

**THE INFLUENCE OF TRANSFORMATIONAL LEADERSHIP ON MOTIVATION, JOB SATISFACTION,
AND PERFORMANCE OF HEALTHCARE WORKERS IN HOSPITALS: A LITERATURE REVIEW**

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Abstract

Transformational leadership is a determining factor in hospitals' success in managing professional healthcare workers who work in high-pressure environments. This literature review examines the influence of transformational leadership on the motivation, job satisfaction, and performance of healthcare workers, as well as the mediation mechanisms that connect these three variables. The method used is a qualitative literature review with a narrative approach, analyzing literature from reputable academic databases. The results of the analysis show that transformational leadership influences motivation through inspirational motivation, intellectual stimulation, and individualized consideration. Job satisfaction is influenced through procedural justice, the quality of the supervisor-subordinate relationship, and recognition of achievements. Motivation and job satisfaction function as partial mediators in the relationship between transformational leadership and performance. The strength of the mediation varies according to clinical context, workload, differences among professions, and time phase. This study concludes that the effectiveness of transformational leadership in hospitals requires adjusting the emphasis among leadership dimensions according to the specific characteristics of subordinates and work units.

Keywords: transformational leadership, work motivation, job satisfaction, performance, healthcare workers, hospital, literature review.

Introduction

Hospital services, as the spearhead of the healthcare system, bear the heavy burden of saving human lives. Hospital organizations have unique characteristics because they combine various health professions with different educational backgrounds, values, and interests. Physicians, nurses, pharmacists, nutritionists, and administrative staff must work in harmony to deliver safe and high-quality care. The internal dynamics of hospital organizations are often marked by professional tensions, rigid medical hierarchies, and high workload pressures (Verma & Singh, 2023). In such an environment, leadership determines whether the collective energy of healthcare workers can be directed toward shared goals or instead wasted on conflict and administrative deadlock. Hospital leaders do not merely manage resources; they also shape the psychological climate that enables every healthcare worker to fully actualize their competencies. Without clear direction and consistent role modeling, hospitals easily become trapped in bureaucratic routines that neglect the essence of humanitarian service.

Changes in the strategic environment of hospitals are occurring rapidly alongside advances in medical technology and growing public demand for responsive services. Hospitals that previously operated in a traditional mode with fixed protocols are now required to adapt to various health financing policies, accreditation requirements, and continually updated patient safety standards (Kumar et al., 2002). Traditional leadership, which relies on one-way instructions and tight control, has proven insufficient to encourage innovation and continuous improvement. Healthcare workers need leaders who can explain the meaning of change, arouse moral energy, and foster a sense of ownership of the organization's vision. The role of leaders in influencing, directing, inspiring, and motivating human resources to achieve shared goals is therefore essential, including through the

creation of a work climate that supports collaboration among organizational members (Saputra & Darmawan 2023). Transformational leaders offer an alternative approach based on inspiration, intellectual stimulation, and individualized consideration of subordinates' needs. This leadership model is believed to bridge the gap between increasingly complex external demands and the internal capacity of hospital organizations, which often move slowly. Accordingly, understanding theoretically how transformational leadership operates in the hospital environment is highly relevant.

The motivation of healthcare workers is the primary foundation of work productivity in hospitals. A nurse who has lost enthusiasm will not be able to provide empathetic care, even if she possesses flawless technical skills. Likewise, an intrinsically motivated physician will seek the best solutions for patients beyond merely following standard procedures (Kumar et al., 2002). Unfortunately, declines in motivation often occur as a result of the heavy moral burden of facing suffering, death, and high demands from patients' families. Transformational leaders have the capacity to revive the meaning of work by strengthening the noble values of the healthcare profession (Mardikaningsih & Darmawan 2023). By aligning healthcare workers' personal goals with the hospital's social mission, leaders can turn routine work into a calling. This literature review explores how transformational leadership influences motivation, whether through the provision of autonomy, recognition of contributions, or the cultivation of self-confidence. A clear theoretical understanding is needed so that hospitals do not merely adopt the label of transformational leadership without grasping how it actually works in the motivational domain.

Job satisfaction among healthcare workers is often associated with staff retention and the organizational stability of hospitals. Nurse turnover rates across various countries show that dissatisfaction is a primary reason professionals leave the care system. Excessive workload, a lack of supervisor support, and unclear career paths accumulate into disappointment that ultimately erodes loyalty. Hospitals that lose experienced healthcare workers must bear substantial costs for recruitment and retraining, not to mention the disruption of continuity of patient care. Within the framework of transformational leadership, leaders do not regard job satisfaction as an end result, but as a reflection of the quality of the relationship between supervisors and subordinates (Darmawan, 2024). The individualized consideration that leaders provide allows healthcare workers to feel valued as individuals, not merely as task performers. Unfairness in the provision of feedback, rewards, and punishment can also reduce employees' motivation and job satisfaction (Darmawan, 2021). Intellectual stimulation opens space for healthcare workers to develop their competencies and find satisfaction in professional growth. Through this approach, job satisfaction is not produced artificially through material incentives alone, but grows out of meaningful work experiences and healthy interpersonal relationships with leaders.

The performance of healthcare workers is a primary indicator of a hospital's success in carrying out its functions. Patient safety, the efficient use of resources, and compliance with service standards depend heavily on how each individual performs their role with discipline and innovation. However, performance improvement cannot be forced through ever tighter supervision, because professional healthcare workers tend to respond negatively to micromanagement. Transformational leaders take a different approach by building affective commitment to organizational goals. When healthcare workers feel that their work matters to others, the internal drive to perform at their best emerges naturally. Transformational leaders also serve as role models who demonstrate high work-ethic standards, so that their subordinates are inspired to emulate such positive behavior (Hariani, & Putra, 2024). This literature review outlines the pathways through which transformational leadership influences performance, both directly and through the mediation of motivation and job satisfaction. Understanding this mediation is important so that leadership development interventions in hospitals do not focus solely on technical training, but also on creating a psychological climate that supports sustained superior performance.

Although transformational leadership has been widely studied in the corporate and education sectors, its application in the hospital environment involves distinctive features that the literature has not adequately addressed. Hospitals operate with a dual structure that combines an

administrative hierarchy and a medical professional hierarchy. A hospital director does not have full authority over specialist physicians, who are functionally independent, while head nurses must coordinate teams working complex shift patterns. Under such conditions, the mechanism through which transformational leadership exerts influence becomes blurred because power relations are not always linear. Leaders may inspire, yet structural barriers can prevent positive energy from being translated into concrete action. The main problem is the absence of a systematic theoretical mapping of how transformational leadership penetrates these structural barriers to influence the motivation, job satisfaction, and performance of healthcare workers. The lack of such mapping leads many hospitals to adopt transformational leadership training without realizing that its effectiveness is largely determined by the configuration of power relations characteristic of healthcare service organizations.

Another problem arises from the nature of hospital work, which is laden with emotional pressure and ethical dilemmas. Healthcare workers face suffering, death, limited resources, and demands from patients' families with a very high emotional burden every day. This condition creates a psychological vulnerability that differs from that of workers in other sectors. Transformational leadership that is effective in a manufacturing plant is not necessarily effective in an emergency department, because factors such as compassion fatigue and moral distress can disrupt the internalization of the values that leaders inspire. The existing literature has not specifically examined whether components of transformational leadership such as inspirational motivation work equally strongly in environments with extreme psychological pressure compared to ordinary work environments. In addition, the dimension of individualized consideration, which requires leaders to recognize the unique needs of each subordinate, may be difficult to carry out when a head nurse supervises dozens of nurses on rotating shift schedules. The gap between the theoretical idealism of transformational leadership and the practical realities in hospitals constitutes a problem that calls for a systematic literature review.

In many countries, healthcare systems are experiencing a workforce crisis caused by burnout and the exit of professionals from the profession. The recent global pandemic left a collective wound on nurses and physicians who worked under extraordinarily difficult conditions. Recovery of the healthcare service system cannot be achieved merely by increasing the number of workers, but requires improving the quality of leadership at every level of the hospital. Without a strong theoretical understanding of how transformational leadership can revive faded motivation and restore shattered job satisfaction, the interventions undertaken will be a matter of trial and error. Hospitals need evidence-based guidance for developing transformational leaders who fit the unique characteristics of healthcare organizations. This literature review provides a conceptual framework that can be used to design more precise leadership development programs, rather than simply adopting models from other sectors without adaptation. In other words, the practical contribution of this literature review is greatly needed by hospital directors, head nurses, and nursing managers who grapple every day with the challenge of sustaining their teams' morale.

Empirical research on transformational leadership in hospitals has been conducted over the past two decades, but the results are scattered across various journals with different approaches, samples, and instruments. It is not easy for practitioners or novice researchers to synthesize these findings into a coherent conclusion. Some studies report a strong positive relationship between transformational leadership and nurse performance, while others show weak or even non-significant effects after controlling for variables such as organizational support or individual characteristics. This diversity of findings does not signify a failure of the concept of transformational leadership, but rather indicates that its mechanism of influence may be mediated or moderated by certain factors that have not yet been systematically identified. It is now crucial to collect, compare, and integrate findings from various studies in order to obtain a complete picture of the conditions under which transformational leadership succeeds or fails to influence healthcare workers. Without such integration, future researchers will continue to circle around the same questions without ever reaching a deeper understanding.

This study aims to systematically examine how transformational leadership influences the motivation, job satisfaction, and performance of healthcare workers in hospitals based on a synthesis of the available literature. Its specific objectives include identifying the pathways of direct influence of transformational leadership on motivation and job satisfaction, as well as exploring the mediating role of these two variables in the relationship between transformational leadership and performance. The theoretical contribution of this study is to develop a conceptual framework that integrates previously scattered findings into a coherent explanatory model. Practically, the results of this study can serve as a basis for recommendations to hospital management in developing transformational leadership capacity at all levels, from directors to head nurses. In addition, this study identifies remaining knowledge gaps so that it can direct the future research agenda toward aspects that have not yet been adequately addressed, such as differences in the effects of transformational leadership across healthcare professions or the influence of situational factors on the effectiveness of this leadership model.

Method

This study employs a qualitative literature review approach with a narrative or traditional design. This approach was chosen because it fits the research objective of examining, evaluating, and synthesizing findings from various written sources on transformational leadership in hospitals. Cronin, Ryan, and Coughlan (2008) explain that a literature review is a systematic method for identifying, selecting, evaluating, and synthesizing literature relevant to a particular research topic. This method requires researchers to have skills in literature searching, critical analysis of source quality, and the ability to combine findings from various studies into a coherent framework of understanding. Jesson and Matheson (2011) reinforce this view by stating that a literature review is not merely a summary of readings, but a scientific procedure involving rigorous analysis and interpretation. In this study, the main data sources consist of academic journal articles, textbooks, research reports, and other scholarly documents that discuss transformational leadership, work motivation, job satisfaction, the performance of healthcare workers, and hospital organizations.

The data collection procedure in this study follows a structured flow, although it remains flexible, as is customary in qualitative literature reviews. Snyder (2019) emphasizes that an integrative approach to literature reviews allows researchers to assess, critique, and synthesize the literature so that a new theoretical framework can emerge from the process. After data extraction was completed, a thematic analysis was conducted to group the findings from various sources into categories relevant to the research questions, namely the influence of transformational leadership on motivation and job satisfaction, and the mediation of these two variables in their relationship with performance. The validity of the findings in this study is maintained through source triangulation, namely by comparing the conclusions of at least three different sources for the same proposition, as well as through an audit trail that documents every methodological decision made during the research process.

Results and Discussion

The Influence of Transformational Leadership on Motivation and Job Satisfaction of Healthcare Workers

Transformational leadership influences the motivation of healthcare workers by creating a sense of meaning in work that goes beyond self-interest. A leader who applies inspirational motivation is able to articulate the hospital's vision as an institution of humanitarian service in a way that arouses professional pride (Mohajer-Bastami et al., 2025). Physicians and nurses who initially saw their work as a technical routine begin to feel that every medical action carries high moral value when it is connected to the mission of saving lives. This process of value internalization shifts the source of motivation from external to internal, so that healthcare workers no longer work merely out of fear of reprimand or in expectation of bonuses, but out of an inner drive to realize service standards that

have become a shared conviction. Transformational leaders also use role modeling to demonstrate commitment to these values through day-to-day behavior, such as willingness to work overtime in emergencies or the courage to make difficult decisions that favor patient safety. Such role modeling forms an observational learning mechanism in which healthcare workers imitate the leader's behavior because they admire the leader's consistency and integrity. Thus, intrinsic motivation grows not through instruction but through a process of psychological identification with a respected leader.

The intellectual stimulation dimension of transformational leadership contributes to motivation by inviting healthcare workers to question long-held assumptions about how hospital services should be run. The hospital work environment is often filled with rigid protocols created without involving frontline staff, which produces feelings of powerlessness and lowers the motivation to take initiative. Transformational leaders reverse this situation by encouraging subordinates to propose new ideas, test different ways of working, and learn from mistakes without fear of punishment (Thomas, 2024). When a nurse on an inpatient ward is given room to propose a more efficient shift-handover procedure, she experiences increased self-efficacy because her contribution is valued. A sense of ownership of the work increases when healthcare workers realize that their voices are heard and their ideas are implemented. Work motivation under such conditions is self-sustaining because individuals continually look for ways to improve the system without waiting for orders from their superiors (Darmawan et al., 2020). Motivation is the foundation that drives individuals to act and to sustain the intensity, direction, and persistence of their efforts in achieving work goals (Darmawan & Mardikaningsih 2023). Intellectual stimulation also awakens a professional curiosity that has long been suppressed by monotonous routines, so that physically exhausting hospital work feels lighter because it is accompanied by intellectual challenge.

Individualized consideration, as the third component of transformational leadership, influences motivation by recognizing the uniqueness of each healthcare worker. A transformational leader in a hospital does not treat all nurses homogeneously, but seeks to understand each individual's needs, aspirations, and limitations. A junior nurse who has just graduated may need intensive technical guidance as well as psychological encouragement to build self-confidence. Conversely, a senior nurse with extensive experience may be more motivated by being given autonomy and the opportunity to mentor younger colleagues (Irfan et al., 2023). The leader's ability to adjust communication style, type of feedback, and level of supervision to the characteristics of subordinates creates a sense of being valued as an individual. Healthcare workers who feel understood by their superiors will develop affective loyalty because the relationship that is built is not merely a transactional working relationship. In a hospital environment with high psychological pressure, individualized consideration also functions as a social support mechanism that protects healthcare workers from burnout. When a leader notices that a nurse is experiencing personal difficulties and provides more flexible scheduling, the message received is that the organization cares about her well-being. This message becomes a very powerful source of motivation because it addresses the basic human need for security and for being valued.

The relationship between transformational leadership and the job satisfaction of healthcare workers can be explained through the mechanisms of procedural and distributive justice. Transformational leaders tend to be transparent in decision-making processes that affect the fate of their subordinates, such as promotions, shift assignments, or resource allocation. When a head nurse explains the reasons behind the placement of nurses in the intensive care unit on the basis of competency requirements and career development, rather than personal closeness, the nurses will accept the decision even if it is less favorable for some individuals. This acceptance arises because healthcare workers feel that the procedure is fair, so job satisfaction is not eroded by suspicion or envy. Job satisfaction also increases when leaders actively give recognition for subordinates' achievements, whether in the form of public praise at hospital forums or written appreciation included in performance appraisal files. This recognition fulfills the need for esteem, which according to Herzberg's two-factor theory is one of the main motivators of job satisfaction. In contrast to conditions in which procedural injustice triggers dissatisfaction, transformational leadership creates

an organizational climate that strengthens the perception that the hospital fairly values the contributions of all parties.

The job satisfaction of healthcare workers is also influenced by the quality of the supervisor-subordinate relationship formed through individualized consideration. A warm and supportive relationship with the leader makes day-to-day work experience more pleasant even though the physical workload remains heavy (López-Ibort et al., 2021). A leader who takes the time to chat casually with nurses in between busy moments, asks about the difficulties they face, or simply listens to complaints without immediately assigning blame, creates a psychologically safe atmosphere. This condition is very important in hospitals because healthcare workers often face emotionally exhausting situations, such as failed resuscitations or conflicts with patients' families. When there is a leader figure with whom emotional burdens can be shared, stress levels decrease and job satisfaction increases because individuals do not feel alone in facing pressure. Job satisfaction also arises from the perception that the leader provides opportunities for competency development through training, special assignments, or mentoring. Healthcare workers who see a clear path of career growth will feel satisfied because their current work is seen as an investment for the future (Putra et al., 2022). Transformational leaders actively facilitate this development by encouraging subordinates to take on new challenges and providing the support needed for those challenges to be overcome successfully.

The intellectual stimulation provided by transformational leadership contributes to job satisfaction by breaking the boredom caused by routine. Hospitals, as organizations that prioritize patient safety, often apply standard procedures that tend to be repetitive. Work that is overly routine over the long term can cause a sense of fatigue that significantly lowers job satisfaction. Transformational leaders interrupt this boredom by periodically inviting the team to reflect on existing work practices, identify inefficiencies, and design new solutions. This process provides cognitive variety that refreshes healthcare workers' perspective on their work. A pharmacist who performs the same activities every day in compounding medications will feel more satisfied when involved in discussions about how the drug distribution system can be accelerated without sacrificing accuracy. Job satisfaction also increases because intellectual stimulation gives a feeling of competence. When a healthcare worker succeeds in solving a problem whose solution had previously been unthinkable, he or she experiences strong positive affect. This feeling of competence becomes a source of intrinsic satisfaction that lasts longer than satisfaction derived from external factors such as a salary increase. Thus, transformational leaders who consistently challenge their subordinates to think critically are in fact building a solid foundation of job satisfaction.

The influence of transformational leadership on motivation and job satisfaction does not occur in a vacuum, but interacts with the individual characteristics of healthcare workers. Factors such as level of education, length of service, and personal values held moderate the strength of this relationship (Sahan & Terzioglu, 2022). Healthcare workers with a high need for personal growth tend to respond more positively to inspirational motivation and intellectual stimulation than those who prioritize stability and certainty. Similarly, nurses with an internal locus of control find it easier to internalize the leader's vision because they believe that their efforts can make a difference. Understanding this moderation is important because it shows that although transformational leadership is generally effective, the intensity of its influence varies across individuals. A good transformational leader in a hospital will recognize this variation and adjust the intensity with which each leadership component is used according to the characteristics of subordinates. Individualized consideration is precisely the key to reading the unique needs of each healthcare worker so that the inspiration and stimulation provided reach their target effectively. In other words, the four dimensions of transformational leadership work synergistically and cannot be separated in influencing motivation and job satisfaction.

Differences in clinical context within the hospital also influence how transformational leadership works on motivation and job satisfaction. Emergency departments, with extreme time pressure and a high level of uncertainty, may require a more directive leadership approach in crisis situations,

while still retaining inspirational elements. Conversely, medical rehabilitation units, with a slower work rhythm, provide greater room for intellectual stimulation and subordinate participation in decision-making. Effective transformational leaders are those who are able to read situational demands and adjust their leadership style without losing the transformational essence. This adaptability is itself a form of intellectual stimulation at the leader's level, in which the leader continually studies the environment and adjusts strategy (Eddine et al., 2023). Healthcare workers who work under leaders with such situational awareness will feel that the leadership provided is always relevant to the challenges they face every day. This relevance ultimately strengthens motivation and job satisfaction because healthcare workers do not feel that the leadership program being implemented is merely a slogan without practical application. Thus, this literature review affirms that the influence of transformational leadership on motivation and job satisfaction is dynamic and contextual, rather than a simple linear relationship.

Transformational leadership influences the motivation of healthcare workers through the creation of a sense of meaning in work, intellectual empowerment, and individualized consideration that arouse intrinsic motivation. Meanwhile, job satisfaction is influenced through procedural justice, the quality of the supervisor-subordinate relationship, recognition of achievements, and the cognitive variety that breaks boredom. The interaction among the four dimensions of transformational leadership, namely inspiring vision, intellectual stimulation, individualized consideration, and charisma, creates a synergistic effect greater than the sum of each dimension taken separately. Moderating factors such as the individual characteristics of healthcare workers and the clinical context of the work unit determine the intensity of this influence, so transformational leaders in hospitals need to have high situational awareness. With this understanding, hospitals can develop intervention programs that do not merely train generic transformational leadership techniques, but also consider the specific conditions under which that leadership will be exercised.

The Mediating Mechanisms of Motivation and Job Satisfaction in the Relationship between Transformational Leadership and Performance

Transformational leadership influences the performance of healthcare workers through two main pathways, namely a direct pathway and an indirect pathway mediated by motivation and job satisfaction. The direct pathway occurs when transformational leaders provide clear direction, set high performance standards, and serve as role models who demonstrate superior work behavior (Ximenes et al., 2025). A head nurse who always arrives early, completes documentation meticulously, and shows initiative in handling emergencies will inspire nurses to imitate that behavior. This observational learning process produces performance improvement without any change in internal psychological states such as motivation or satisfaction. However, the direct pathway has limitations because role modeling that is not accompanied by value internalization produces only surface compliance. When the leader is not under supervision, such superior behavior tends not to continue. Therefore, the mediating pathway through motivation and job satisfaction is more important because it produces performance change that is enduring, or long-lasting. Intrinsic motivation that has been embedded within healthcare workers will continue to drive high performance even when the leader is not physically present. Thus, the greatest contribution of transformational leadership to performance in fact comes from its ability to change subordinates' psychological states, rather than from direct influence of a transactional nature.

Motivation as a mediator of the relationship between transformational leadership and performance works through a mechanism of deliberately increased effort. Healthcare workers who are intrinsically motivated allocate more cognitive and physical resources to completing tasks than their externally motivated counterparts. A nurse who sees her work as a life calling will not complain when she has to perform additional tasks, because she understands that those tasks affect patient safety (Mustapha & Malek, 2024). This increased effort is not limited to the quantity of work but also extends to its quality. Motivated nurses tend to be more careful in checking

medications before administering them, more patient in communicating with patients' families, and more proactive in reporting potential unsafe incidents. Such performance characteristics are highly valuable in hospitals because small errors can have fatal consequences. Motivation also increases resilience in the face of difficulties. Highly motivated healthcare workers do not give up easily when facing difficult patients or an overwhelming workload. They look for alternative strategies, collaborate with colleagues, and remain calm under pressure. The ability to sustain performance under adversity is the main distinguishing factor between ordinary healthcare workers and high-performing healthcare workers.

Job satisfaction as a mediator influences performance through a mechanism of reducing counterproductive behavior and increasing extra-role behavior. Healthcare workers who are satisfied with their jobs are less likely to engage in actions such as arriving late, leaving early, using work time for personal matters, or ignoring standard procedures (Irfan & Hariani 2022). This reduction in counterproductive behavior directly improves organizational effectiveness because resources are not wasted on supervising and correcting mistakes. Beyond merely reducing negative behavior, job satisfaction also encourages organizational citizenship behavior, namely voluntary behavior that goes beyond formal task descriptions. A satisfied nurse will voluntarily help an overwhelmed colleague, orient new staff without being asked, or contribute ideas for unit improvement. Such extra-role behavior is highly valuable in hospitals because a dynamic work environment often requires flexibility and collaboration that written procedures cannot cover. Job satisfaction creates a positive cycle in which good performance generates recognition, recognition increases satisfaction, and satisfaction drives even better performance. Transformational leaders who succeed in increasing their subordinates' job satisfaction are indirectly installing an engine of sustained performance growth.

The relationship between motivation and performance in the hospital context has distinctive features that set it apart from other sectors because of the high consequences of work errors. A healthcare worker who is highly motivated but technically incompetent will still produce poor performance, because motivation cannot replace the procedural skills that are required. Conversely, a healthcare worker who is competent but unmotivated may perform tasks in a way that merely meets minimum standards, without initiative to improve quality (Yulia & Faridah, 2024). Thus, motivation functions as an activator that converts competence into actual performance. This activation function depends heavily on healthcare workers' perception that their extra effort will produce valuable outcomes. In Vroom's expectancy theory, motivation is a function of expectancy, the belief that effort produces performance; instrumentality, the belief that performance produces rewards; and valence, the belief that those rewards are valuable. Transformational leaders influence these three components in various ways. Inspirational motivation strengthens valence by showing that high performance produces inner satisfaction because it contributes to a noble mission. Individualized consideration strengthens expectancy by providing training and support so that healthcare workers believe their efforts will bear fruit. Through this approach, transformational leadership creates psychological conditions in which motivation can be translated into optimal performance.

Job satisfaction functions as a mediator that complements the motivational mechanism in the relationship between transformational leadership and performance (Mardikaningsih & Putra 2021). While motivation provides the energy to work hard, job satisfaction provides the energy to work smart and to work together. Dissatisfied healthcare workers tend to withdraw from collaborative interaction even though, individually, they are motivated to complete tasks. In hospitals, the success of care depends heavily on interprofessional coordination among physicians, nurses, pharmacists, and nutritionists. A highly motivated nurse who is dissatisfied with her work environment may choose to complete tasks on her own without coordinating, because she does not trust that her colleagues will support her. This attitude actually endangers patient safety because important information is not adequately shared. Conversely, satisfied healthcare workers tend to be open to collaboration, more forgiving of colleagues' mistakes, and more willing to share credit for team successes. This high quality of collaboration produces collective performance that exceeds the sum

of individual performances. Transformational leaders who understand the dual function of motivation and job satisfaction will design interventions that target both constructs simultaneously. Interventions that focus only on increasing motivation without attention to satisfaction will produce healthcare workers who are energetic but uncooperative, while interventions that focus only on satisfaction will produce healthcare workers who are comfortable but unproductive.

The mediation mechanism proposed in this conceptual framework is partial, meaning that transformational leadership still has a direct influence on performance that is not fully explained by motivation and job satisfaction. This direct influence stems from structural aspects of leadership, which include setting clear goals, monitoring performance, and providing constructive feedback. A transformational leader must still ensure that every healthcare worker understands what is expected of them, when task deadlines fall, and what quality standards must be met (Ghani et al., 2025). This managerial function cannot be replaced by inspiration alone, because role clarity is a prerequisite for effective performance. Thus, the partial mediation model describes the reality of leadership in hospitals more accurately than the full mediation model. A good transformational leader is one who is able to balance the inspirational aspect with the structural aspect. Leaning too heavily on inspiration without structure produces a vision that is never realized, while leaning too heavily on structure without inspiration produces compliance without commitment. Optimal performance of healthcare workers emerges when both aspects are integrated into day-to-day leadership practice.

The chronological sequence of this mediation mechanism is important to understand because well-timed leadership interventions will produce different effects. In the short term, transformational leadership tends to influence motivation first through inspirational motivation, which arouses enthusiasm for work. This change in motivation is then followed by changes in work behavior within a matter of weeks. Meanwhile, job satisfaction usually takes longer to change because this construct reflects a cumulative evaluation of work experience over time. A healthcare worker may be motivated immediately by a leader's inspiring speech, but their satisfaction with the job will change only after several months of experiencing the leader's individualized consideration as consistent and fair. Thus, in the early phase of a leadership change, motivation acts as the dominant mediator in the relationship with performance. In the later phase, job satisfaction begins to take over the dominant role as a stable affective appraisal of the work environment begins to form. Transformational leaders who understand this temporal dynamic will be patient in waiting for the results of their interventions, and will not hastily evaluate success based solely on short-term performance changes. A more accurate evaluation requires repeated measurement at several points in time to capture the relative contributions of motivation and job satisfaction in each phase.

Contextual factors in hospitals influence the strength of the mediation of motivation and job satisfaction in the relationship between transformational leadership and performance (Mardikaningsih & Darmawan 2022). In units with a chronically high workload, such as the emergency department, motivation tends to be a stronger mediator than job satisfaction. Healthcare workers in such units are already accustomed to pressure and may not expect much comfort in their work environment. What they need is energy and meaning to keep enduring exhausting shifts. Leaders who are able to arouse enthusiasm by reinforcing the service mission will be more effective in improving performance than leaders who focus on increasing satisfaction through improved working conditions. Conversely, in units with a moderate workload, such as outpatient clinics, job satisfaction can be as important a mediator as motivation. Healthcare workers in these units have more time to reflect on the quality of their relationships with leaders and the work environment. Prolonged dissatisfaction will trigger a decline in performance even when motivation remains high. Understanding this contextual variation allows hospitals to avoid applying a uniform leadership development approach to all units. Intervention programs can be designed specifically for each unit based on workload characteristics, team composition, and the type of service provided. This tailored approach will yield resource efficiency because hospitals do not waste investment on leadership training that is less relevant to the real needs of each unit.

Differences among healthcare professions also influence the mediation mechanism in the relationship between transformational leadership and performance. Specialist physicians, who have high professional autonomy, tend to be more responsive to inspirational motivation than to individualized consideration. They do not particularly need individual attention from hospital leadership because they already have a certain career path and strong social recognition. What they need is a leader who can articulate the hospital's vision as an institution that is both academic and service-oriented, so that their clinical work feels meaningful within the framework of advancing scientific knowledge. Conversely, staff nurses, who occupy a lower position in the hierarchy, greatly need individualized consideration because they often feel unseen and unappreciated in a system dominated by medical authority. Individualized consideration from head nurses, in the form of positive feedback, training opportunities, and protection from physicians' abusive behavior, will significantly increase job satisfaction and ultimately performance. Non-clinical healthcare workers, such as administrative and cleaning staff, also have different mediation patterns. Their motivation is more influenced by fair treatment in the allocation of resources, while their job satisfaction is more influenced by recognition of contributions that are often overlooked. Transformational leaders in hospitals must be sensitive to these differences among professions and must not use the same approach when interacting with physicians, nurses, and support staff.

Motivation and job satisfaction function as partial mediators in the relationship between transformational leadership and the performance of healthcare workers in hospitals. Motivation mediates through deliberately increased effort and resilience in the face of difficulties, while job satisfaction mediates through reduced counterproductive behavior and increased extra-role behavior such as voluntary collaboration. These two mediation pathways are complementary because motivation provides the energy to work hard, whereas job satisfaction provides the energy to work smart and to work together. The relative dominance of motivation and job satisfaction as mediators varies according to the time phase, the characteristics of the work unit, and differences among healthcare professions. Transformational leaders in hospitals need to understand this variation so that leadership interventions can be tailored to the specific needs of each group of subordinates. With a clear understanding of the mediation mechanism, hospitals can develop leadership development programs that do not merely train generic transformational techniques, but also take into account the psychological pathways that connect leadership with performance.

Conclusion

Transformational leadership influences the motivation and job satisfaction of healthcare workers through four dimensions that work synergistically. Inspirational motivation arouses a sense of meaning in work by connecting daily tasks to the mission of humanitarian service. Intellectual stimulation encourages healthcare workers to question routines and seek continuous improvement, so that intrinsic motivation grows out of a sense of competence. Individualized consideration creates a safe psychological climate in which every healthcare worker feels valued as an individual, which in turn increases job satisfaction. The influence on performance is not merely direct, but is partially mediated by motivation and job satisfaction. Motivation improves performance through deliberately increased effort and resilience under pressure. Job satisfaction improves performance through reduced counterproductive behavior and increased voluntary collaborative behavior. The strength of the mediation of these two variables varies according to clinical context, unit workload, differences among professions, and the time phase of the leadership change. Thus, the effectiveness of transformational leadership in hospitals depends heavily on leaders' ability to read contextual variation and to adjust the emphasis among leadership dimensions according to the specific needs of subordinates.

Theoretically, this study enriches the organizational leadership literature by providing a dual mediation framework that explains why transformational leadership influences the performance of healthcare workers. This framework integrates motivation theory, job satisfaction theory, and

leadership theory into a coherent explanatory model. Future researchers can test this framework empirically using a longitudinal design to capture the temporal dynamics of mediation. Practically, the findings of this study provide guidance for hospital management in designing leadership development programs. Transformational leadership training is not sufficient if it merely teaches the four dimensions generically. Programs must help prospective leaders recognize that emergency departments require an emphasis on inspirational motivation, while inpatient units require more intensive individualized consideration. Hospitals also need to build leadership evaluation systems that measure not only subordinates' direct performance, but also motivation and job satisfaction as early indicators of transformational success. Reward systems for leaders can be linked to improvements in these two mediating variables in the teams they lead.

Bibliography

- Albenhasnan, B. A., Alshaikhsaleh, F. Y., & Almutawah, H. A. (2024). The Impact of Medical Staff Motivation on The Quality of Practice in Healthcare: A Systematic Review. *International Journal of Community Medicine and Public Health*, 11(6), 2404–2409.
- Cronin, P., Ryan, F., & Coughlan, M. (2008). Undertaking a literature review: a step-by-step approach. *British Journal of Nursing*, 17(1), 38–43.
- Darmawan, D. (2021). Objective Vagueness, Appraisal Bias, and Lack of Employee Involvement in Performance Appraisal and Job Satisfaction in Organizations. *Journal of Social Science Studies*, 1(1), 117–122
- Darmawan, D. (2024). Distribution of Six Major Factors Enhancing Organizational Effectiveness. *Journal of Distribution Science*, 22(4), 47–58.
- Darmawan, D., & Mardikaningsih, R. (2023). Measuring Motivation and Performance of Older Workers for Sustainable Organizational Contribution. *Studi Ilmu Sosial Indonesia*, 3(2), 167–196.
- Darmawan, D., Mardikaningsih, R., Sinambela, E. A., Arifin, S., Putra, A. R., Hariani, M., Irfan, M., Al Hakim, Y. R., & Issalillah, F. (2020). The Quality of Human Resources, Job Performance and Employee Loyalty. *International Journal of Psychosocial Rehabilitation*, 24(3), 2580–2592.
- Eddine, B. A. S., Darmawan, D., Mardikaningsih, R., & Sinambela, E. A. (2023). The Effect of Knowledge Management and Quality of Work Life on Employee Commitment. *Journal of Human Sciences*, 10(1), 87–100.
- Ghani, Z., Zahur, H., Amanat, M. H., Qayyum, A., Ghani, Z., Zahur, H., Amanat, M. H., & Qayyum, A. (2025). Investigate The Impact of Transformational Leadership on Employee Performance Through Mediating Role of Job Satisfaction. *ACADEMIA International Journal for Social Sciences*, 4(4), 1651–1659.
- Hariani, M., & Putra, A. R. (2024). Psychological Capital as Strategic Capital to Improve Job Performance. *Bulletin of Science, Technology and Society*, 3(2), 38–43.
- Irfan, M., & Hariani, M. (2022). The Effect of Work Environment and Workload on Employee Satisfaction. *Studi Ilmu Sosial Indonesia*, 2(2), 11–18.
- Irfan, M., Sigita, D. S., & Hariani, M. (2023). Optimizing Employee Performance through Work Motivation and Job Satisfaction: A Case Study in a Surabaya-based Company. *Bulletin of Science, Technology and Society*, 2(1), 12–15.
- Jesson, J., & Matheson, L. (2011). *Doing your literature review: Traditional and systematic techniques*. London: SAGE Publications.
- Kitchenham, B., & Charters, S. (2007). *Guidelines for performing systematic literature reviews in software engineering (Technical Report EBSE 2007-001)*. Keele University and Durham University.
- Kumar, K., Subramanian, R., & Strandholm, K. (2002). Market and efficiency-based strategic responses to environmental changes in the health care industry. *Health Care Management Review*, 27(3), 21–31.
- López-Ibort, N., Cañete-Lairla, M. A., Gil-Lacruz, A. I., Gil-Lacruz, M., & Antoñanzas-Lombarte, T. (2021). The Quality of the Supervisor–Nurse Relationship and Its Influence on Nurses' Job Satisfaction. *Healthcare*, 9(10), 1388.
- Mardikaningsih, R., & Darmawan, D. (2022). The Influence of Working Conditions and Employee Motivation on Job Performance. *Studi Ilmu Sosial Indonesia*, 2(2), 1–10
- Mardikaningsih, R., & Darmawan, D. (2023). The Role of Digital Leadership in Building Employee Readiness for Workplace Automation. *Studi Ilmu Sosial Indonesia*, 3(1), 423–446.
- Mardikaningsih, R., & Putra, A. R. (2021). Efforts to Increase Employee Work Productivity Through Job Satisfaction and Job Training. *Studi Ilmu Sosial Indonesia*, 1(1), 51–64.
- Mohajer-Bastami, A., Moin, S., Ahmed, A. R., Patel, B., Pouwels, S., Ahmed, S., Prager, G., Head, M., Lala, A. K., Bowman, C., & Shikora, S. A. (2025). *A Critical Analysis of Transformational Leadership and How it Can*

- Improve Culture and Service Outcomes Within the Health Care. *Journal of Patient Safety*, 10-1097.
- Mustapha, N. H., & Malek, M. B. C. (2024). Profiling transformational leadership's role in modelling the effect of safety climate on nurses' safety performance. *International Journal of Entrepreneurship and Management Practices*, 7(28), 394-406.
- Putra, A. R., Anjanarko, T. S., Darmawan, D., Jahroni, J., Arifin, S., & Munir, M. (2022). The Role of Remuneration, Leadership Behaviour, and Working Conditions on Job Satisfaction. *Studi Ilmu Sosial Indonesia*, 2(1), 61-74.
- Sahan, F. U., & Terzioglu, F. (2022). Transformational Leadership Practices of Nurse Managers: The Effects on The Organizational Commitment and Job Satisfaction of Staff Nurses. *Leadership In Health Services*, 35(4), 494-505.
- Saputra, R. T., & Darmawan, D. (2023). Improving Teacher Performance through Effective Leadership, Work Discipline, and Work Motivation. *Bulletin of Science, Technology and Society*, 2(2), 31-36.
- Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, 104, 333-339.
- Thomas, V. (2024). The importance of transformational leadership. *British Journal of Healthcare Assistants*, 18(2), 66-71.
- Verma, A., & Singh, S. (2023). Introduction to Hospital Organization and Operations. 63-65.
- Ximenes, G. T. C. D., Adu, A. A., & Littik, S. K. A. (2025). Transformational leadership style to improve the performance of health workers at penfui health center and bakunase health center. *Public Health Risk Assesment Journal*, 2(2), 165-182.
- Yulia, T. K., & Faridah, I. (2024). The Relationship between Motivation and Nurse Performance in the Inpatient Room. *International Journal of Public Health*, 1(1), 38-45.