

Mediating Effect of Job Satisfaction on Work Culture, Motivation, and Employee Performance Among Hospital Staff

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ABSTRACT

Employee performance in hospitals is influenced by individual motivation and the organizational environment, yet the mechanisms linking these factors are underexplored. This study examined the effects of work culture and motivation on employee performance, with job satisfaction as a potential mediator. A cross-sectional design and Hayes' PROCESS macro (Model 4) were used to assess direct and indirect effects. Results indicated that work motivation significantly predicted job satisfaction, which in turn predicted performance. The direct effect of motivation on performance was non-significant, indicating full mediation. Conversely, work culture had a strong direct effect on performance but did not significantly influence job satisfaction, and its indirect effect was non-significant. These findings support two explanatory mechanisms: a psychological pathway, where motivation affects performance via satisfaction, and a structural pathway, where work culture directly influences performance. These insights inform strategies for enhancing employee outcomes in hospital settings through both motivational and organizational interventions.

Keywords: Hospitals, Job Satisfaction, Motivation

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INTRODUCTION

Employee performance is a key determinant of organizational success, especially in service-based sectors such as hospitals (1). In hospital settings, exceptional performance contributes directly to patient satisfaction, operational efficiency, and the overall quality of care delivery (2). As healthcare systems face increasing complexity and demand, optimizing employee performance has become a strategic imperative. To achieve this, it is essential to explore the underlying organizational and psychological factors that shape work behavior. Among the most frequently cited variables in both theory and practice

are work culture, motivation, and job satisfaction (2–4).

Work culture, defined as the collective beliefs, values, and practices that characterize an organization, fundamentally influences employee behavior and attitudes (5). In hospital settings, marked by interdisciplinary teams and high-stakes decision-making, a supportive work culture promotes collaboration, accountability, and emotional resilience (6). According to organizational culture theory, high cultural alignment improves behavioral consistency, builds internal cohesion, and promotes favorable performance results (7). However, culture may not be

sufficient to drive performance unless it is accompanied by individual motivation.

Work motivation, referring to the internal drives and external incentives that initiate and sustain work-related behavior, has long been recognized as a significant determinant of employee output (8). Theoretical models such as Maslow's hierarchy of needs and Herzberg's two-factor theory emphasize that individuals are motivated not only by basic physiological needs but also by psychological growth and recognition (9, 10). Motivated healthcare personnel exhibit better persistence, involvement, and excellent care delivery (11). Furthermore, studies conducted in Indonesian hospital contexts suggest that the impact of motivation on performance can be both direct and indirect, with job satisfaction playing a mediating role (12).

Job satisfaction, which refers to the emotional reactions of individuals to their job experiences, is closely related to work culture and motivation (13). Job satisfaction occurs when employees find their work important, believe they are directly responsible for outcomes, and receive constructive feedback, according to the Job Characteristics Model (14). Satisfied employees are more likely to be productive, have reduced turnover, and show higher organizational commitment (15). Thus, job satisfaction can be viewed as a reflection of organizational well-being and a psychological mechanism through which workplace factors influence performance outcomes (13).

Despite robust theoretical frameworks, empirical findings in healthcare contexts remain inconsistent. Some research implies that, while motivation directly improves performance, work culture has an indirect influence through job satisfaction (16). Other findings highlight job satisfaction as a partial mediator, underscoring the complex interplay

between environmental and personal factors in high-pressure healthcare environments (17). To address these gaps, this study investigates how work culture and motivation influence employee performance, with job satisfaction as a potential mediator. Focusing on healthcare personnel at Brawijaya University Hospital, the analysis utilizes Hayes' PROCESS Model 4. The outcomes are expected to offer both theoretical contributions and actionable guidance for hospital leaders seeking to foster a more motivated and high-performing workforce.

METHODS

This study used a quantitative explanatory research methodology with a cross-sectional approach to examine the relationships of work culture, motivation, job satisfaction, and employee performance among hospital staff. The specific objective of the study was to analyze the direct and indirect effects of work culture and motivation on employee performance, with job satisfaction used as a mediating variable. This design was chosen to explore potential causal pathways between organizational and psychological factors in a real-world healthcare setting.

Participants were selected through a purposive sampling method at Brawijaya University Hospital (RSUB), a tertiary referral healthcare facility located in Malang, Indonesia. The sample included a diverse group of hospital employees, such as medical staff, nurses, administrative personnel, medical technicians, and support staff. The criteria for inclusion comprised (1) full-time employment, (2) a minimum of one year of work experience at RSUB, (3) provision of services, and (4) a willingness to participate voluntarily. Employees on prolonged absence or with under one year of experience were

excluded. The purposive sampling strategy guaranteed that all participants possessed sufficient experience to render knowledgeable evaluations of workplace dynamics. Data was gathered in May 2020 through printed surveys administered during working hours. Despite the data being collected during the COVID-19 pandemic, the organizational framework, job specifications, and administrative practices in the hospital have remained largely unchanged.

Fritz and MacKinnon (18) advised on sample size estimation, arguing that a range of 50 to 100 participants is adequate to detect medium-sized indirect effects with appropriate statistical power in route analysis. In practical organizational research, particularly in healthcare contexts, sample sizes in this range are frequently acceptable, especially when bootstrapping techniques are used to improve the accuracy of mediation estimates. Furthermore, prior empirical studies conducted in Indonesian hospital contexts have used comparable sample sizes to investigate similar constructs such as motivation, job satisfaction, and performance (12, 16), bolstering the current methodological appropriateness.

The research instrument was divided into five sections: demographic characteristics, work culture, motivation, job satisfaction, and employee performance. The demographic characteristics component encompassed gender, age, educational attainment, and years of working experience. Work culture was assessed utilizing an eight-item scale derived from Schein's organizational culture theory (19) and Nawawi's (20) contextual model. The overall score varied from 8 to 40, with elevated values reflecting a more positive impression of organizational culture (Cronbach's $\alpha = .860$). Work motivation was assessed using eight

items derived from the theoretical frameworks of Herzberg and Maslow (9, 10), yielding scores between 8 and 40, with a Cronbach's α of .882. Job satisfaction was evaluated using seven items derived from the Job Characteristics Model (14), yielding scores between 7 and 35, with a Cronbach's α of .876. Employee performance was assessed with a seven-item scale derived from Mangkunegara's (21) framework, yielding scores ranging from 7 to 35, with a Cronbach's α of .887. All items of the four principal variables utilized a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). A pilot study with 30 participants was performed to verify the validity and reliability of the instrument, with all item-total correlations surpassing .30, signifying robust internal validity (22).

Descriptive statistics were utilized to encapsulate demographics and principal factors. Classical assumption testing encompassed evaluations for normality, multicollinearity ($VIF < 10$), and heteroscedasticity. For mediation testing, data were analyzed using SPSS version 25 and Hayes' PROCESS macro (Model 4) (23). The mediation utilized bootstrap resampling with 5,000 iterations, yielding reliable estimates for both direct and indirect effects.

RESULTS AND DISCUSSION

A total of 75 hospital staff members participated in this study. The sample was predominantly female, accounting for 82% ($n = 62$), while 18% ($n = 13$) of respondents were male. In terms of age, most participants were in the 20–30-year age group (67%, $n = 50$), followed by those aged 31–40 years (29%, $n = 22$), and a small proportion aged 41–50 years (4%, $n = 3$). For educational attainment, most respondents held a college-level diploma (52.6%, $n = 61$),

while 43.1% (n = 50) had completed senior high school, and 4.3% (n = 5) had attained a university-level degree. Regarding work experience, most of the sample (80%, n = 60) had been employed for more than three years. A smaller percentage had one to two years of experience (12%, n = 9), and only 8% (n = 3) had between two to three years of service. Table 1 illustrates characteristics of the participants.

Descriptive statistics showed that respondents reported favorable perceptions across all study variables. The mean score for work culture was 30.69 (SD = 3.73), work motivation was 28.03 (SD = 3.89), employee performance was 30.08 (SD = 3.61), and job satisfaction was 29.53 (SD = 4.65). These results suggest that participants generally viewed their workplace culture, motivation levels, satisfaction, and performance positively.

Two regression models were tested to evaluate the direct effects of work culture and work motivation on job satisfaction

Table 1. Distribution of Demographic (n = 75)

Variables	n	%
Gender		
Female	62	82
Male	13	18
Age (years)		
20 – 30	50	67
31 – 40	22	29
41 – 50	3	4
Educational Level		
Senior High School	50	43.1
College	61	52.6
University	5	4.3
Working Experience (years)		
1 – 2	9	12
2 – 3	3	8
> 3	60	80

Table 2. Distribution of Work-Related Variables (n = 75)

Key Variables	Mean	SD
Work Culture	30.69	3.73
Work Motivation	28.03	3.89
Employee Performance	30.08	3.61
Job Satisfaction	29.53	4.65

and employee performance. The first regression model assessed the predictors of job satisfaction and was statistically significant, explaining 45.9% of the variance ($R^2 = .459$). Work motivation had a strong and significant positive effect on job satisfaction ($\beta = .744, p = .000$), whereas work culture did not significantly influence job satisfaction ($\beta = -.145, p = .164$).

The second regression model examined predictors of employee performance and accounted for 28.4% of the variance ($R^2 = .284$). In this model, work culture ($\beta = .492, p = .000$) and job satisfaction ($\beta = .279, p = .000$) significantly predicted employee performance, while work motivation had no significant direct effect ($\beta = .049, p = .755$).

Mediation analysis was conducted using Hayes' PROCESS macro (Model 4) with 5,000 bootstrap resamples to determine whether job satisfaction mediated the relationships between work culture and work motivation on employee performance. The results revealed a significant indirect effect of work motivation on employee performance through job satisfaction (indirect effect = 0.208, 95% CI (0.105, 0.321), $p < .001$), indicating partial mediation. This is supported by the significant effect of job satisfaction on performance ($\beta = .279, p = .000$), while the direct effect of work motivation on performance was non-significant ($\beta = .049, p = .755$).

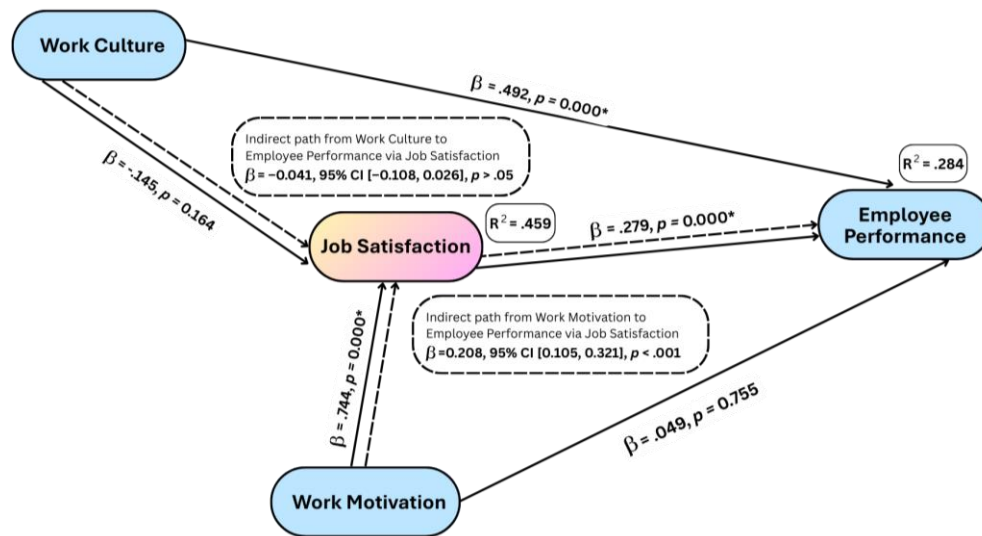


Figure 1. Final Path Diagram of the Regression and Mediation Analyses

Conversely, the indirect path from work culture to employee performance via job satisfaction was not statistically significant (indirect effect = -0.041 , 95% CI $(-0.108, 0.026)$, $p > .05$). The direct effect of work culture on employee performance remained significant ($\beta = .492$, $p = .000$), suggesting that no mediation occurred in this relationship.

Figure 1 illustrates the final mediation model, displaying standardized regression coefficients (β), p -values, and R^2 values. Asterisks (*) indicate statistically significant effects at $p < .05$. The final model explained approximately 67% of the variance in employee performance, indicating a strong model fit and supporting the relevance of the proposed relationships among variables.

This study offers significant insights into the impact of organizational and psychological elements on employee performance in a hospital setting. The findings emphasize the strong influence of work motivation on job satisfaction, significantly enhancing employee performance. This supports Herzberg's

two-factor theory, which differentiates between hygiene factors and intrinsic motivators influencing job satisfaction and productivity (10), and is also consistent with Maslow's hierarchy of needs, which places self-actualization and esteem as central to motivation and meaningful work engagement (9). When work aligns with personal growth and purpose, job satisfaction becomes a critical psychological pathway that translates motivation into improved performance (14).

The mediating role of job satisfaction in the relationship between work motivation and performance confirms its importance as a psychological mechanism. While work motivation alone did not directly predict performance, its indirect effect through job satisfaction was statistically significant, suggesting that emotional reinforcement is essential for motivational factors to manifest in behavioral outcomes. This is particularly relevant in structured and high-stakes environments such as hospitals, where engagement and emotional alignment

may amplify individual performance (25).

Conversely, the influence of work culture followed a different pattern. Although work culture significantly predicted employee performance, it had no notable impact on job satisfaction. This finding indicates that collective values, institutional norms, and leadership behaviors may shape performance through behavioral expectations and accountability structures, rather than emotional or psychological satisfaction. This aligns with Schein's organizational culture model, which posits that shared assumptions and operational routines can drive performance independently of individual affective states (26).

The absence of a mediating effect through job satisfaction in the culture–performance link further highlights the instrumental role of organizational culture. Within hospital settings, where standardization, peer norms, and task accountability are prevalent, culture may directly influence behaviors and outcomes, even when employees do not report high levels of emotional satisfaction (27).

These results offer valuable implications for healthcare human resource management, especially in developing contexts where motivational systems and cultural norms are in flux. Future studies should explore multilevel variables such as leadership style, organizational justice, or team climate to better explain these associations. Longitudinal and mixed-method designs may also clarify the temporal and contextual dynamics of these relationships.

For hospital managers, the findings suggest dual strategies: enhancing individual motivation through recognition, autonomy, and meaningful feedback to foster satisfaction, and

simultaneously cultivating a performance-oriented culture with clear expectations and shared values to drive behavioral outcomes. By addressing both psychological and structural dimensions, healthcare institutions can optimize employee performance regardless of satisfaction variability.

LIMITATIONS

Despite yielding meaningful findings, this study is subject to several limitations. First, its cross-sectional design limits the ability to infer causal relationships between variables. While path analysis can model hypothesized directions, the temporal order of changes in motivation, satisfaction, and performance cannot be definitively established. Second, the study relied on self-reported measures, which are vulnerable to response biases such as social desirability or inflated self-perception, especially concerning performance. Third, the sample was drawn from a single hospital, which may limit the generalizability of the findings to other institutional or cultural contexts. Future research should consider employing multi-site or longitudinal designs to enhance external validity and examine changes over time. Additionally, including objective performance indicators or peer evaluations could provide a more robust understanding of actual employee output.

RESEARCH ETHIC

Ethical approval for this study was obtained from the Institutional Ethics Review Board of Brawijaya University Hospital (2xx/UN10.U13/TU/202x). All participants were informed about the purpose of the research, the confidentiality of their responses, and their right to withdraw at any time. Written informed consent was obtained from each participant prior to the completion of the questionnaires.

Ethical considerations are a critical aspect of conducting research, ensuring that the rights and dignity of all participants are respected throughout the study. The following ethical principles were upheld: Confidentiality, all information collected from participants was treated with the highest level of confidentiality. The identities and personal data of participants were securely protected, and the information was used solely for research purposes.

Respect for justice and inclusiveness, the principles of fairness, honesty, and openness guided the research process. The researcher was committed to ensuring equal treatment of all participants, providing transparent communication regarding the study's objectives, and promoting inclusivity in participant selection.

Balancing harm and benefits, efforts were made to maximize the benefits of the research while minimizing any potential harm to participants. The study aimed to contribute positively to society by addressing important issues, with particular attention to the well-being of those involved.

Respect for human dignity, participants' rights were fully respected. They were informed about the purpose and methods of the research, provided informed consent voluntarily, and retained the right to withdraw from the study at any time without consequence. By adhering to these ethical principles, the research sought to maintain the highest standards of integrity and respect for all individuals involved.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this manuscript.

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CONCLUSION

This study highlights the significant influence of work motivation and work culture on employee performance, with job satisfaction serving as a key mediating variable. Specifically, motivation indirectly influenced performance through its impact on job satisfaction, while work culture exerted a direct effect independent of satisfaction. These findings emphasize the need for hospital administrators to design interventions that not only foster a supportive work culture but also actively cultivate employee motivation and satisfaction. The integration of both organizational and psychological approaches can provide a comprehensive strategy to enhance workforce performance in healthcare settings. Overall, the study contributes to the growing body of literature on human resource development in health services, offering practical insights and a foundation for future inquiry.

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