



Workload and Leadership in Indonesian Hospitals: Implications for Performance

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ABSTRACT

The sustainability of hospitals in Indonesia is increasingly challenged by structural workload pressures and managerial leadership effectiveness, particularly within the post-pandemic and universal health coverage environment. Although prior empirical studies have examined workload and leadership independently, limited research integrates these determinants within a unified hospital performance framework. This study aims to systematically review empirical evidence on how workload and leadership influence hospital performance through job satisfaction in Indonesian hospital settings. A systematic literature review was conducted on peer-reviewed articles published between 2019 and 2025. Fifteen eligible studies were analyzed using thematic synthesis. The findings demonstrate that excessive workload consistently reduces job satisfaction and increases turnover intention, whereas supportive and participative leadership enhances employee morale and performance stability. Job satisfaction functions as a mediating governance mechanism linking organizational conditions to institutional performance outcomes. This study contributes to hospital management literature by positioning job satisfaction as a strategic performance indicator and proposing a monitoring-oriented managerial framework to strengthen organizational resilience in Indonesian hospitals.

Keywords: Workload; Leadership; Job Satisfaction; Hospital Performance; Indonesian Hospital



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INTRODUCTION

The healthcare system in Indonesia has experienced substantial institutional transformation following the implementation of the National Health Insurance (Jaminan Kesehatan Nasional) program. The introduction of universal health coverage has significantly expanded access to healthcare services across both public and private hospitals. While this policy reform has improved healthcare accessibility for the population, it has also introduced new managerial and financial pressures for healthcare institutions (Agustina *et al.*, 2019). Hospitals are now required to deliver high-quality medical services within standardized reimbursement structures, creating a complex managerial environment in which efficiency, service quality, and workforce sustainability must be carefully balanced.

In recent years, the number of hospitals in Indonesia has increased considerably, accompanied by a continuous rise in patient demand. However, the expansion of healthcare facilities has not always been matched by proportional growth in healthcare workforce capacity or managerial capability. Consequently, hospitals frequently encounter operational challenges related to workforce distribution, workload allocation, and leadership effectiveness (Efawati, 2020). Within such contexts, human resource governance has emerged as a crucial determinant of organizational sustainability.

These challenges became even more visible during and after the Coronavirus Disease 2019 pandemic. Healthcare institutions worldwide experienced unprecedented operational pressures, including increased patient complexity, longer working hours, and heightened emotional strain among healthcare professionals. Global health policy discussions emphasize that workforce resilience plays a central role in maintaining the stability and effectiveness of healthcare systems (World Health Organization, 2022). In the Indonesian healthcare context, these pressures are further intensified by financial constraints, accreditation requirements, and administrative responsibilities associated with the National Health Insurance reimbursement system.

Previous empirical studies conducted in Indonesian hospitals have highlighted the importance of human resource conditions in shaping organizational outcomes. Excessive workload has been consistently associated with declining job satisfaction and increasing turnover intention among healthcare workers (Angraeni *et al.*, 2025; Hartono *et al.*, 2025). At the same time, leadership practices play an essential role in shaping employee motivation, reducing burnout, and fostering organizational commitment (Wiliyanarti *et al.*, 2025; Roshida *et al.*, 2023). Despite these important insights, most existing studies examine workload, leadership, and job satisfaction as separate variables rather than integrating them within a comprehensive hospital performance framework (Perdana, 2023; Syafrizal *et al.*, 2021).

Despite the growing number of empirical studies, existing research remains fragmented and predominantly focused on isolated relationships between variables. Most studies emphasize micro-level outcomes such as job satisfaction, burnout, or turnover intention, without adequately linking them to broader institutional performance. This fragmentation presents a critical limitation for hospital governance, as management strategies developed based on partial and disconnected evidence may lead to suboptimal or even counterproductive outcomes (Efawati *et al.*, 2024). For example, interventions aimed at reducing workload without considering leadership dynamics, or efforts to improve leadership without addressing structural job demands, may fail to produce sustainable improvements in hospital performance.

In addition, the dominance of cross-sectional quantitative approaches limits the ability to generate integrative insights across studies. While these studies contribute valuable empirical findings, they do not provide a comprehensive synthesis that explains

how workload and leadership jointly influence hospital performance through job satisfaction as a mediating mechanism. If these challenges are not addressed, hospitals may experience declining service quality (Chaniago & Efawati, 2024), increased workforce instability, and reduced organizational sustainability, ultimately affecting their ability to deliver safe and effective healthcare services.

Therefore, there is a clear methodological and conceptual gap in the literature, particularly in the absence of systematic literature reviews that consolidate existing findings within a unified analytical framework. This study therefore employs a systematic literature review of empirical research published between 2019 and 2025 to examine how workload and leadership influence hospital performance through the mediating role of job satisfaction in Indonesian hospital settings.

By synthesizing fragmented empirical evidence, this study seeks to develop a governance-oriented framework that links workforce management practices with institutional performance outcomes. Through this integrative perspective, the study contributes to the hospital management literature by positioning job satisfaction not merely as an individual psychological outcome but as a strategic governance indicator that connects workforce sustainability with organizational performance. The findings of this review are expected to provide insights for healthcare administrators and policymakers in designing management strategies that promote both employee well-being and institutional resilience within the evolving landscape of Indonesian healthcare systems.

LITERATURE REVIEW

Theoretical Foundation and Hypothesis Development

As this study adopts a systematic literature review (SLR) approach, the development of the conceptual framework is based on the synthesis of existing empirical findings rather than on primary data testing. Therefore, instead of formulating testable hypotheses as commonly found in quantitative studies, this research develops theoretical propositions derived from consistent patterns identified across prior studies. These propositions serve as conceptual statements that explain the relationships among workload, leadership, job satisfaction, and hospital performance within Indonesian hospital contexts.

Hospital performance is shaped not only by clinical capacity and technological resources but also by the quality of human resource governance within healthcare organizations. Hospitals operate as complex socio-technical systems in which structural job demands, managerial leadership practices, and workforce well-being interact to influence institutional performance outcomes. In such environments, effective management of human resources becomes a critical factor for ensuring both service quality and organizational sustainability.

Rather than treating workload, leadership, and job satisfaction as isolated variables, contemporary organizational research emphasizes the importance of understanding how these factors interact within broader governance frameworks (Chaniago & Efawati, 2024). Structural job demands such as excessive workload may reduce employee well-being, while managerial resources such as supportive leadership may enhance motivation and organizational commitment. Job satisfaction, in turn, functions as a key psychological and organizational mechanism through which these structural and managerial factors influence performance outcomes.

By integrating these concepts, this study adopts a governance-oriented perspective that links workload and leadership as structural and managerial determinants of workforce conditions, while positioning job satisfaction as an intermediate mechanism

that connects internal human resource dynamics to hospital performance. This integrative approach provides a theoretical foundation for examining the relationships among workload, leadership, job satisfaction, and hospital performance within Indonesian hospital contexts.

Workload and Job Satisfaction

Workload encompasses both the quantitative and qualitative expectations placed on healthcare practitioners, which include factors such as the volume of patients, the duration of shifts, the necessity for administrative documentation, and the coordination required across various disciplines. In hospital settings characterised by limited staffing and significant clinical complexities, an excessive workload can lead to emotional exhaustion and a decrease in professional satisfaction. Within the framework of job demands–resources (JD-R), workload is identified as a job demand that depletes both physical and psychological resources, particularly when it is not counterbalanced by sufficient organisational support (Bakker & Demerouti, 2017). Research conducted within Indonesian hospitals has confirmed that elevated levels of workload are associated with a notable decline in job satisfaction and an increase in the intention to leave one’s position (Angraeni *et al.*, 2025; Hartono *et al.*, 2025). Similarly, international studies have shown that an overwhelming workload adversely impacts the well-being and commitment levels of healthcare professionals (Hellín Gil *et al.*, 2022; Kagan *et al.*, 2021). Therefore, it is anticipated that workload will have a detrimental effect on job satisfaction.

Proposition 1: Workload tends to negatively influence job satisfaction, as consistently indicated by empirical findings showing that excessive job demands reduce employee well-being and increase turnover intention in hospital settings.

Leadership and Job Satisfaction

Leadership acts as a vital managerial resource that significantly influences the organisational climate, the patterns of communication, and the motivation levels of employees. The theory of transformational leadership highlights the importance of articulating a clear vision, providing individualised consideration, and offering inspirational motivation as key components in enhancing organisational commitment (Bass & Riggio, 2006). In the realm of healthcare, effective leadership is crucial as it promotes psychological safety, diminishes burnout, and cultivates team cohesion (Niinihuhta & Häggman-Laitila, 2022; Penconek *et al.*, 2021). Additional studies conducted in Indonesia suggest that participative leadership styles have a positive effect on employee satisfaction and the stability of performance outcomes (Wiliyanarti *et al.*, 2025; Qtait, 2023). Furthermore, leadership may serve as a buffer against the detrimental effects of excessive workload by offering both emotional and organisational support. As a result, it is expected that leadership will have a positive influence on job satisfaction (Nurain *et al.*, 2024).

Proposition 2: Leadership tends to positively influence job satisfaction, as supportive and participative leadership practices enhance employee motivation, reduce burnout, and strengthen organizational commitment.

Job Satisfaction and Hospital Performance

The relationship connecting workload, leadership, and hospital performance is unlikely to be a straightforward one. Rather, job satisfaction functions as an intermediary governance mechanism that translates structural and managerial determinants into institutional outcomes. Within the JD-R framework, job resources, such as supportive

leadership, can alleviate the negative impacts of job demands on the well-being of employees (Bakker & Demerouti, 2017). Empirical research suggests that job satisfaction frequently mediates the relationship between managerial practices and performance-related outcomes (Wahyuhadi *et al.*, 2023). Nevertheless, comprehensive examinations that integrate workload, leadership, and hospital performance within the context of Indonesian hospitals remain relatively scarce.

By positioning job satisfaction as a mediating construct, this study seeks to enhance the systemic understanding of hospital governance, illustrating how structural job demands and managerial capabilities collaboratively shape institutional performance through mechanisms that promote workforce sustainability.

Proposition 3: Job satisfaction tends to positively influence hospital performance, as higher levels of employee satisfaction contribute to improved work outcomes, stability, and organizational effectiveness.

The Mediating Role of Job Satisfaction

The relationship between workload, leadership, and hospital performance is unlikely to be purely direct. Instead, job satisfaction operates as an intermediate governance mechanism translating structural and managerial determinants into institutional outcomes. Within the JD-R framework, job resources such as supportive leadership may mitigate the adverse effects of job demands on employee well-being (Bakker & Demerouti, 2017). Empirical studies suggest that satisfaction often mediates the relationship between managerial practices and performance-related outcomes (Wahyuhadi *et al.*, 2023). However, integrated examination of workload, leadership, and hospital performance within Indonesian hospital contexts remains limited.

By positioning job satisfaction as a mediating construct, this study advances a systemic understanding of hospital governance in which structural job demands and managerial capabilities jointly shape institutional performance through workforce sustainability mechanisms. Proposition 4: Job satisfaction functions as a mediating mechanism linking workload and leadership to hospital performance, translating structural job demands and managerial practices into institutional outcomes.

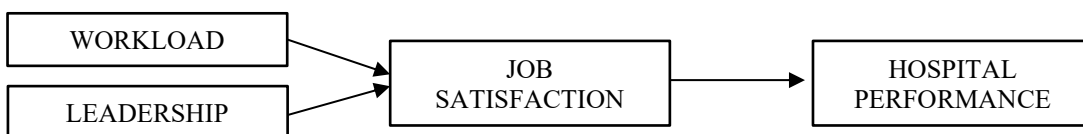


Figure 1. Conceptual Framework of Workload, Leadership, and Hospital Performance
Source: Own Compilation (2025)

RESEARCH METHOD

This study employed a systematic literature review (SLR) to synthesize empirical findings concerning workload, leadership, job satisfaction, and hospital performance in Indonesian hospital settings. The use of a systematic literature review (SLR) in this study enables the integration of fragmented empirical evidence and provides a more comprehensive understanding of the relationships among key variables, which may not be achievable through single empirical studies.

The SLR approach was selected to provide a structured and integrative understanding of fragmented research findings and to develop a coherent governance-oriented framework linking human resource conditions to institutional performance

outcomes. The literature search was conducted using Google Scholar, Garuda (Garba Rujukan Digital), and DOAJ databases to capture peer-reviewed articles relevant to Indonesian healthcare and management contexts. These databases were selected to ensure coverage of both international and nationally indexed publications. The search was limited to studies published between 2019 and 2025 in order to maintain contextual relevance, particularly in relation to post-pandemic healthcare governance and the operational pressures associated with the JKN reimbursement system. Search combinations included the terms “workload” or “beban kerja,” “leadership” or “kepemimpinan,” “job satisfaction” or “kepuasan kerja,” and “hospital performance” or “kinerja rumah sakit,” combined with the keyword “Indonesia.” Additional related terms such as “turnover intention,” “employee performance,” and “organizational performance” were also included to capture indirect indicators of institutional performance.

The initial search identified 187 articles. After removing duplicate records, 162 articles remained for title and abstract screening. Studies were included if they met the following criteria: (1) conducted in hospital settings; (2) involved healthcare professionals as respondents; (3) examined workload and/or leadership variables; and (4) analyzed relationships with job satisfaction or performance-related outcomes. Conceptual essays, conference proceedings, and studies focusing solely on clinical outcomes were excluded.

Following the screening process, 39 articles were selected for full-text evaluation. After applying eligibility criteria and assessing methodological relevance, 15 empirical studies were retained for final synthesis. Most selected studies employed quantitative cross-sectional survey designs using structured questionnaires and regression-based statistical analysis. While methodological consistency across studies strengthened conceptual comparability, the predominance of cross-sectional designs limits causal interpretation.

Thematic synthesis was applied to identify recurring patterns, conceptual linkages, and research gaps. Particular attention was given to how workload was operationalized (e.g., patient volume, overtime frequency, administrative burden), how leadership was measured (e.g., participative or transformational dimensions), and how performance outcomes were defined. Notably, most studies relied on employee-reported performance perceptions or turnover intention as proxies for institutional performance, indicating limited integration of objective hospital-level indicators. This observation highlights a methodological gap and reinforces the relevance of positioning job satisfaction as a governance mechanism linking human resource conditions to institutional sustainability.

RESEARCH RESULTS

This section presents the synthesis of the fifteen selected empirical studies examining workload, leadership, job satisfaction, and performance-related outcomes in Indonesian hospital settings. The objective of this synthesis is not merely to summarize prior findings but to identify conceptual patterns, methodological tendencies, and research gaps that inform the development of an integrated governance framework.

The selected studies predominantly employed quantitative cross-sectional designs and focused on nurses and hospital employees as primary respondents. Most research was conducted in public and private hospital settings across various regions in Indonesia. Data collection commonly utilized structured questionnaires measured on Likert scales, while statistical analysis frequently relied on regression-based techniques to assess variable relationships.

In terms of variable operationalization, workload was typically measured through indicators such as patient-to-staff ratios, shift duration, overtime frequency, and administrative documentation burden. These indicators reflect both quantitative and qualitative job demands. Leadership was most frequently assessed using participative or transformational leadership dimensions, emphasizing managerial support, communication quality, and involvement in decision-making processes. Job satisfaction was operationalized as an evaluative attitude encompassing emotional fulfillment, perceived fairness, and organizational attachment.

However, the operationalization of hospital performance revealed a consistent limitation. Rather than measuring institutional-level indicators such as service quality metrics, financial performance, or patient satisfaction outcomes, most studies relied on employee-reported performance perception or turnover intention as proxy indicators. While such measures capture important aspects of workforce stability, they do not fully represent institutional performance at the macro-organizational level. This methodological tendency suggests that existing literature remains concentrated at the micro-organizational level.

Table 1. Comparative Synthesis of Previous Studies and Position of This Review

Author	Context	Variables Examined	Method	Key Findings	Identified Gap / Positioning
Angraeni <i>et al.</i> (2025)	Indonesian hospital	Workload, job satisfaction, turnover intention	Quantitative	Workload reduces satisfaction and increases turnover	Does not link to hospital performance
Hartono <i>et al.</i> (2025)	Health workers	Workload, stress, performance	Quantitative	Workload negatively affects performance	Leadership not examined
Wiliyanarti <i>et al.</i> (2025)	Hospital employees	Participative leadership, workload, satisfaction	Regression	Leadership improves satisfaction	No mediation model toward performance
Syafrizal <i>et al.</i> (2021)	Nurses	Job satisfaction, performance	Quantitative	Satisfaction improves performance	Structural factors not included
Perdana (2023)	Hospital	Satisfaction, performance	Quantitative	Positive link satisfaction–performance	Lacks workload & leadership integration
Wahyuhadi <i>et al.</i> (2023)	COVID period	Remuneration, satisfaction, performance	Quantitative	Satisfaction mediates remuneration–performance	No workload focus
Roshida <i>et al.</i> (2023)	Indonesian nurses	Leadership, burnout	Systematic review	Leadership reduces burnout	Does not link to institutional performance

Qtait (2023)	International nursing	Leadership, performance	Review	Leadership improves nurse performance	Not Indonesia-specific
Niinihuhta & Häggman-Laitila (2022)	Global review	Leadership, well-being	Systematic review	Leadership enhances well-being	No performance integration
Penconek <i>et al.</i> (2021)	Nurse managers	Leadership, satisfaction	Review	Leadership affects managerial satisfaction	Institutional performance not analyzed
Hellín Gil <i>et al.</i> (2022)	Nurses	Workload, satisfaction	Quantitative	High workload lowers satisfaction	No leadership variable
Kagan <i>et al.</i> (2021)	Nurses	Work environment, satisfaction	Quantitative	Supportive environment increases satisfaction	Not integrated with workload
Marunduh <i>et al.</i> (2025)	Indonesian hospital	Collaboration, satisfaction	Quantitative	Collaboration improves satisfaction	Performance dimension absent
Jones <i>et al.</i> (2022)	Healthcare workers	Satisfaction measurement	Quantitative	Satisfaction linked to work climate	No structural modeling
Agustina <i>et al.</i> (2019)	Indonesia health system	Universal health coverage	Policy analysis	BPJS increases access but creates system pressure	Does not address HR governance linkage
WHO (2022)	Global health workforce	Workforce resilience	Policy report	Workforce sustainability critical for system performance	No micro-level integration model
Bakker & Demerouti (2017)	Organizational theory	Job demands–resources	Conceptual review	Job demands reduce well-being without resources	Not hospital-specific
Bass & Riggio (2006)	Leadership theory	Transformational leadership	Theoretical	Leadership influences motivation & commitment	Not contextualized in Indonesia
Barney (1991)	Strategic management	Resource-based view	Theoretical	Human resources drive sustainable performance	Not applied to hospital HR

Source: Own Compilation (2025)

The comparative synthesis presented in Table 1 highlights three dominant patterns. First, empirical research in Indonesian hospital contexts tends to examine workload, leadership, and job satisfaction independently rather than integratively. Although relationships between workload and satisfaction or leadership and performance are frequently identified, integrated modeling of these determinants within a unified hospital performance framework remains limited.

Second, the majority of studies emphasize individual-level outcomes such as turnover intention, job satisfaction, or employee performance perception. While these outcomes are valuable indicators of workforce conditions, they do not sufficiently connect structural and managerial determinants to broader institutional sustainability.

Third, theoretical integration is relatively underdeveloped. Although individual studies implicitly align with job demand–resource logic or leadership theory, explicit synthesis of these frameworks within hospital governance research is rare. This fragmentation limits the ability to generate systemic managerial implications.

Taken together, these findings indicate that Indonesian hospital research remains predominantly operational and micro-level in orientation. The absence of integrative modeling linking workload, leadership, job satisfaction, and institutional performance represents a significant research gap. By synthesizing these determinants within a governance-oriented framework, this review advances a more comprehensive understanding of hospital performance sustainability.

DISCUSSION

The findings of this systematic review confirm that workload and leadership represent critical determinants of hospital performance through the mediating role of job satisfaction. Consistent with job demand–resource theory (Bakker & Demerouti, 2017), excessive workload functions as a structural job demand that reduces psychological resources when not balanced by adequate organizational support. Empirical evidence from Indonesian hospitals demonstrates that high workload levels negatively affect employee satisfaction and increase turnover intention (Angraeni *et al.*, 2025; Hartono *et al.*, 2025). Similar patterns have been reported internationally, where workload imbalance contributes to emotional exhaustion and declining professional commitment (Hellín Gil *et al.*, 2022; Kagan *et al.*, 2021).

Leadership, in contrast, functions as an organizational resource. Transformational leadership theory emphasizes the importance of inspiration, individualized consideration, and participative decision-making in strengthening employee engagement (Bass & Riggio, 2006). Healthcare-specific research further indicates that effective leadership reduces burnout and enhances staff morale (Niinihuhta & Häggman-Laitila, 2022; Penconek *et al.*, 2021). Studies in Indonesian hospital settings align with these findings, showing that participative leadership significantly improves job satisfaction and performance stability (Wiliyanarti *et al.*, 2025; Qtait, 2023).

However, beyond confirming global patterns, the Indonesian context introduces unique governance dynamics. Hospitals operating under the JKN reimbursement system must manage fixed tariffs while maintaining service quality standards, generating managerial tension between efficiency and workforce sustainability (Agustina *et al.*, 2019). Under such constraints, workload may not merely reflect staffing shortages but also systemic financial pressures. Leadership effectiveness therefore becomes essential in balancing operational efficiency with employee well-being.

Furthermore, Indonesia's collectivist organizational culture may amplify the influence of leadership on employee attitudes. In hierarchical environments, managerial

behavior significantly shapes employee morale and organizational attachment (Roshida *et al.*, 2023). Employees may demonstrate higher tolerance toward workload when leadership is perceived as fair, communicative, and supportive. Conversely, dissatisfaction may escalate rapidly when managerial communication fails to provide clarity or recognition. This cultural dynamic suggests that leadership quality may exert a stronger contextual effect in Indonesian hospitals compared to more individualistic healthcare systems.

The review also reveals that most existing studies remain concentrated at the micro-organizational level. Performance outcomes are frequently proxied through employee perception or turnover intention rather than institutional performance metrics such as service quality, financial sustainability, or patient outcomes (Jones *et al.*, 2022; Marunduh *et al.*, 2025). This methodological tendency limits the ability to fully understand how human resource conditions translate into macro-level institutional performance. By integrating workload and leadership within a unified governance framework, this review extends fragmented empirical findings into a systemic explanation of hospital performance sustainability.

From a theoretical perspective, this study contributes by synthesizing job demand–resource logic (Bakker & Demerouti, 2017), transformational leadership theory (Bass & Riggio, 2006), and resource-based strategic perspectives (Barney, 1991) within the context of Indonesian hospital governance. Rather than treating job satisfaction as a mere psychological outcome, this review positions it as a strategic governance indicator linking structural job demands and managerial resources to institutional resilience.

From a managerial standpoint, the findings underscore that sustainable hospital performance cannot rely solely on infrastructure expansion or financial optimization. Balanced workload allocation, leadership development, and systematic monitoring of employee satisfaction should form integral components of hospital governance. Administrators may consider implementing workforce monitoring dashboards that integrate workload indicators, leadership evaluation, and satisfaction metrics to detect early signs of organizational instability. Such proactive governance mechanisms may prevent performance deterioration before financial or operational indicators signal systemic risk.

In addition to the structural pressures discussed above, hospital performance is also influenced by the broader organizational climate in which healthcare professionals operate. A supportive work environment characterized by open communication, participative decision-making, and fair workload distribution can strengthen employee engagement and commitment to organizational goals. Previous studies emphasize that healthcare organizations with strong managerial support systems tend to demonstrate higher employee satisfaction and better service outcomes (Niinihuhta & Häggman-Laitila, 2022; Penconek *et al.*, 2021).

Furthermore, workforce sustainability has increasingly become a central issue in hospital governance. Hospitals that fail to address excessive workload and ineffective leadership may experience higher staff turnover, decreased morale, and declining service quality. In contrast, institutions that actively monitor workforce well-being through structured managerial strategies are more likely to maintain stable organizational performance. Integrating workload monitoring systems with leadership evaluation mechanisms may therefore provide hospital administrators with an early warning system to detect potential organizational risks.

From a policy perspective, these findings also highlight the importance of aligning hospital human resource management with national healthcare reforms. In Indonesia, the implementation of the JKN system has significantly expanded healthcare access but has

simultaneously increased operational pressure on hospitals. Consequently, hospital leaders must adopt adaptive governance strategies that balance efficiency requirements with workforce sustainability. Strengthening leadership competencies, improving workload distribution, and continuously monitoring employee satisfaction may help hospitals maintain service quality under evolving healthcare demands.

Another important aspect emerging from the literature concerns the relationship between leadership practices and organizational learning within hospitals. Effective leadership does not merely influence individual motivation but also shapes the collective capacity of healthcare teams to adapt to complex clinical environments. Hospitals operate within highly dynamic systems where clinical decision-making, patient safety, and interprofessional collaboration must occur simultaneously. Leadership that promotes transparency, continuous feedback, and collaborative problem-solving can strengthen organizational learning and improve the capacity of healthcare teams to respond to operational challenges.

In many hospital settings, particularly in developing healthcare systems, leadership roles extend beyond administrative management and include the responsibility of facilitating coordination among multidisciplinary teams. Leaders who actively encourage communication between physicians, nurses, and other health professionals can reduce organizational friction and enhance service quality. Research indicates that when healthcare professionals perceive their leaders as supportive and accessible, they are more likely to demonstrate proactive behavior, knowledge sharing, and collective responsibility for patient care outcomes.

Additionally, the integration of workforce management strategies with institutional performance monitoring is increasingly recognized as an essential component of hospital governance. Rather than evaluating performance solely through financial indicators or patient volume metrics, hospitals are encouraged to incorporate human resource indicators such as workload distribution, job satisfaction, and staff retention into their performance dashboards. These indicators provide early insights into potential organizational risks that may affect long-term institutional sustainability. In the Indonesian healthcare context, strengthening hospital governance through workforce-oriented management strategies is particularly relevant. The expansion of universal health coverage has significantly increased service demand, which in turn places substantial pressure on hospital personnel. Without effective leadership and balanced workload allocation, healthcare professionals may experience fatigue, burnout, and declining job satisfaction. Addressing these challenges requires coordinated managerial strategies that prioritize both service efficiency and employee well-being as complementary objectives within hospital performance management.

CONCLUSIONS

This systematic literature review examined empirical evidence concerning workload, leadership, job satisfaction, and hospital performance in Indonesian hospital settings. The synthesis demonstrates that excessive workload functions as a structural job demand that negatively affects employee satisfaction, while supportive and participative leadership operates as a managerial resource that strengthens morale and engagement. Importantly, job satisfaction serves as a mediating governance mechanism through which structural and managerial determinants influence institutional performance sustainability. The review confirms that Indonesian empirical findings largely align with global scholarship emphasizing the impact of job demands and leadership on workforce outcomes (Bakker & Demerouti, 2017; Niinihuhta & Häggman-Laitila, 2022). However, existing domestic

research remains fragmented and predominantly micro-level in orientation. By integrating workload and leadership within a unified performance framework, this study advances a systemic understanding of hospital governance in emerging healthcare systems.

From a managerial perspective, the findings highlight the necessity of integrating human resource sustainability into hospital strategic planning. Workload management should be treated as a governance issue rather than solely an operational scheduling concern. Leadership development programs emphasizing participative and transformational behaviors may enhance workforce resilience, particularly under financial and regulatory pressures associated with the JKN system. Monitoring employee satisfaction as part of institutional performance dashboards may provide early warning signals of organizational instability and prevent long-term performance deterioration.

This study is not without limitations. The review relied on secondary empirical studies, most of which employed cross-sectional survey designs. Such methodological consistency enhances comparability but limits causal interpretation. Additionally, performance outcomes were frequently measured using perceptual indicators rather than objective institutional metrics. Future research may adopt longitudinal designs, multi-level modeling approaches, and incorporate objective hospital performance data such as service quality indicators or financial sustainability measures. Further investigation may also explore contextual moderators, including hospital ownership type, regional disparities, accreditation status, and organizational culture dynamics. Expanding empirical integration across micro- and macro-level performance indicators will strengthen theoretical and managerial understanding of hospital governance in Indonesia. Ultimately, sustainable hospital performance depends not only on regulatory compliance and operational efficiency but also on proactive human resource governance. Integrating workload management, leadership effectiveness, and systematic monitoring of job satisfaction provides a strategic pathway toward strengthening institutional resilience in Indonesian healthcare systems.

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