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The Influence of Leadership and Innovative Work Behavior on Human Resource Performance, Mediated by Motivation, in Maternal and Child Health Services at the West Muna Regency Regional General Hospital

Rasniah Sarumi[1], Usman Rianse[1], Yusuf Sabilu[1], Jafriati[1]

[1]Postgraduate Program, Halu Oleo University, Kendari, Southeast Sulawesi, Indonesia

ABSTRACT: Maternal and child health services depend on health workers who can maintain professional performance while responding to changing clinical and organizational demands. This study examined the effects of leadership and innovative work behavior on human resource performance and assessed whether work motivation mediates these relationships among personnel providing maternal and child health services at the West Muna Regency Regional General Hospital, Indonesia. A quantitative explanatory design was applied to all 149 health workers in the study population, comprising physicians, nurses, and midwives, using total sampling. Data were collected using structured questionnaires and analyzed with partial least squares structural equation modeling (PLS-SEM) in SmartPLS. Leadership had positive and significant effects on motivation ($\beta = 0.380$, $p < 0.001$) and performance ($\beta = 0.538$, $p < 0.001$). Innovative work behavior also positively affected motivation ($\beta = 0.556$, $p < 0.001$) and performance ($\beta = 0.488$, $p < 0.001$). Motivation showed a positive but statistically non-significant direct effect on performance ($\beta = 0.198$, $p = 0.115$). Consistently, motivation did not significantly mediate the leadership-performance relationship ($p = 0.129$) or the innovative work behavior-performance relationship ($p = 0.141$). The findings indicate that leadership and innovative work behavior are direct performance drivers in maternal and child health services, whereas motivation alone does not explain how these drivers are translated into performance. Hospital management should therefore strengthen leadership practices and create practical opportunities for health workers to generate, champion, and implement service innovations while maintaining professional standards and patient safety.

1. INTRODUCTION

Human resource performance is a central determinant of the reliability, safety, and responsiveness of hospital services. In maternal and child health (MCH) care, performance is particularly consequential because physicians, nurses, and midwives must combine technical competence, timely action, teamwork, professional ethics, and patient-centered decision making. Hospital performance therefore depends not only on infrastructure and clinical protocols but also on how effectively health workers execute their responsibilities under dynamic and often time-sensitive conditions [1–5]. Studies in hospital and emergency-care settings consistently show that workforce performance is shaped by managerial and behavioral factors, including leadership, professional commitment, communication, and the capacity to adapt to service demands [6–10].

Leadership is one of the most frequently examined organizational determinants of healthcare workforce outcomes. Effective leaders provide direction, coordinate interdependent tasks, reinforce professional standards, and help employees interpret

priorities in complex service environments [11–14]. Evidence from healthcare organizations suggests that leadership styles can influence employee performance, patient safety, job satisfaction, and team effectiveness [6,7,12,15–18]. In public hospitals and other resource-constrained settings, leadership is also important because employees frequently work within formal procedures while simultaneously responding to urgent clinical needs. Leadership that provides clarity, support, accountability, and constructive role modeling can therefore create conditions in which health workers are more capable of achieving service targets and maintaining quality of care.

Innovative work behavior (IWB) represents employees' intentional efforts to generate, promote, and implement new ideas, methods, or solutions that improve work processes [19,20]. Innovation at the employee level is increasingly relevant in healthcare, where personnel routinely encounter operational bottlenecks, changing technologies, patient-safety challenges, and the need to coordinate across professional boundaries. IWB may involve identifying a service problem, proposing a practical improvement, gaining support from colleagues, and applying the idea in routine practice. Previous research has linked IWB to individual and organizational performance and has emphasized the importance of autonomy, knowledge sharing, and supportive leadership in enabling employees to translate ideas into useful outcomes [21–27].

Work motivation is another important component of employee behavior. Motivation reflects the forces that energize, direct, and sustain work-related effort. From a self-determination perspective, work behavior is influenced by both autonomous and controlled forms of motivation, while the fulfillment of psychological needs for autonomy, competence, and relatedness supports more self-endorsed and persistent action [28,29]. In healthcare, motivation is relevant because professional duties frequently require sustained attention, emotional effort, and adherence to standards even when workloads are high. Empirical studies have reported positive links between motivation and employee or health-worker performance, although the magnitude and consistency of these effects vary across settings [30–34].

A key theoretical question is whether motivation functions as the mechanism through which leadership and IWB influence performance. Leadership can strengthen motivation by clarifying goals, recognizing contribution, providing support, and enabling meaningful participation. IWB may likewise be associated with stronger intrinsic motivation because employees who actively generate and implement ideas can experience competence, autonomy, and task significance. However, higher motivation does not necessarily guarantee higher measured performance when performance is strongly constrained or structured by professional standards, staffing arrangements, workflow design, clinical protocols, or the availability of resources. The mediating role of motivation therefore requires direct empirical examination rather than assumption [28–34].

This issue is especially important for MCH services at regional hospitals, where the performance of doctors, nurses, and midwives is directly connected with continuity of care and the timeliness of clinical responses. The source dissertation identified a population of 149 MCH health workers at the West Muna Regency Regional General Hospital and evaluated leadership, IWB, motivation, and human resource performance using PLS-SEM. The present article focuses exclusively on leadership and IWB as antecedents, motivation as the proposed mediator, and human resource performance as the outcome. It aims to determine (1) whether leadership and IWB directly improve motivation and performance, (2) whether motivation directly improves performance, and (3) whether motivation mediates the effects of leadership and IWB on performance. This focused model provides a clearer test of motivation as a behavioral mechanism in a public-hospital MCH context.

2. MATERIALS AND METHODS

2.1 Study Design and Setting

The study used a quantitative explanatory research design to test causal relationships among leadership, innovative work behavior, work motivation, and human resource performance. The research was conducted in maternal and child health service units at the West Muna Regency Regional General Hospital, Southeast Sulawesi, Indonesia. The design and analytical approach followed established recommendations for explanatory survey research and structural equation modeling [35–37].

2.2 Population and Sampling

The population comprised 149 health workers involved in maternal and child health services, consisting of physicians, nurses, and midwives. Because the population was manageable and the study sought complete coverage of the service workforce, total sampling was used; consequently, all 149 eligible health workers were included as respondents. This approach avoided sampling loss within the defined population and ensured representation of the principal professional groups involved in MCH services.

2.3 Variables and Measurement

Leadership and innovative work behavior were specified as exogenous constructs, work motivation as a mediating construct, and human resource performance as the endogenous outcome. The questionnaire used a five-point Likert response format. Leadership items assessed behaviors related to direction, communication, support, decision making, and responsibility. Innovative work behavior items captured the generation, promotion, and implementation of work-related ideas, consistent with established conceptualizations of IWB [19,20]. Motivation covered intrinsic and extrinsic work drivers and was interpreted with reference to work-motivation and self-determination perspectives [28–30]. Performance assessment emphasized professional conduct, work quality and productivity, timeliness and discipline, teamwork, initiative, and responsibility, reflecting the multidimensional nature of employee performance [1,2].

2.4 Data Collection and Ethics

Primary data were obtained through structured questionnaires administered to respondents. The instrument was developed by adapting indicators from relevant prior studies and the dissertation's operational definitions. Participants received an explanation of the study before participation and completed an informed-consent form. Confidentiality of respondent identity and responses was maintained. The research procedures followed the national ethical principles of respect for persons, beneficence and non-maleficence, and justice in health research [38].

2.5 Data Analysis

Descriptive statistics were used to summarize respondent characteristics and variable distributions. Inferential analysis used partial least squares structural equation modeling (PLS-SEM) with SmartPLS. The measurement model was evaluated using indicator loadings, Cronbach's alpha, composite reliability (CR), average variance extracted (AVE), and discriminant validity. The structural model was evaluated using path coefficients and bootstrapped p-values. Statistical significance was determined at $p < 0.05$. Mediation was assessed from the significance of the indirect effects of leadership and innovative work behavior on performance through motivation [35–37].

3. RESULTS AND DISCUSSION

3.1 Respondent Characteristics

All 149 members of the defined MCH workforce participated in the study. Respondents were predominantly female (81.2%) and most were 26–30 years old (67.8%). Midwives formed the largest professional group (53.1%), followed by nurses (30.8%) and physicians (16.1%). A majority had worked for 1–3 years (61.7%). The composition reflects the strong role of midwifery and nursing personnel in day-to-day maternal and child health service delivery.

Table 1. Characteristics of the respondents (n = 149)

Characteristic	Category	n	%
Age	20–25 years	15	10.1
	26–30 years	101	67.8
	31–35 years	22	14.8
	>35 years	11	7.4
Sex	Male	28	18.8
	Female	121	81.2
Profession	Physician	24	16.1
	Nurse	46	30.8
	Midwife	79	53.1
Length of service	1–3 years	92	61.7

	4–6 years	36	24.2
	7–9 years	7	4.7
	>9 years	14	9.4

Source: Primary data, 2026.

3.2 Measurement Model

The retained indicators demonstrated acceptable convergent reliability and validity. Indicator loadings for the four constructs included in this article were above the commonly used 0.70 threshold. Cronbach's alpha and composite reliability values exceeded 0.70, and all AVE values were above 0.50, indicating satisfactory internal consistency and convergent validity. The high reliability coefficients should be interpreted together with the broad content coverage of each construct rather than as a substitute for theoretical validity.

Table 2. Reliability and convergent validity of the study constructs

Construct	Loading range	Cronbach's α	CR	AVE
Leadership	0.714–0.958	0.978	0.980	0.782
Innovative work behavior	0.731–0.909	0.952	0.960	0.750
Motivation	0.740–0.904	0.977	0.978	0.706
Human resource performance	0.702–0.920	0.924	0.938	0.658

Source: Primary data, 2026.

3.3 Direct Effects

The structural results show that leadership and innovative work behavior were both significant positive predictors of motivation and human resource performance. Leadership had a significant positive effect on motivation ($\beta = 0.380$, $p < 0.001$) and performance ($\beta = 0.538$, $p < 0.001$). Innovative work behavior had an even stronger association with motivation ($\beta = 0.556$, $p < 0.001$) and a substantial direct association with performance ($\beta = 0.488$, $p < 0.001$). The variance in motivation explained by its antecedents was high ($R^2 = 0.761$). In contrast, the direct path from motivation to performance was positive but statistically non-significant ($\beta = 0.198$, $p = 0.115$).

Table 3. Direct structural relationships in the focused model

Relationship	β	p-value	Decision
Leadership → Motivation	0.380	<0.001	Significant
Leadership → Human resource performance	0.538	<0.001	Significant
Innovative work behavior → Motivation	0.556	<0.001	Significant
Innovative work behavior → Human resource performance	0.488	<0.001	Significant
Motivation → Human resource performance	0.198	0.115	Not significant

Source: Primary data, 2026.

3.4 Mediation Analysis

Bootstrapped indirect-effect testing did not support motivation as a mediator. The indirect relationship between leadership and performance through motivation had $p = 0.129$, while the indirect relationship between innovative work behavior and performance through motivation had $p = 0.141$. Both values exceeded the 0.05 significance threshold. Because the direct effects

of leadership and IWB on performance were significant while the indirect effects through motivation were not, the evidence indicates predominantly direct rather than motivation-mediated performance effects in this setting.

Table 4. Indirect effects through motivation

Indirect relationship	p-value	Interpretation
Leadership → Motivation → Human resource performance	0.129	Not significant
Innovative work behavior → Motivation → Human resource performance	0.141	Not significant

Source: Primary data, 2026.

3.5 Discussion

The positive effect of leadership on performance supports the view that leadership is a practical resource for healthcare delivery rather than merely a symbolic managerial function. The coefficient for leadership (β = 0.538) was the strongest direct predictor of performance in the focused model. This finding is consistent with studies showing that leadership is associated with hospital performance, team functioning, employee satisfaction, and clinical workforce effectiveness [6,7,11–18]. In MCH services, leaders can influence performance through clearer task coordination, rapid problem escalation, reinforcement of professional standards, and consistent communication across physicians, nurses, and midwives. These functions are especially important when care processes are interdependent and delays can affect the quality and safety of maternal and child services.

Leadership also significantly increased motivation. This result is theoretically plausible because leaders shape employees' interpretation of goals, provide feedback and recognition, and can strengthen the perceived meaning of work. Previous evidence shows that leadership is related to public service motivation, engagement, and other positive employee states [11,13,16,18]. Self-determination theory further suggests that managerial practices can influence autonomous motivation when they support competence, relatedness, and appropriate autonomy [28,29]. The present result therefore indicates that MCH personnel who perceive stronger leadership also tend to report stronger work motivation.

Innovative work behavior had a strong positive effect on performance (β = 0.488). This finding reinforces the argument that innovation at the employee level is not restricted to technological invention; it also includes practical service improvements, better coordination methods, new ways to solve recurring problems, and more effective use of available resources. Prior studies have found positive associations between IWB and employee or organizational performance across healthcare and non-healthcare settings [21–27]. For MCH professionals, innovation may improve performance when it helps reduce avoidable delays, simplifies work processes, strengthens communication, or allows staff to respond more effectively to changing patient needs while remaining within professional standards.

IWB was also the strongest predictor of motivation (β = 0.556). Employees who actively identify problems and develop solutions may experience greater task ownership and competence, two motivational conditions emphasized by self-determination theory [28,29]. Innovative behavior can also make routine work more meaningful by allowing staff to see a direct connection between their ideas and improvements in service delivery. This interpretation is consistent with research linking intrinsic motivation and IWB and with studies emphasizing the motivational foundation of employee creativity and innovation [20,24,27,30].

The non-significant effect of motivation on performance is an important finding. It indicates that although motivation was rated positively and was strongly predicted by leadership and IWB, variation in motivation did not independently explain variation in performance at the conventional significance level. This result differs from studies reporting significant motivation-performance relationships among hospital or public-sector employees [31–34]. One explanation is that health-worker performance in MCH services is highly structured by professional codes, clinical procedures, duty schedules, teamwork requirements, and direct patient-care responsibilities. Under such conditions, employees may maintain high performance because professional obligations and service standards require it, even when individual motivation varies. Motivation may therefore be necessary for sustained effort but insufficient as a standalone statistical predictor once stronger behavioral and managerial factors are included.

The mediation results strengthen this interpretation. Motivation did not significantly transmit the effect of leadership to performance and did not transmit the effect of IWB to performance. Leadership and IWB therefore appear to influence performance more directly in this setting. Leadership may improve performance through task coordination, accountability, communication, and immediate managerial support, while IWB may improve performance through concrete problem solving and implementation of better work methods. These mechanisms can affect performance without requiring motivation to function as the intervening pathway. The finding is consistent with the principle that mediation is context dependent and should be demonstrated empirically rather than inferred from significant bivariate relationships.

From a managerial perspective, the results suggest that hospital improvement programs should not rely exclusively on motivational interventions such as recognition, incentives, or motivational messaging. Such initiatives may still be useful, but they should be paired with leadership development and systems that allow health workers to act on improvement ideas. Leaders should define service priorities, provide feedback, support cross-professional collaboration, respond quickly to operational obstacles, and recognize evidence-based innovation. At the same time, employees should have structured opportunities to propose, test, evaluate, and institutionalize feasible service improvements. These practices can convert leadership and innovation into observable performance gains while protecting patient safety and professional accountability.

This study contributes to the healthcare human-resource literature by testing leadership and innovative work behavior simultaneously in a specific MCH workforce and by evaluating motivation as an explicit mediation mechanism. The finding that both antecedents improved motivation but motivation did not mediate their effects on performance is theoretically useful because it demonstrates that a variable can be strongly influenced by organizational behavior yet still fail to act as the mechanism producing the final outcome. This distinction can help future studies build more precise models of healthcare-worker performance and examine alternative mechanisms such as job resources, psychological empowerment, role clarity, professional autonomy, knowledge sharing, or work engagement.

4. CONCLUSION

Leadership and innovative work behavior are important direct determinants of human resource performance in maternal and child health services at the West Muna Regency Regional General Hospital. Both variables significantly strengthened work motivation and significantly improved performance. However, work motivation did not have a statistically significant direct effect on performance and did not mediate either the leadership-performance relationship or the innovative work behavior-performance relationship. These results indicate that leadership and employee innovation contribute to performance principally through direct operational and behavioral pathways in this setting. Hospital management should prioritize leadership capability, communication, coordination, accountability, and structured support for employee-generated service improvements. Future research should test additional explanatory mechanisms and use longitudinal or multi-hospital designs to determine whether the observed relationships are stable across different healthcare contexts.

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AUTHOR CONTRIBUTIONS

Rasniah Sarumi: Conceptualization, investigation, data curation, formal analysis, methodology, writing—original draft.

Usman Rianse: Supervision, conceptualization, methodology, validation, writing—review and editing.

Yusuf Sabilu: Supervision, methodology, validation, writing—review and editing.

Jafriati: Supervision, validation, writing—review and editing.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ETHICS STATEMENT

Participants received an explanation of the study and provided informed consent before completing the questionnaire. Respondent confidentiality was maintained, and the study procedures followed the principles of respect for persons, beneficence and non-maleficence, and justice described in the Indonesian national health-research ethics guidance [38].

DATA AVAILABILITY STATEMENT

The data supporting the findings of this study are available from the corresponding author upon reasonable request, subject to institutional and participant-confidentiality requirements.

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