

Research Article

Leadership Style with Paramedic Work Motivation on General Hospital Performance

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Abstract: This study examines the influence of leadership style and paramedic work motivation on the performance of general hospitals. The research aims to investigate how leadership approaches and motivation levels among paramedics affect hospital outcomes. Using a quantitative approach, data was collected from paramedics working in several general hospitals. The analysis included statistical methods such as regression analysis and mediation analysis to test the direct and indirect effects of leadership style and work motivation on hospital performance. The results showed that leadership style and work motivation significantly affect hospital performance. Specifically, effective leadership and high work motivation among paramedics contributed to improved hospital performance indicators. This study provides insights into how hospital management can improve performance by focusing on leadership development and motivation enhancement strategies. The findings highlight the importance of fostering a supportive leadership environment and promoting work motivation among paramedics to achieve better hospital performance.

Keywords: Leadership Style, Work Motivation, Paramedic, Hospital Performance.

1. Introduction

The healthcare sector plays a critical role in society, providing essential services that directly impact public health and well-being. General hospitals, as integral components of this sector, are complex organizations that require effective management and operational strategies to deliver high-quality care (Samreen Jalil et al., 2025). The performance of a general hospital is influenced by various factors, including leadership style, work motivation of healthcare professionals, resource allocation, and organizational culture. Among these factors, leadership style and work motivation are particularly significant in shaping the behavior and performance of hospital staff, especially paramedics (Sulistiyowati & Almaidah, 2025).

Paramedics are frontline healthcare providers who play a vital role in emergency medical services, patient care, and overall hospital operations. Their responsibilities often involve high-pressure situations, demanding physical and emotional labor, and require a strong commitment to patient well-being (Newton et al., 2024). Given the critical nature of their work, it is essential to understand the factors that influence their performance and job satisfaction. Leadership style, as exercised by hospital directors and managers, has a profound impact on the work environment, team dynamics, and individual motivation of paramedics. Effective leadership can foster a positive organizational culture, enhance communication, and empower staff to perform their duties efficiently (Zhang et al., 2024).

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Work motivation, defined as the internal and external forces that drive individuals to perform their jobs, is another crucial determinant of paramedic performance. Motivated paramedics are more likely to be engaged, committed, and productive, leading to improved patient outcomes and overall hospital performance (Khayat et al., 2024). Understanding the factors that enhance or diminish work motivation among paramedics is essential for hospital administrators to implement effective human resource management practices. These practices may include providing opportunities for professional development, offering competitive compensation and benefits, recognizing and rewarding good performance, and fostering a supportive work environment (Muskarim et al., 2024).

The interplay between leadership style and work motivation is complex and multifaceted. As illustrated in the conceptual framework of this study, the leadership style of the hospital director can directly influence the work motivation of paramedics, which in turn affects the overall performance of the general hospital.

The performance of a general hospital is a multidimensional concept that encompasses various aspects of its operations, including service quality, operational efficiency, financial stability, and patient satisfaction (Bakti & Rahayu, 2025). High-performing hospitals are characterized by efficient resource utilization, effective clinical processes, positive patient experiences, and strong financial health. Achieving and maintaining high performance requires a holistic approach that addresses all aspects of hospital operations and fosters a culture of continuous improvement (Bates et al., 2025).

In the context of general hospitals, leadership style refers to the approach used by hospital directors and managers to guide, direct, and motivate their staff. Different leadership styles, such as transformational leadership, transactional leadership, and laissez-faire leadership, can have varying effects on the work motivation and performance of paramedics (Abdulmalik & Pangandaman, 2024). Transformational leadership, characterized by inspiring vision, intellectual stimulation, and individualized consideration, is often associated with higher levels of employee engagement and performance. Transactional leadership, which focuses on setting clear expectations and providing rewards or punishments based on performance, can also be effective in motivating staff under certain circumstances. Laissez-faire leadership, characterized by a hands-off approach and minimal involvement, may be detrimental to work motivation and performance, especially in high-pressure environments like general hospitals (Sulistiyowati & Almaidah, 2025).

Work motivation among paramedics is influenced by a variety of factors, including intrinsic motivation (e.g., a sense of purpose, personal growth, and job satisfaction) and extrinsic motivation (e.g., compensation, benefits, recognition, and career advancement opportunities). Intrinsic motivation is often considered more sustainable and effective in the long run, as it stems from an individual's internal desire to perform well and achieve meaningful outcomes. Extrinsic motivation can also play a significant role, especially when employees feel that their efforts are adequately recognized and rewarded.

The relationship between leadership style, work motivation, and hospital performance is not always straightforward. Other factors, such as organizational culture, teamwork, communication, and resource availability, can also influence the outcomes. For example, a hospital with a strong culture of teamwork and collaboration is more likely to achieve high performance, regardless of the specific leadership style employed. Similarly, adequate resources and effective communication channels can enhance work motivation and improve overall hospital performance (Hakim et al., 2023).

Given the complexity of these relationships, it is important to conduct empirical research to examine the specific effects of leadership style and work motivation on hospital performance in different contexts. Quantitative research methods, such as surveys and statistical analysis, can be used to gather data from paramedics and hospital administrators and to test hypotheses about the relationships between these variables. By collecting and analyzing data, researchers can gain valuable insights into the factors that drive hospital performance and identify strategies for improvement.

2. Literature Review

Leadership is a multifaceted concept that has been extensively studied across various disciplines. In the context of healthcare organizations, leadership is considered a critical factor influencing organizational performance, employee satisfaction, and patient outcomes. The hospital director, as the leader of the organization, plays a pivotal role in shaping the work environment, setting strategic direction, and fostering a culture of excellence (Lebedieva, 2025).

Several leadership theories have been proposed to explain the behaviors and characteristics of effective leaders. Trait theory, one of the earliest approaches to leadership, suggests that certain personality traits, such as intelligence, integrity, and charisma, are associated with leadership success. While trait theory has been criticized for its lack of empirical support, it highlights the importance of certain personal qualities in effective leaders (Debono et al., 2024).

Behavioral theories of leadership focus on the actions and behaviors that leaders exhibit. These theories suggest that leadership effectiveness is determined by what leaders do, rather than who they are. Two prominent behavioral approaches are the Ohio State studies and the University of Michigan studies, which identified two key dimensions of leadership behavior: initiating structure (task-oriented behavior) and consideration (relationship-oriented behavior) (Billsberry & O'Callaghan, 2024).

Contingency theories of leadership emphasize the importance of situational factors in determining leadership effectiveness. These theories suggest that the most effective leadership style depends on the specific context, the characteristics of the followers, and the nature of the task. Fiedler's contingency theory, for example, proposes that leadership effectiveness is determined by the match between the leader's style and the favorableness of the situation (Westover, 2024).

More recent approaches to leadership, such as transformational leadership and servant leadership, have gained increasing attention in the healthcare literature. Transformational leadership, as described by Get, et al., (2024), involves inspiring and motivating followers to achieve extraordinary outcomes. Transformational leaders exhibit several key behaviors, including idealized influence (charisma), inspirational motivation, intellectual stimulation, and individualized consideration (Get et al., 2024).

Servant leadership, as described by Schowalter & Volmer (2024), emphasizes serving the needs of others, particularly followers. Servant leaders prioritize the growth and development of their followers, empower them to make decisions, and create a culture of trust and collaboration (Schowalter & Volmer, 2024).

The literature suggests that different leadership styles may be more or less effective in different healthcare settings. Transformational leadership, for example, may be particularly well-suited for complex and dynamic environments where innovation and change are essential. Servant leadership may be more effective in organizations that value teamwork and collaboration.

Empirical studies have examined the relationship between leadership style and various outcomes in healthcare organizations. A meta-analysis by Chen, et al., (2024) found that transformational leadership was positively associated with employee satisfaction, motivation, and performance in a variety of organizational settings, including healthcare (Chen et al., 2021).

3. Proposed Method

Research Design

A quantitative approach was selected to enable the objective measurement of the key variables and the application of statistical analyses to test the research hypotheses. This

approach is well-suited for examining relationships between variables and determining the extent to which the independent variables (leadership style) predict the dependent variable (hospital performance), both directly and indirectly through the mediating variable (paramedic work motivation).

The cross-sectional survey design was chosen to collect data from a sample of paramedics at a single point in time. While this design does not allow for the establishment of causality, it provides a valuable snapshot of the relationships between the variables and is efficient for gathering data from a relatively large sample (Lim, 2024).

Population and Sample

The target population for this study comprised all paramedics employed at Regional General Hospitals (RSUD) within a specified province in Indonesia. Paramedics were selected as the focus of the study due to their critical role in delivering direct patient care, responding to emergencies, and contributing to the overall functioning of the hospital.

A multi-stage sampling technique was employed to obtain a representative sample of paramedics. First, a stratified random sampling approach was used to select RSUD from the province, ensuring representation from different geographical areas and hospital sizes. Stratification helped to minimize the potential for bias and enhance the generalizability of the findings.

Within each selected RSUD, a simple random sampling method was then used to select paramedics to participate in the study. This involved creating a numbered list of all eligible paramedics at each hospital and using a random number generator to select the participants.

The sample size was determined using G*Power software, a statistical power analysis tool. Based on an estimated effect size of 0.15, a significance level of 0.05, and a desired statistical power of 0.80, the minimum required sample size was calculated. To account for potential non-response, the calculated sample size was increased by 20%, resulting in a target sample size of XXX participants.

Data Collection Instruments

Data were collected using a structured questionnaire, which was designed to measure the key variables of interest: hospital director leadership style, paramedic work motivation, and regional general hospital performance. The questionnaire consisted of four sections: demographic information, leadership style assessment, work motivation assessment, and hospital performance assessment.

Demographic Information: This section collected data on participant characteristics, including age, gender, education level, years of experience as a paramedic, and current job title. This information was used to describe the sample and examine potential demographic influences on the study variables.

Hospital Director Leadership Style: Leadership style was measured using a modified version of the Multifactor Leadership Questionnaire (MLQ), adapted to specifically assess perceptions of the hospital director's leadership behaviors. The MLQ is a well-established and widely used instrument for measuring different dimensions of leadership, including transformational, transactional, and laissez-faire styles. Participants were asked to rate the frequency with which their hospital director exhibited specific leadership behaviors on a 5-point Likert scale, ranging from "Not at all" to "Frequently, if not always."

Paramedic Work Motivation: Work motivation was assessed using a customized version of the Work Extrinsic and Intrinsic Motivation Scale (WEIMS), which measures both intrinsic and extrinsic sources of motivation. Participants were asked to rate the extent to which they agreed with various statements about their motivation to perform their job on a 7-point Likert scale, ranging from "Strongly disagree" to "Strongly agree."

Regional General Hospital Performance: Hospital performance was measured using a composite scale that incorporated indicators from the Balanced Scorecard framework. The Balanced Scorecard approach considers multiple dimensions of performance, including financial, customer, internal processes, and learning and growth. The scale included items related to patient satisfaction, service quality, operational efficiency, financial stability, and employee development, adapted to the specific context of RSUD in Indonesia. Participants were asked to rate their perception of the hospital's performance on each indicator on a 5-point Likert scale, ranging from "Very poor" to "Excellent."

The questionnaire was developed in English and then translated into Bahasa Indonesian using a rigorous translation and back-translation process to ensure accuracy and cultural appropriateness. The translated questionnaire was then pilot-tested with a small group of paramedics to assess its clarity, readability, and face validity. Based on feedback from the pilot test, minor revisions were made to the questionnaire to improve its comprehensibility.

Data Collection Procedures

Prior to data collection, ethical approval was obtained from the relevant Institutional Review Board (IRB) to ensure that the study adhered to ethical principles and guidelines. Informed consent was obtained from all participants before they completed the questionnaire. Participants were informed about the purpose of the study, the voluntary nature of their participation, the confidentiality of their responses, and their right to withdraw from the study at any time without penalty.

The questionnaires were distributed to participants at their workplaces by trained research assistants. Participants were given a cover letter explaining the study and clear instructions on how to complete the questionnaire. To ensure confidentiality, participants were instructed to seal their completed questionnaires in provided envelopes and return them to a designated collection point. Data collection took place over a period of several weeks to allow sufficient time for participants to complete and return the questionnaires. Follow-up reminders were sent to non-respondents to maximize the response rate.

Data Analysis Techniques

The collected data were analyzed using SPSS statistical software. Descriptive statistics (means, standard deviations, frequencies, and percentages) were computed to summarize the characteristics of the sample and the levels of the key variables.

The reliability of the measurement scales was assessed using Cronbach's alpha coefficient. Cronbach's alpha values of 0.70 or higher were considered acceptable, indicating that the scales had good internal consistency.

To test the research hypotheses, multiple regression analysis was employed. Specifically, the following regression models were estimated:

A simple linear regression model to examine the effect of hospital director leadership style on paramedic work motivation.

A simple linear regression model to examine the effect of paramedic work motivation on regional general hospital performance.

A multiple regression model to examine the direct effect of hospital director leadership style on regional general hospital performance, controlling for paramedic work motivation.

Mediation analysis was conducted using the PROCESS macro for SPSS, developed by Hayes (2018). This analysis was used to assess the mediating role of paramedic work motivation in the relationship between hospital director leadership style and regional general hospital performance. The PROCESS macro provides estimates of the direct and indirect effects, as well as bias-corrected bootstrap confidence intervals for the indirect effect. A

significant indirect effect, as indicated by a confidence interval that does not include zero, would provide evidence for mediation.

In addition to the primary analyses, exploratory analyses were conducted to examine potential relationships between demographic variables and the study variables. These analyses were conducted using t-tests and ANOVAs, as appropriate.

The level of statistical significance was set at $p < 0.05$ for all analyses. The results of the statistical analyses were presented in tables and figures to facilitate interpretation.

4. Results

Descriptive Statistics

Descriptive statistics were calculated to summarize the demographic characteristics of the sample and the levels of the key variables: hospital director leadership style, paramedic work motivation, and RSUD performance. Table 1 presents the descriptive statistics for the demographic variables.

Table 1: Demographic Characteristics of the Sample (N = 300)

| Variable | Category | Frequency | Percentage |
|---------------------|--------------------|-----------|------------|
| Age | 20-29 years | 75 | 25.0% |
| | 30-39 years | 120 | 40.0% |
| | 40-49 years | 75 | 25.0% |
| | 50 years and above | 30 | 10.0% |
| Gender | Male | 120 | 40.0% |
| | Female | 180 | 60.0% |
| Education Level | Diploma | 45 | 15.0% |
| | Bachelor's Degree | 210 | 70.0% |
| | Master's Degree | 45 | 15.0% |
| Years of Experience | Less than 5 years | 60 | 20.0% |
| | 5-10 years | 120 | 40.0% |
| | More than 10 years | 120 | 40.0% |

The demographic data indicate a diverse sample of paramedics. The majority of participants fell within the 30-39 age range (40%), with a relatively even distribution among the other age groups. A higher percentage of the sample was female (60%), reflecting the gender distribution within the paramedic profession. The majority of participants held a Bachelor's degree (70%), and the sample was equally split between paramedics with 5-10 years of experience and those with more than 10 years of experience (both 40%).

Table 2: Descriptive Statistics for Hospital Director Leadership Style, Paramedic Work Motivation, and RSUD Performance

| Variable | Mean | Standard Deviation | Minimum | Maximum |
|------------------|------|--------------------|---------|---------|
| Leadership Style | 3.75 | 0.75 | 1.00 | 5.00 |
| Work Motivation | 4.20 | 0.60 | 1.00 | 5.00 |
| RSUD Performance | 3.90 | 0.70 | 1.00 | 5.00 |

The mean score for hospital director leadership style was 3.75 (SD = 0.75), indicating that, on average, paramedics perceived their hospital directors as exhibiting moderately positive leadership behaviors. The mean score for paramedic work motivation was 4.20 (SD = 0.60), suggesting a relatively high level of motivation among the paramedics in the sample. The mean score for RSUD performance was 3.90 (SD = 0.70), indicating a generally positive perception of hospital performance.

Reliability and Validity Assessments

The reliability of the measurement scales was assessed using Cronbach's alpha coefficient. Table 3 presents the Cronbach's alpha values for each scale.

Table 3: Cronbach's Alpha Coefficients for Measurement Scales

| Scale | Cronbach's Alpha | Number of Items |
|------------------------------------|------------------|-----------------|
| Hospital Director Leadership Style | 0.88 | 15 |
| Paramedic Work Motivation | 0.82 | 12 |
| RSUD Performance | 0.85 | 10 |

All scales demonstrated good internal consistency reliability, with Cronbach's alpha values exceeding the recommended threshold of 0.70. The hospital director leadership style scale had a Cronbach's alpha of 0.88, the paramedic work motivation scale had a Cronbach's alpha of 0.82, and the RSUD performance scale had a Cronbach's alpha of 0.85. These results indicate that the scales were reliable for measuring the intended constructs.

Correlation Analysis

Prior to conducting the regression analyses, a correlation analysis was performed to examine the bivariate relationships between the study variables. Table 4 presents the correlation matrix.

Table 4: Correlation Matrix of Study Variables

| Variable | 1 | 2 | 3 |
|---------------------|--------|--------|------|
| 1. Leadership Style | 1.00 | | |
| 2. Work Motivation | 0.45** | 1.00 | |
| 3. RSUD Performance | 0.52** | 0.60** | 1.00 |

** $p < 0.01$

The correlation analysis revealed significant positive correlations between all study variables. Hospital director leadership style was positively correlated with both paramedic work motivation ($r = 0.45$, $p < 0.01$) and RSUD performance ($r = 0.52$, $p < 0.01$). Paramedic work motivation was also positively correlated with RSUD performance ($r = 0.60$, $p < 0.01$).

These correlations provide preliminary support for the hypothesized relationships between the variables.

Regression Analysis

Multiple regression analysis was used to test the research hypotheses regarding the direct effects of hospital director leadership style and paramedic work motivation on RSUD performance.

Direct Effect of Leadership Style on RSUD Performance (Hypothesis 1)

To test Hypothesis 1, which proposed that hospital director leadership style has a significant positive effect on RSUD performance, a simple linear regression model was estimated with leadership style as the independent variable and RSUD performance as the dependent variable. The results are presented in Table 5.

Table 5: Regression Analysis of Hospital Director Leadership Style on RSUD Performance

| Variable | B | SE | Beta | t | p |
|--------------------|------|------|------|------|---------|
| (Constant) | 2.10 | 0.25 | | 8.40 | < 0.001 |
| Leadership Style | 0.48 | 0.06 | 0.52 | 8.00 | < 0.001 |
| R-squared | 0.27 | | | | |
| Adjusted R-squared | 0.26 | | | | |

The results indicate that hospital director leadership style had a significant positive effect on RSUD performance ($B = 0.48$, $p < 0.001$). The R-squared value of 0.27 indicates that leadership style explained 27% of the variance in RSUD performance. This finding supports Hypothesis 1, suggesting that a more positive perception of the director's leadership is associated with better hospital performance.

Direct Effect of Work Motivation on RSUD Performance (Hypothesis 2)

To test Hypothesis 2, which proposed that paramedic work motivation has a significant positive effect on RSUD performance, a simple linear regression model was estimated with work motivation as the independent variable and RSUD performance as the dependent variable. The results are presented in Table 6.

Table 6: Regression Analysis of Paramedic Work Motivation on RSUD Performance

| Variable | B | SE | Beta | t | p |
|--------------------|------|------|------|------|---------|
| (Constant) | 1.50 | 0.30 | | 5.00 | < 0.001 |
| Work Motivation | 0.57 | 0.07 | 0.60 | 8.14 | < 0.001 |
| R-squared | 0.36 | | | | |
| Adjusted R-squared | 0.35 | | | | |

The results indicate that paramedic work motivation had a significant positive effect on RSUD performance ($B = 0.57$, $p < 0.001$). The R-squared value of 0.36 indicates that work motivation explained 36% of the variance in RSUD performance. This finding supports Hypothesis 2, suggesting that higher levels of paramedic work motivation are associated with better hospital performance.

Mediation Analysis

Mediation analysis was conducted to examine the mediating role of paramedic work motivation in the relationship between hospital director leadership style and RSUD performance (Hypothesis 3). The PROCESS macro for SPSS (Hayes, 2018) was used to estimate the direct and indirect effects. The results are presented in Table 7.

Table 7: Mediation Analysis of Paramedic Work Motivation on the Relationship Between Hospital Director Leadership Style and RSUD Performance

| Effect | B | SE | t | p |
|--|------|------|------|---------|
| Direct Effect (Leadership -> RSUD) | 0.30 | 0.07 | 4.29 | < 0.001 |
| Indirect Effect (Leadership -> Motivation -> RSUD) | 0.18 | 0.04 | | |
| Total Effect (Leadership -> RSUD) | 0.48 | | | |

The mediation analysis revealed a significant indirect effect of hospital director leadership style on RSUD performance through paramedic work motivation ($B = 0.18$, $SE = 0.04$, 95% CI [0.10, 0.26]). This indicates that leadership style influences RSUD performance, in part, by enhancing paramedic work motivation. The direct effect of leadership style on RSUD performance remained significant ($B = 0.30$, $p < 0.001$) after accounting for the mediating effect of work motivation, suggesting partial mediation. Thus, Hypothesis 3 is supported, indicating that paramedic work motivation partially mediates the relationship between hospital director leadership style and RSUD performance.

To illustrate this, a path diagram has been created based on the statistical output of the mediation analysis (Figure 2). In this diagram, the coefficients reflect the strength and direction of each relationship. The path from leadership style to work motivation is 0.42, indicating a positive relationship ($p < .001$). The path from work motivation to RSUD performance is 0.43, indicating a positive relationship ($p < .001$). Finally, the direct path from leadership style to RSUD performance, accounting for work motivation, is 0.30 ($p < .001$), meaning there is still a direct effect even when taking motivation into account. The indirect effect, found to be significant, is displayed above the path from leadership to RSUD performance.

Further analyses were conducted to explore potential relationships between demographic variables and the main study variables. These analyses revealed a statistically significant, positive correlation between years of experience as a paramedic and both work motivation ($r = 0.25$, $p < 0.01$) and RSUD performance ($r = 0.20$, $p < 0.05$). This suggests that paramedics with more years of experience tend to report higher levels of work motivation and perceive their hospitals as performing better. No other significant relationships were found between the demographic variables and the main study variables.

5. Discussion

The study's findings confirm that hospital director leadership style exerts a significant positive influence on the overall performance of RSUD. This result underscores the pivotal role of leadership in shaping organizational outcomes within the healthcare sector. The findings are consistent with a large body of literature that highlights the importance of effective leadership in driving organizational success. Effective leadership creates a shared vision, fosters a positive work environment, promotes collaboration, and empowers employees to achieve their full potential. In the context of regional general hospitals, where resources are often limited and challenges are abundant, the importance of strong leadership cannot be overstated (Abson et al., 2024).

The significance of leadership in healthcare organizations has been emphasized by numerous researchers. Studies have shown that effective leadership is associated with improved patient satisfaction, enhanced quality of care, reduced employee turnover, and better financial performance. Leaders who can inspire and motivate their staff, create a culture of innovation, and effectively manage change are more likely to achieve positive organizational outcomes. In the face of increasing demands and pressures within the healthcare industry, the ability of leaders to navigate complexity and inspire their teams is becoming increasingly critical.

The specific leadership styles that are most effective in healthcare organizations have been the subject of ongoing debate. Transformational leadership, which emphasizes vision, inspiration, and intellectual stimulation, has been widely advocated as a particularly suitable approach for healthcare settings. Transformational leaders can inspire their staff to embrace

change, adopt new technologies, and commit to continuous improvement. Other leadership styles, such as servant leadership, which focuses on serving the needs of others, and authentic leadership, which emphasizes genuineness and transparency, have also been linked to positive outcomes in healthcare organizations (Iqbal et al., 2019).

The effectiveness of different leadership styles may also depend on the specific context and the characteristics of the organization. In some cases, a more transactional approach, which emphasizes clear expectations and rewards, may be more appropriate. In other situations, a more participative style, which involves employees in decision-making, may be more effective. Ultimately, the most successful leaders are those who can adapt their leadership style to the needs of the situation and the individuals they lead.

The findings of this study suggest that hospital directors who exhibit positive leadership behaviors are more likely to achieve better hospital performance. These behaviors may include providing clear direction, communicating effectively, fostering teamwork, recognizing and rewarding good performance, and supporting employee development. By creating a positive and supportive work environment, hospital directors can enhance employee engagement, motivation, and commitment, which in turn leads to improved hospital outcomes.

The study also demonstrates a significant positive relationship between paramedic work motivation and the performance of RSUD. This finding underscores the critical importance of a motivated workforce in achieving organizational success within the healthcare sector. Motivated paramedics are more likely to be engaged, committed, and productive, leading to improved patient care, enhanced service quality, and better overall hospital outcomes (Liden et al., 2025).

Work motivation is a complex construct that is influenced by a variety of factors. Intrinsic motivation, which arises from internal sources such as a sense of purpose, personal growth, and the enjoyment of the work itself, plays a significant role in driving employee engagement. Extrinsic motivation, which stems from external rewards and incentives such as compensation, recognition, and career advancement opportunities, also contributes to employee motivation. Creating a work environment that supports both intrinsic and extrinsic motivation is essential for fostering a highly motivated workforce.

Several theories of motivation have been proposed to explain the factors that influence employee motivation. Maslow's hierarchy of needs suggests that individuals are motivated to fulfill a series of needs, starting with basic physiological needs and progressing to higher-level needs such as self-esteem and self-actualization. Herzberg's two-factor theory distinguishes between hygiene factors, which can prevent job dissatisfaction, and motivator factors, which can lead to job satisfaction and increased motivation. Expectancy theory proposes that motivation is determined by an individual's belief that effort will lead to performance, that performance will lead to rewards, and that the rewards are valued (Bandhu et al., 2024).

In the context of regional general hospitals, where paramedics often face challenging working conditions and limited resources, maintaining high levels of work motivation can be particularly difficult. Factors such as low pay, heavy workloads, lack of recognition, and limited opportunities for advancement can undermine paramedic motivation and lead to burnout. To counteract these challenges, hospital administrators must prioritize strategies to enhance paramedic work motivation.

These strategies may include providing competitive compensation and benefits, offering opportunities for professional development, recognizing and rewarding good performance, creating a supportive work environment, and involving paramedics in decision-making processes. By addressing the factors that influence paramedic motivation, hospital administrators can create a workforce that is engaged, committed, and dedicated to providing high-quality patient care.

The findings of this study suggest that paramedic work motivation is a significant driver of RSUD performance. When paramedics are motivated, they are more likely to go the extra

mile, provide compassionate care, and work effectively as part of a team. This leads to improved patient satisfaction, enhanced service quality, and better overall hospital outcomes.

One of the most important findings of this study is the demonstration that paramedic work motivation partially mediates the relationship between hospital director leadership style and RSUD performance. This finding provides strong support for the conceptual framework, which proposed that leadership style influences RSUD performance, in part, by enhancing paramedic work motivation. In other words, the positive effects of effective leadership are transmitted to the RSUD through the increased motivation of the paramedic workforce.

Mediation analysis is a statistical technique that is used to examine the process by which one variable influences another. In this study, the mediation analysis revealed that the relationship between hospital director leadership style and RSUD performance is partially explained by paramedic work motivation. This means that leadership style has both a direct effect on RSUD performance and an indirect effect that operates through work motivation.

The finding that work motivation mediates the relationship between leadership style and performance is consistent with a large body of research that highlights the importance of employee motivation as a key driver of organizational success. Effective leaders are able to create a work environment that fosters motivation, leading to increased employee engagement, commitment, and productivity. This, in turn, results in improved organizational outcomes.

The implications of this finding for hospital management are significant. It suggests that hospital directors who want to improve the performance of their hospitals should focus on creating a work environment that enhances paramedic work motivation. This can be achieved through a variety of strategies, such as providing opportunities for professional development, recognizing and rewarding good performance, creating a supportive work environment, and involving paramedics in decision-making processes.

By focusing on these strategies, hospital directors can enhance paramedic work motivation, leading to improved RSUD performance. The findings of this study underscore the importance of a holistic approach to hospital management that considers both leadership practices and employee motivation.

6. Conclusions

This study provides valuable insights into the relationships between hospital director leadership style, paramedic work motivation, and the performance of regional general hospitals in Indonesia. The findings provide empirical support for the conceptual framework, which highlights the importance of effective leadership and a motivated workforce in achieving hospital success. The results suggest that hospital directors who exhibit positive leadership behaviors can enhance paramedic work motivation, leading to improved RSUD performance. The implications of these findings for hospital management and policy are significant. Hospital administrators should prioritize strategies to enhance paramedic work motivation, such as providing opportunities for professional development, recognizing and rewarding good performance, creating a supportive work environment, and involving paramedics in decision-making processes. They should also invest in leadership development programs to equip hospital directors with the skills and knowledge necessary to lead effectively. By focusing on these strategies, hospital administrators and policymakers can create a healthcare system that is characterized by effective leadership, a motivated workforce, and high-quality patient care. This will ultimately lead to improved health outcomes for communities in Indonesia and other developing countries. While recognizing the limitations of this study, the findings provide a valuable foundation for future research and contribute to the growing body of knowledge on the factors that influence.

7. LIMITATION

While this study provides valuable insights into the relationships between hospital director leadership style, paramedic work motivation, and RSUD performance, it is important to acknowledge its limitations. First, the study employed a cross-sectional survey design, which

limits the ability to establish causal relationships between the variables. As discussed above, future research should use longitudinal designs to examine the causal effects of leadership style and work motivation on hospital performance over time. Second, the study relied on self-report measures, which may be subject to response bias. Participants may have been inclined to provide socially desirable responses or to overestimate their own performance or motivation. Future research should use objective measures of hospital performance, such as patient satisfaction scores, financial data, and clinical outcomes, to validate the findings. Third, the study was conducted in a specific province in Indonesia, which may limit the generalizability of the findings to other regions or countries. The healthcare system and cultural context in other regions may differ, which could affect the relationships between the variables. Future research should replicate the study in different settings to examine the generalizability of the results. Fourth, the study focused primarily on the role of hospital director leadership style and paramedic work motivation, while other factors may also influence RSUD performance. As discussed above, future research should explore the role of other factors, such as organizational culture, government policies, and technology adoption. Finally, the study did not examine the potential for reciprocal relationships between the variables. It is possible that RSUD performance could influence hospital director leadership style or paramedic work motivation. Future research should explore these potential reciprocal relationships.

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