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# THE INFLUENCE OF COMPETENCE, WORK MOTIVATION, AND WORK FACILITIES ON EMPLOYEE PERFORMANCE AT QONA'AH HOSPITAL, SAMPANG

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**Abstract**
This study examines the influence of competence, work motivation, and work facilities on employee performance at Qona'ah Hospital, Sampang, both partially and simultaneously. The study employed a quantitative approach with a *cross-sectional* design. Data were collected using a five-point Likert-scale questionnaire and analyzed through multiple linear regression. The population comprised 150 hospital employees, and the sample size was determined using the Slovin formula with a 5% margin of error, yielding 109 respondents selected through *simple random sampling*. The findings indicate that competence, work motivation, and work facilities jointly have a significant effect on employee performance. Partially, work motivation shows a positive and significant effect on employee performance, while competence and work facilities exhibit positive but non-significant effects within the same model. The *Adjusted* $R^2$ suggests that the model explains only part of the variance in employee performance, implying that other organizational and work-related factors may also contribute. These results highlight the managerial importance of strengthening motivational drivers while maintaining competence as a baseline standard and aligning work facilities more precisely with unit-level workflow needs to support performance in the hospital setting.

**Keywords:** Competence, Employee performance, Hospital, Work facilities, Work motivation

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## INTRODUCTION

Hospitals are complex service organizations because the quality of service, patient safety, and the effectiveness of clinical and administrative processes are largely determined by the performance of their employees. In healthcare, performance is not only reflected in the achievement of work targets, but also in the accuracy of procedures, speed of response, quality of coordination between units, and consistency of services that have a direct impact on patient experience and service output. Conceptually, work performance is understood as work behavior that is under the control of workers and contributes to organizational goals, so that employee performance becomes the foundation for the performance of the team and the organization as a whole (Ángeles López-Cabarcos et al., 2022).

In the context of hospital management, the demands of service quality and efficiency place strengthening employee performance as a strategic agenda. WHO also emphasized that health systems can only function with adequate health workers and human resource support, both in terms of availability and quality. Thus, efforts to improve employee performance cannot be separated from the organization's strategy in ensuring the

quality of human resources and support for the work environment that allows employees to work effectively (WHO, 2026).

At the organizational level, variations in employee performance often arise from a combination of individual factors and work environment factors. Empirically, hospitals in various contexts face recurring problems, such as gaps in technical and non-technical abilities in some employees, fluctuations in motivation that affect service consistency, and limited work facilities that cause operational obstacles. These conditions have an impact on late task completion, increased coordination burden, and decreased service response quality. Therefore, identifying the most relevant performance determinants in the hospital context is crucial for managerial interventions to be more targeted.

Theoretically, **Competencies** It is seen as the main prerequisite for performance because it contains the knowledge, skills, and work attitudes needed to complete tasks according to standards. Adequate competencies improve work accuracy, reduce errors, and strengthen employees' adaptability to organizational demands. In the context of healthcare, competence also relates to the ability to follow procedures and work across professions effectively. In addition, the study of performance emphasizes that work results are greatly influenced by the quality of work behavior that can be carried out consistently, and this requires adequate ability as one of the main determinants (Campbell & Wiernik, 2015).

In addition to competence, **Work Motivation** is the driver that determines the direction, intensity, and perseverance of employee behavior at work. Cutting-edge scientific evidence suggests that motivation has a meaningful relationship with performance and, more importantly, longitudinal data-driven meta-analytic studies provide support that work motivation plays a role as a driver that influences performance (Wang et al., 2024). These findings reinforce the argument that HR policies that encourage motivation (e.g. through rewards, development, and work support) have the potential to significantly improve employee performance.

The next factor is **Work facilities** as part of the physical environment of the organization. Adequate facilities, both work facilities, equipment, space, and infrastructure support, affect the smooth work process, comfort, and efficiency of task completion. In healthcare, the quality of the physical environment and the design of facilities also correlates with a variety of outputs for staff, including efficiency and performance. A systematic review of health facilities shows that the physical environment has an impact on staff output and that effective environmental design can facilitate the work of health workers and support a more positive work environment (Shetty et al., 2024).

Although the relationship between competence, motivation, and work facilities and performance has been widely discussed, existing studies often place these variables partially or in the non-health sector, so the empirical evidence testing all three simultaneously in the hospital context still needs to be strengthened. In the context of hospital services, these three factors have the potential to complement each other: competence improves the ability to execute tasks, motivation to maintain consistency and persistence, while facilities reduce work obstacles and streamline service processes. Several studies in the hospital context have also shown that competence, motivation, and work facilities can be related to employee performance, so simultaneous testing is important to look at the relative contribution of each factor (e.g., research on the determinants of performance of hospital employees that includes competence and motivation as well as facilities as predictors) (Wati et al., 2026).

Based on this background, this study aims to analyze the **influence of competence, work motivation, and work facilities on employee performance at Qona'ah Sampang Hospital**, both partially and simultaneously. Operationally, this study examines: (1) the effect of competence on employee performance, (2) the effect of work motivation on employee performance, (3) the effect of work facilities on employee performance, and (4)

the effect of competence, work motivation, and work facilities simultaneously on employee performance.

The contribution of this research is expected to be multiple. Academically, this study strengthens the empirical evidence regarding the determinants of employee performance in the context of healthcare organizations, especially in hospitals at the regional level. Practically, the results can be the basis for hospital management to prioritize HR policies ranging from competency development, strengthening motivation driving systems, to improving work facilities so that employee performance increases measurably and has an impact on service quality.

## RESEARCH METHOD

This study uses a quantitative approach with an explanatory design to test the relationship between variables through structured measurements. Data collection was carried out once during the research period (*cross-sectional*), so that the analysis represents the condition of the respondents at the time of filling out the questionnaire without tracking changes over time (Creswell & Creswell, 2017). The location of the research is Qona'ah Sampang Hospital. The study population included all hospital employees who were recorded as actively working at the time of the study, with a total population of 150 people. The sample size was determined using the Slovin formula at an error rate of 5% so that a sample of 109 respondents was obtained. Sampling technique using *probability sampling* with the *simple random sampling* so that every member of the population has an equal opportunity to be selected as a respondent. The inclusion criteria include employees who are active and willing to fill out the questionnaire, while the exclusion criteria include employees who are on long leave or cannot be contacted during the data collection period.

The research variables consisted of competence (X1), work motivation (X2), and work facilities (X3) as independent variables, and employee performance (Y) as dependent variables. Competency is understood as the work capacity of employees which is reflected in aspects of knowledge, skills, and attitudes relevant to the task. Work motivation is understood as an internal drive that directs the intensity and perseverance of employees in carrying out work. Work facilities are understood as supporting facilities and infrastructure that support the smooth work process. Employee performance is understood as the achievement of work behavior that contributes to organizational goals, both in terms of quality, accuracy, and consistency in the implementation of tasks (Hair et al., 2022).

The research instrument used a closed-ended questionnaire with a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). The development of question items is prepared based on the indicators of each variable and is directed to ensure the clarity of the measured construct, readability, and suitability of the hospital organizational context. The preparation and evaluation of instruments follows the principles of scale development and validation that emphasize the adequacy of indicators, internal consistency, and accuracy of construct measurements (Boateng et al., 2018).

Before the main analysis, the quality test of the instrument is carried out. The validity test of the item is carried out through correlation *item–total* (*corrected item-total correlation*) to ensure each item contributes adequately to the construct of the variable being measured. The reliability test was performed using Cronbach's coefficient *alpha* on each variable to assess the internal consistency of the instrument, with interpretation referring to the use of *alpha* as a measure of internal reliability (Taber, 2018).

Data collection was carried out by distributing questionnaires to selected respondents. Respondents received a brief explanation of the purpose of the study, the confidentiality of the answers, and the nature of voluntary participation. The questionnaire is filled out independently and returned to the researcher according to the established

mechanism. The collected data is then checked through *the editing* stage to ensure the completeness of the answers, then *coding* and data *entry* is carried out into statistical software.

Data analysis begins with descriptive statistics to describe the characteristics of respondents as well as the tendencies of the answers to each variable. Variable scores are formed through the aggregation (average) of the points in each construct. Hypothesis testing was carried out using multiple linear regression to assess the partial and simultaneous influence of competencies, work motivation, and work facilities on employee performance. Model evaluation is carried out through *a t-test* for partial influence, *an F-test* for simultaneous influence, and a determination coefficient ($R^2$) to see the proportion of performance variations that can be explained by independent variables.

Classical assumption tests are applied to ensure the feasibility of regression models. Residual normality is checked to see the error distribution, multicollinearity is checked through the value *tolerance* and *LIVE*, while heteroscedasticity was examined to assess the stability of residual variance. The reporting of the results of the analysis is clearly structured and traceable, including the presentation of coefficients, significance values, and a summary of the feasibility of the model (Field, 2018).

## RESEARCH RESULTS AND DISCUSSION

### Research Results

This section presents the results of research on the relationship between competence, work motivation, and work facilities and employee performance at Qona'ah Sampang Hospital. The presentation of the results is arranged to show two main things. First, how the respondents' responses tended to each research variable, so that the reader got an overview of the employee's condition at the time of data collection. Second, how the quality of the instrument and analysis model support the testing of the hypothesis proposed in this study (Vetter, 2017).

All results are displayed through a rearranged summary table, so the article does not display *SPSS output* directly. Each table is referenced in the description to maintain the flow of the reading and avoid repeating the numbers already listed in the table. This way, the results section remains informative, but doesn't get too long, in line with the terms of the template.

### Portrait of Employee Conditions related to Competence, Motivation, Work Facilities, and Performance as a Basis for Influence Analysis

This section presents an initial overview of the four main variables that are the focus of the research, namely competence, work motivation, work facilities, and employee performance. This picture is placed at the beginning of the results section because the reader needs to understand the context of the data before looking at the intervariable influence test. On a practical level, employee assessments of competence, motivation, and work facilities are a reflection of repeated daily work experiences—starting from how to complete tasks according to standards, maintaining service consistency, to utilizing available facilities to facilitate work. When this initial context is understood, the discussion of regression results in the next subchapter can be read more fully because it departs from the conditions that are actually recorded in the respondents' answers (Jones et al., 2025).

Descriptive statistics in this study are not used to state whether or not there is an influence, but to show a general pattern of data that is the basis for further analysis. Centering measures such as *mode*, *median*, and *mean* provide information about the respondents' value tendencies on each variable, so readers can catch whether answers tend to converge on a given range or spread across multiple value selections. At the same time, spread measures such as standard deviations and variances help explain how homogeneous

or heterogeneous respondents' assessments are. In the context of hospitals, variations in answers often arise due to differences in work rhythms between units, variations in service load, differences in working hours, and respondents' experiences interacting with the work system and available facilities. Therefore, the size of the spread is important information to read the diversity of perceptions of employees who are research respondents.

In the competency variable, data trends can be understood as a reflection of the extent to which employees feel they have adequate abilities to carry out tasks that require precision, procedural compliance, and work coordination. In the work motivation variable, the tendency of the answer describes the intensity of work motivation felt by employees when carrying out daily targets, meeting service standards, and maintaining work discipline in situations that are not always the same from day to day. In the variable of work facilities, respondents' assessments lead to how facilities and infrastructure are perceived as supporting work, both in terms of availability and ease of use when work must be completed on time. Meanwhile, employee performance variables describe how respondents assess the performance of their duties, especially related to accuracy, quality, and consistency, which ultimately became the main benchmark in this study. In other words, this subchapter captures the "basic conditions" of the factors that are then tested to see if they really play a role in explaining the variation in employee performance (Feng et al., 2022).

To present the picture in a concise and easy-to-read manner, this study summarizes the size of concentration and dispersion in one table. The table presentation is intended so that readers can quickly see data patterns without having to drill down into details per instrument item. The results in this table then become a foothold for the next subchapter that discusses the quality of instruments and regression model testing, so that the flow of research results moves from mapping the initial condition to testing the influence in a more structured manner.

**Table 1.**
**Descriptive Statistics Results**

| No. | Descriptive Size | Competencies (X1) | Work Motivation (X2) | Work Facilities (X3) | Employee Performance (Y) |
|---|---|---|---|---|---|
| 1 | *Mode* | 3.00 | 3.00 | 3.00 | 3.50 |
| 2 | *Median* | 3.00 | 3.00 | 3.00 | 3.00 |
| 3 | *Mean* | 3.06 | 2.94 | 2.97 | 2.98 |
| 4 | Baku Junction | 0.92 | 0.79 | 0.84 | 0.77 |
| 5 | Varians | 0.85 | 0.62 | 0.70 | 0.60 |

*Source : Data processed by Author. 2026*

Table 1 shows a summary of descriptive statistics on four main variables, namely competence, work motivation, work facilities, and employee performance. Centering measures such as *mode*, *median*, and *mean* are used to describe the general tendency of respondents' answers to each variable. This information helps to read the basic patterns of the data before entering the model test, because the tendency of respondents' scores describes how employees interpret their personal capacity, work drive, and support of the means they use in their daily work activities.

In the competency variable, the tendency of the score shows an overview of the extent to which the respondents consider their abilities to be adequate to carry out their duties. In the work motivation variable, the tendency of the answer describes the intensity of work motivation felt by respondents when facing targets and service routines. The work facility variable provides an overview of respondents' assessment of the availability of

facilities and infrastructure that support task completion. Meanwhile, employee performance variables show respondents' assessment of work achievements related to the accuracy, quality, and consistency of task implementation.

In addition to the concentration measure, the size of the spread in Table 1, namely the standard deviation and variance, provides information about the variation in respondents' answers. A larger spread indicates a more diverse difference in assessment, which can be related to differences in work units, working periods, or work experience of respondents in dealing with service demands. Smaller spreads show relatively more uniform answers on certain variables, which may indicate a perception that tends to be the same among respondents. This summary is the basis for understanding why in subsequent analysis the influence of each variable can appear different when tested in a regression model.

**Consistency of Instruments in Measuring Employee Competence, Motivation, Work Facilities, and Performance**

Once the initial picture of the data on each variable is presented, the next stage focuses on ensuring that the instruments used actually work consistently in measuring the constructs being studied. In questionnaire-based quantitative research, the quality of the analysis results is highly dependent on the quality of measurement. If the question item is inconsistent, then the variable score formed may reflect the "coincidence of the answer" instead of the actual circumstances. Therefore, reliability testing is placed on the results section before entering the influence test through regression, so that the reader gains confidence that the data analyzed comes from a stable instrument (Bujang et al., 2018).

Reliability in this study is understood as internal consistency, i.e. the extent to which the question items in one variable move in the same direction and represent the same construct. The test was carried out by looking at Cronbach's *alpha* values on each variable. This approach is used because the study uses measurements with a Likert scale and variable scores are formed from the aggregation of several items, so that consistency between items is an important aspect to ensure that the composite score used in the regression has an adequate measurement basis.

In the context of competency variables, internal consistency describes whether the items representing aspects of knowledge, skills, and work attitudes support each other in describing the respondent's capacity as a whole. In the work motivation variable, reliability shows whether the items that capture the work drive, perseverance, and commitment of the respondents run in harmony as a single construct. On the work facility variable, internal consistency helps ensure that the assessment of the availability of facilities and the support of the physical environment actually leads to the same construct, not just a fragmented assessment. The same applies to employee performance variables, because performance is measured through several aspects of work behavior that are expected to describe work achievements consistently. Through this test, the quality of the instrument is not only understood as a number, but as a guarantee that the research construct is read in a relatively uniform manner by the respondents (Appelbaum et al., 2018).

A summary of the reliability test results for each variable is shown in the following table. The presentation is made concise so that the reader can immediately see the internal consistency of the instrument without having to read the details per item. The results in this table then become a relevant foothold for the next subchapter, since regression analysis relies on variable scores formed from the same instrument.

**Table 2.**
**Reliability Test Results**

| No. | Variabel | Number of Items | Cronbach's alpha | Remarks |
|---|---|---|---|---|
| 1 | Competencies (X1) | 4 | 0.81 | Reliabel |
| 2 | Work Motivation (X2) | 4 | 0.74 | Reliabel |
| 3 | Work Facilities (X3) | 4 | 0.78 | Reliabel |
| 4 | Employee Performance (Y) | 4 | 0.74 | Reliabel |

*Source : Data processed by Author. 2026*

Based on Table 2, Cronbach's *alpha* value indicates adequate internal consistency across all variables tested. These findings corroborate that composite scores for employee competence, work motivation, work facilities, and performance can be used in subsequent analyses to assess the relationship between variables through multiple linear regression models.

**The Pattern of the Influence of Competencies, Work Motivation, and Work Facilities on Employee Performance in the Regression Model**

After the instrument is ensured to have adequate internal consistency, the analysis is continued to test the relationship between variables according to the research objectives. At this stage, the main attention is directed to the core question of the research, namely how competence, work motivation, and work facilities relate to employee performance when all three are tested simultaneously in a single model. Multiple linear regression is used to see the contribution of each independent variable to employee performance within the same framework, so that the results can be read as a partial influence of each variable when the other variables are controlled (Hair et al., 2022).

The regression results are presented in the form of coefficients (B), t-value, and *p-value*. The coefficient (B) indicates the direction and magnitude of the relationship, while *the p-value* is used to assess whether the observed influence is statistically strong enough at the level of significance used in this study. The table presentation is made concise so that readers can capture the essence of the results without having to navigate through the *SPSS output format*. This table is also a bridge to the discussion section, because the patterns of influence that arise need to be interpreted in the context of hospital work as well as the findings of previous research.

**Table 3.**
**Multiple Linear Regression Results**

| No. | Variabel | Coeficin (B) | *t* | *p-value* |
|---|---|---|---|---|
| 1 | Competency (X1) → Performance (Y) | 0.13 | 1.70 | 0.093 |
| 2 | Work Motivation (X2) → Performance (Y) | 0.34 | 3.82 | 0.000 |
| 3 | Work Facilities (X3) → Performance (Y) | 0.08 | 0.98 | 0.330 |

*Source : Data processed by Author. 2026*

Table 3 shows that each independent variable has the same coefficient direction, but the level of significance is different when tested in the same model. These findings give an idea that the role of each factor in employee performance can emerge with non-uniform

strength. Patterns like this are important to note from the results section, because in the discussion section it is necessary to explain why a variable shows a stronger influence than other variables in the context of Qona'ah Sampang Hospital, without simplifying the complexity of the work situation in the hospital.

**The Strength of the Model in Explaining Variations in Employee Performance**

In addition to looking at partial influences, this study also assesses the feasibility of the model as a whole. Model assessments are needed to find out whether the combination of competencies, work motivation, and work facilities together is relevant in explaining variations in employee performance. A summary of the model's qualifications is shown through the value *F* and its significance, as well as $R^2$ and *Adjusted* $R^2$ which describes the proportion of performance variations that can be explained by independent variables in the model (Harrell, 2001).

The presentation of the model summary is made short so that the reader gets a clear picture of the model's capabilities without having to read long statistical outputs. This information also helps to maintain the consistency of the flow of results, as the reader can see the relationship between the "partial influence pattern" in the previous subchapter and the "explanatory power of the model" in this subchapter. Thus, the results section does not stop at the coefficient per variable, but also shows the context of how far the model explains the overall performance of employees (Kutner, 2005).

**Table 4.**
**Model Feasibility Results**

| No. | Model Eligibility | Value |
|---|---|---|
| 1 | *F* | 6.66 |
| 2 | Sig. (*F*) | 0.000 |
| 3 | $R^2$ | 0.160 |
| 4 | *Adjusted* $R^2$ | 0.136 |

*Source : Data processed by Author. 2026*

Table 4 presents a summary of the feasibility of the model and the model's ability to explain the variation in employee performance. This summary is used as a foothold to guide the discussion in the next section, especially when explaining the relative contribution of competence, work motivation, and work facilities, as well as the practical implications that can be drawn for human resource management in hospitals.

**Discussion**

Performance in healthcare organizations can be understood as work behaviors that contribute to organizational goals and often appear in several dimensions, such as task performance, contextual performance, and adaptive performance. This perspective helps to read regression results more fully because one work factor does not always affect every dimension of performance with equal strength, especially in the context of hospital work that demands procedural rigor and cross-role coordination (Krijgsheld et al., 2022).

The findings of the study show that work motivation is the most prominent factor in relation to employee performance when competencies and work facilities are tested together in the same model. This pattern is in line with study-based meta-analytical evidence *cross-lagged* which shows that work motivation can precede performance changes in the next measurement, so that motivation can be understood as an encouragement that maintains the direction and perseverance of work behavior (Van den Broeck et al., 2021). In the hospital context, a stable work drive often has to do with the ability to maintain consistency of service in the midst of varying daily workloads, discipline

demands, and the need to respond to fast-moving situations. With this framework, the influence of motivation can be read as behavioral energy that makes employees more able to maintain work standards and service rhythms.

Competency indicates a positive coefficient direction, but does not appear to be the dominant predictor at a strict level of significance in the model. Results like this need not be read as irrelevant competencies. In many service organizations, basic competencies tend to be the minimum prerequisite through selection, work standards, and procedural habituation, so that the variation in competencies between employees can be not too wide. This condition makes it more difficult for the influence of competency statistics to emerge, although its role remains important as the foundation of quality work behavior. The performance literature also emphasizes that performance is a behavioral construct that is influenced by many factors at once, so that a factor can be substantively strong but does not always appear dominant when other variables are also controlled in the same model (Howard et al., 2016). In this context, competence can be positioned as a basic standard that maintains the quality of work, while motivation is the driving force that strengthens the consistency of work behavior.

Work facilities also show a positive coefficient direction, but do not appear as a strong predictor. A more careful reading is necessary because the influence of facilities often works through the smoothness of work processes, the reduction of operational barriers, and the comfort of work, not always as a direct one-step relationship. In some contexts, facilities are perceived as relatively evenly distributed basic conditions so that the variation in respondents' assessments is not large enough to give rise to a strong statistical influence. On the other hand, when a facility becomes a bottleneck at a certain point in the service process, the impact can be more pronounced on performance. The literature on the work environment also shows that environmental factors and leadership behaviors can shape working conditions that support or hinder performance, so that the influence of facilities can interact with broader environmental and managerial aspects (Knight et al., 2017).

The model's feasibility summary shows that competence, work motivation, and work facilities explain some of the variation in performance, while the rest is influenced by other factors outside the model. These findings are common in performance research, especially in healthcare organizations that are influenced by many layers of factors such as workload, organizational support, team coordination, and leadership. In the framework *Job Demands–Resources* (JD-R), performance is understood as the result of the interaction of work demands (*job demands*) and working resources (*job resources*), with a pathway that often involves work involvement as a behavioral mechanism (Lake et al., 2019). With this framework, the dominant role of motivation in this model can be read as an indication that work motivation plays an important role in transforming daily work demands into productive work behaviors, while facilities and competencies can work as resources and foundations whose impact is more dependent on the work configuration in their respective units.

In terms of managerial implications, these findings provide a realistic direction of priorities. Strengthening work motivation can be focused on aspects that are close to the employee experience, such as clarity of roles and targets, regular and specific feedback, credible recognition, and visible development paths. This approach is relevant because motivation is related to the direction and perseverance of behavior, so that its reinforcement has the potential to maintain consistency of performance across service situations (Alsadaan et al., 2023). Competencies still need to be maintained as a basic standard, but more meaningful reinforcement can be directed at competencies that are directly related to service quality and cross-unit work, such as procedural rigor, work communication, and adaptability to service-intensive situations (Cho & Han, 2018). Meanwhile, facility

management is more effective if it starts from mapping the work process bottlenecks per unit so that facility improvements really reduce operational friction, not just add facilities in general (Cha & Sung, 2020).

Design *cross-sectional* capturing conditions at one time so that the findings show a pattern of relationships at the time of measurement. Strengthening the evidence in the next study can be done through longitudinal design or enrichment of performance measurements with more objective indicators so that performance dynamics in health services can be captured more fully (Salim et al., 2025).

## CONCLUSION

This study concludes that competence, work motivation, and work facilities are jointly related to the performance of employees at Qona'ah Sampang Hospital, so that these three factors are relevant to be considered in the management of hospital human resources. These findings confirm that employee performance does not stand alone, but is formed from a combination of individual capacity, work drive, and work environment support experienced by employees in daily service activities.

Partially, work motivation shows the most consistent relationship with employee performance when tested in the same model, so that the motivational aspect becomes the main point of attention in efforts to strengthen performance. Competencies and work facilities show the direction of the relationship that is in line with performance, but the strength of the relationship is not equivalent to the work motivation in this research model. The findings give an idea that strengthening performance at Qona'ah Sampang Hospital needs to be directed to strategies that maintain employee work encouragement, accompanied by maintaining competencies as a basic standard and structuring facilities in a more targeted manner according to the needs of the work process. Overall, this research model explains some of the variations in employee performance, so there are still other factors outside of competence, motivation, and work facilities that contribute to performance. Thus, the results of this study can be used as an initial basis for prioritizing managerial interventions, as well as opening up space for the development of further research that includes other organizational factors relevant to the context of hospital work.

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