-established medical clinics on the island of Java, with 1,297 compared to the total number of private clinics in Indonesia, which is 8,911. However, the managerial roles held by women are considered insignificant. The increase in the number of women occupying functional executive roles in the healthcare services sector, specifically in marketing management and business development of health organization partnerships, has only risen by 9% from 2019 to 2021. There is considerable potential for developing partnership strategies by empowering the capabilities of women in medical clinics. Overall, the management of health organizations in Indonesia has traditionally consisted of a large number of female workers (Juwita, 2022).

Nevertheless, public skepticism concerning women's managerial role in entrepreneurial management is still perceived as a consequence of familial and peer support (Ahmetaj et al., 2023). The leadership styles of women and men are deemed to be equally exclusive and unparticipatory, with contextual factors within the organizational structure itself, such as organizational cultural structures and dominant power structures, influencing women's capacity for inclusion and participation in achieving organizational performance (Chin et al., 2016).

It is important to develop and keep female leaders as a source of talent to help companies innovate (Pollak, 2023). Women's managerial capabilities are valued in the B2B context for their marketing and entrepreneurial skills. These skills help them manage customer relationships effectively in a dynamic environment. In the entrepreneurial world, women are seen as powerful change-makers. Female leaders are better at building relationships than men (Farhan, 2022). This helps them to compete more effectively (Ogundana et al., 2021). Female managers make more sustainable decisions than men (Farhan, 2022).

1. LITERATURE REVIEW

The study of entrepreneurship is of particular interest to researchers in multidisciplinary fields. However, there is a clear need for more research into intrapreneurship in medical clinics, particularly in relation to the managerial context of women in organizations. Currently, research in this area is limited and mostly focuses on small and medium enterprises in such spheres as food and beverages, manufacturing, tourism, and home industries. Several factors encourage women to take on more managerial roles in the healthcare services industry, and this is helping them to achieve partnership performance within the organization. Women are perfectly capable of dealing with changes in the dynamic business environment. In fact, they are emerging as the initiators of managers who develop and better manage intrapreneurship capabilities (Klofsten et al., 2021). Intrapreneurship is an attractive option for organizations looking to prepare for a dynamic business environment (Pandey et al., 2021). It is a formal or informal activity that creates a new business within the company to produce products or services and drive innovation and development of marketing activities (Zahra, 1991; Morris & Kuratnoko, 2002).

The intrapreneurship capabilities of women's managerial roles are gauged by their capacity to identify novel business strategies and opportunities. Their ability to analyze these opportunities enables them to create value through an awareness of shifts in the external business environment (Ojo & Nwankwo, 2020; Kotler et al., 2023). Resource allocator denotes the ability to allocate

and empower existing resources and facilities to achieve organizational goals (Ojo & Nwankwo, 2020; Kotler et al., 2023). Experience learning is the ability to take risks based on the experience of failure and to continue to practice. Risk tolerance is the ability to take risks by having tolerance for the risk of failure and, in this case, the courage to make decisions that may result in failure. The women's managerial capacity to make decisions is contingent upon an estimation of the level of risk. Risk-taking, as defined by Kotler et al. (2023), is the ability to reduce the level of risk associated with business decisions. Self-work initiative, as conceptualized by Antoncic et al. (2020), denotes the capacity of an organization to foster employee initiative and self-motivation, thereby optimizing the efficacy of their work.

The partnership capabilities of women in managerial roles are the result of a partnership learning process that is not instantaneous, whereby companies learn, collect, and utilize partnership management knowledge (Kale et al., 2002). The output of partnership capabilities learning is the result of partnership cooperation, a capacity to resolve conflict, and product knowledge of the partnership process (Morgan et al., 2020). Women's managerial ability to conduct partnerships in the B2B context is measured by their ability to overcome key issues or conflicts that may arise. Davidson et al. (2011) suggested that women may have certain advantages in terms of interpersonal skills, network relationships, and the ability to navigate and resolve business conflicts, both within and outside the organization. Similarly, there is a view that women may be particularly adept at manag-

ing the collaboration between companies after the formation of a partnership (Morgan et al., 2020). Furthermore, women's managerial input in partnership management may encompass knowledge pooling and knowledge sharing between partners (Khalid, 2012).

This paper defines relationship quality in the context of relationship marketing theory. This is the process of establishing, maintaining, and improving relationships with customers and other partners, intending to meet the objectives of all parties involved. Relationship quality is affected by changes in competition when reaching consumers, obtaining markets for human resources, and offering goods and services (Gronroos, 2000). Marketing and partnership practitioners must evaluate relationship quality in long-term partnerships. They must also consider how management activities can contribute to relationship quality, as this encourages communication and openness (Warsen, 2018). The relationship quality strategy implemented by the medical clinics in the B2B context assesses the indicators of partner commitment to the terms of the cooperation agreement. This is a clear form of assessment of commitment in the partnership (Nwankwo & Gbadamosi, 2013); the complementary attitude of the partners is assessed by partner fit (Kale et al., 2002), and mutual understanding or compatibility of organizational culture between partners is also considered (Kale et al., 2009).

In the context of private-public services, partnership management practices assume that the environment can transfer perceived risks and that women partnership managers will provide insights into the impact of relationship quality on the success of partnerships. This is consistent with (Casidy & Nyadzayo, 2019) who indicated a positive impact on healthcare ecosystems. Insights from healthcare ecosystems are particularly valuable for practitioners seeking to engage patients and enterprise partnerships in improving healthcare ecosystems and enhancing their efficiency and effectiveness (Gambarov et al., 2017).

The assessment of the existence of the managerial roles of women in the health service ecosystem is able to align goals between partners by understanding and meeting the objectives of customer service needs. The results of these services cre-

ate customer loyalty and a good perception of the harmony of relationships in the health service ecosystem (Casidy & Nyadzayo, 2019). Customer experience of perceived quality of programs/services/facilities for partners (Gambarov et al., 2017), perceived service process (time speed of service) for partners, perceived quality of results or valid results for partners will create a real experience perception of service and special value for partners (He et al., 2022). Clear roles are the clarity of the relationship of each partner in the healthcare services ecosystem and are contained in written rights and obligations that will streamline partnership cooperation (Gambarov et al., 2017).

The success of a partnership performance is determined by the ability of firms to recognize that rising costs and falling supply chain levels do not necessarily lead to increased competitiveness. Instead, firms that engage in long-term cooperative partnerships are more likely to succeed (De Waal & de Haas, 2020). A partnership is an inter-organizational alliance in the form of a voluntary cooperation agreement between two or more companies to manage joint long-term production/service, distribution or marketing activities (Fraga & Bataglia, 2022). The assessment of partnership performance is based on the legality of transactions as outlined in the cooperation agreement over a defined period (Fraga & Bataglia, 2022). Long-term relationships are defined as those that have lasted for more than one year or involved more than one transaction in a specified period. This is an important achievement (Zeng et al., 2019; De Waal & de Haas, 2020). Accountability in a partnership is the result-oriented implementation of the rights and obligations of partners, which encourages cost-effectiveness in partnership cooperation (Brinkerhoff, 2002). Reducing uncertainty regarding payment terms will encourage greater efficiency in partnership cooperation (Zeng et al., 2019). Profit sharing is based on the company's ability to distribute profits by sharing incentives to employees as a result of the partnership and social income as a customer/community/external reward for the value of the synergies arising from the partnership (Gudergan et al., 2012).

Entrepreneurial marketing is part of management science as an art to try to continuously adjust and develop to these external changes so

that entrepreneurial science is relevant to (Zahra, 1991). Marketing and entrepreneurial strategies are widely used in small and medium-sized enterprises (SMEs), especially during the medical clinic start-up and early growth phases. A growing body of research shows that SMEs that are more successful over time are those that engage in higher levels of entrepreneurial marketing activities (Morris & Kuratnoko, 2002). Kotler et al. (2023) mentioned that entrepreneurial marketing would be able to create value if medical clinics take an entrepreneurial approach in business processes to generate optimal value through three valuable entrepreneurial characteristics: opportunity seekers, risk takers, and network relational collaborators. The value of marketing and entrepreneurship collaboration can be achieved by looking at the company's position, company differentiation, and service product brand in the healthcare service ecosystem.

Intrapreneurial professionals are adept at evaluating relationship quality and identifying new partnership opportunities, which they then assess (Kraus et al., 2019). The intrapreneurial capability of organizational intrapreneurs is an asset for changing the market and establishing relationship quality (Guerola-Navarro et al., 2022). Managers can use intrapreneurship capability to drive new strategies and improve partnership performance (Klofsten et al., 2021). It is evident that relationship quality plays a crucial role in influencing partnership performance. This is particularly evident when considering the innovation factor of service facilities carried out by the organization (Yang et al., 2022).

The capabilities of women's managerial partnerships in B2B are defined by their ability to navigate dynamic changes. In Brazil, employees are facing several challenges when it comes to balancing their personal and professional lives due to their sensitivity, flexibility, and collaborator capacity in partnership, as well as their ability to make objective decisions in dynamic environment (Canabarro et al., 2015). Their efforts are innovative strategies to overcome obstacles, establish networks, and generate new opportunities in B2B (Antoncic et al., 2020). This is achieved through a learning process that integrates experience and knowledge to strengthen the quality of

relationships with external organizations (Hsu et al., 2019). Partnership capabilities are the result of the partnership learning process. They are comprised of skills and product knowledge that affect the outcome of the relationship quality process of the partnership cooperation (Morgan et al., 2020). The literature on partnership capabilities is primarily concerned with the factors that drive their development, leading to greater alliance success. Cooperation across diverse partnerships and capabilities can enhance partnership performance. Shakeri and Radfar (2017) used the term "alliances" to identify key factors affecting partnership performance in the biopharma industry in Iran.

Furthermore, the number of competitors in the healthcare ecosystem can influence the strengthening of relationship quality, which plays an important role in increasing the loyalty of the organization's B2B customers (Kwiatek et al., 2020). Fostering relationship quality through interactions between clinics and stakeholder in healthcare ecosystem can attract potential partners who will develop a personal bond with the clinic (Woo et al., 2021). The form of successful partnership collaboration in the health service ecosystem is when the partnership can support each other economically and build social relationships (Heinonen et al., 2021). However, Vargo and Lusch (2016) remind that the health service ecosystem is an independent system and the actors in the ecosystem must be able to adapt to integrate their resources as an effort to create shared value. In US healthcare industry, women leadership roles are a catalyst for enhanced corporate responsibility and stakeholder relational engagement (Alkayed et al., 2024).

There are complex relationships between organization intrapreneurship, partnership capabilities, stakeholder structures, decision-making, rewards, culture, risk-taking, and proactivity as factors to shape partnership customer engagement activities through good relational quality in public organizations (Pinelli et al., 2022). Therefore, in this era, it is important to understand positive relationship interactions or relationship quality, interdependence/complementarity (according to the partnership context), and their influence on the configuration of the healthcare ecosystem (Ciasullo et al., 2017). The healthcare services ecosystem has the potential to influence interactions of relationships

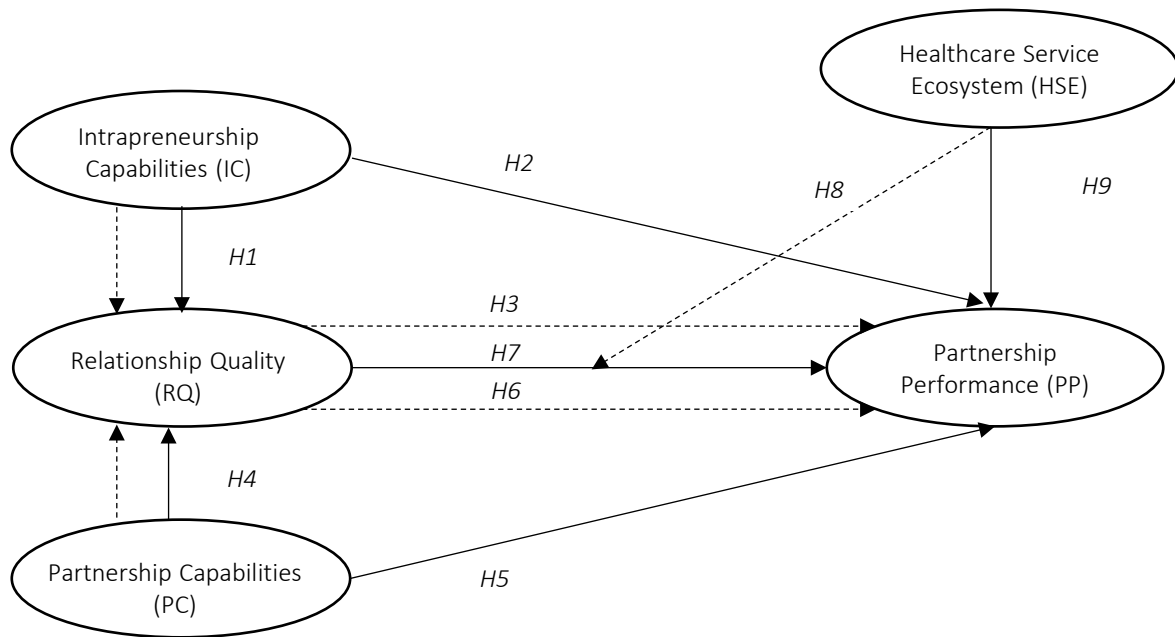


Figure 1. Research framework

quality and integration with corporate partner and improve service outcomes and affordability (Singhal & Carlton, 2019).

This study uses entrepreneurial marketing theory to analyze partnership business performance. Relationship quality is a research mediator in the context of B2B. Women managers are observed in terms of their ability to start new businesses and work with others. This analysis can help to overcome skepticism about women’s ability to perform well in partnerships and explore their potential in the healthcare services industry. Women can then be valued as a diverse source of leadership in healthcare services (Vanderbroeck & Wasserfallen, 2017).

In order to ascertain the relationship between these variables (Figure 1), the hypotheses are proposed as follows:

- H1: *Intrapreneurship capabilities have a positive effect on relationship quality.*
- H2: *Intrapreneurship capabilities have a positive effect on partnership performance.*
- H3: *Intrapreneurship capabilities have a positive effect on partnership performance through relationship quality.*

H4: *Partnership capabilities have a positive effect on relationship quality.*

H5: *Partnership capabilities have a positive effect on partnership performance.*

H6: *Partnership capabilities have a positive effect on partnership performance through relationship quality.*

H7: *Relationship quality has a positive effect on partnership performance.*

H8: *Relationship quality has a positive effect on partnership performance moderated by healthcare service ecosystem.*

H9: *Healthcare service ecosystem has a positive effect on partnership performance.*

2. METHODS

In line with the research objectives, a quantitative empirical study was conducted using a survey technique with a closed-ended questionnaire (Appendix A) to collect primary data. The content of the questionnaire was validated by health clinic managers or experts in the partnership or relational marketing process, and improvements were made based on their feedback. The ques-

tionnaire was distributed online through the healthcare services community in Java Island using a random sampling technique, which obtained a sample of 113 female managers from each of the medical clinics in Java, Indonesia. The random sampling of each unit of analysis ensures that there is an equal chance of being selected, which allows one to statistically estimate the characteristics of the population and the selected sample (Saunders et al., 2017). The questionnaire was designed to be anonymous and to motivate the target sample to believe that the answers given were not declared right or wrong in order to avoid any potential bias in data collection. All constructs were measured using a 5-point Likert scale. A reflective model was applied to measure each variable.

This study uses the PLS-SEM technique, a variance-based method often used in the behavioral and social sciences (Hair et al., 2022). The first step is to ensure that the data collected are unbiased with a complete collinearity approach. Next, it assesses the level of validity and reliability of each item measuring the construct. The last step is to assess the structural model by following several procedures, such as the significance level of the relationship between the constructs, *R*-Squared, and *F*-Squared effect size.

The demographic characteristics of the sample were analyzed, including age, field of work, length of employment, education, and respondents' provincial region in Java Island (Table 1). A total of 113 valid responses were considered in the analysis. The demographic results showed that in the age category, 103 people were aged $25 \leq 40$ years (91%); 53 were marketing managers (47%); 70 had worked for ≥ 6 years (62%); 102 had S1 education level (90%); 33 respondents were located in West Java province (33%).

Table 1. Respondents' demographics

Demographics	Category	Total	%
Age	18 < 25 years	2	2
	25 ≤ 40 years	103	91
	41 ≤ 59 years	8	7
Position	Director	8	7
	Branch Manager	41	36
	Marketing Manager/ SM/GM	53	47
	Partnership Manager/ SM/GM	11	10
Length of Services	2 < x ≤ 4 year	3	3
	4 < x ≤ 6 year	40	35
	≥ 6 year	70	62
Education	S1	102	90
	S2	8	7
	Specialist	3	3
Province of Java Island	Banten	10	9
	DKI Jakarta	12	11
	West Java	37	33
	Middle Java	30	26
	East Java	24	21

3. RESULTS

The CMB analysis aims to test the level of bias in the results of the questionnaire distribution. The study expected the data collected to be impartial. The concept of full collinearity was applied based on Kock (2015), who suggested creating a new variable with a random value. The new value is a latent variable score (LVS). The formed LVS values are then connected to the random values. The assessment criterion of CMB is that when the VIF value in the inner model is less than 3.3, the data are unbiased and vice versa. If the VIF value is greater than 3.3, the data are biased. However, Hair et al. (2021) believed a VIF value of less than 5 is still considered unbiased. Based on Table 2, all variables produce VIF values < 3.3 and < 5, so it can be stated that the data are free from bias.

Table 2. Common method bias (CMB)

Variable	VIF		Cut off	Decision
	Partnership Performance (PP)	Relationship Quality (RQ)		
Healthcare Service Ecosystem (HSE)	1.814	–	< 3.3 AND < 5.0	Fulfilled
Intrapreneurship Capabilities (IC)	2.25	1.941	< 3.3 AND < 5.0	Fulfilled
Partnership Capabilities (PC)	2.315	1.848	< 3.3 AND < 5.0	Fulfilled
Relationship Quality (RQ)	2.697	–	> 3.3 AND < 5.0	Fulfilled

Table 3. Convergent validity and reliability

Variable	Indicator	VIF	AVE	CR	Outer Loadings
Health Services Ecosystem (HSE)	Relationship fulfillment	1.619	0.663	0.854	0.878
	Experience in service quality	1.394			0.760
	Clear roles of partnership	1.533			0.800
Intrapreneurship Capabilities (IC)	Creating opportunities	1.625	0.612	0.904	0.759
	Empowering resources, facilities	1.97			0.773
	Experience learning of failure	2.221			0.769
	Risk tolerance of failure	2.543			0.809
	Reducing the level of business risk	1.985			0.774
	Sensitizing, initiating, and motivating	2.472			0.806
Partnership Capabilities (PC)	Experiences in dealing with conflict issues	1.329	0.617	0.828	0.788
	Partnership collaboration	1.317			0.767
	Knowledge sharing contribution	1.383			0.800
Partnership Performance (PP)	Legality of transactions	1.667	0.624	0.908	0.727
	Long-term relationship	1.778			0.715
	Accountability, agreement terms	2.105			0.784
	Certainty of payment	2.192			0.817
	Profit sharing	2.35			0.826
	Social income	2.882			0.859
Relationship Quality (RQ)	Women's managerial commitment	1.739	0.716	0.883	0.882
	Partnership fit	1.787			0.853
	Cultural compatibility	1.699			0.801

The research model uses PLS-SEM with SmartPLS version 4 professional software (Ringle et al., 2015). In PLS-SEM, there are two measurement models: outer and inner. The outer model evaluation consists of convergent validity, average variance extracted (AVE), discriminant validity, composite reliability (CR), and collinearity (Hair et al., 2022). As a result, all indicators yielded outer loading values >0.70 and VIF values less than 5. In addition, the AVE values for each construct yielded values of 0.612-0.716, greater than 0.50. In addition, all items measuring each construct are reliable as the CR values are 0.854-0.908. The CR value is at least 0.70 and does not exceed 0.95. Thus, the measurement model is valid and reliable (Table 3).

At the same time, the results of discriminant validity (Table 4) with the Fornell-Lacker criterion show that reflective constructs have the strongest relationship with their own indicators with a correlation value of less than 0.9 (Henseler, 2020).

Table 4. Fornell-Lacker criterion

Variable	(HSE)	(IC)	(PC)	(PP)	(RQ)
Healthcare Service Ecosystem (HSE)	0.814				
Intrapreneurship Capabilities (IC)	0.386	0.782			
Partnership Capabilities (PC)	0.32	0.519	0.785		
Partnership Performance (PP)	0.492	0.525	0.557	0.79	
Relationship Quality (RQ)	0.419	0.572	0.551	0.519	0.846

Once the data distribution is declared unbiased, testing the structural model is followed by checking the significance level to accept or reject the research hypotheses. Table 5 summarizes the results of the hypotheses testing. Intrapreneurship capabilities ($\beta = 0.278$; T -value = 3.194; p -value < 0.001) and partnership capabilities perceived ($\beta = 0.223$; T -value = 2.216; p -value < 0.014) were shown to have positive and significant effects on relationship quality. However, relationship quality did not affect the achievement of partnership performance ($\beta = 0.036$; T -value = 0.320; p -value < 0.374). While intrapreneurship capabilities showed this effect ($\beta = 0.212$; T -value = 2.096; p -value = 0.018),

Partnership capabilities ($\beta = 0.238$; T -value = 2.042; p -value = 0.021) and the presence of health clinics in the healthcare service ecosystem ($\beta = 0.184$; T -value = 1.865; p -value = 0.031) have a positive and significant impact on the achievement of medical clinic partnership performance.

Table 5. Hypotheses testing

	Path	Path Coefficient	T statistics	P values	Description
Direct Hypothesis					
H1	IC → RQ	0.278	3.194	0.001	Positive, Influential
H2	IC → PP	0.212	2.096	0.018	Positive, Influential
H4	PC → RQ	0.223	2.216	0.014	Positive, Influential
H5	PC → PP	0.238	2.042	0.021	Positive, Influential
H7	RQ → PP	0.036	0.320	0.374	Negative, No Effect
H9	HSE → PP	0.184	1.865	0.031	Positive, Influential
Moderation Testing					
H8	HSE x RQ → PP	-0.196	2.387	0.009	Negative, Moderating (Weakening)
Mediation Testing					
H3	IC → RQ → PP	0.010	0.297	0.383	Positive, Not Mediating
H6	PC → RQ → PP	0.008	0.290	0.386	Positive, Not Mediating

Note: HSE = Healthcare Service Ecosystem; IC = Intrapreneurship Capabilities; PC = Partnership Capabilities; PP = Partnership Performance; RQ = Relationship Quality.

Meanwhile, the healthcare service ecosystem moderated the weakening between relationship quality and partnership performance ($\beta = -0.196$; T -value = 2.387; p -value = 0.009). Further evaluation of relationship quality as a mediator showed a positive but not mediating relationship between intrapreneurship capabilities and partnership performance ($\beta = 0.010$; T -value = 0.297; p -value = 0.383). Similarly, relationship quality does not mediate the relationship between partnership capabilities and partnership performance ($\beta = 0.08$; T -value = 0.290; p -value = 0.386).

The next step is to evaluate the R -Squared (R^2) value in each endogenous construct. The R^2 value is generally in the range of 0.00 to 1.00. The greater R^2 value of the calculation results means that the exogenous constructs explain more of the endogenous constructs because the recommended R^2 values are ≥ 0.75 (strong), 0.50-0.74 (medium), and 0.25-0.49 (weak). This study found that relationship quality has an R^2 value of 0.524. That is, intrapreneurship capabilities and partnership capabilities explain 52.4% of relationship quality. Furthermore, the R^2 value of perceived partner-

ship performance is 0.510 (51%), meaning the effect of intrapreneurship capabilities, partnership capabilities, relationship quality, and healthcare services ecosystem. Thus, this study yielded moderate predictive power within the proposed sampling frame (Table 6).

The effect size of each correlation between constructs is expressed by the F -Squared (F^2) value. F^2 assessment criteria follow the criteria of weak (0.02-0.14), moderate (0.15-0.34), and strong effects (> 0.35) (Hair et al., 2021). Based on Table 6, intrapreneurship capabilities and partnership capabilities weakly affect relationship quality with F^2 values of 0.109 and 0.069. Meanwhile, partnership capabilities, intrapreneurship capabilities, and healthcare services ecosystem also weakly affect partnership performance in the structural model with F^2 values = 0.054, 0.069, and 0.045. Relationship quality ($F^2 = 0.001$) has no effect on partnership performance. Finally, the healthcare services ecosystem weakly moderates the relationship between relationship quality and partnership performance ($F^2 = 0.082$). Figure 2 illustrates the PLS-SEM results.

Table 6. R-Squared and F-Squared

Paths	R-Squared	Note	F-Squared	Note
IC → RQ	0.524	Moderate	0.109	Low
PC → RQ			0.069	Low
IC → PP	0.510	Moderate	0.054	Low
PC → PP			0.069	Low
RQ → PP			0.001	No Impact
HSE → PP			0.045	Low
HSE x RQ → PP			0.082	Low

Note: HSE = Healthcare Service Ecosystem; IC = Intrapreneurship Capabilities; PC = Partnership Capabilities; PP = Partnership Performance; RQ = Relationship Quality.

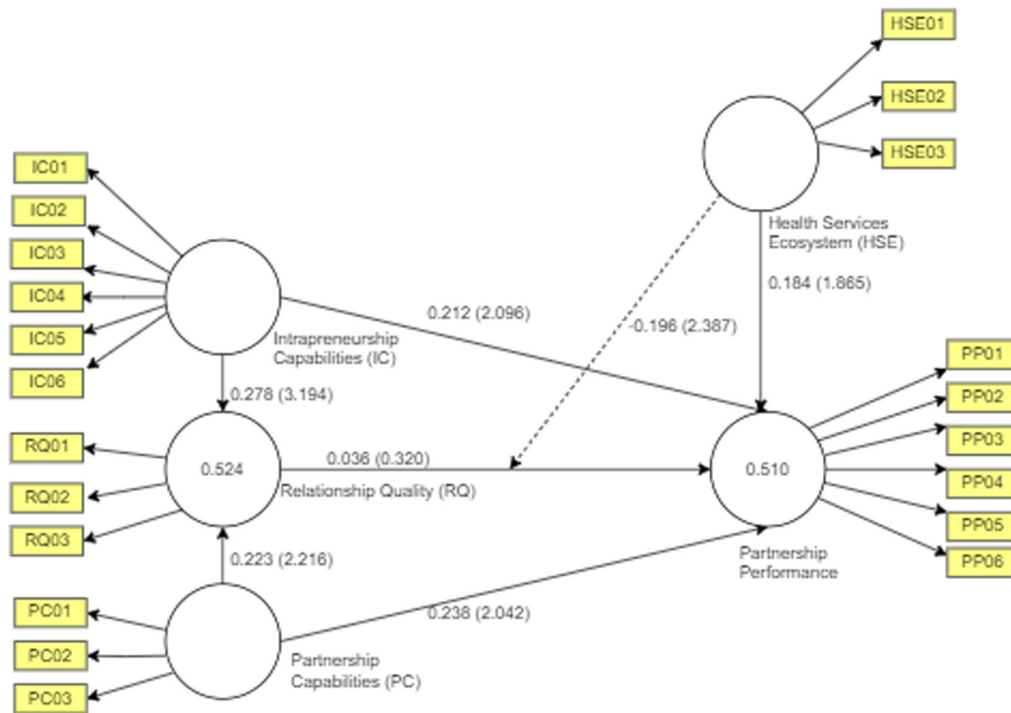


Figure 2. PLS-SEM results

4. DISCUSSION

The results show that intrapreneurship capability affects relationship quality (H1). Human resource entrepreneurship in the organization becomes an asset to change the market and a force for establishing relationships in the market (Guerola-Navarro et al., 2022). In this case, relationship quality is positively influenced by the entrepreneurial expertise of resources in the organization, which is called intrapreneurial capabilities (Alshurideh et al., 2023). In the knowledge concept of marketing and entrepreneurship, Kraus et al. (2019) stated that intrapreneurship capabilities in the organization can influence the quality of relationships because they scan the quality of relationships and new opportunities within the scope of the health service business market. Women have improved educational access and are better empowered to start and sustain their businesses (Wafeq et al., 2019). In other words, women’s managerial professionalism in building good quality relationships with corporate partners has been influenced by the existence of intrapreneurship capabilities, so this entrepreneurial knowledge will dismiss the skeptical value of women’s gender capabilities.

The findings show that the intrapreneurship capabilities of female managers have a positive and significant impact on the performance of business partnerships (H2). In accordance with Smith et al. (2019), managerial-level individuals must possess intrapreneurship capabilities, as this ability has been identified as a key factor influencing the success of B2B partnership performance. As previously mentioned by Neessen et al. (2019), intrapreneurship capabilities can be defined as innovative, proactive, and risk-taking behavior coupled with the ability to identify and seize opportunities. These capabilities are essential for achieving successful organizational performance. Consequently, intrapreneurship can be applied professionally by empowering women workers in medical clinics.

The study confirms that relationship quality does not mediate the relationship between intrapreneurship capabilities and partnership capabilities on partnership performance (H3 and H6). This finding rejects Woo et al. (2021), who stated that the relationship quality model is considered only as an evaluation measure of partnership. Klofsten et al. (2021) found that relationship quality affects alliance performance and proved the further significance of relationship quality as an intermediary mediation between intrapreneurship capabili-

ties and partnership performance. Kumar et al. (2020) put forth the idea that partnership capabilities, particularly in terms of the capacity of human resources to engage in partnership learning, have the potential to influence the outcomes of such partnerships. This is thought to be through the ability to maintain relational partnership capabilities. De Waal and de Haas (2020) suggest that while the ability to form partnerships and collaborate with customers to meet their needs may not directly lead to increased competitiveness, it can contribute to a company's long-term sustainability. Hartman et al. (2020) highlight that the success of a partnership often hinges on the ability of the involved organizations to diversify their resources and enhance their services.

This analysis definitively shows that the partnership capabilities of women have a positive effect on relationship quality in medical clinics in Indonesia (H4). This finding aligns with Robson et al. (2019), who confirmed that partnership capabilities are essential for managerial professionals to form positive forces by complementing each other's resources. McDonald et al. (2019) found that the level of partnership capability of individuals is seen from the outcome of achieving competitive advantage. This means that professional individuals, without seeing gender as an obstacle, will have the positive power to create an image of sustainable good relations with their partners.

Partnership capabilities positively affect partnership performance at medical clinics in Indonesia (H5). Shakeri and Radfar (2017) also found that partnership capabilities have a direct and significant effect on partnership performance. This paper builds on the findings of Gudergan et al. (2012) and confirms that partnership capabilities drive overall partnership performance, particularly through effective management of partnership ties. Hsu et al. (2019) also state that managerial-level partnership capabilities affect the future of partnership performance.

Relationship quality has no positive effect on partnership performance in medical clinics (H7). This finding contradicts Warsen et al. (2018), who suggested relationship quality could improve partnership performance and cooperation with managerial staff. The study also highlights other factors beyond relationship quality that encourage partners to establish collaborative partnerships (Kraus et al., 2019). For example, the ability to provide new innovations, such as technology, is important for the future success of partnerships. Many inter-firm partnerships fail due to the superior character of the partnership relationship. Therefore, medical clinic providers must continuously innovate and adapt to face future business challenges to maintain successful partnerships (Jiang, 2014).

The healthcare service ecosystem plays a direct role in the performance of partnerships (H9) and also moderates the impact of relationship quality on partnership performance (H8). According to Kwiatek et al. (2020), relationship quality is essential in increasing customer loyalty. However, in the context of B2B relationships with competitors in the healthcare services ecosystem, it can affect the value of the competitive advantage of the organization. Crick (2020) discovered that competition in the healthcare service ecosystem could affect partnership performance when the organization has relations with untrusted provider partners, weakening the value of partnership performance. The healthcare services ecosystem acts as a quasi-moderator, meaning that the success of a partnership is influenced not only by the quality of the relationship but also by the credibility of the partner. In summary, building strong relationships in the healthcare services industry is crucial for improving customer loyalty and maintaining a competitive advantage, but the overall success of partnerships is also dependent on the credibility of the partner involved (Crick, 2020).

CONCLUSION

The aim of this study is to gain insight into the role of women managerial positions in medical clinics and to how the way they can use their capabilities to contribute enhancing medical clinic partnership performance in the Java Region, with a view to optimizing business opportunities within the healthcare services sector in Indonesia.

The role of women managers in the healthcare services ecosystem have a significant impact on partnership performance in the Java region of Indonesia. The study found that relationships quality and partnership performance in the healthcare services ecosystem in Java are connected. Intrapreneurship capabilities and partnership capabilities of women who hold managerial positions play a significant role in enhancing partnership performance and influencing relationship quality with corporate partners. Medical clinics in Java should focus on developing these capabilities for partnership sustainability.

This study identifies several limitations that should be considered. Firstly, the data are limited to medical clinics in Java. Therefore, the findings may not be representative of the entire country of Indonesia. Additionally, comparisons with developed countries are difficult as their infrastructure and culture of partnership collaboration may be more advanced. Therefore, future research should explore partnership cooperation in areas outside of Java or in countries with higher healthcare clinic income to gain a more comprehensive understanding. Secondly, the indicators are based on the perspectives of female managers in Java and may not be applicable to populations outside of this region. It is recommended that this model be tested in different contexts. Lastly, the conceptual model focuses on one-way effects; future research should examine the indirect effects and relationships between variables in a two-way manner.

AUTHOR CONTRIBUTIONS

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APPENDIX A

Table A1. Respondent profile form

Characteristics	Complete a blank line on the sign (...) and select the criteria in the column with the (√)
Medical Clinic Name	
Province in Java Region	Province:
Has your clinic worked with a corporate partner on healthcare services?	Yes
	No
Gender	Men/ Women (Filtered)
Age	18 < 25 year
	25 ≤ 40 year
	41 ≤ 56 year
	≥ 57 years
Job	Director
	Branch Manager
	Marketing Manager/Senior Manager (SM)/General Manager (GM)
	Marketing Manager/Senior Manager (SM)/General Manager (GM)
Education	Degree – S1
	Master Degree- S2
	Specialist
Length of Services	2 < x ≤ 4 year
	4 < x ≤ 6 year
	≥ 6 year

Table A2. Questionnaire

Variables	Item Measurement
Healthcare Service Ecosystem (HSE)	Our clinic has a focus on the fulfilment of relationships.
	Our clinic can create valuable experience of service quality.
	Our collaboration and cooperation have a clear role of partnership.
Relationship Quality (RQ)	I am dedicated to optimising resources for corporate relationships.
	I am ensured partner fit in order to facilitate a partnership.
	I am compatible with our partner’s culture.
Intrapreneurship Capabilities (IC)	I have the capabilities to create new, strategic business opportunities.
	I have the capability to empower human resources and facilities.
	I have learned from my failures and am not afraid to try again.
	I am willing to take calculated risks in business partnerships.
	I have excellent risk estimation and decision-making skills.
Partnership Capabilities (PC)	I have a capable team that is able to effectively sensitize, initiate, and motivate.
	I have the experience in dealing with conflict issues.
	I have experience in partnership collaboration.
Partnership Performance (PP)	I have knowledge-sharing contributions with our corporate partner.
	The clinic partnership is conducted in accordance with the relevant legislation.
	The clinic has an ongoing agreement, which has been in place for over a year.
	The clinic ensures that corporate partners are aware of the terms of agreement.
	The clinic is aware of the potential risks partnerships and has term of payment.
	The clinic has a profit-sharing scheme for employees.
The clinic is appreciated by stakeholders for generating social income.	