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The Effect of Transformational Leadership and Work Facilities on Midwives' Performance through the Mediating Role of Job Satisfaction in Muna Regency

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ABSTRACT

This study examines the effects of transformational leadership and work facilities on midwives' performance and evaluates job satisfaction as a mediating mechanism in public health centers in Muna Regency, Indonesia. A quantitative cross-sectional survey was conducted from January to June 2026 among 119 midwives selected proportionally from a population of 171 across 19 public health centers. Data were analyzed using partial least squares structural equation modelling with SmartPLS 4. Transformational leadership did not significantly affect performance (b = -0.158; p = 0.200) or job satisfaction (b = 0.148; p = 0.132). Work facilities significantly improved job satisfaction (b = 0.393; p < 0.001) but did not directly affect performance (b = 0.058; p = 0.488). Job satisfaction was not significantly associated with performance (b = -0.112; p = 0.281). Consequently, job satisfaction did not mediate the effects of transformational leadership (b = -0.017; p = 0.445) or work facilities (b = -0.044; p = 0.323) on performance. These results suggest that favorable attitudes alone may be insufficient to convert leadership and facility resources into performance gains. Health managers should integrate leadership and facility improvements with operational mechanisms that more directly support service delivery.

Keywords: Job Satisfaction; Midwives; Performance; Transformational Leadership; Work Facilities

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INTRODUCTION

Midwives occupy a strategic position in maternal and child health services because they translate health policy into direct antenatal, delivery, postnatal, counselling, referral, and community-based services (Nove et al., 2021). In district primary healthcare systems, their performance is influenced not only by professional competence but also by the quality of leadership, the availability and functionality of work resources, and the psychological conditions under which work is performed. These organizational determinants become especially important where health centers serve geographically dispersed populations and where staff must maintain service continuity despite logistical and workload constraints.

In Muna Regency, Southeast Sulawesi, the organizational context of midwifery performance is particularly relevant to the exclusive breastfeeding program. The reported exclusive breastfeeding achievement in Muna Regency was 18.27%, below the expected program target. This gap places attention on how health-center management can strengthen the performance of midwives who provide counselling, follow-up, education, recording, coordination, and service support across the maternal-child care pathway. Improving performance in such a setting cannot be reduced to individual motivation; it requires understanding how managerial and material resources are translated into day-to-day work outcomes.

Transformational leadership is frequently proposed as an organizational resource capable of shaping employee motivation and performance. Through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration, transformational leaders are expected to create meaning, strengthen confidence, stimulate problem solving, and encourage employees to exceed routine expectations. In health services, these behaviors may be valuable because clinical and public-health work frequently requires coordination, emotional support, rapid adaptation, and sustained commitment under resource constraints. Recent reviews have linked transformational leadership to favorable nursing work environments, employee well-being, engagement, and job satisfaction (Gebreheat et al., 2023; Tsapnidou et al., 2024; Ystaas et al., 2023).

Work facilities represent another important organizational input. For midwives, facilities include appropriate service rooms, clinical and educational equipment, access to supplies, logistical support, sanitation, recording tools, and technical support. Adequate facilities can reduce interruptions, shorten service delays, enable privacy, support patient safety, and make procedures easier to perform. Yet the existence of facilities does not guarantee improved performance. Their value depends on accessibility, functionality, maintenance, work processes, supervision, and the way employees perceive the support provided by the organization.

Job satisfaction is often positioned as the psychological mechanism through which leadership and organizational resources are converted into performance. Satisfied workers are generally expected to show stronger positive affect, willingness to cooperate, organizational attachment, and persistence. In the present study, job satisfaction was conceptualized through intrinsic or motivator aspects and extrinsic or hygiene aspects. This framing is relevant to midwifery because professional meaning and achievement coexist with concerns about supervision, organizational conditions, and material support.

However, the assumption that job satisfaction always mediates the relationship between organizational resources and performance should not be accepted automatically. Empirical findings vary across organizational settings. Previous studies have reported that transformational leadership may improve job satisfaction and performance and that job satisfaction can mediate this relationship (Adhika et al., 2025; Purnomo et al., 2024; Sutanto et al., 2022). These findings provide an important comparison, but they were obtained in different organizational and employment contexts. Primary healthcare midwives may respond differently because performance is constrained by service systems, logistics, professional standards, program targets, and community conditions that are not fully captured by general employee-attitude models.

The research gap therefore concerns not simply whether leadership, facilities, and satisfaction are associated with performance, but whether job satisfaction is actually the mechanism that carries the effects of transformational leadership and work facilities to midwives' performance in a district primary healthcare setting. This question is practically important. If mediation occurs, managers could reasonably expect leadership and facility investments to improve performance by first improving satisfaction. If mediation does not occur, management must identify more proximal operational pathways rather than assuming that a favorable psychological response will necessarily produce higher program performance.

Accordingly, this study aims to analyze the direct effects of transformational leadership and work facilities on midwives' performance, examine their effects on job satisfaction, assess the effect of job satisfaction on performance, and test whether job satisfaction mediates the two organizational resource-performance relationships among midwives working in public health centers in Muna Regency. The study contributes by focusing on a rural-island district context and by reporting null as well as significant pathways, thereby providing a more cautious understanding of when job satisfaction functions or does not function as a performance mechanism.

LITERATURE REVIEW

Hypotheses Development

Transformational Leadership and Midwives' Performance

Transformational leadership theory explains leadership as a process through which leaders elevate followers' motivation, values, and willingness to pursue collective goals beyond immediate self-interest (Bass, 1985; Bass & Avolio, 1993). The four widely used dimensions idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration are particularly relevant in health services because they combine role modelling, shared vision, learning, and personal support. In midwifery settings, these behaviors may improve performance by clarifying priorities, strengthening problem-solving, supporting professional confidence, and improving coordination during service delivery.

Empirical evidence generally supports favorable links between transformational leadership and work-related outcomes among nurses and other healthcare workers, although direct effects on performance are not uniform. Notarnicola et al. (2024) reported positive implications of transformational leadership for job satisfaction and personal mastery among nursing leaders. Ystaas et al. (2023) similarly found that transformational leadership is associated with positive nursing work environments and outcomes. Sutanto et al. (2022) found transformational leadership to significantly improve job satisfaction and organizational commitment, while its direct effect on performance was not significant. This pattern suggests that leadership may operate through intervening organizational or psychological mechanisms rather than always producing a direct

performance effect. Based on the dominant theoretical expectation, H1 proposes that transformational leadership positively affects midwives' performance.

H1: Transformational leadership is positively associated with midwives' performance.

Work Facilities and Midwives' Performance

Work facilities are tangible and operational resources that enable employees to perform assigned tasks. In healthcare, the adequacy of rooms, equipment, supplies, sanitation, information tools, and logistical support directly shapes what services can be delivered, how efficiently they are delivered, and whether staff can follow clinical and program procedures consistently. For midwives, a facility is valuable not merely because it exists but because it is functional, accessible, safe, and integrated into work routines.

Resource adequacy has been identified as an important component of positive practice environments for midwives and nurses (Aikins et al., 2023; Carvajal et al., 2024). Nevertheless, physical resources may have weak direct effects when performance depends strongly on coordination, managerial processes, community response, or service continuity. Purnomo et al. (2024) also showed that workplace factors can have different direct and mediated effects on performance. H2 therefore proposes a positive direct effect of work facilities on midwives' performance while recognizing that mediation may be necessary for the resource to generate behavioral value.

H2: Work facilities are positively associated with midwives' performance.

Transformational Leadership, Work Facilities, and Job Satisfaction

Job satisfaction reflects an employee's evaluative and affective response to work. In this study, job satisfaction was operationalized through intrinsic motivator and extrinsic hygiene dimensions. Intrinsic satisfaction is related to achievement, meaningful work, responsibility, and development, whereas extrinsic satisfaction concerns the surrounding employment and organizational conditions. Transformational leadership should strengthen intrinsic satisfaction by giving meaning, recognition, autonomy, and developmental support. It may also improve perceptions of extrinsic conditions through more responsive supervision and communication.

The expected positive relationship between transformational leadership and job satisfaction is supported by healthcare evidence. Gebreheat et al. (2023), in an integrative review of nursing studies, concluded that transformational leadership was consistently associated with higher job satisfaction. The relationship is also supported in previous findings by Adhika et al. (2025) and Sutanto et al. (2022). Accordingly, H3 proposes that transformational leadership positively affects job satisfaction.

Work facilities can also influence job satisfaction. Employees are more likely to evaluate their work positively when they have adequate tools, safe spaces, reliable supplies, and fewer avoidable obstacles. Facilities may communicate organizational support and reduce frustration arising from delays or repeated workarounds. For healthcare staff, resource adequacy is commonly linked to better work experiences and job satisfaction (Aikins et al., 2023; Hansson et al., 2022). Therefore, H4 proposes that work facilities positively affect job satisfaction.

H3: Transformational leadership is positively associated with job satisfaction among midwives.
H4: Work facilities are positively associated with job satisfaction among midwives.

Job Satisfaction and Performance

The satisfaction-performance relationship is commonly explained through motivational and social-exchange mechanisms. Employees who perceive their work positively may invest greater effort, cooperate more effectively, and display stronger persistence. However, the strength of this relationship depends on whether performance is under the employee's discretionary control. In highly regulated service environments, job performance may be shaped by protocols, staffing, logistics, managerial coordination, patient demand, and data systems, meaning that positive attitudes alone may not produce measurable performance improvements.

Studies in business settings have often found positive job satisfaction-performance relationships. Adhika et al. (2025) and Purnomo et al. (2024) reported job satisfaction as a meaningful mediator between organizational antecedents and employee performance, while Syamsuddin et al. (2022) examined related relationships among leadership, job satisfaction, and staff performance in a university setting. Yet evidence from healthcare settings also indicates that employee well-being and satisfaction are embedded within broader organizational systems (Hansson et al., 2022; Niinihuhta & Häggman-Laitila, 2022). H5 proposes that job satisfaction positively affects midwives' performance.

H5: Job satisfaction is positively associated with midwives' performance.

The Mediating Role of Job Satisfaction

Mediation implies that an organizational resource influences a psychological state that subsequently affects behavior or performance. For transformational leadership, the mechanism assumes that inspiring, supportive, and developmental leadership first increases satisfaction and that this satisfaction then encourages better performance. H6 therefore proposes that job satisfaction mediates the effect of transformational leadership on midwives' performance.

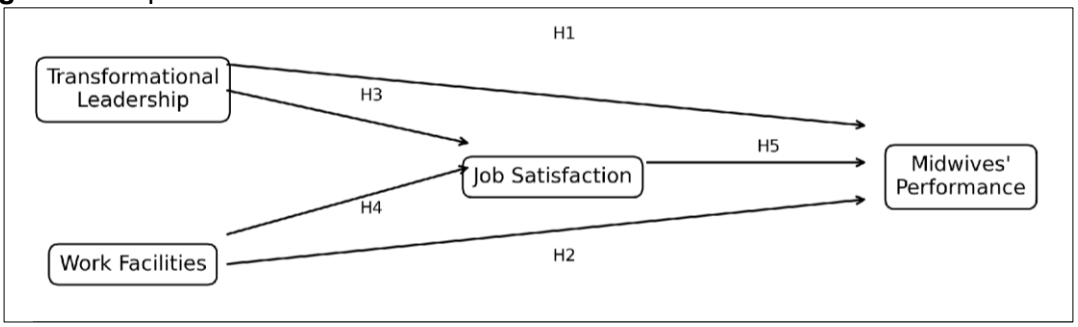
For work facilities, mediation assumes that adequate and functional resources improve employees' evaluation of their work, and that this improved satisfaction is translated into stronger performance. H7 therefore proposes that job satisfaction mediates the effect of work facilities on midwives' performance.

H6: Job satisfaction mediates the relationship between transformational leadership and midwives' performance.
H7: Job satisfaction mediates the relationship between work facilities and midwives' performance.

Conceptual Framework

The conceptual model is shown in Figure 1.

Figure 1. Proposed Focused Mediation Model



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RESEARCH METHOD

Research Design and Setting

This study used a quantitative cross-sectional design. Data collection was conducted from January to June 2026 in 19 public health centers in Muna Regency, Southeast Sulawesi, Indonesia. The district includes urban, rural, coastal, and inland service areas, creating variation in geographical access, logistics, staffing, and service delivery. The analysis formed part of a broader study examining transformational leadership, work facilities, job satisfaction, work environment, professional identity, and midwives' performance in the exclusive breastfeeding program.

The present article isolates the theoretically focused relationship between transformational leadership, work facilities, job satisfaction, and midwives' performance. Importantly, the structural coefficients reported here were estimated within the full PLS-SEM model, in which work environment and professional identity were also retained. Thus, the interpretation is focused, but the coefficients preserve the original model specification rather than being re-estimated as an independent four-construct model.

Population and Sample

The study population comprised 171 midwives working in the public health-center network. Proportional sampling resulted in 119 respondents distributed across 19 health centers. Eligible participants were actively employed in maternal and child health or related program services, had at least two years of service, and agreed to participate. Midwives on extended leave, on study assignment, or unavailable during the data-collection period were excluded. All 119 sampled respondents completed the questionnaire used in the analysis.

Measures

Data were collected using a self-administered questionnaire with a five-point Likert response format. Transformational leadership was represented by four dimensions corresponding to idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. In the final measurement model, the dimension loadings ranged from 0.798 to 0.911, Cronbach's alpha was 0.898, composite reliability was 0.929, and average variance extracted (AVE) was 0.767.

Work facilities were measured through five dimensions representing the availability and functionality of physical space and equipment, resources and logistical support, and related work-support conditions. Final dimension loadings ranged from 0.780 to 0.867; Cronbach's alpha was 0.876, composite reliability was 0.910, and AVE was 0.670.

Job satisfaction was measured using two higher-order dimensions: intrinsic motivator factors and extrinsic hygiene factors. The two dimension loadings were 0.969 and 0.972. Cronbach's alpha was 0.938, composite reliability was 0.970, and AVE was 0.942, indicating strong internal consistency and convergent validity.

Midwives' performance was represented by five dimensions covering program and service performance, including service quality, efficiency, responsiveness, and improvement-oriented behavior. Dimension loadings ranged from 0.786 to 0.914; Cronbach's alpha was 0.924, composite reliability was 0.943, and AVE was 0.769. A pilot test involving 30 respondents outside the analytic sample preceded the main survey.

Data Analysis

Partial least squares structural equation modelling was conducted using SmartPLS 4 (Ringle et al., 2022). The measurement model was evaluated using indicator or

dimension loadings, Cronbach's alpha, composite reliability, AVE, and discriminant-validity criteria. Values above 0.70 for loadings and reliability and above 0.50 for AVE were treated as acceptable guidelines (Hair et al., 2022).

The structural model was assessed using standardized path coefficients, bootstrapped t-statistics, and p-values. Statistical significance was evaluated at $p < 0.05$. The specific indirect effects were used to evaluate mediation. A mediation hypothesis was considered supported only when the relevant indirect effect was statistically significant. R^2 and Q^2 values from the full structural model were also reported to indicate explanatory and predictive relevance, with the caution that these values reflect the complete model rather than the focused mediation pathway alone.

Ethical Considerations

Participation was voluntary, informed consent was obtained, and questionnaires were completed confidentially. Administrative research permission was obtained from the relevant institutions.

RESULTS

Characteristics of Respondents

Table 1. Characteristics of Participating Midwives (N = 119)

Characteristic	Category	Frequency (n)	Percentage (%)
Age (years)	≤30	11	9.2
	31-40	90	75.6
	41-50	10	8.4
	51-60	8	6.7
Education	Diploma (D3/D4)	97	81.5
	Professional/Bachelor	18	15.1
	Master	4	3.4
Length of service (years)	≤9	45	37.8
	10-19	60	50.4
	20-29	9	7.6
	30-39	5	4.2
Employment status	Civil servant	65	54.6
	Government contract	4	3.4
	Part-time government contract	50	42

As shown in Table 1, all 119 sampled midwives completed the survey. Most respondents were 31-40 years old (75.6%), held a diploma qualification (81.5%), had 10-19 years of service (50.4%), and were civil servants (54.6%). The sample therefore primarily represented experienced midwives in their main productive career period while also including contract-based employment categories.

Measurement Model

Table 2. Measurement-Model Assessment

Construct	Loading range	Cronbach α	Composite reliability	AVE
Transformational leadership	0.798-0.911	0.898	0.929	0.767
Work facilities	0.780-0.867	0.876	0.910	0.670
Job satisfaction	0.969-0.972	0.938	0.970	0.942
Midwives' performance	0.786-0.914	0.924	0.943	0.769

According to Table 2, all four constructs in the focused analysis met the measurement criteria applied in this study. Transformational leadership showed strong reliability and

convergent validity, as did work facilities, job satisfaction, and midwives' performance. Job satisfaction had particularly high convergent validity (AVE = 0.942), indicating that its two retained higher-order dimensions strongly represented the construct. These results provided adequate measurement quality for interpretation of the structural paths.

Structural Model and Hypothesis Testing

Table 3. Structural Paths and Mediation Results

Hypothesized path		β	t	p-value	Decision
H1	Transformational leadership → Performance	-0.158	1.282	0.200	Not supported
H2	Work facilities → Performance	0.058	0.694	0.488	Not supported
H3	Transformational leadership → Job satisfaction	0.148	1.506	0.132	Not supported
H4	Work facilities → Job satisfaction	0.393	3.935	<0.001	Supported
H5	Job satisfaction → Performance	-0.112	1.078	0.281	Not supported
H6	Transformational leadership → Job satisfaction → Performance	-0.017	0.764	0.445	Not supported
H7	Work facilities → Job satisfaction → Performance	-0.044	0.988	0.323	Not supported

As presented in Table 3, the structural results produced a pattern that differs from the conventional expectation that leadership and facilities improve performance through job satisfaction. Transformational leadership did not significantly affect midwives' performance (β = -0.158, t = 1.282, p = 0.200), so H1 was not supported. Work facilities also had no significant direct effect on performance (β = 0.058, t = 0.694, p = 0.488), so H2 was not supported.

For the antecedents of job satisfaction, transformational leadership had a positive but statistically non-significant coefficient (β = 0.148, t = 1.506, p = 0.132), and H3 was not supported. By contrast, work facilities had a positive and statistically significant effect on job satisfaction (β = 0.393, t = 3.935, p < 0.001), supporting H4. This was the only significant direct path within the focused job-satisfaction mechanism.

Job satisfaction itself did not significantly affect performance (β = -0.112, t = 1.078, p = 0.281); therefore, H5 was not supported. Because this mediator-outcome path was non-significant, neither proposed indirect effect reached significance. The transformational leadership → job satisfaction → performance pathway was β = -0.017 (t = 0.764, p = 0.445), while the work facilities → job satisfaction → performance pathway was β = -0.044 (t = 0.988, p = 0.323). H6 and H7 were therefore not supported.

Explanatory and Predictive Relevance

In the full structural model, transformational leadership and work facilities explained 25.1% of the variance in job satisfaction (R^2 = 0.251), with Q^2 = 0.222. The complete set of predictors explained 53.3% of the variance in midwives' performance (R^2 = 0.533), with Q^2 = 0.391. These values indicate that the overall structural model had meaningful explanatory and predictive relevance. They should not, however, be attributed exclusively to the four constructs highlighted in this article because the full model also retained the work-environment pathway and professional identity.

DISCUSSION

Transformational Leadership Did Not Directly Improve Performance

The non-significant direct effect of transformational leadership on performance is important because it challenges a simple leadership-performance assumption. The

direction of the coefficient was negative but statistically indistinguishable from zero. This finding does not imply that transformational leadership is irrelevant to midwifery management. Rather, it indicates that, within the full organizational model and this particular program context, inspiring and developmental leadership was not sufficient by itself to produce measurable differences in performance.

This result is compatible with findings reported by Sutanto et al. (2022), who found that transformational leadership improved job satisfaction and organizational commitment but did not significantly influence human-resource performance directly. It also aligns with the broader argument that leadership effects in healthcare frequently operate through climate, teamwork, empowerment, or organizational processes. The broader structural broader model also showed a significant transformational leadership-work environment pathway, suggesting that the more relevant mechanism may be organizational rather than attitudinal.

Work Facilities Improved Satisfaction but Not Performance

Work facilities significantly improved job satisfaction, which means that midwives who perceived facilities more favorably also evaluated their work more positively. This relationship is theoretically plausible. Functional equipment, adequate rooms, reliable logistical support, and safer work conditions reduce avoidable inconvenience and communicate that the organization supports employees in carrying out their responsibilities. Resource adequacy is similarly recognized as an important part of positive practice environments among midwives (Aikins et al., 2023; Carvajal et al., 2024).

Nevertheless, the direct facilities-performance relationship was not significant. Facilities are enabling resources, not performance in themselves. A weighing scale, counselling room, educational media, or supply system creates capacity, but performance still depends on workflow, role clarity, coordination, supervision, demand, referral, and the consistency with which resources are used. This interpretation is consistent with the broader model results, which showed a strong positive relationship between work facilities and the work environment and indicated that the work environment, rather than job satisfaction, significantly predicted performance.

Why Job Satisfaction Did Not Predict Performance

The most consequential result for the present article is the non-significant job satisfaction-performance path. Job satisfaction was measured reliably and exhibited strong convergent validity, so the null relationship cannot be dismissed as an obvious measurement failure. Instead, it suggests that satisfaction and performance may be relatively decoupled in this context. Midwives can feel satisfied with intrinsic and extrinsic aspects of work while their program performance remains constrained by operational conditions beyond individual affect.

This finding differs from studies such as Adhika et al. (2025) and Purnomo et al. (2024), which reported significant mediation by job satisfaction in organizational and business settings. The contrast is theoretically informative rather than problematic. Midwives in primary healthcare operate within protocols, public-sector procedures, program targets, resource distribution systems, and community-facing service requirements. These constraints can limit the extent to which a positive job attitude translates into higher measurable performance. Satisfaction may influence retention, well-being, or commitment more strongly than it influences short-term program performance.

Another explanation is the relatively favorable descriptive profile of job satisfaction in the broader study. When most respondents report high satisfaction, limited variance can reduce its ability to distinguish performance levels statistically. More importantly, satisfaction may be a distal psychological state, while performance in maternal-child health programs may respond more strongly to proximal resources such as coordination, supervision, teamwork, and access to functioning logistics.

Job Satisfaction Did Not Mediate Either Relationship

The mediation tests were not significant for either transformational leadership or work facilities. For transformational leadership, the indirect pathway failed because leadership did not significantly predict job satisfaction and job satisfaction did not predict performance. For work facilities, the first stage of the mediation chain was present—facilities significantly improved satisfaction—but the second stage was absent because satisfaction did not significantly improve performance. The result is therefore a clear example of why a significant antecedent-mediator path alone is insufficient to establish mediation.

The negative signs of both indirect effects should also be interpreted cautiously. Because the job satisfaction-performance coefficient was non-significant, these negative indirect estimates do not support a substantive claim that satisfaction harms performance. The correct interpretation is that the data did not demonstrate a reliable indirect effect. This distinction is important in applied management research, where non-significant mediation can easily be overinterpreted.

The findings suggest that job satisfaction is not a universal transmission mechanism between organizational resources and performance. Its role may depend on whether employees possess sufficient autonomy and control to translate a positive work evaluation into observable output. In primary healthcare, where performance is embedded in a service system, organizational climate and work-process mechanisms may be more immediate drivers. This interpretation is reinforced by the broader model results, which showed that the work environment significantly mediated the relationships of transformational leadership and work facilities with performance, whereas job satisfaction did not.

Theoretical Implications

First, the study qualifies the common satisfaction-performance logic by showing that a well-measured satisfaction construct may still fail to explain performance in a public healthcare context. Organizational behavior theories should therefore distinguish employee affect from the operational capacity to deliver program outcomes. Second, the study supports a resource-conversion perspective: leadership and facilities may need an organizational process layer before they affect performance. Third, the contrast with significant mediation findings highlights contextual boundary conditions. A mediation mechanism established in commercial, educational, or general employee samples should not automatically be generalized to primary healthcare professionals.

The study also demonstrates the scientific value of reporting unsupported hypotheses. The absence of mediation is not a failure of the model; it identifies where managerial intervention is less likely to work. By separating significant and non-significant pathways, the research provides a more precise basis for theory refinement and resource allocation.

Practical Implications

For the Muna Regency Health Office and heads of public health centers, the results indicate that improving satisfaction should remain an important workforce objective, but

it should not be treated as the principal route to higher midwife performance. Facility investment should focus on functionality, accessibility, maintenance, and integration with service routines. Leadership development should emphasize not only inspiration and individual support but also operational coordination, problem resolution, team communication, and follow-through.

Managers should also evaluate performance bottlenecks directly. These may include supply continuity, task distribution, referral coordination, documentation systems, service scheduling, communication among program teams, and supervisory feedback. If these mechanisms constrain performance, increasing satisfaction without addressing them may improve employee experience without changing program outcomes. A combined intervention package linking leadership behavior, facility readiness, teamwork, supervision, and performance feedback is therefore more defensible than relying on satisfaction as an intermediary target.

CONCLUSION

This study examined whether job satisfaction mediates the effects of transformational leadership and work facilities on midwives' performance in Muna Regency. Transformational leadership did not significantly affect performance or job satisfaction. Work facilities significantly improved job satisfaction but did not directly improve performance. Job satisfaction itself did not significantly affect performance. Consequently, job satisfaction did not mediate either the transformational leadership-performance relationship or the work facilities-performance relationship.

The findings indicate that organizational resources and positive employee attitudes are not automatically converted into higher midwifery performance. In primary healthcare, performance appears to depend on more proximal organizational and operational conditions. Health managers should therefore integrate facility improvement and transformational leadership with clear work systems, effective coordination, supportive supervision, reliable logistics, and performance feedback. Future studies should compare alternative mediators, particularly work environment and team-process mechanisms, and should use longitudinal or intervention designs to establish temporal relationships.

LIMITATION

The cross-sectional design prevents causal inference and does not establish the temporal sequence required for strong mediation claims. All focal constructs were self-reported, which may introduce common-method and social-desirability bias. The study was conducted in one regency, limiting generalizability. Performance was represented by self-reported program-related work rather than independently audited service outcomes. The focused article also reports coefficients estimated within the full structural model rather than re-estimating a stand-alone four-construct model. Future research should use longitudinal or multi-source data, objective facility audits, observed performance indicators, and alternative model comparisons.

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DECLARATION OF CONFLICTING INTERESTS

The authors declare no conflicting interests related to this manuscript.

REFERENCES

Adhika, I. M., Widnyana, I. W., Puspitawati, N. M. D., & Ekariani, N. W. M. (2025). The relationship between transformational leadership, work-life balance, and employee performance with job satisfaction as a mediating variable. *International Journal of Applied Business & International Management*, *10*(2), 347–367. https://doi.org/10.32535/ijabim.v10i2.4077

Aikins, D. A., Poku, C. A., Donkor, E., & Naab, F. (2023). Practice environment determinants of job satisfaction among midwives at healthcare facilities in Accra Metropolis: A multicentre study. *PLoS ONE*, *18*(3), e0282251. https://doi.org/10.1371/journal.pone.0282251

Bass, B. M. (1985). *Leadership and Performance Beyond Expectations*. Free Press.

Bass, B. M., & Avolio, B. J. (1993). Transformational leadership and organizational culture. *Public Administration Quarterly*, *17*, 112–121.

Carvajal, B., Hancock, A., Lewney, K., Hagan, K., Jamieson, S., & Cooke, A. (2024). A global overview of midwives' working conditions: A rapid review of literature on positive practice environment. *Women and Birth*, *37*(1), 15–50. https://doi.org/10.1016/j.wombi.2023.08.007

Gebreheat, G., Teame, H., & Costa, E. I. (2023). The impact of transformational leadership style on nurses' job satisfaction: An integrative review. *SAGE Open Nursing*, *9*, 1–14. https://doi.org/10.1177/23779608231197428

Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2022). *A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM)* (3rd ed.). Sage.

Hansson, M., Dencker, A., Lundgren, I., Carlsson, I. M., Eriksson, M., & Hensing, G. (2022). Job satisfaction in midwives and its association with organisational and psychosocial factors at work: A nation-wide, cross-sectional study. *BMC Health Services Research*, *22*(1), 436. https://doi.org/10.1186/s12913-022-07852-3

Niinihuhta, M., & Häggman-Laitila, A. (2022). A systematic review of the relationships between nurse leaders' leadership styles and nurses' work-related well-being. *International Journal of Nursing Practice*, *28*(5), 1–22. https://doi.org/10.1111/ijn.13040

Notarnicola, I., Duka, B., Lommi, M., Grosha, E., Maria, M. D., Iacorossi, L., ... & Stievano, A. (2024). Transformational leadership and its impact on job satisfaction and personal mastery for nursing leaders in healthcare organizations. *Nursing Reports*, *14*(4), 3561–3574. https://www.mdpi.com/2039-4403/14/4/260

Nove, A., Ten Hoope-Bender, P., Boyce, M., Bar-Zeev, S., de Bernis, L., Lal, G., ... & Homer, C. S. (2021). The State of the World's Midwifery 2021 report: Findings to drive global policy and practice. *Human Resources for Health*, *19*, 146. https://doi.org/10.1186/s12960-021-00694-w

Purnomo, J., Helmy, I., & Andri, G. (2024). Transformational leadership, compensation, work environment and employee performance: The mediating role of job satisfaction. *Journal of International Conference Proceedings*, *7*(1), 14–26. https://doi.org/10.32535/jicp.v7i1.3137

Ringle, C. M., Wende, S., & Becker, J.-M. (2022). SmartPLS 4. SmartPLS GmbH.

Sutanto, H., Utami, Y., & Diantoro, A. K. (2022). The influence of transformational leadership on job satisfaction, organizational commitment and human resource performance in Islamic boarding schools. *International Journal of Applied Business and International Management*, *7*(1), 124–136. https://doi.org/10.32535/ijabim.v7i1.1446

Syamsuddin, A. S., Kadir, A. R., Alam, S., & Madris, M. (2022). The leadership's influence on staff performance through job satisfaction at the University of West Sulawesi in Majene Regency. *Journal of International Conference Proceedings*, *5*(2), 76–83. https://doi.org/10.32535/jicp.v5i2.1672

Tsapnidou, E., Kelesi, M., Rovithis, M., Katharakis, G., Gerogianni, G., Dafogianni, C., ... & Stavropoulou, A. (2024). Transformational leadership—quality achievements and benefits for the healthcare organizations: a scoping review. *Hospitals*, *1*(1), 87–103. https://doi.org/10.3390/hospitals1010008

Ystaas, L. M. K., Nikitara, M., Ghobrial, S., Latzourakis, E., Polychronis, G., & Constantinou, C. S. (2023). The impact of transformational leadership in the nursing work environment and patients' outcomes: A systematic review. *Nursing Reports*, *13*(3), 1271–1290. https://doi.org/10.3390/nursrep13030108

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