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The Influence of Transformational Leadership and Work Motivation on the Quality of Outpatient Healthcare Services

Evanney David[1*]

[1] Department of Management, Faculty of Economics and Business, Universitas Sangga Buana YPKP Bandung, Bandung, Indonesia

[*] *Corresponding author: Evanney David (spinozalogi@gmail.com)*

Abstract

The quality of outpatient health services is a crucial indicator of hospital performance. Leadership effectiveness and employee work motivation play a strategic role in achieving optimal service quality. This study examines the influence of transformational leadership and work motivation on outpatient health service quality at Azizah Hospital, Metro City, Lampung Province. This study employed a quantitative survey method involving 171 healthcare personnel. Data were collected using Likert-scale questionnaires and analyzed through data quality testing, classical assumption tests, multiple linear regression, coefficient of determination, t-tests, F-tests, and hypothesis testing. The results indicate that transformational leadership and work motivation positively and significantly affect outpatient service quality, with a coefficient of determination (R^2) of 0.710. Partial tests show that both variables significantly affect service quality, with work motivation as the dominant factor. Simultaneous testing confirms a significant joint effect on service quality. The study concludes that improving outpatient service quality at Azizah Hospital strongly depends on effective transformational leadership and high levels of employee work motivation.

Keywords

Outpatient Care, Service Quality, Transformational Leadership, Work Motivation.

1. Introduction

Healthcare service quality has become a strategic priority for healthcare organizations worldwide as increasing patient expectations, financial pressures, and quality assurance requirements continue to reshape healthcare delivery systems. The World Health Organization (WHO) defines high-quality healthcare as services that are effective, safe, people-centered, timely, equitable, integrated, and efficient, emphasizing that sustainable quality improvement requires strong organizational leadership that aligns strategy, organizational culture, and clinical practice (World Health Organization, 2021). Consistent with this perspective, recent evidence suggests that Continuous Quality Improvement (CQI) initiatives achieve more sustainable outcomes when leaders support them by facilitating multidisciplinary collaboration, using performance data, and fostering a culture of continuous learning (Endalamaw et al., 2024). Consequently, leadership has evolved from a managerial function into a strategic determinant of healthcare quality and patient safety.

Among contemporary leadership approaches, transformational leadership has received considerable attention because of its ability to inspire employees, promote innovation, and strengthen organizational commitment. Leaders who demonstrate idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration are more likely to cultivate a positive psychological climate characterized by trust, collaboration, and shared responsibility for service quality (Ystaas et al., 2023). Recent studies by Huang et al. (2024) show that transformational leadership improves patient safety by encouraging incident reporting, reducing hierarchical barriers, and accelerating organizational learning. Furthermore, transformational leadership has been associated with higher job satisfaction, lower staff turnover, stronger employee engagement, and better clinical performance, all of which contribute directly to healthcare service quality (Janes et al., 2021). In addition, leadership that promotes empathy and responsiveness has been found to improve patients' perceptions of service quality, particularly across the SERVQUAL dimensions of reliability, responsiveness, assurance, empathy, and tangibles (Parasuraman et al., 1988; Guzmán-Leguel & Rodríguez-Lara, 2025).

While leadership provides strategic direction, its effectiveness depends largely on the motivation of healthcare professionals responsible for delivering patient care. Highly motivated healthcare workers demonstrate greater commitment, responsiveness, empathy, and accountability, resulting in higher-quality healthcare services. Conversely, declining work motivation may reduce employee engagement and undermine service consistency, even when organizational systems are adequate. Previous studies therefore suggest that transformational leadership indirectly enhances healthcare quality by strengthening employees' motivation and commitment to organizational goals (Al-Rjoub, 2024). This interaction is particularly important in outpatient departments, where healthcare professionals are required to deliver timely, coordinated, and patient-centered services within limited consultation times.

These issues are particularly relevant for private hospitals operating in increasingly competitive healthcare markets. Azizah Private Hospital in Metro City has experienced a steady increase in outpatient visits following the COVID-19 pandemic, reflecting growing public demand for healthcare services. Although patient complaints have gradually declined following quality improvement initiatives, concerns regarding waiting time, service responsiveness, communication, and consistency of care remain evident. A preliminary survey conducted among healthcare professionals and outpatients further indicated that transformational leadership practices, employee work motivation, and several dimensions of outpatient service quality, particularly responsiveness and empathy, have not yet reached optimal levels. These findings suggest that improving healthcare quality

requires not only better facilities and standardized procedures but also stronger leadership and a more motivated workforce that can sustain high-quality service delivery.

Although previous studies have consistently demonstrated positive relationships between transformational leadership, employee motivation, and organizational performance, several important research gaps remain. First, many existing studies examine transformational leadership or work motivation independently rather than investigating their combined influence on healthcare service quality. Second, empirical evidence has largely focused on public hospitals or large tertiary healthcare institutions, whereas research involving private regional hospitals, particularly in developing countries such as Indonesia, remains limited. Third, relatively few studies have specifically examined outpatient healthcare services, despite outpatient departments representing one of the most important points of patient interaction and service evaluation.

Addressing these gaps is essential for developing evidence-based leadership strategies that improve healthcare quality within diverse organizational contexts. Therefore, this study examines the effects of transformational leadership and work motivation on the quality of outpatient healthcare services at Azizah Private Hospital, Metro City, Indonesia. By integrating organizational and individual perspectives within a single analytical framework, this study contributes to the growing healthcare management literature while offering practical recommendations for hospital leaders seeking to strengthen employee motivation and continuously improve outpatient healthcare service quality.

2. Literature Review and Hypothesis Development

2.1. Human Resource Management

Human Resource Management (HRM) theory emphasizes the strategic role of human resources as a key organizational asset, not merely a source of labor. According to Armstrong (2020), effective HRM seeks to create synergy among employees' competencies, motivation, and commitment to achieve organizational objectives. Similarly, Dessler (2019) argues that organizational success depends on effective human resource practices, including recruitment, training, compensation, and career development, while highlighting the importance of productive interactions between leaders and employees in fostering high levels of work motivation. A widely recognized framework in contemporary HRM is the Ability-Motivation-Opportunity (AMO) model proposed by Appelbaum et al. (2000), which suggests that employee and organizational performance is optimized when individuals have the necessary abilities, are highly motivated, and are given opportunities to contribute. This framework underpins High Performance Work Systems (HPWS), where organizations enhance employee capabilities through continuous training, strengthen motivation through effective leadership and reward systems, and encourage participation in decision-making processes.

From this perspective, transformational leadership serves as a strategic HRM mechanism by fostering an inspiring, collaborative work environment. Through idealized influence and inspirational motivation, transformational leaders encourage healthcare professionals to improve performance, embrace innovation, and strengthen organizational commitment (Robbins & Davidhizar, 2020). Work motivation is also a fundamental component of HRM theory because it determines employees' willingness to exert effort to achieve organizational goals. Armstrong (2020) distinguishes motivation into intrinsic factors, such as job satisfaction, recognition, and meaningful work, and extrinsic factors, including compensation, supervision, and the work environment. In healthcare organizations, maintaining high levels of work motivation is particularly important because the quality of

clinical performance and patient care depends heavily on employees' internal drive and professional recognition. Consequently, HRM theory posits that service quality results from the interaction between human resources and organizational systems. Strategic HRM practices, including continuous professional development, employee empowerment, and participative leadership, have been shown to improve hospital service quality, patient satisfaction, and organizational efficiency.

2.2. Transformational Leadership and Quality Healthcare Services

Transformational leadership has been widely recognized as a critical determinant of healthcare service quality, particularly in outpatient settings where effective coordination, professionalism, and patient-centered care are essential. This leadership style emphasizes a leader's ability to inspire employees, serve as a role model, encourage innovation, and provide individualized support to subordinates (Laksmita & Perdhana, 2024). According to Bass and Avolio (1994), transformational leadership comprises four key dimensions: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. These dimensions work synergistically to shape employees' attitudes and behaviors, ultimately improving organizational performance and service quality. In healthcare organizations, transformational leadership fosters a collaborative work environment that strengthens staff commitment, enhances teamwork among healthcare professionals, and promotes continuous service innovation, all of which are fundamental to delivering high-quality patient care (Bektaş et al., 2025).

Recent empirical studies have consistently demonstrated the positive influence of transformational leadership on employee performance and healthcare outcomes. Mahdikhani and Yazdani (2020) reported that transformational leadership significantly improves employee performance, which subsequently contributes to higher service quality. Leaders who act as inspirational role models successfully enhance employees' work enthusiasm and awareness of the importance of quality-oriented healthcare services (Huang et al., 2025). By promoting a shared vision, open communication, and emotional motivation, transformational leaders also strengthen healthcare professionals' loyalty and cultivate a culture of quality within hospital organizations. Furthermore, Gousario et al. (2024) found that transformational leadership enhances employees' trust, discipline, and professional commitment, resulting in more effective, patient-centered interactions between healthcare providers and patients. Likewise, Ariyanti et al. (2024) concluded that leaders who provide clear direction and individualized attention are more successful in reinforcing healthcare professionals' commitment to maintaining and continuously improving service quality.

H1: Transformational leadership has a positive and significant effect on the quality of outpatient healthcare services.

2.3. Work Motivation and Quality Healthcare Services

Work motivation is a fundamental psychological factor that drives individuals to perform their jobs effectively and achieve organizational goals. Classical motivation theories emphasize the importance of fulfilling employees' basic needs and balancing intrinsic and extrinsic motivational factors to enhance work performance. More recently, the Self-Determination Theory (SDT) has expanded this perspective by suggesting that high-quality motivation is achieved when employees' psychological needs for autonomy, competence, and relatedness are fulfilled (Rigby & Ryan, 2018). In healthcare organizations, work motivation reflects the internal and external forces that shape healthcare professionals' enthusiasm, commitment, responsibility, and performance in delivering patient care. Highly motivated healthcare personnel

are more likely to demonstrate productivity, empathy, professionalism, and a strong commitment to patient satisfaction.

The relationship between work motivation and healthcare service quality has been consistently supported by empirical evidence. van Dorssen-Boog et al. (2021) found that motivation-enhancing interventions, particularly those supported by transformational leadership, significantly improve healthcare professionals' work engagement, which subsequently leads to higher service quality. Similarly, Veenstra et al. (2020) reported that high work motivation contributes positively to service quality, as motivated employees show greater attention to detail, stronger achievement orientation, and higher empathy toward patients. Wulandari and Dara (2023) further demonstrated that work motivation is closely associated with lower work stress and better employee performance, enabling healthcare professionals to maintain high-quality services even under demanding working conditions. In addition, Gousario et al. (2024) identified work motivation as a key mediator linking leadership support and patient satisfaction, highlighting its strategic role in healthcare management. Consistent with these findings, Karaferis et al. (2022) reported that healthcare workers with higher levels of work motivation respond more promptly and effectively to patients' needs.

H2: Work motivation has a positive and significant effect on quality of outpatient healthcare services.

2.4. Simultaneous Effect on Quality of Outpatient Healthcare Services

Healthcare service quality refers to the extent to which healthcare services meet patients' needs, expectations, and established professional standards. It is widely recognized as a key indicator of hospital performance, particularly given modern patients' increasing expectations for safe, efficient, and patient-centered care (Chen et al., 2024). Beyond the availability of physical facilities, service quality largely depends on the quality of interactions between healthcare professionals and patients, including responsiveness, communication, reliability, assurance, and empathy (Lin et al., 2023). Consequently, improving healthcare service quality requires not only adequate infrastructure but also effective organizational and human resource management practices.

Among the organizational factors influencing healthcare service quality, transformational leadership and work motivation have received considerable attention in the literature. These two factors interact to shape employees' attitudes, behaviors, and service performance. Transformational leaders who inspire, empower, and provide individualized support are more likely to foster higher levels of work motivation among healthcare professionals, ultimately leading to better patient care and service outcomes. In outpatient settings, where timely coordination and patient interaction are critical, effective leadership and strong employee motivation contribute to more professional, responsive, and patient-oriented healthcare services. Empirical evidence supports these relationships. Su et al. (2019) and Abu-Qutaish et al. (2025) showed that transformational leadership directly and positively affects both employee work motivation and healthcare service quality. Likewise, Suryani et al. (2025) found that leadership characterized by emotional inspiration enhances healthcare professionals' responsiveness and communication with patients. Furthermore, Tsapnidou et al. (2024) concluded that healthcare service quality depends not only on employees' technical competence but also on work enthusiasm cultivated through visionary and supportive leadership.

H3: Transformational leadership and work motivation have a simultaneous effect on the quality of outpatient healthcare services.

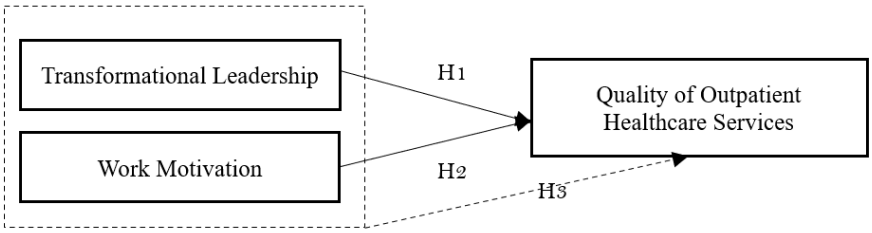


Figure 1. Conceptual Framework

Figure 1 illustrates the study's conceptual framework, which examines the relationship between transformational leadership, work motivation, and the quality of outpatient healthcare services. Transformational leadership is hypothesized to influence the quality of outpatient healthcare services (H1), while work motivation is also hypothesized to influence the quality of outpatient healthcare services (H2). Furthermore, H3 represents the joint influence of transformational leadership and work motivation on quality of outpatient healthcare services. Thus, the framework proposes that transformational leadership and work motivation may contribute individually and jointly to the quality of outpatient healthcare services.

3. Methods

This study employed a quantitative approach with an explanatory research design to examine the causal relationships between transformational leadership, employee work motivation, and the quality of outpatient healthcare services at Azizah Private Hospital, Metro City. An explanatory design was selected because the study aimed to determine the extent to which transformational leadership and work motivation influence healthcare service quality. Data were collected using a cross-sectional survey administered to healthcare personnel employed at the hospital during 2025.

The study population consisted of all 299 healthcare professionals working at Azizah Private Hospital, including medical specialists, general practitioners, nurses, midwives, pharmacists, laboratory analysts, medical record officers, radiographers, physiotherapists, and other healthcare personnel. The sample size was determined using the Slovin formula with a 5% margin of error, resulting in a final sample of 171 respondents. A proportional stratified random sampling technique was adopted to ensure adequate representation of each professional category according to its proportion within the population. Respondents were further stratified by leadership level and work unit, reflecting direct supervisor–subordinate relationships within the hospital's organizational structure. This sampling strategy was intended to ensure that transformational leadership was assessed within the respondents' actual organizational context, thereby improving the accuracy and relevance of leadership evaluations.

Primary data were collected using a structured, self-administered questionnaire consisting of closed-ended questions. The questionnaire was developed based on established theoretical constructs for each research variable. Transformational leadership was measured using four dimensions: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Work motivation was assessed through indicators of achievement motivation, work enthusiasm, commitment to assigned responsibilities, and job satisfaction. Meanwhile, healthcare service quality was measured using the SERVQUAL dimensions, including tangibles, reliability, responsiveness, assurance, and empathy. Altogether, the research instrument comprised 46 measurement items evaluated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

In addition to primary data, secondary data were obtained from internal hospital documents, including service quality reports, organizational records, and accreditation documents. Relevant academic literature, including peer-reviewed journal articles, books, and other scientific publications, was also reviewed to strengthen the theoretical and empirical foundation of the study. Prior to hypothesis testing, the research instrument underwent validity and reliability assessments to ensure the quality of the measurement scales. Validity was evaluated using corrected item-total correlation, with items considered valid when their correlation coefficients exceeded the critical value. Internal consistency reliability was assessed using Cronbach's Alpha, with coefficients greater than 0.70 indicating acceptable reliability. After confirming the instrument's validity and reliability, the collected data were analyzed using multiple linear regression. Before conducting regression analysis, the data were tested for the classical assumptions of normality, multicollinearity, heteroscedasticity, and autocorrelation to ensure compliance with the assumptions of parametric statistical analysis. All statistical analyses were performed to examine both the individual and simultaneous effects of transformational leadership and work motivation on the quality of outpatient healthcare services.

4. Results

Table 1 presents the demographic characteristics of the 171 respondents included in this study. By gender, most respondents were female (n = 105; 61.40%), while 66 were male (38.60%). In terms of age, most respondents were between 21 and 30 years old (n = 60; 35.09%), followed by those aged 31–40 years (n = 50; 29.24%), 41–50 years (n = 35; 20.47%), over 50 years (n = 21; 12.28%), and under 20 years (n = 5; 2.92%).

Table 1. Respondent Characteristics

Characteristic	Category	Frequency	Percentage (%)
Gender	Male	66	38.60
	Female	105	61.40
Age	< 20 years	5	2.92
	21–30 years	60	35.09
	31–40 years	50	29.24
	41–50 years	35	20.47
	> 50 years	21	12.28
Profession	Medical Specialist	13	7.60
	General Practitioner	7	4.09
	Nurse	54	31.58
	Midwife	10	5.85
	Pharmacist & Pharmacy Assistant	5	2.92
	Laboratory Analyst	3	1.75
	Medical Record Officer	3	1.75
	Radiographer	3	1.75
	Physiotherapist	3	1.75
	Nutritionist / Environmental Health / Internal Audit Unit (SPI) / Electromedical Technician	3	1.75
	Other Healthcare Personnel	65	38.01

Regarding professional background, the largest proportion of respondents were other healthcare personnel (n = 65; 38.01%), followed by nurses (n = 54; 31.58%). Medical specialists represented 13 respondents (7.60%), while midwives and general practitioners accounted for 10 (5.85%) and 7 (4.09%) respondents, respectively. Pharmacists and pharmacy assistants comprised 5 respondents (2.92%). Laboratory

analysts, medical record officers, radiographers, physiotherapists, and the combined category of nutritionists, environmental health personnel, internal audit unit staff, and electromedical technicians each contributed 3 respondents (1.75%). The respondent profile indicates that the study sample was predominantly female healthcare professionals in early working age, with representation from a wide range of professional disciplines within the hospital.

Table 2. Descriptive Analysis of Variable

Variable	N	Mean	Std. Deviation
Transformational Leadership	171	3.83	0.73
Work Motivation	171	3.87	0.71
Quality of Outpatient Healthcare Services	171	3.79	0.76

The descriptive analysis in Table 2 shows that transformational leadership was perceived positively, with a mean score of 3.83, indicating that leaders effectively demonstrated role-model behavior, inspired employees, encouraged innovation, and provided individualized support. The standard deviation of 0.73 suggests relatively consistent perceptions among respondents. Work motivation achieved the highest mean score (3.87), reflecting strong achievement motivation, work commitment, enthusiasm, and job satisfaction among healthcare professionals, with a relatively low standard deviation (0.71). Meanwhile, outpatient healthcare service quality had a mean score of 3.79, indicating that respondents perceived service quality as good, particularly in facilities, staff reliability, responsiveness, professionalism, and empathy toward patients. The standard deviation of 0.76 indicates that respondents' evaluations of service quality were also relatively consistent, with only minor differences across specific service dimensions.

Table 3. Validity and Reliability Test

Variable	Item	Average R-Total Correlation	Cronbach Alpha
Transformational Leadership	12	0.58	0.88
Work Motivation	12	0.61	0.89
Quality of Outpatient Healthcare Services	12	0.64	0.91

Based on Table 3, the validity test results indicate that all questionnaire items measuring transformational leadership, work motivation, and outpatient healthcare service quality achieved corrected item–total correlation values exceeding the required threshold (r-table). The average correlation coefficients ranged from 0.58 to 0.64, indicating that each item was strongly associated with the total score of its respective construct. Therefore, all measurement items were considered valid and suitable for subsequent statistical analyses. The reliability test results further demonstrate that all research variables achieved Cronbach's Alpha coefficients above the recommended reliability threshold of 0.70. The Cronbach's Alpha values ranged from 0.88 to 0.91, indicating excellent internal consistency among the questionnaire items. Accordingly, the research instrument was deemed reliable and appropriate for further analyses, including classical assumption tests, regression analysis, and hypothesis testing.

Table 4. Classical Assumption Test

Test	Statistics	Value
Normality	Asymp. Sig.	2.00
	Kolmogorov-Smirnov	0.061
Multicollinearity	Tolerance	Transformational Leadership = 0.758 Work Motivation = 0.758
	VIF	Transformational Leadership = 1.319 Work Motivation = 1.319

Test	Statistics	Value
Heteroscedasticity (Glejser Test)	t-statistics	Transformational Leadership = 0.812 Work Motivation = 0.694
	p-value	Transformational Leadership = 0.418 Work Motivation = 0.489
Autrocorrelation	Durbin-Watson	1.946
	DU	1.785
	4-du	2.215

Based on Table 4, the Asymp. Sig. value of 0.200 exceeded the significance threshold of 0.05, indicating that the regression residuals were normally distributed. This result confirms that the regression model satisfied the normality assumption and was therefore appropriate for subsequent statistical analyses. Regarding multicollinearity, tolerance values for all independent variables were above 0.10, and Variance Inflation Factor (VIF) values were below 10, indicating no high correlations among the independent variables. Therefore, the regression model satisfied the assumption of no multicollinearity. In addition, as presented in Table 4, the significance values for all variables exceeded 0.05, indicating no evidence of heteroscedasticity. Thus, the regression model met the homoscedasticity assumption and was suitable for further analysis. The autocorrelation test was conducted to verify that the residuals were independent across observations. Autocorrelation may reduce the efficiency of regression estimates because the residuals are no longer random. The Durbin–Watson (DW) statistic of 1.946 fell between the lower and upper bounds (du and 4 − du), indicating that the residuals were not autocorrelated. Accordingly, the regression model met the no-autocorrelation assumption.

Table 5. Multiple Linear Regression

Variable	Coefficient	Std. Error	Beta	T-statistics
Constant	0.512	0.152	–	3.368
Transformational Leadership (X1)	0.276	0.063	0.312	4.381
Work Motivation (X2)	0.341	0.071	0.348	4.803

Based on the regression coefficients presented in Table 5, the estimated regression model is: $Y = 0.512 + 0.276X_1 + 0.341X_2$. The results indicate that both independent variables have a significant effect on the quality of outpatient healthcare services, as evidenced by significance values below 0.05. All regression coefficients are positive, suggesting that improvements in transformational leadership and work motivation are associated with corresponding improvements in outpatient healthcare service quality. Work motivation has the largest regression coefficient ($\beta = 0.341$), indicating that it is the strongest predictor of outpatient healthcare service quality. Transformational leadership also has a positive and significant effect, although its contribution is slightly smaller than that of work motivation.

Table 6. Coefficient Determination and F-Statistics

Test	Value
R	0.840
R Square	0.710
Adjusted R Square	0.700
Std. Error of the Estimate	0.410
Durbin-Watson	1.946
F-Statistics	205.700
Sig.	0.000

Table 6 shows that the R-squared value of 0.71 indicates that 71% of the variance in outpatient healthcare service quality can be explained by transformational leadership and work motivation, while the remaining 29% is attributable to other

factors not included in the research model. The adjusted R-squared value of 0.70 further suggests that the regression model has strong and stable explanatory power. The F-statistic of 205.700, with a significance level of 0.000, indicates that transformational leadership and work motivation jointly have a significant effect on the quality of outpatient healthcare services. This finding confirms that the regression model is statistically significant and possesses strong explanatory capability.

5. Discussion

The findings indicate that transformational leadership has a positive and significant effect on the quality of outpatient healthcare services. This result suggests that a leadership style characterized by exemplary behavior, inspirational motivation, intellectual stimulation, and individualized consideration encourages healthcare professionals to deliver higher-quality services. In the outpatient setting, transformational leadership plays a critical role in fostering a patient-centered work culture, enhancing compliance with service standards, and strengthening healthcare professionals' commitment to maintaining consistent service quality.

From a theoretical perspective, transformational leadership helps develop a positive work environment, strengthens employees' trust in their leaders, and promotes healthcare professionals' emotional engagement in the service delivery process. These findings align with Abu-Qutaish et al. (2025), who reported that leaders who inspire and serve as role models contribute significantly to improving healthcare service quality and employee performance. The results also support Mahdikhani and Yazdani (2020), who showed that effective leadership enhances healthcare professionals' productivity and work quality by creating a positive organizational climate. Furthermore, this study reinforces the conclusions of Gousario et al. (2024), who emphasized that internal organizational factors, particularly leadership, significantly influence employees' work outcomes. Therefore, the present study provides additional empirical evidence that transformational leadership is a strategic determinant of improving outpatient healthcare service quality.

The t-test results indicate that work motivation has a positive and significant effect on outpatient healthcare service quality. The higher t-value for work motivation compared with transformational leadership suggests that work motivation is the most influential predictor of service quality. This finding highlights that healthcare professionals' intrinsic drive, including work enthusiasm, commitment to assigned responsibilities, job satisfaction, and the desire to provide the best possible care, directly shapes the delivery of high-quality healthcare services (Kitsios & Kamariotou, 2021). In outpatient settings, where interactions between healthcare providers and patients are relatively brief but intensive, employees' level of work motivation plays a crucial role in ensuring timely clinical decisions, prompt service delivery, empathy, and consistent adherence to service procedures. Without high work motivation, even well-designed management systems and effective leadership may not produce optimal service quality.

These findings are consistent with Upadhyay (2025), who reported that work motivation has a significant positive effect on healthcare professionals' productivity. Likewise, Kitsios and Kamariotou (2021) emphasized that individual factors, particularly work motivation and job satisfaction, are among the primary determinants of healthcare service quality and productivity. Furthermore, the results support Sasongko (2018) and Wulandari and Dara (2023), who identified work motivation as a key factor in enhancing both employee performance and service quality. High work motivation reflects the alignment between healthcare professionals' individual needs and the hospital's work environment and management system. Therefore, this study provides additional empirical evidence

that work motivation is a critical determinant of improving outpatient healthcare service quality.

The F-test results indicate that transformational leadership and work motivation jointly have a significant effect on the quality of outpatient healthcare services. This finding suggests that service quality cannot be improved optimally by focusing on a single factor alone. Transformational leadership serves as a strategic mechanism for shaping organizational values, culture, and direction, while work motivation drives employees' service-related behaviors (Robbins & Davidhizar, 2020). The synergy between transformational leadership and work motivation creates an organizational environment that enables healthcare professionals to perform effectively and consistently, with a strong commitment to service quality.

In the hospital context, these findings highlight the importance of adopting a holistic managerial approach that integrates leadership development with strategies to enhance employee motivation. Such an approach is more likely to foster continuous improvements in healthcare service quality than focusing on either factor independently. These results align with Lundstrom et al. (2002), who reported that the combined influence of organizational and individual factors has a stronger impact on healthcare service outcomes than their individual effects. The present study also supports Hasanuddin and Syamsuddin (2025), who concluded that strengthening leadership practices and employee motivation simultaneously is one of the most effective strategies for improving quality and productivity.

6. Conclusion

The findings confirm that all proposed hypotheses were supported. Transformational leadership was found to have a positive and significant effect on the quality of outpatient healthcare services, while work motivation also demonstrated a positive and significant influence on service quality. Furthermore, transformational leadership and work motivation jointly exerted a significant positive effect on the quality of outpatient healthcare services. These findings indicate that improving healthcare service quality depends not only on clinical and operational aspects but also on effective leadership practices that inspire, empower, and support healthcare professionals, as well as on maintaining high levels of employee motivation. Therefore, both transformational leadership and work motivation should be regarded as strategic organizational resources for achieving sustainable service quality improvement.

The practical implications of this study suggest that hospital management should strengthen transformational leadership competencies at all managerial levels through continuous leadership development programs emphasizing inspirational communication, individualized consideration, intellectual stimulation, and exemplary behavior. In addition, hospitals should establish comprehensive motivation systems by integrating intrinsic factors, such as career development and employee participation in decision-making, with extrinsic factors, including fair performance appraisal, recognition, and transparent incentive mechanisms. Embedding leadership and motivation indicators into the hospital's quality management and human resource systems may further enhance organizational performance and service quality.

This study has several limitations. The cross-sectional design limits the ability to examine changes over time and establish temporal relationships between the variables. In addition, the study was conducted at a single private hospital, which may limit the generalizability of the findings to other healthcare institutions. Self-administered questionnaires may also introduce self-report bias. Future research should include additional variables, such as organizational culture, workload, job satisfaction, and organizational commitment; employ mixed-methods or longitudinal designs; and involve multiple hospitals to provide broader, more robust

evidence on the relationships between transformational leadership, work motivation, and healthcare service quality.

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