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The Influence of Training and Leadership on Hospital Employee Performance with Job Satisfaction as an Intervening Variable

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Abstract

Low employee performance at Lanto Dg. Pasewang Regional General Hospital in Jeneponto Regency is believed to be influenced by the quality of training and leadership, while the role of job satisfaction as a mediating variable linking the two has not yet been fully tested empirically at this regional hospital. This study aims to analyze the effects of training and leadership on employee performance and to test the role of job satisfaction in mediating this relationship. The study employed a quantitative survey design; the entire population of 227 employees was targeted using a saturation sampling technique. Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM). The results indicate that training and leadership have a positive and significant effect on employee performance and job satisfaction at the hospital; job satisfaction also has a positive and significant effect on employee performance. Specifically, job satisfaction was found to mediate this relationship, with leadership exerting the most dominant influence on job satisfaction. These findings provide empirical evidence that improvements in employee performance are driven not only directly by training and leadership but also through increased job satisfaction—a mechanism that has rarely been examined comprehensively at the Jeneponto District General Hospital.

Keywords: Training, Leadership, Job Satisfaction, Employee Performance

A. INTRODUCTION

Human Resources (HR) in hospitals are the most strategic assets that include all professional staff such as doctors, nurses, pharmacists, laboratory personnel, to administrative and support staff, who are responsible for the entire chain of health services from patient admission to discharge. In the context of hospital management, HR is not only measured by the quantity of personnel according to

the KARS (Hospital Accreditation Committee) standard ratio, but also by the quality of competence, motivation, and interdisciplinary collaboration that ensures timely and safe handling of medical cases, thus becoming the main foundation for achieving the organization's vision as a center for quality health services in Indonesia. The largest human resources in health services in hospitals are occupied by nurses or employees as a whole. Qualified employees in hospitals are expected to produce maximum output in the form of products or services to improve services (Organisasi et al., 2024).

In line with this, it is concluded that maximum output comes from good performance. Employee performance is the main foundation in providing quality hospital services, because it directly affects the effectiveness of the patient care process from the admission stage to post-service recovery. Hospital employees, from doctors and nurses to administrative staff, are responsible for direct interactions with patients who are often in a physically and emotionally vulnerable state; therefore, their high performance not only ensures the accuracy of medical diagnoses and treatments but also builds patient trust in the healthcare institution. For example, in the context of human resource management (HRM), optimal employee performance is reflected in their ability to implement standard operating procedure (SOP) protocols quickly and accurately, which ultimately reduces medical errors such as malpractice or delays in treatment, as evidenced by studies from*World Health Organization*(WHO) which shows that 10-15% of adverse incidents in hospitals are caused by human performance factors (Pharmaceutics & Research, 2023).

In addition, superior employee performance supports the overall operational efficiency of the hospital, such as managing shorter patient waiting times and optimizing the use of facilities, thereby increasing the level of patient satisfaction (*patient satisfaction*) is a key indicator in hospital accreditation in Indonesia based on the Hospital Accreditation Committee (KARS) standards. Employee performance is a crucial element in the Human Resource Management (HRM) aspect of hospitals, as it directly leads to improved patient care quality through the planning, recruitment, selection, and placement of competent workers according to organizational needs (Yuliaty et al., 2024).

In hospital HR, employee performance evaluation uses an objective assessment system such as*Key Performance Indicators*(KPI) that focuses on diagnostic accuracy, emergency response time, and patient satisfaction, enabling HR managers to design ongoing training programs to optimize services from admission to discharge. Compensation and benefit aspects, such as performance-based incentives and health benefits, further motivate employees to provide excellent service, which supports hospital operational efficiency and overall compliance with KARS accreditation standards.

In the context of modern hospitals, employee performance is not only measured by how well an individual performs their technical tasks, but also by how they contribute to team coordination, cross-professional communication, and adherence to patient safety standards (Widjaja et al., 2025).

Systematically designed training programs can enhance staff understanding of clinical procedures, improve technical skills, and facilitate the development of more adaptive work behaviors. However, numerous studies also indicate that training success depends heavily on the quality of planning, the availability of mentoring during practice, and the extent to which the organization can provide a supportive work environment for implementing the training outcomes. Empirical findings from various intervention studies indicate that high-quality training is positively associated with improved competency and performance of healthcare workers, both at the individual and team levels (Pada et al., 2025).

Relevant and ongoing training has been shown to significantly impact critical aspects of employee performance, particularly for nurses who interact directly with patients at high levels. Training programs such as clinical simulations, case-based learning, and on-the-job coaching can result in significant improvements in practical skills, such as patient safety management, more accurate clinical documentation, and faster decision-making in emergency situations. Training also impacts behavioral aspects, such as teamwork, interpersonal communication, and adherence to standard operating procedures. Recent research shows that when training is combined with regular monitoring and feedback, employee performance tends to consistently improve and impact overall service quality. Implementation of this type of training has been linked to reduced clinical incidents and increased patient satisfaction (Aulia & Dedy, 2023).

In addition to effective training, hospital employee performance is also greatly influenced by how leaders are able to create a conducive work environment, especially since hospitals are complex, high-risk organizations that require a rapid response in every service process. Leaders are not only responsible for managing workflows but also play a role in creating a psychological atmosphere that supports employees to work optimally. Research (Immanuel et al., 2025) shows that effective leadership has a significant influence on improving nurse performance, especially when leader support is manifested in the form of clear direction, open communication, and continuous motivation. The study was conducted at Immanuel Hospital and showed that a good leadership style can improve overall employee performance.

Leadership is a key determinant of variation in hospital employee performance, particularly among nurses who serve as the frontline of service. According to adaptive leadership theory,

leadership is a dynamic process in which leaders facilitate organizational adaptation through administrative and relational collaboration, enabling the emergence of leadership at various levels to navigate environmental complexity and uncertainty. This is particularly relevant for hospitals addressing service challenges such as emergency department delays. Transformational leadership, for example, is known to increase intrinsic motivation, work morale, and nurses' willingness to exceed minimum performance standards. Studies show that leaders who inspire, lead by example, and provide individualized attention can significantly improve the quality of nursing care (Witri et al., 2024).

B. RESEARCH METHODS

Research approach

This research design uses a quantitative approach with the aim of testing and analyzing the influence of training and leadership on employee performance at Lanto Dg Pasewang Hospital, as well as the role of job satisfaction as an intervening variable. This approach was chosen to obtain a clear picture of the causal relationship between these variables based on data obtained from respondents.

Population and Sample

In this study, the population used by the researcher was all 227 hospital employees working at Lanto Dg Pasewang Regional Hospital. The sample was determined using a saturated sampling technique (total sampling), involving the entire population of 227 Lanto Dg Pasewang Hospital employees as the research sample.

Data Collection and Analysis Methods

The data collection method in this study was carried out using a questionnaire as the main instrument to collect primary data from employees of Lanto Dg Pasewang Hospital. The questionnaire used contained closed-ended questions with a Likert scale of 1-5 that measured variables of training, leadership, job satisfaction, and employee performance. The questionnaire distribution process was carried out directly to respondents who had been determined based on saturated sampling, with direct supervision to obtain a high response rate and valid data. Data processing in this study used smartPLS SEM 4.0 software (*Partial Least Square – Structural Equation Modeling*).

Analysis*Outer Model*

According to (III, 2018), outer model analysis is carried out to ensure that the measurements used are suitable for use as measurements (valid and reliable).

Inner Model Analysis

The purpose of this model analysis is to test the relationship between latent constructs. Some calculations in this analysis include:

a. R Square is the coefficient of determination in endogenous constructs. According to (Ann et al., 1994) explains "the criteria for limiting the R square value in three classifications, namely 0.67 as substantial; 0.33 as moderate and 0.19 as weak".
b. Effect size (F square) is used to determine the goodness of fit of the model. According to (Tinggi & Ekonomi, 2024), an F square value of 0.02 indicates a small effect; 0.15 indicates a moderate effect, and 0.35 indicates a large effect at the structural level.
c. The path coefficient is used to indicate the magnitude of the relationship or influence between latent variables in a structural model. This path coefficient is obtained from the results of multiple regression estimates on each causal relationship built into the model. To test the significance of the path coefficient, a bootstrapping procedure is used to determine whether the influence between variables is significant or not based on the t-statistic or p-value.

Hypothesis Testing

Hypothesis testing in this study uses an approach*Partial Least Squares Structural* Equation *Modeling*(PLS-SEM) with the help of Smart PLS 4.0 software. PLS-SEM is a variance-based statistical modeling technique that is suitable for testing complex relationships between latent constructs, non-normal data, and not too large sample sizes (Hair*et al.*, 2022). In this context, PLS is used to analyze the relationship between training, leadership, job satisfaction, and employee performance variables.

Before testing a hypothesis, the initial stage in PLS is to evaluate the outer model (measurement model) to test the validity and reliability of the construct indicators. Once the measurement model meets the criteria (loading factor > 0.70; AVE > 0.50; composite reliability > 0.70), the analysis continues to the inner model or structural model. At this stage, path coefficients between variables are evaluated to measure the direction and strength of the influence between constructs. Significance testing is performed using the bootstrapping method, a random resampling technique to generate t- and p-statistics values that can be used in hypothesis testing (Rahadi, 2023). A hypothesis is declared

significant if the t-statistic value is > 1.96 and the p-value is < 0.05 at the 95% confidence level. The bootstrapping results will indicate whether there is a significant direct or indirect influence between the variables in the model.

C. RESULTS AND DISCUSSION

Respondent Characteristics

Table 4.1 Respondent Characteristics

J. Gender	F	Percentage
Man	39	25%
Woman	119	75%
Total	**158**	**100%**
Age (Years)	**F**	**Percentage**
25 s.d 34	10	6%
35 s.d 44	82	52%
45 s.d 54	57	36%
55 s.d 60	9	6%
Total	**158**	**100%**
Working Time (Years)	**F**	**Percentage**
1 s.d 10	22	14%
11 s.d 20	106	67%
21 s.d 30	21	13%
31 s.d 40	9	6%
Total	**158**	**100%**
Level of education	**F**	**Percentage**
S2	20	13%
S1	118	75%
D4	2	1%
D3	15	9%
SMA	3	2%
Total	**158**	**100%**

Source: Data processed by researchers, 2026

The questionnaire response rate reached 69.60% or 158 respondents, indicating representative data. Based on demographics, respondents were predominantly female (119 people) while males numbered 39 people (25%). This reflects the composition of the workforce in the regional health sector which tends to be feminine. In terms of age, the majority of respondents were in the 35-44 year range with a total of 82 people (52%), followed by the group in the 45-54 year range with 57 people or 36%, while for the 25-34 year age range there were 10 people or 6% and the 55-60 year

age range there were 9 people or 6%. This productive age group supports the relevance of the data to the variables of leadership and employee performance. The last education of the respondents was mostly Bachelor's (Strata 1) as many as 118 people (75%), followed by Postgraduate as many as 20 people (13%), for D4 as many as 2 people (1%), D3 as many as 15 people (9%) and High School as many as 3 people (2%). Meanwhile, the working period is dominated by 11-20 years (106 people or 67%), followed by less than 1-10 years (22 people or 14%), for the working period 21-30 years (21 people or 13%) and 31-40 years (9 people or 6%).

Distribution of Respondent Responses

Table 4.2

Distribution of respondents' responses to the Training variable (X1)

No.	Statement (Item)	FREQUENCY OF ANSWERS RESP. (F) & PERCENTAGE (%)										Mean	Category
		STS		TS		N		S		SS			
		F	%	F	%	F	%	F	%	F	%		
		1		2		3		4		5			
X1.1	The training material I attended was easy to understand and clear.	0	0%	7	4.4%	50	31.6%	64	40.5%	37	23.4%	3.83	high
X1.2	Overall, I am satisfied with the quality of the training materials provided.	0	0%	10	6.3%	49	31.0%	67	42.4%	32	20.3%	3.77	high
X1.3	I often attend training to develop my competencies.	0	0%	9	5.7%	45	28.5%	64	40.5%	40	25.3%	3.85	high
X1.4	The number of training hours in each training that I have is in accordance with the provisions for job requirements.	1	0.6%	7	4.4%	48	30.4%	67	42.4%	35	22.2%	3.81	high
X1.5	The training materials obtained are able to support the implementation of my daily duties at the hospital.	1	0.6%	7	4.4%	45	28.5%	65	41.1%	40	25.3%	3.86	high
X1.6	The training improved my ability to work	3	1.9%	6	3.8%	45	28.5%	68	43.0%	36	22.8%	3.81	high

	effectively and efficiently.												

Source: Data processed by researchers, 2026

Based on the calculation results of the distribution of respondents' responses for the training variable (X1), the mean value is in the high category. This condition indicates that respondents have a positive tendency towards the indicators being assessed, indicating that the indicators for this variable receive quite strong approval from respondents.

Table 4.3

Distribution of respondents' responses to the Leadership variable (X2)

No.	Statement (Item)	FREQUENCY OF ANSWERS RESP. (F) & PERCENTAGE (%)										Mean	Category
		STS		TS		N		S		SS			
		F	%	F	%	F	%	F	%	F	%		
		1		2		3		4		5			
X2.1	My immediate superior acts effectively in directing the team.	0	0%	9	5.7%	49	31.0%	61	38.6%	39	24.7%	3.82	high
X2.2	My immediate superior shows high commitment in leading subordinates.	0	0%	9	5.7%	46	29.1%	68	43.0%	35	22.2%	3.82	high
X2.3	My immediate superior is quick and precise in making operational decisions for the hospital.	0	0%	11	7.0%	47	29.7%	64	40.5%	36	22.8%	3.79	high
X2.4	Management decisions always take into account the impact on employees and patients.	0	0%	10	6.3%	49	31.0%	59	37.3%	40	25.3%	3.82	high
X2.5	My immediate superior is able to motivate me to achieve performance targets.	0	0%	11	7.0%	48	30.4%	62	39.2%	37	23.4%	3.79	high
X2.6	My immediate superior gives appreciation for the work achievements of my subordinates.	0	0%	10	6.3%	46	29.1%	66	41.8%	36	22.8%	3.81	high
X2.7	My immediate superior communicates openly and clearly with subordinates.	0	0%	8	5.1%	48	30.4%	66	41.8%	36	22.8%	3.82	high
X2.8	My immediate superior always listens to input from employees well.	0	0%	10	6.3%	50	31.6%	61	38.6%	37	23.4%	3.79	high
X2.9	My immediate superior is able to coordinate	0	0%	8	5.1%	52	32.9%	63	39.9%	35	22.2%	3.79	high

	subordinates in carrying out work tasks.												
X2.10	My immediate superior shows high responsibility for his team's success in achieving performance targets.	0	0%	8	5.1%	52	32.9%	60	38.0%	38	24.1%	3.81	high

Source: Data processed by researchers, 2026

Based on the calculation results of the distribution of respondents' responses for the Leadership variable (X2), the mean value is in the high category. This indicates that the indicators for this variable have received quite strong approval from respondents.

Table 4.4

Distribution of respondents' responses to the Job Satisfaction variable (Z)

No.	**Statement (Item)**	**FREQUENCY OF ANSWERS RESP. (F) & PERCENTAGE (%)**										**Mean**	**Category**
		STS		**TS**		**N**		**S**		**SS**			
		F	**%**	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**		
		1		**2**		**3**		**4**		**5**			
Z.1	The salary I receive is in accordance with the job responsibilities at the hospital.	0	0%	4	2.5%	50	31.6%	77	48.7%	27	17.1%	3.80	high
Z.2	Timely and transparent salary payment system.	0	0%	3	1.9%	42	26.6%	84	53.2%	29	18.4%	3.88	high
Z.3	Work facilities (tools, space, etc.) support my daily tasks.	0	0%	3	1.9%	53	33.5%	76	48.1%	26	16.5%	3.79	high
Z.4	Working hours are arranged flexibly and according to the needs of the hospital and the health of employees.	0	0%	3	1.9%	47	29.7%	73	46.2%	35	22.2%	3.89	high
Z.5	My relationship with my coworkers is harmonious and mutually supportive.	0	0%	4	2.5%	44	27.8%	76	48.1%	34	21.5%	3.89	high
Z.6	My relationship with my boss is conducive and full of respect.	0	0%	6	3.8%	36	22.8%	85	53.8%	31	19.6%	3.89	high
Z.7	I know my promotion and career development opportunities clearly in this hospital.	0	0%	3	1.9%	43	27.2%	79	50.0%	33	20.9%	3.90	high
Z.8	Every job I do is judged based on standard and transparent standards.	0	0%	2	1.3%	47	29.7%	75	47.5%	34	21.5%	3.89	high

Z.9	I work supported by complete work tools	0	0%	7	4.4%	48	30.4%	72	45.6%	31	19.6%	3.80	high
Z.10	I work in a calm and harmonious working atmosphere.	0	0%	5	3.2%	46	29.1%	77	48.7%	30	19.0%	3.84	high

Source: Data processed by researchers, 2026

Based on the calculation results of the distribution of respondents' responses for the Job Satisfaction variable (Z), the mean value is in the high category. This condition indicates that respondents have a positive tendency towards the indicators being assessed, indicating that the indicators for this variable receive quite strong approval from respondents.

Table 4.5

Distribution of respondents' responses to the Employee Performance variable (Y)

No.	**Statement (Item)**	**FREQUENCY OF ANSWERS RESP. (F) & PERCENTAGE (%)**										**Mean**	**Category**
		STS		**TS**		**N**		**S**		**SS**			
		F	**%**	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**		
		1		**2**		**3**		**4**		**5**			
Y.1	I am able to achieve the work targets given (for example, number of patients treated).	1	0.6%	5	3.2%	47	29.7%	72	45.6%	33	20.9%	3.83	high
Y.2	I am able to complete work according to hospital standards (accuracy, precision).	0	0%	11	7.0%	38	24.1%	72	45.6%	37	23.4%	3.85	high
Y.3	I work according to the set working hours	1	0.6%	6	3.8%	43	27.2%	72	45.6%	36	22.8%	3.86	high
Y.4	I am able to complete the work within the given deadline.	0	0%	8	5.1%	42	26.6%	74	46.8%	34	21.5%	3.85	high
Y.5	Employees achieve patient service KPIs (waiting time, patient satisfaction).	0	0%	10	6.3%	45	28.5%	64	40.5%	39	24.7%	3.84	high
Y.6	Employee contribution to financial/operational KPIs (cost efficiency).	0	0%	10	6.3%	44	27.8%	66	41.8%	38	24.1%	3.84	high
Y.7	Employees meet safety KPIs and medical standards (zero error).	1	0.6%	8	5.1%	39	24.7%	74	46.8%	36	22.8%	3.86	high

Source: Data processed by researchers, 2026

Based on the calculation results of the distribution of respondents' responses for the Job Satisfaction variable (Z), the mean value is in the high category. This condition indicates that

respondents have a positive tendency towards the assessed indicator, indicating that the indicator of this variable receives quite strong approval from respondents.

Evaluation of Measurement Model

Convergent Validity Test

Table 4.6 Test Results*Outer loading*

Construct	Indicator	*Outer Loading*	Information	AVE
Training (X1)	X1.1	0,939	Valid	AVE = 0,881
	X1.2	0,928	Valid	
	X1.3	0,954	Valid	
	X1.4	0,945	Valid	
	X1.5	0,942	Valid	
	X1.6	0,924	Valid	
Leadership (X2)	X2.1	0,938	Valid	AVE = 0,873
	X2.2	0,932	Valid	
	X2.3	0,934	Valid	
	X2.4	0,925	Valid	
	X2.5	0,941	Valid	
	X2.6	0,932	Valid	
	X2.7	0,946	Valid	
	X2.8	0,932	Valid	
	X2.9	0,935	Valid	
	X2.10	0,928	Valid	
Job Satisfaction (Z)	Z.1	0,912	Valid	AVE = 0,839
	Z.2	0,912	Valid	
	Z.3	0,909	Valid	
	Z.4	0,918	Valid	
	Z.5	0,925	Valid	
	Z.6	0,876	Valid	
	Z.7	0,925	Valid	
	Z.8	0,922	Valid	
	Z.9	0,928	Valid	
	Z.10	0,932	Valid	
Employee Performance (Y)	Y1	0,936	Valid	AVE = 0,884
	Y2	0,943	Valid	
	Y3	0,946	Valid	
	Y4	0,930	Valid	
	Y5	0,935	Valid	
	Y6	0,940	Valid	
	Y7	0,950	Valid	

Source: Data processed by researchers (2026)

The results of the outer loading analysis in Table 4.2 show that all indicators in the four constructs have values above the threshold of 0.70. The outer loading values ranged from 0.876 to 0.954, indicating good convergent validity for all constructs. No indicators were found that needed to be eliminated from the model, so all indicators were retained for further analysis. The Average Variance Extracted (AVE) values for all constructs exceeded the minimum limit of 0.50, namely Training (X1) = 0.881; Leadership (X2) = 0.873; Job Satisfaction (Z) = 0.839; and Employee Performance (Y) = 0.884, so all constructs were declared to meet the requirements for convergent validity.

Reliability Test and AVE

Table 4.7
Results of Reliability and Construct Validity Tests

Construct	Cronbach's Alpha	rho_A	Composite Reliability (CR)	AVE	Information
Training (X1)	0,973	0,973	0,978	0,881	Reliable & Valid
Leadership (X2)	0,984	0,984	0,986	0,873	Reliable & Valid
Job Satisfaction (Z)	0,979	0,979	0,981	0,839	Reliable & Valid
Employee Performance (Y)	0,978	0,978	0,982	0,884	Reliable & Valid

Source: Data processed by researchers (2026)

Based on Table 4.3, all constructs have Cronbach's Alpha values above 0.70, with values ranging from 0.973 to 0.984. Composite Reliability (CR) values for all constructs are above 0.90, ranging from 0.978 to 0.986. This indicates excellent reliability and high measurement consistency. The AVE values for all constructs also exceed the minimum threshold of 0.50, confirming adequate convergent validity.

Discriminant Validity Test

Table 4.8
Discriminant Validity Test Results

Construct	Training (X1)	Leadership (X2)	Job Satisfaction (Z)	Employee Performance (Y)
Training (X1)	**0,939**			
Leadership (X2)	0,043	**0,934**		
Employee Performance (Y)	0,613	0,593	**0,940**	

Job Satisfaction (Z)	0,600	0,683	0,798	**0,916**

Source: Data processed by researchers (2026)

Based on Table 4.4, the square root value of AVE for each construct (diagonal value) is greater than the correlation value between constructs, namely Training = 0.939; Leadership = 0.934; Job Satisfaction = 0.916; and Employee Performance = 0.940. These results indicate that the model has good discriminant validity, each construct measures conceptually different phenomena.

Structural Model Evaluation (Inner Model)
Multicolony Test (VIF)

Table 4.9
Inner model/VIF

Variable Predictor	Target: Job Satisfaction (Z)	Target: Employee Performance (Y)	Information
Training (X1)	1,002	2,573	Not Multicollinear
Leadership (X2)	1,002	3,089	Not Multicollinear
Job Satisfaction (Z)	-	4,814	Not Multicollinear

Source: Data processed by researchers (2026)

Based on Table 4.5, all inner model VIF values are below the threshold of 5. The highest VIF value of 4.814 (Job Satisfaction with Employee Performance) is still far below the critical limit. Thus, it can be concluded that there are no multicollinearity problems that interfere with the estimation of the structural model.

Coefficient of Determination (R Square)

Table 4.10
Determination of R*Square*

Endogenous Variables	R-Square	R-Square Adjusted	Information
Job Satisfaction (Z)	0,792	0,790	Substantial/Strong
Employee Performance (Y)	0,713	0,708	Substantial/Strong

Source: Data processed by researchers (2026)

The R^2 value of the Job Satisfaction (Z) construct of 0.792 indicates that Training (X1) and Leadership (X2) together are able to explain 79.2% of the variation in employee Job Satisfaction. Meanwhile, the R^2 value of Employee Performance (Y) of 0.713 means that Training, Leadership, and Job Satisfaction are able to explain 71.3% of the variation in Employee Performance. According

to the criteria (Ketchen, 2013), an R^2 value above 0.67 is categorized as substantial (strong), so the model has good predictive ability.

Predictive Relevance Test (Q Square)

Table 4.11
Q Test Results*Square*

Construct	SSO	SSE	Q^2 (=1-SSE/SSO)	Information
Job Satisfaction (Z)	251,605	84,768	0,630	High Predictive Relevance
Employee Performance (Y)	162,898	60,306	0,663	High Predictive Relevance

Source: Data processed by researchers (2026)

The Q^2 values for Job Satisfaction (Z) of 0.630 and Employee Performance (Y) of 0.663 are both well above 0, even approaching the high category (>0.50). This confirms that the research model has high predictive relevance and is able to predict endogenous variables well.

Model Fit Evaluation

Table 4.12
Model Fit *Summary*

Index	Mark	Standard Value	Saturated Model	Information
SRMR	0,024	< 0,08	0,024	Good Fit
NFI	0,924	> 0,90	0,924	Good Fit
rms Theta	0,108	< 0,12	0,108	Acceptable Fit

Source: Data processed by researchers (2026)

The SRMR value of 0.024 (<0.08) and NFI of 0.924 (>0.90) indicate that the model has a very good fit. The rms Theta value of 0.108 is also below the 0.12 limit, so this research model is declared suitable for use in hypothesis testing.

***Effect Size* (F *Square*)**

Table 4.13
Effect Size

Connection	**f^2**	**Category**	**Interpretation**
Training (X1) → Employee Performance (Y)	0,250	Currently	Moderate influence of X1 on Y
Leadership (X2)→Employee Performance (Y)	0,167	Currently	The influence of X2 on Y
Job Satisfaction (Z) → Employee Performance (Y)	0,056	Small	Small effect of Z on Y

Training (X1) → Job Satisfaction (Z)	1,568	Big	The large influence of X1 on Z
Leadership (X2) → Job Satisfaction (Z)	2,083	Big	The large influence of X2 on Z

Source: Data processed by researchers (2026)

The results of the effect size test show that Training (X1) and Leadership (X2) have a very large influence on Job Satisfaction (Z) with f^2 values of 1.568 and 2.083 respectively. On Employee Performance (Y), both have a moderate influence, while Job Satisfaction has a small influence on Employee Performance.

Hypothesis Testing
Direct Effect Test (*Direct Effect*)

Table 4.14
Direct Effect Test

Hypothesis	b	Mean	STDEV	T-Stat	With P	Results
H1: Training (X1) → Employee Performance (Y)	0,429	0,429	0,067	6,377	0,000	Significant
H2: Leadership (X2) → Employee Performance (Y)	0,385	0,390	0,072	5,354	0,000	Significant
H3: Training (X1) → Job Satisfaction (Z)	0,571	0,571	0,040	14,398	0,000	Significant
H4: Leadership (X2) → Job Satisfaction (Z)	0,658	0,657	0,041	16,209	0,000	Significant
H5: Job Satisfaction (Z) → Employee Performance (Y)	0,278	0,277	0,089	3,123	0,002	Significant

Source: Data processed by researchers (2026)

Based on the results of the path coefficient (direct effect) test in Table 4.10, it is known that all relationships between variables in the research model show significant results. This is indicated by a T-statistic value greater than 1.96 and a P-value smaller than 0.05. Thus, all hypotheses proposed in this study can be accepted. Testing the first hypothesis (H1) shows that training (X1) has a positive and significant effect on employee performance (Y), with a path coefficient (β) value of 0.429, a T-statistic value of 6.377, and a P-value of 0.000. This indicates that an increase in the quality of training provided to employees will be followed by a significant increase in employee performance. Furthermore, the second hypothesis (H2) shows that leadership (X2) also has a positive and significant effect on employee performance (Y), with a path coefficient value of 0.385, a T-statistic value of 5.354, and a P-value of 0.000. These findings indicate that the better the quality

of leadership, the more employee performance will improve. In the third hypothesis (H3), training (X1) is proven to have a positive and significant effect on job satisfaction (Z), with a path coefficient value of 0.571, a T-statistic value of 14.398, and a P-value of 0.000. This indicates that effective training can substantially increase the level of employee job satisfaction. The fourth hypothesis (H4) shows that leadership (X2) has a positive and significant effect on job satisfaction (Z), with a path coefficient value of 0.658, a T-statistic value of 16.209, and a P-value of 0.000. This coefficient value is the largest among all the relationships tested, so it can be concluded that leadership is the most dominant factor in increasing employee job satisfaction. The fifth hypothesis (H5) shows that job satisfaction (Z) has a positive and significant effect on employee performance (Y), with a path coefficient value of 0.278, a T-statistic value of 3.123, and a P-value of 0.002. Although the coefficient is relatively smaller compared to other variables, this effect remains significant and indicates that increased job satisfaction will impact employee performance. Overall, the results of this study indicate that training and leadership play a significant role in improving employee job satisfaction and performance. Furthermore, job satisfaction also acts as a variable that directly influences employee performance.

Indirect Effect Test (*Indirect Effect*)

Table 4.14
Direct Effect Test

Mediation Path	b	Mean	STDEV	T-Stat	With P	Results
H6: X1 → Job Satisfaction (Z) → Employee Performance (Y)	0,159	0,158	0,052	3,045	0,002	Significant
H7: X2 → Job Satisfaction (Z) → Employee Performance (Y)	0,183	0,182	0,059	3,086	0,002	Significant

Source: Data processed by researchers (2026)

Based on the results of the specific indirect effects test in the table above, it is known that all mediation paths in this study showed significant results. This is evidenced by the T-statistic value greater than 1.96 and the P-value smaller than 0.05. Thus, the job satisfaction variable (Z) is proven to be able to mediate the relationship between the independent variable and the dependent variable. In the sixth hypothesis (H6), namely the effect of training (X1) on employee performance (Y) through job satisfaction (Z), the path coefficient (β) value was obtained at 0.159, the mean value was 0.158, the T-statistic value was 3.045, and the P-value was 0.002. These results indicate that the indirect effect of training on employee performance through job satisfaction is positive and

significant. Thus, job satisfaction acts as a mediating variable that strengthens the influence of training on employee performance.

Furthermore, in the seventh hypothesis (H7), namely the influence of leadership (X2) on employee performance (Y) through job satisfaction (Z), the path coefficient (β) value was obtained at 0.183, the mean value was 0.182, the T-statistic value was 3.086, and the P-value was 0.002. These results indicate that leadership has a positive and significant indirect influence on employee performance through job satisfaction. This indicates that job satisfaction can be an effective intervening variable in bridging the relationship between leadership and employee performance.

Overall, the results of this study indicate that job satisfaction (Z) serves as a significant mediating variable in the relationship between training and leadership on employee performance. This means that improving training and leadership quality not only directly impacts employee performance but also has an indirect impact through increased job satisfaction.

Discussion

The Effect of Training on Employee Performance

The results of the first hypothesis test (H1) show that Training (X1) has a positive and significant effect on Employee Performance (Y), with a path coefficient of β = 0.429 (T-Statistics = 6377; P-value = 0.000 < 0.05). Thus, Hypothesis 1 (H1) is accepted. This finding indicates that the better the training program provided to employees, the higher the resulting level of performance. This finding is very relevant to conditions in the field at Regional General Hospitals (RSUD) in Indonesia, where training programs are the main key to overcoming low employee performance due to a lack of technical skills and adaptation to regulatory changes. At RSUD, employees who participate in structured training, for example,*workshop*HR, or competency certification, tends to show increased productivity in daily tasks, such as preparing financial reports or managing human resources, as seen in the case of regional public hospitals (RSUD) implementing competency-based training to improve operational efficiency. This confirms that investment in training not only meets corporate governance requirements but also reduces employee turnover and supports the achievement of organizational performance targets. Training is an investment in human resources aimed at improving employee competency, skills, and knowledge. The results of this study align with organizational learning theory, which states that structured and relevant training will improve employees' ability to complete work tasks more effectively and efficiently. Employees who receive adequate training, regarding satisfaction with the material, frequency of training, and relevance to

their jobs, will be able to apply new knowledge and skills in their daily work. This finding is consistent with previous studies that found a positive and significant effect of training on employee performance. Effective training not only improves technical competency but also strengthens employee confidence, motivation, and commitment to the organization, ultimately contributing to improved overall performance.

The Influence of Leadership on Employee Performance

The second hypothesis test (H2) resulted in the finding that Leadership (X2) has a positive and significant effect on Employee Performance (Y), with a path coefficient of $\beta = 0.385$ (T-Statistics = 5.354; P-value = 0.000 < 0.05). Therefore, Hypothesis 2 (H2) is accepted. These results confirm that the quality of leadership implemented by leaders directly affects the level of employee performance.

The results of this study align with the reality in Regional General Hospitals (RSUD) in Indonesia, where leadership quality is key to addressing low employee performance due to a lack of motivation and team coordination in the face of regulatory changes such as PSAK or the latest audit standards. In RSUD, leaders who implement a transformational leadership style, for example through visionary communication or career development support, tend to encourage increased employee productivity in daily tasks, such as patient care management or operational oversight, as seen in the case of RSUDs in various regions that implement competency-based leadership to strengthen team collaboration. This confirms that effective leadership not only meets the demands of corporate governance but also reduces internal conflict and supports the achievement of organizational performance targets amidst the challenges of the pandemic or the digitalization of public healthcare services. Effective leadership, which includes the right leadership style, decision-making skills, motivational skills, good communication, and control and responsibility, has been shown to have a positive impact on employee performance. Leaders who are able to direct, guide, and motivate subordinates will create a work environment conducive to achieving organizational goals. Through inspirational and supportive leadership, employees will feel more directed, motivated, and committed to delivering their best performance.

These findings align with transformational leadership theory, which asserts that effective leaders are able to motivate subordinates to exceed expectations through clear vision, inspiration, and empowerment. The path coefficient of 0.385 indicates a substantial influence, indicating that improving leadership quality is a strategic factor in driving improved employee performance.

The Effect of Training on Job Satisfaction

The third hypothesis test (H3) proves that Training (X1) has a positive and significant effect on Job Satisfaction (Z), with a path coefficient of β = 0.571 (T-Statistics = 14.398; P-value = 0.000 < 0.05). Thus, Hypothesis 3 (H3) is accepted. The very high T-Statistics value (14.632) indicates a very strong stability and consistency of this relationship. These test results reflect the real dynamics in Regional General Hospitals (RSUD) in Indonesia, where training programs play a significant role in improving employee job satisfaction, which is often hampered by high workloads and a lack of regulatory-related skill development. Structured training such as HR workshops or competency certifications help employees feel more valued and competent in handling daily tasks, such as patient care or financial administration, as seen in the practice of RSUDs in various regions that implement ongoing training to maintain employee motivation. Thus, training not only meets the needs*governance*corporate goals, but also strengthens employee commitment and continuously improves service quality. Quality and relevant training significantly contributes to employee job satisfaction through several mechanisms. First, training increases employee competence and confidence in carrying out their duties, so they feel more capable and satisfied with their work. Second, organizational investment in training recognizes the value and potential of employees, which creates a sense of appreciation and increases loyalty. Third, relevant training helps employees understand their careers, and satisfaction with training materials, adequate frequency, and relevance to actual job needs directly increases job satisfaction. The large effect size ($f^2 = 1.568$) confirms that training is one of the most important predictors of job satisfaction in the context of this study. This finding underscores the importance of structured and quality training programs as a strategic investment in improving employee job satisfaction.

The Influence of Leadership on Job Satisfaction

Testing the fourth hypothesis (H4) yielded the most dominant result in the model. Leadership (X2) was shown to have a positive and significant effect on Job Satisfaction (Z), with a path coefficient of β = 0.658 (T-Statistics = 16.209; P-value = 0.000 < 0.05). Hypothesis 4 (H4) was accepted. The path coefficient of 0.658 was the strongest direct effect among all variables in the model, with a very large effect size of $f^2 = 2.083$. This dominant finding is very consistent with the operational challenges in Regional General Hospitals (RSUD) in Indonesia, where leadership plays a crucial role in building employee job satisfaction, which often declines due to the pressures of daily tasks and the dynamics of patient care. In RSUDs, an inspirational leadership style, such as providing constructive feedback or career coaching, can create a sense of security and appreciation

among employees when handling intensive care or coordinating medical teams, as implemented in a number of RSUDs to strengthen work morale. Consequently, this strong leadership not only addresses the principle*governance*corporate governance, but also fosters long-term loyalty and human resource optimization in the public health sector. The dominant influence of leadership on job satisfaction can be understood from several perspectives. First, leaders with an appropriate leadership style, sound decision-making skills, and strong motivational abilities will create a positive and conducive work environment. Second, effective communication from leaders helps employees understand expectations, receive constructive feedback, and feel more connected to organizational goals. Third, good control accompanied by clear responsibilities provides employees with a sense of fairness and clarity in their work. These findings are also consistent with job satisfaction theory, which emphasizes that the quality of relationships with superiors is one of the most important determinants of employee job satisfaction. Effective leadership can fulfill employees' psychological needs for recognition, trust, and empowerment, which are the foundation of sustained job satisfaction.

The Influence of Job Satisfaction on Employee Performance

The fifth hypothesis test (H5) confirmed that Job Satisfaction (Z) has a positive and significant effect on Employee Performance (Y), with a path coefficient of $\beta = 0.278$ (T-Statistics = 3.123; P-value = $0.003 < 0.05$). Thus, Hypothesis 5 (H5) is accepted. This finding is an important empirical confirmation in this study, confirming the basic premise of job satisfaction theory: employees who are satisfied with their jobs will show better performance. Job satisfaction measured through the dimensions of salary satisfaction, working conditions, work relationships, career, and work environment has been shown to contribute positively to employee performance. In fact, in regional hospitals, employees who feel satisfied with the work environment, such as team support and recognition for contributions, tend to be more proactive in handling emergency medical cases or coordinating between units, as seen in the practice of regional hospitals in various regions that prioritize employee welfare to improve service responsiveness. Thus, job satisfaction not only strengthens organizational ties in accordance with corporate governance but also spurs independent initiative and employee resilience in facing fluctuations in daily patient needs. Mechanistically, job satisfaction improves performance through several pathways. Satisfied employees tend to have a higher commitment to their work and organization, exhibit extra-role behaviors (*organizational citizenship behavior*) higher, and have lower absenteeism and turnover rates. These conditions cumulatively contribute to improved individual and organizational performance.

The Mediating Role of Job Satisfaction in the Influence of Training on Employee Performance

The sixth hypothesis test (H6) proves that Job Satisfaction (Z) significantly mediates the effect of Training (X1) on Employee Performance (Y), with an indirect effect of β = 0.159 (T-Statistics = 3.045; P-value = 0.002 < 0.05), this confirms that hypothesis 6 (H6) is accepted. Considering that the direct effect of Training on Employee Performance is also significant (β = 0.429; p = 0.000), the type of mediation that occurs is partial mediation. This means that Training improves Employee Performance through two channels at once: a direct channel that is operational-competence and an indirect channel through increased job satisfaction. This finding confirms that a good training program not only directly improves employee technical skills, but also creates satisfaction and pride in work which in turn encourages increased performance. These findings also align closely with the operational realities of Regional General Hospitals (RSUD) in Indonesia, where job satisfaction serves as an essential mediator that strengthens the impact of training on employee performance, especially when facing the pressures of intensive medical care. In RSUDs, the training provided does not directly improve performance if it is not accompanied by job satisfaction created through self-confidence and post-training support, making employees more effective in handling clinical procedures or emergency case management, as observed in RSUDs with continuous development programs. The total effect of Training on Employee Performance of 0.588 (direct 0.429 + indirect through Z 0.159) indicates a very large cumulative contribution. Investment in quality training programs will provide dual benefits: direct competence improvement and mutually reinforcing job satisfaction.

The Mediating Role of Job Satisfaction in the Influence of Leadership on Employee Performance

The seventh hypothesis (H7) test yielded important findings. Job Satisfaction (Z) was shown to significantly mediate the influence of Leadership (X2) on Employee Performance (Y), with an indirect influence of β = 0.183 (T-Statistics = 3.086; P-value = 0.002 < 0.05). This indicates that hypothesis 7 (H7) is accepted. Since the direct influence of Leadership on Employee Performance is also significant (β = 183; P-val = 0.002), the type of mediation that occurs is partial mediation. Leadership improves Employee Performance through two pathways, a direct pathway through effective direction, decision-making, and supervision; and an indirect pathway through increasing job satisfaction first. The results of this analysis closely reflect the actual conditions in Regional General Hospitals (RSUD) in Indonesia, where job satisfaction plays a crucial role in strengthening the influence of leadership on employee performance, especially in situations of heavy medical

workloads. In regional general hospitals (RSUD), visionary leadership can only drive superior performance if it triggers job satisfaction through a sense of appreciation and consistent guidance, so that employees are more responsive in coordinating patient care or handling critical cases, as implemented in various regional general hospitals to unify the team's vision. Thus, this mediation strengthens the foundation while fostering continuous dedication and adaptability of employees to the dynamics of public health services. Effective leaders not only provide technical instructions and directions that directly improve performance, but also create a positive psychological condition of a sense of appreciation, a comfortable work environment, fair salary satisfaction, and a clear career path that in turn encourages higher performance. The total influence of Leadership on Employee Performance of 0.568 confirms that leadership is a very strong determinant of organizational performance.

D. CONCLUSION

Based on the research results, it can be concluded that training and leadership have a positive and significant effect on employee performance at Lanto Dg Pasewang Regional General Hospital, Jeneponto Regency. Better training can improve employee skills and abilities in carrying out their work, while effective leadership can encourage employees to work more optimally. Training and leadership also have a positive and significant effect on job satisfaction. Leadership has the strongest direct effect on job satisfaction compared to training. In addition, job satisfaction has been shown to have a positive and significant effect on employee performance. The results of the mediation test indicate that job satisfaction is able to partially mediate the effect of training and leadership on employee performance (partial mediation). This means that training and leadership not only improve performance directly, but also through increased job satisfaction. Thus, improving employee performance needs to be supported by the implementation of continuous training, effective leadership, and efforts to create job satisfaction through a conducive work environment and work relationships.

Limitations

This study was limited to a population of employees at a regional public hospital in a specific region, so generalization to private hospitals or other regions requires further validation. Data use*cross-sectional*The results from PLS-SEM analysis do not capture the longitudinal dynamics of performance change over time. Therefore, suggestions for future research include expanding the

multi-hospital sample, integrating time-series analysis, and adding variables such as work environment.

Implications

The managerial implications that can be drawn from this research are the need for a multi-dimensional approach to improving employee performance. Organizations need to invest resources in: (1) relevant, high-quality, and sustainable training programs; (2) developing leadership capabilities that focus on motivation, communication, and empowerment; and (3) creating working conditions conducive to employee job satisfaction, including salary satisfaction, good working conditions, harmonious working relationships, clear career opportunities, and a positive work environment.

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