

Proactive Personality and Health Resilience Driving Sustainable Competitive Advantage in Military Hospitals

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ABSTRACT

This study investigates the influence of Proactive Personality (PP), Health Resilience (HR), and Perceived Organizational Support (POS) on Sustainable Competitive Advantage (SCA) in military hospitals, with POS evaluated as a moderating variable. A **quantitative** explanatory design was applied, using data from 198 healthcare personnel in military hospitals under the Indonesian Ministry of Defense and the Indonesian National Armed Forces through a structured questionnaire. Structural Equation Modeling-Partial Least Squares (SEM-PLS) via SmartPLS 3.0 was used for both measurement and structural model evaluations. The **findings** show that PP, HR, and POS all have a significant positive effect on SCA, with HR emerging as the strongest predictor. Additionally, POS significantly moderates the effects of both PP and HR on SCA, indicating that organizational support enhances the influence of individual traits on sustaining competitiveness. This research addresses a gap in the existing literature, predominantly focused on the private sector, with limited exploration in military healthcare contexts. It presents a novel approach by **examining** the combined effects of personal characteristics and organizational support in high-pressure environments. Despite the contributions, the use of convenience sampling limits generalizability, and the focus on military hospitals restricts applicability to other healthcare sectors. Practically, military hospital management should prioritize developing employee proactivity and resilience while strengthening organizational support systems for long-term competitiveness. This **research aligns** with SDGs 3, 8, 9, and 16, demonstrating the impact of personal traits and organizational climate on healthcare sustainability and highlighting the societal importance of resilience, innovation, and strong institutions in healthcare settings.

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1. INTRODUCTION

The Indonesian healthcare system faces complex and interrelated challenges that affect the quality and sustainability of hospital services [1]. Internally, hospitals continue to struggle with limited facilities, uneven distribution of healthcare personnel, and inefficiencies in operational management [2]. Externally,

rapid technological change, evolving health policies, and increasing public expectations for high-quality and accountable services place additional pressure on healthcare institutions. At both global and national levels, hospitals are required to adapt to technological innovation, emerging health threats, and escalating cost structures while maintaining service quality and organizational performance [3]. In response to these challenges, the Indonesian Ministry of Health has implemented policy frameworks informed by Political, Economic, Social, Technological, Environmental, and Legal considerations, including increased health budget allocation, digital health innovation, and labor regulations aimed at supporting healthcare personnel welfare [1, 4]. Despite these efforts, government-owned hospitals, particularly military hospitals, continue to face intense competition from private and international healthcare providers [5]. This condition highlights the need for strategies that emphasize long-term sustainability rather than short-term performance gains [6].

Military hospitals play a dual role within the national healthcare system by delivering essential medical services while supporting national defense readiness [7]. According to the World Health Organization, a substantial proportion of military hospitals in developing countries experience persistent challenges in maintaining consistent service quality and organizational competitiveness [8, 9]. In this context, achieving sustainable competitive advantage, defined as an organization's ability to maintain superior performance through adaptive and value-creating strategies over time, becomes a strategic imperative [10]. Drawing on the Resource-Based View, sustainable competitive advantage is increasingly understood as arising from the effective integration of intangible resources, particularly human capital and organizational capabilities [11, 12]. In military hospitals characterized by hierarchical structures, high workloads, and crisis-prone environments, individual employee attributes become strategically significant [13, 14]. A proactive personality enables healthcare personnel to initiate improvements, anticipate problems, and support innovation in service delivery, even within rigid organizational settings. Similarly, health resilience, defined as the capacity to maintain performance and recover under physical and psychological pressure, is essential for sustaining service continuity during emergencies, pandemics, and military operations [15, 16].

However, individual capabilities alone are insufficient to generate sustained advantage without organizational support mechanisms [17, 18]. Perceived organizational support reflects employees' beliefs that their organization values their contributions and prioritizes their well-being. Prior research indicates that supportive organizational climates amplify the strategic value of human resources by enabling proactive and resilient behaviors to translate into organizational outcomes [19]. Accordingly, this study positions perceived organizational support as a moderating mechanism that strengthens the effects of proactive personality and health resilience on sustainable competitive advantage [20]. By integrating individual psychological resources with organizational support mechanisms, this study extends the Resource-Based View by demonstrating how human capital and organizational climate jointly contribute to sustainable competitive advantage in a high-demand military healthcare context [21]. In addition, the study highlights the importance of adaptive capabilities, innovation readiness, and organizational resilience in sustaining competitiveness [22, 23]. This research also supports global development priorities, particularly SDGs 3 on good health and well-being, 8 on decent work and economic growth, 9 on industry, innovation, and infrastructure, and 16 on peace, justice, and strong institutions. Therefore, this study employs a quantitative approach to examine the direct and moderating effects of proactive personality, health resilience, and perceived organizational support on sustainable competitive advantage in military hospitals under the Indonesian Ministry of Defense and the Indonesian National Armed Forces [24]. The findings are expected to contribute theoretically to Resource-Based View research and practically to hospital management strategies aimed at strengthening long-term organizational sustainability [25].

2. LITERATURE REVIEW

2.1. Sustainable Competitive Advantage (SCA)

SCA refers to an organization's ability to create and maintain long-term value through resources and capabilities that are difficult to imitate, substitute [26]. From a RBV perspective, SCA emerges not only from tangible assets but also from intangible resources such as human capital, organizational routines, and institutional support systems that enable continuous value creation in dynamic environments [27]. In the healthcare sector, SCA is increasingly associated with the ability to innovate, adapt to technological change, and maintain service continuity under pressure. Hospitals that successfully integrate human resource capabilities with organizational systems are better positioned to sustain service quality, operational efficiency, and stakeholder trust over time [28, 29]. In high-demand contexts such as military hospitals, SCA is closely linked to re-

silience, responsiveness, and institutional readiness to manage crises, technological transformation, and public accountability [30].

2.2. Proactive Personality (PP)

PP describes an individual's tendency to initiate change, identify opportunities, and actively influence their work environment [31, 32]. Employees with high PP are characterized by initiative-taking behavior, problem-solving orientation, and a willingness to challenge the status quo to improve organizational outcomes [3, 33]. Within the RBV framework, PP can be conceptualized as an intangible human resource that contributes to innovation, adaptability, and continuous improvement. In healthcare organizations, proactive employees play a critical role in service innovation, process improvement, and responsiveness to environmental [34, 35]. This role becomes particularly strategic in military hospitals, where operational rigidity and hierarchical structures may limit flexibility, making proactive behavior a valuable driver of organizational competitiveness [36, 37].

2.3. Health Resilience (HR)

HR refers to an individual's capacity to adapt, recover, and maintain performance under conditions of stress, uncertainty, and sustained workload [38, 39]. In healthcare settings, resilience extends beyond individual well-being to represent a strategic capability that supports organizational continuity and service reliability during crises [40, 41]. For military hospitals, HR is especially critical due to frequent exposure to emergencies, high operational pressure, and complex service demands [42, 43]. From a strategic perspective, HR functions as a dynamic capability that enables hospitals to maintain competitiveness by ensuring workforce readiness, service continuity, and adaptive capacity in volatile environments [44]. For military hospitals, HR is especially critical due to frequent exposure to emergency situations, high operational pressure, and complex service demands.

2.4. Perceived Organizational Support (POS)

POS reflects employees' perceptions of the extent to which their organization values their contributions and cares about their well-being. POS encompasses leadership support, fair treatment, access to resources, and organizational concern for employee welfare [45]. Within an RBV lens, POS operates as a capability-enhancing mechanism that enables organizations to leverage individual competencies more effectively [46, 47]. A supportive organizational environment strengthens the strategic impact of proactive behavior and resilience by fostering trust, commitment, and psychological safety.

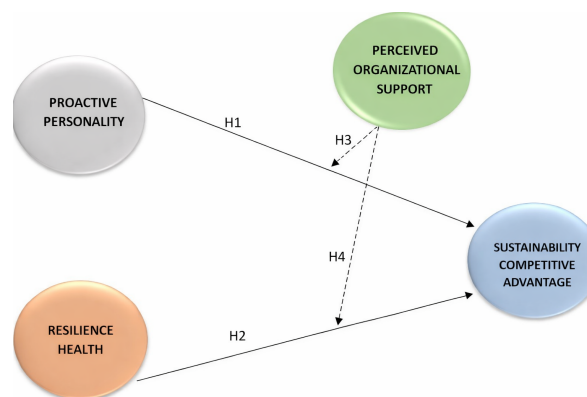


Figure 1. Research Model

Figure 1 presents the conceptual research model illustrating the relationships between proactive personality and health resilience in influencing sustainable competitive advantage, with perceived organizational support acting as a moderating Hypothesis Development:

- H1: Proactive personality has a significant positive effect on sustainable competitive advantage.
- H2: Health resilience has a significant positive effect on sustainable competitive advantage.
- H3: Perceived organizational support has a significant positive effect on sustainable competitive advantage.

- H4: Perceived organizational support positively moderates the relationship between proactive personality and sustainable competitive advantage.
- H5: Perceived organizational support positively moderates the relationship between health resilience and sustainable competitive advantage.

3. RESEARCH METHOD

This study employed a quantitative explanatory research design to examine the direct and moderating effects of PP, HR, and POS on SCA in military hospitals. The choice of SEM-PLS was motivated by its capability to handle complex models with smaller sample sizes (198 respondents), as well as its ability to provide insights into both measurement and structural models simultaneously. SEM-PLS is particularly effective for exploratory research and testing models with multiple constructs and moderating effects, such as the one in this study.

The target population comprised healthcare personnel working in military hospitals under the Indonesian Ministry of Defense and the Indonesian National Armed Forces (Tentara Nasional Indonesia, TNI) [48, 49]. A total of 198 respondents were selected using convenience sampling, which met the minimum threshold for SEM-PLS analysis, as recommended for a model with multiple constructs. This sample size ensures adequate power for testing the path coefficients and evaluating model fit. Data were collected using a structured digital questionnaire, incorporating modern survey tools and technologies to ensure efficiency and minimize errors in response collection. This aligns with the study's focus on sustainable competitive advantage through the integration of modern technologies in hospital operations. The questionnaire measured the four constructs: PP (10 items), HR (12 items), POS (8 items), and SCA (12 items), using a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). Data analysis was conducted using SEM-PLS with SmartPLS 3.0 software.

The analysis proceeded in two stages. The measurement model (outer model) was evaluated through tests of convergent validity, discriminant validity, and reliability, including Cronbach's Alpha and Composite Reliability. Next, the structural model (inner model) was assessed using R-squared, F-squared, and predictive relevance (Q^2) values. Hypothesis testing was performed by examining path coefficients, t-statistics, and p-values, with a significance threshold set at $p < 0.05$.

4. RESULTS AND DISCUSSION

4.1. Descriptive Analysis

The findings of this study were derived from the responses of the participants to the research variables and their respective indicators. The responses were categorized based on their scores, which allowed for a better understanding of the distribution and significance of each indicator. The categorization method is based on the calculation of the average mean for each indicator, which was then classified into five categories.

The length of the interval is calculated using the following equation:

$$P = \frac{X_{\max} - X_{\min}}{b} = R$$

Where:

- P = Length of interval
- $X_{\max}$ = Maximum value
- $X_{\min}$ = Minimum value
- R = Range
- b = Multiple classes

In this study, the maximum assessment value is five, and the minimum value is one. Substituting these values into the equation, we calculate the interval length as follows:

$$P = \frac{5 - 1}{5} = 0.8$$

Based on this, the categorization of the variables and their corresponding intervals was as follows:

Table 1. Assessment of Categories and Score Interval

No.	Interval	Category
1	1.00 – 1.79	Very Low
2	1.80 – 2.59	Low
3	2.60 – 3.39	Moderate
4	3.40 – 4.19	High
5	4.20 – 5.00	Very High

Table 1 presented shows the categorization of research variables based on their interval scores. The intervals range from 1.00 to 5.00, with each range representing a different performance category. The "Bad" category includes scores between 1.00 and 1.79, "Poor" ranges from 1.80 to 2.59, "Fair" falls between 2.60 and 3.39, "Good" covers 3.40 to 4.19, and "Excellent" is for scores between 4.20 and 5.00.

4.2. PP Variable

The PP variable was assessed using 10 questionnaire items. The descriptive analysis of the PP variable is summarized in the table below:

Table 2. Descriptive Statistics of PP Variable

Indicator	Item	Mean	Category
PP1	I am always looking for new ways to improve my life.	4.44	Excellent
PP2	No matter where I am, I always try to make positive changes.	4.14	Good
PP3	I love seeing my ideas become real.	4.01	Good
PP4	If I see something wrong, I fix it.	4.30	Excellent
PP5	No matter what the odds are, if I believe in something, I will make it happen.	3.99	Good
PP6	I like to stand up for my ideas, even if they do not match what other people think.	3.07	Fair
PP7	I am very good at finding opportunities.	3.53	Good
PP8	I am always looking for better ways to do things.	4.27	Excellent
PP9	If I believe in an idea, I will find a way to make it happen.	3.70	Good
PP10	I can spot potential opportunities before other people do.	3.62	Good
Average		3.91	Good

As shown in Table 2, PP1, which states, "I am always looking for new ways to improve my life", achieved the highest mean score of 4.44, categorized as "Excellent". On the other hand, PP6, "I like to stand up for my ideas, even if they do not match what other people think", recorded the lowest mean of 3.07, which falls into the "Fair" category. On average, the PP variable is classified as "Good" with a mean of 3.91.

4.3. HR Variable

The HR variable was assessed with 12 questionnaire items. The descriptive analysis of the HR variable is summarized in the table below:

Table 3. Descriptive Statistics of HR Variable

Indicator	Item	Mean	Category
HR1	I can adapt to changes in healthcare organizations / hospitals.	4.28	Excellent
HR2	I am confident and believe in God's plan.	4.48	Excellent
HR3	I tend to recover quickly from setbacks.	4.44	Excellent
HR4	When things seem hopeless, I do not give up and always stay motivated.	4.33	Excellent
HR5	I can think clearly and stay focused, even under pressure.	4.24	Excellent
HR6	I prefer to lead by solving problems.	3.95	Good
HR7	I can handle anything that comes my way or to the organization.	4.06	Good
HR8	I will do my best no matter what happens.	4.33	Excellent
HR9	I do not give up easily, even when things do not go as planned.	4.27	Excellent
HR10	My hospital has an early detection system for health threats.	4.12	Good
HR11	My hospital has standard procedures for responding to health crises and disasters.	4.13	Good
HR12	My hospital can work together with other institutions during a crisis.	4.19	Good

As shown in Table 3, HR2, “I am confident and believe in God’s plan”, received the highest mean value of 4.48, categorized as “Excellent”. The lowest mean was recorded for HR6, “I prefer to lead by solving problems”, with a value of 3.95, categorized as “Good”. The HR variable, overall, is classified as “Excellent” with an average score of 4.23.

4.4. POS Variable

The POS variable was assessed with 8 questionnaire items. The descriptive analysis of the POS variable is summarized in the table below:

Table 4. Descriptive Statistics of POS Variable

Indicator	Item	Mean	Category
POS1	My hospital really considers my goals and values.	4.11	Good
POS2	My hospital really cares about my well-being.	4.04	Good
POS3	My hospital has not shown much concern for me.	3.48	Good
POS4	My hospital will forgive me for mistakes I make unintentionally.	3.91	Good
POS5	My hospital cares about my opinion.	3.97	Good
POS6	If there was a chance, my hospital would take advantage of me.	3.36	Fair
POS7	My hospital is willing to help when I have problems.	4.10	Good
POS8	My hospital is willing to help when I have special requests.	3.78	Good
Average		3.84	Good

As demonstrated in Table 4 above, “My hospital really considers my goals and values”, received the highest mean score of 4.11, categorized as “Good”. The lowest mean was recorded for POS6, “If there was a chance, my hospital would take advantage of me”, with a value of 3.36, categorized as “Fair”. The overall classification for POS is “Good” with an average of 3.84.

4.5. SCA Variable

The SCA variable was assessed with 12 questionnaire items. The descriptive analysis of the SCA variable is summarized in the table below:

Table 5. Descriptive Statistics of SCA Variable

Indicator	Item	Mean	Category
SCA1	The management of my hospital does an awesome job through employee participation and interaction.	3.93	Good
SCA2	The management of my hospital is great, and they really value openness and embrace changes.	3.89	Good
SCA3	The management and employees at my hospital understand the importance of connecting their vision, mission, and goals.	4.01	Good
SCA4	My hospital has fewer employees leaving than other hospitals in the area.	3.56	Good
SCA5	More medical professionals want to work at my hospital than at the competitors’.	3.66	Good
SCA6	Last year, my hospital grew faster than the competitors.	3.76	Good
SCA7	My hospital responds to employees’ concerns faster than the competitors.	3.57	Good
SCA8	My hospital responds to technological changes faster than the competitors.	3.70	Good
SCA9	My hospital deals with government concerns faster than the competitors.	3.77	Good
SCA10	If the main competitors start a big advertising campaign to meet consumer needs, my hospital will respond by starting its own campaign immediately.	3.65	Good
SCA11	My hospital can still do a good job even during a crisis.	3.93	Good
SCA12	My hospital’s strategy is focused on the long term, not just short-term profits.	3.99	Good

As demonstrated in Table 5 SCA3, “The management and employees at my hospital understand the importance of connecting their vision, mission, and goals”, received the highest mean of 4.01, categorized as “Good”. The lowest mean was recorded for SCA4, “My hospital has fewer employees leaving than other

hospitals in the area”, with a value of 3.56, categorized as “Good”. The overall classification for SCA is “Good” with an average of 3.78.

4.6. SEM-PLS Analysis

The results of this study were analyzed using SEM-PLS with SmartPLS 3.0

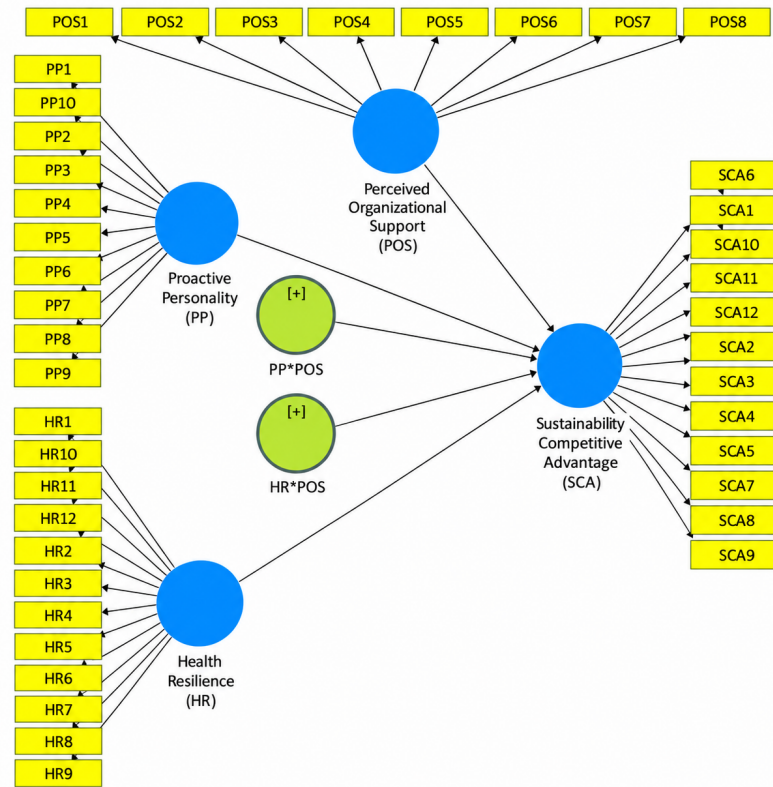


Figure 2. SEM-PLS Model

As illustrated in the conceptual Figure 2 above, the path model comprises a single (one) sub-structure, which can be described through the following equation.

$$\eta = (c_1 \times \xi_1) + (c_2 \times \xi_2) + (c_3 \times \xi_3) + (c_4 \times \xi_4) + (c_5 \times \xi_5) + \zeta$$

Note:

- ξ (*Ksi*) = Exogenous variable
- η (*Eta*) = Endogenous variable
- γ (*Gamma*) = Coefficient of influence of exogenous variable on endogenous variable
- ζ (*Zeta*) = Chance of model error on endogenous variable

4.7. Evaluation of Outer Model

The outer model was evaluated through several tests, including convergent validity, discriminant validity, and reliability tests.

4.7.1. Results of Convergent Validity Test

In this study, the validity of the indicators was assessed based on their reflective loading factors. Indicators with loading factors greater than 0.70 were considered valid. For indicators with values between 0.50 to 0.60.

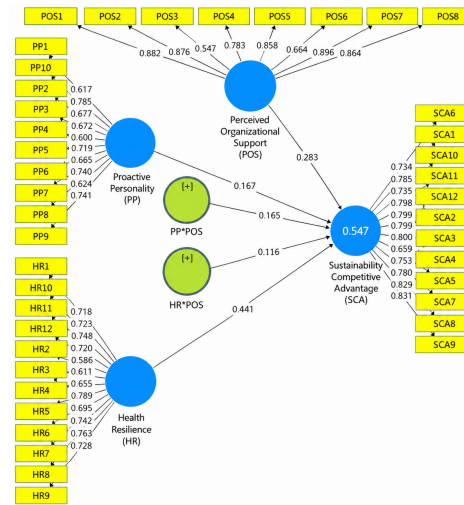


Figure 3. Loading Factor Values (Outer Model)

As illustrated in Figure 3 above, it can be concluded that all variable indicators are valid based on the loading factor values. Furthermore, they were also examined for the average variance extracted (AVE) values. The results show that all variables are also valid, because the AVE values are higher than 0.5. The following Table 6 presents the evaluation of AVE values:

Table 6. AVE Values

Variable	AVE	Critical R	Conclusion
PP	0.572	0.5	Valid
HR	0.503	0.5	Valid
POS	0.648	0.5	Valid
SCA	0.601	0.5	Valid

As demonstrated above, the results show that all variables have an AVE value of higher than 0.5. This finding indicates that they are valid. In addition, it also indicates that they have good convergent validity. Although HR has the lowest AVE value, it still meets the recommended criterion, indicating that the construct explains more than 50% of the variance in its indicators on average. Therefore, all four constructs demonstrate acceptable convergent validity and can be retained for further analysis of the structural model.

4.8. Evaluation of Inner Model (Structural Model Analysis)

The process of inner model evaluation entails a systematic examination of the outcomes associated with the relationship between constructs. In this study, the evaluation involves structural model analysis which analyzes R-squared (R^2) values, F-squared (F^2) values, and predictive relevance (Q^2).

4.8.1. R-Squared Values

R-squared values indicate the proportion of variance in a dependent (endogenous) variable that is explained by the independent (exogenous) variables in the inner model. The R-squared (R^2) values are used to assess the explanatory power of the structural model by determining the proportion of variance in an endogenous variable explained by its associated exogenous variables. Higher R^2 values indicate greater explanatory power, suggesting that the independent variables account for a larger proportion of the variation in the dependent variable.

Table 7. R-Squared Values

Endogenous Variable	R-Squared	Category
SCA	0.547	Moderate

The results presented in Table 7 indicate that SCA has a R-squared value of 0.547 which falls in

the ‘moderate’ category. This finding implies that SCA can be explained by PP, HR, and POS by 54.7%. Meanwhile, the remaining 45.3% can be explained by other factors not included in the study.

Table 8. F-Squared Values

Variable	Effect Size	Category
PP	0.035	Marginal
HR	0.238	Moderate
POS	0.149	Marginal
PP*POS	0.065	Marginal
HR*POS	0.046	Marginal

The results presented in Table 8 indicate that all variables fall in the ‘marginal’ category, except HR variable which falls in the ‘moderate’ category with F-squared value of 0.238. This finding implies that HR variable has greater effect in influencing SCA than other variables.

4.8.2. Predictive Relevance (Q^2)

Q^2 testing assesses the efficacy with which the model generates observation values and estimates its parameters. A Q^2 value greater than 0 (zero) indicates that the model possesses a predictive relevance value, while a Q^2 value less than 0 (zero) indicates that the model lacks predictive.

Table 9. Predictive Relevance (Q^2)

Variable	R-Squared	1-R-Squared
SCA	0.547	0.453
$Q^2 =$	$Q^2 = 1 - (1 - R_1^2)(1 - R_2^2) =$	0.547

Table 9 illustrates that the Q^2 value of SCA is 0.547, which is greater than 0 (zero). This finding indicates that the model has an adequate predictive relevance value.

4.8.3. F-Squared Values

F-squared values are used to assess the effect size of exogenous latent variables on endogenous latent variables. Higher F-squared values suggest a stronger influence of the exogenous variable. The following Table 10 presents the F-squared values:

Table 10. t-Table Values

-	One-tailed	Two-tailed
t-Table	1.64	1.96

As shown in Table 10, the critical t-values used in this study are 1.64 for the one-tailed test and 1.96 for the two-tailed test. These threshold values serve as the benchmark for determining the statistical significance of the estimated path coefficients in the structural model. A relationship is considered significant when the calculated t-statistic exceeds the corresponding critical value, indicating that the observed effect is unlikely to have occurred by chance. Accordingly, the values presented in Table 10 provide the basis for evaluating each hypothesis and ensure that the inferential testing of the proposed relationships is conducted using well-established statistical criteria.

4.8.4. The Hypothesis Testing was Conducted Using SmartPLS 3.0

The path coefficients strength and direction of the relationships between the variables. The t-statistics, which indicate the reliability of these relationships, while displays the p-values, confirming the statistical significance of the results. Together, these figures support the findings of the study, highlighting the robustness of the proposed model.

The t-statistics further demonstrate the reliability of these relationships by assessing whether the estimated path coefficients differ significantly from zero. Higher t-values indicate that the observed effects are unlikely to be due to random variation, strengthening confidence in the consistency and stability of the estimated parameters. This statistical evidence confirms that the relationships specified in the model are not only theoretically meaningful but also empirically supported.

The path coefficients, t-statistics, and p-values provide complementary evidence supporting the study's findings. These results collectively highlight the robustness of the proposed model, demonstrating that the relationships among the constructs are both statistically reliable and theoretically meaningful [50].

In addition, the p-values confirm the statistical significance of the hypothesized paths by showing that the probability of obtaining these results by chance is below the accepted threshold. When considered together, the path coefficients, t-statistics, and p-values provide a comprehensive evaluation of the structural model. Collectively, these results support the study's main findings and demonstrate the robustness of the proposed model in explaining how individual characteristics and organizational support contribute to sustainable competitive advantage.

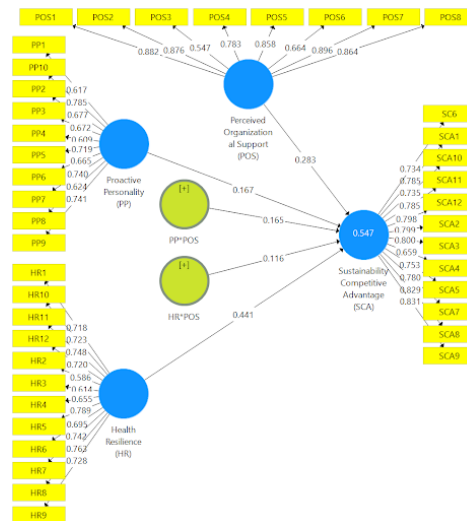


Figure 4. Structural Model (t-Statistics)

Figure 4 presents the structural model with t-statistics obtained from the SEM-PLS analysis, illustrating the significance of the hypothesized relationships among PP, HR, POS, and SCA. The values displayed along the structural paths represent the t-statistics for each relationship, indicating whether the estimated effects are statistically reliable.

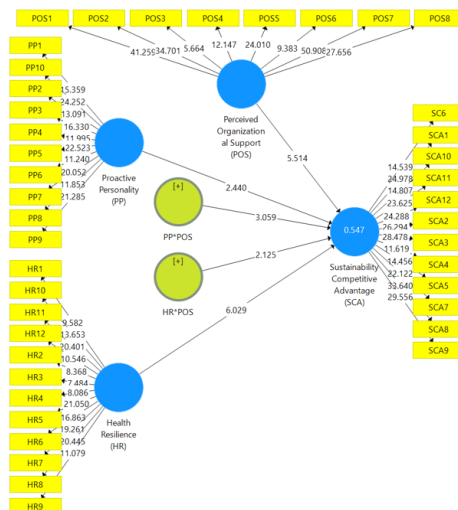


Figure 5. Structural Model (p-Values)

As shown in Figure 5, the direct paths from PP, HR, and POS to SCA have p-values below the threshold, confirming that these variables exert significant influences on sustainable competitive advantage. In addition, the interaction terms PP×POS and HR×POS also present significant p-values, demonstrating that per-

ceived organizational support significantly moderates the effects of proactive personality and health resilience on SCA. These results provide empirical support for both the direct and moderating hypotheses proposed in this study and confirm the adequacy of the structural model in explaining variations in sustainable competitive advantage. The p-values displayed on each path indicate whether the hypothesized effects are significant at the established significance level.

Table 11. t-Table Values

Hypothesis	Path Coefficient	t-Statistics	p-Value
PP ->SCA	0.167	2.440	0.015
HR ->SCA	0.441	6.029	0.000
POS ->SCA	0.283	5.514	0.000
PP*POS ->SCA	0.165	3.059	0.002
HR*POS ->SCA	0.116	2.125	0.034

The following Table 11 presents the path coefficients and statistical significance of the hypotheses tested in this study. The results from the Structural Equation Modeling (SEM-PLS) analysis show the relationships between PP, HR, POS, and SCA.

5. MANAGERIAL IMPLICATIONS

The study highlights the importance of PP and HR in sustaining competitive advantage in military hospitals. Managers should invest in training programs to enhance initiative-taking, problem-solving, and stress management skills. By fostering proactive behaviors and building resilience, healthcare personnel can adapt to dynamic challenges, driving innovation and maintaining high service quality during crises. These efforts will ensure the workforce is equipped to sustain performance under pressure, especially in emergency situations. POS plays a critical role in enhancing employee performance and loyalty. Military hospital leaders must prioritize employee well-being, career development, and recognition programs to build a supportive environment. Providing fair treatment, resources, and open communication channels will foster commitment and engagement, directly contributing to long-term competitiveness.

The research also emphasizes the need for aligning individual strengths (such as PP and HR) with the hospital's goals to maximize organizational success. Managers should ensure that proactive and resilient employees have clear connections to the hospital's mission and vision. This strategic alignment will help create a synergistic environment where both individual and organizational objectives are reinforced, driving long-term sustainability and competitiveness in the highly demanding healthcare sector.

6. CONCLUSION

This study makes a significant contribution by extending the Resource-Based View (RBV) in the context of military hospitals. It emphasizes how integrating PP, HR, and POS as dynamic capabilities creates a SCA. By highlighting the importance of individual traits and organizational support systems, the study enriches existing literature on human capital and organizational culture, particularly in high-pressure healthcare environments like military hospitals.

The choice of SEM-PLS as the analytical tool is well-justified, with the revision clarifying how it effectively handles complex models with multiple constructs and moderating effects. This method allows for exploring intricate relationships with smaller sample sizes, which suits the exploratory nature of this research. Additionally, the study now explicitly links its findings to global development priorities, such as SDGs 3, 8, 9, and 16, showing how proactive behavior and resilience contribute to long-term sustainability and organizational competitiveness in the healthcare sector.

The manuscript has been refined for clarity and coherence. The Managerial Implications section has been expanded to offer actionable recommendations for healthcare managers. These insights focus on fostering proactive behaviors and resilience in staff, supported by organizational resources, to ensure long-term performance and adaptability in challenging healthcare settings. This revision strengthens the study's relevance and practical application in enhancing the sustainability of healthcare organizations.

7. DECLARATIONS

7.1. About Authors

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7.2. Author Contributions

Conceptualization: DG, US, HH; Methodology: US and HH; Software: DG and HH; Validation: US and DG; Formal Analysis: HH and DG; Investigation: DG, US and HH; Resources: DG, US; Data Curation: US and HH; Writing Original Draft Preparation: DG and US; Writing Review and Editing: HH and DG; Visualization: HH; All authors, DG, US and HH have read and agreed to the published version of the manuscript.

7.3. Data Availability Statement

The data presented in this study are available on request from the corresponding author.

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The authors received no financial support for the research, authorship, and/or publication of this article.

7.5. Declaration of Conflicting Interest

The authors declare that they have no conflicts of interest, known competing financial interests, or personal relationships that could have influenced the work reported in this paper.

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