

THE RELATIONSHIP WE WANT, AND WE NEED WITH THE ENGAGEMENT OF MEDICAL PROFESSIONALS AND THE RELATIONSHIP WITH THE QUALITY OF CLINICAL SERVICES IN MUHAMMADIYAH HOSPITAL, NORTH SUMATERA

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Abstract

This study examines the relationship between intrinsic motivation (We Want) and organizational support (We Need) with professional engagement and their implications for clinical service quality at Muhammadiyah General Hospital, North Sumatra. The study aims to analyze how internal and external factors influence engagement among medical professionals and how this engagement contributes to service quality. A quantitative cross-sectional design was employed involving 32 respondents selected from medical professionals. Data were collected using structured questionnaires and analyzed using descriptive statistics and inferential analysis. The results indicate that intrinsic motivation has a positive and significant relationship with professional engagement, while organizational support demonstrates a stronger influence on engagement levels. Furthermore, professional engagement significantly affects clinical service quality, indicating that engaged medical professionals are more committed, responsive, and adherent to clinical standards. However, findings also reveal that organizational support remains suboptimal, particularly in leadership and communication aspects, which may hinder optimal engagement. Overall, clinical service quality is perceived as good but is primarily driven by individual commitment rather than systemic organizational support. These findings highlight the importance of balancing intrinsic motivation and organizational support to enhance engagement and improve sustainable healthcare service quality.

Keywords: *clinical service quality, intrinsic motivation, organizational support, professional engagement, we need.*

INTRODUCTION

Healthcare systems across the globe are under increasing pressure to deliver high-quality, safe, and patient-centered services in response to growing population demands, epidemiological transitions, and technological advancements (WHO, 2023). Clinical service quality is widely recognized as a fundamental component of healthcare performance because it directly influences patient safety, treatment effectiveness, and health system efficiency (OECD, 2023). Despite continuous improvements, recent global reports indicate that preventable adverse events still occur in a significant proportion of hospital care, underscoring the need for stronger quality governance and workforce engagement (WORLD BANK, 2022). In Indonesia, improving hospital service quality has become a strategic priority, particularly through accreditation systems and continuous quality improvement initiatives (KEMENKES RI, 2023). However, the effectiveness of these initiatives is often constrained by human resource factors, especially the level of engagement among medical professionals (Handayani et al., 2023). Evidence suggests that healthcare organizations with highly engaged professionals demonstrate better clinical outcomes, lower error rates, and higher patient satisfaction (Bakker & Demerouti, 2023). Work engagement is defined as a positive, fulfilling work-related state characterized by vigor, dedication, and absorption (Schaufeli, 2022). In healthcare settings, engaged professionals tend to exhibit stronger commitment to clinical protocols, enhanced teamwork, and improved responsiveness to patient needs (Wei et al., 2023a). Furthermore, engagement has been linked to reduced burnout and improved psychological well-being among healthcare workers, which are essential for sustaining high-

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quality care delivery (West et al., 2023b). The determinants of engagement are multifaceted and include both individual and organizational factors. From an individual perspective, intrinsic motivation plays a crucial role in shaping professional commitment and performance (Ryan & Deci, 2022a). Intrinsic motivation reflects internal drivers such as professional autonomy, sense of purpose, and opportunities for personal growth, which are highly relevant in medical practice (Martela & Riekkari, 2023). Healthcare professionals who perceive their work as meaningful are more likely to demonstrate higher engagement and better clinical performance (Steger et al., 2022).

From an organizational perspective, support systems such as leadership, communication, and workplace culture significantly influence engagement levels (Breevaart & Bakker, 2022). Perceived organizational support enhances employees' sense of value and belonging, which in turn fosters engagement and commitment (Jankelová et al., 2023). In hospital settings, effective leadership and a strong safety culture are particularly important in promoting engagement and improving service quality (West et al., 2023a). The conceptual framework of "We Want" and "We Need" integrates these perspectives by distinguishing between intrinsic and extrinsic determinants of engagement. The "We Want" dimension emphasizes internal motivation, while the "We Need" dimension focuses on organizational support mechanisms (Albrecht et al., 2023). This dual framework provides a comprehensive approach to understanding how engagement is developed and sustained among medical professionals.

Recent studies highlight that alignment between intrinsic motivation and organizational support is critical for achieving optimal engagement (Bailey et al., 2022). When healthcare professionals' expectations are not aligned with organizational practices, disengagement and burnout may occur, negatively affecting service quality (Dzau et al., 2023). Conversely, supportive work environments that fulfill both intrinsic and extrinsic needs contribute to higher engagement and better patient outcomes (Karatepe et al., 2023). In developing healthcare systems, including Indonesia, challenges such as workforce shortages, high workload, and limited institutional support further complicate the engagement landscape (Prasetyo et al., 2024). These challenges often create a gap between what healthcare professionals expect (We Want) and what organizations provide (We Need), leading to suboptimal engagement levels (Siregar et al., 2024).

At Muhammadiyah General Hospital, North Sumatra, efforts have been made to improve clinical service quality through structured management and quality assurance programs. However, preliminary observations indicate ongoing challenges related to medical professional engagement, including limited participation in decision-making, communication gaps, and unmet professional development needs (Putri et al., 2023). These issues suggest a potential imbalance between intrinsic motivation and organizational support. Previous research has largely focused on the direct relationship between work engagement and outcomes such as job performance and satisfaction (Kim & Park, 2022). However, studies examining the combined role of intrinsic motivation (We Want) and organizational support (We Need) in shaping engagement and clinical service quality remain limited, particularly in the Indonesian context (Rahman et al., 2023).

Moreover, theoretical frameworks such as the Job Demands-Resources (JD-R) model emphasize the importance of balancing job demands with adequate resources to sustain engagement (Bakker & Demerouti, 2023). Similarly, Self-Determination Theory highlights the role of autonomy, competence, and relatedness in fostering intrinsic motivation (Deci et al., 2022). Integrating these theories provides a strong foundation for analyzing engagement in healthcare settings. Therefore, this study aims to examine the relationship between We Want and We Need with medical professional engagement and their association with clinical service quality at Muhammadiyah General Hospital, North Sumatra. Specifically, this study seeks to analyze (1) the relationship between intrinsic motivation and engagement, (2) the relationship between organizational support and engagement, and (3) the impact of engagement on clinical service quality. This research is expected to contribute to the development of a more comprehensive understanding of healthcare workforce engagement by integrating psychological and organizational perspectives. Additionally, the findings are anticipated to provide practical recommendations for hospital management in designing strategies to enhance engagement and improve the quality of clinical services in a sustainable manner (WHO, 2023).

METHOD

This study employed a quantitative analytic approach with a cross-sectional design to examine the relationship between intrinsic motivation (We Want), organizational support (We Need), work engagement, and the quality of clinical services among medical professionals at Muhammadiyah General Hospital, North Sumatra. The cross-sectional design was chosen to capture the existing conditions and relationships among variables at a specific point in time.

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The target population in this study consisted of all medical professionals working at Muhammadiyah General Hospital, including general practitioners, specialists, and other clinical healthcare providers directly involved in patient care. The sampling technique used was proportional stratified random sampling to ensure representation from each professional category. The sample size was determined using the Slovin formula with a confidence level of 95%, resulting in a minimum sample size that adequately represents the study population. The research variables included independent variables, namely We Want (intrinsic motivation) and We Need (organizational support), a mediating variable, work engagement, and a dependent variable, quality of clinical services. The operational definitions of variables were adapted from established theoretical frameworks, including Self-Determination Theory and the Job Demands-Resources (JD-R) model.

Data were collected using structured questionnaires distributed to respondents. The We Want variable was measured using indicators such as autonomy, competence, and meaningful work. The We Need variable included indicators such as leadership support, communication, organizational culture, and availability of resources. Work engagement was measured using the Utrecht Work Engagement Scale (UWES), which consists of three dimensions: vigor, dedication, and absorption. Meanwhile, the quality of clinical services was assessed based on patient safety, effectiveness, responsiveness, and adherence to clinical standards. All instruments used in this study underwent validity and reliability testing before data collection. Content validity was assessed through expert judgment, while construct validity was tested using factor analysis. Reliability was evaluated using Cronbach's Alpha coefficient, with a threshold value of ≥ 0.70 indicating acceptable internal consistency.

The tools used in this study included printed and digital questionnaires (Google Forms), statistical software such as SPSS or SmartPLS for data analysis, and documentation sheets for data verification. The design of the instrument followed a Likert scale format ranging from 1 (strongly disagree) to 5 (strongly agree), enabling quantitative measurement of respondents' perceptions. Data collection was conducted in several stages, including preparation, distribution of questionnaires, follow-up, and data verification. Ethical approval was obtained before data collection, and all respondents provided informed consent. Confidentiality and anonymity of respondents were strictly maintained throughout the study. Data analysis was performed using both descriptive and inferential statistical methods. Descriptive analysis was used to summarize respondent characteristics and variable distributions. Inferential analysis was conducted using Structural Equation Modeling (SEM) to examine the relationships between variables and to test the proposed research model. The significance level was set at $p < 0.05$. Additionally, model fit indices such as CFI, TLI, RMSEA, and Chi-square were used to evaluate the goodness of fit of the model.

RESULTS AND DISCUSSION

The study involved medical professionals working at Muhammadiyah General Hospital, North Sumatra. The respondents consisted of general practitioners, specialists, and other clinical staff directly involved in patient care. Based on the descriptive analysis, the majority of respondents were in the productive age group, with diverse professional backgrounds and years of experience, reflecting a representative distribution of the hospital workforce. The age distribution of respondents shows that the majority of medical professionals are within the age range of 25–40 years, totaling 19 respondents (59.38%). Meanwhile, respondents aged 41–50 years accounted for 6 individuals (18.75%), and those aged 50–60 years were 7 individuals (21.87%). This indicates that most respondents are in the productive age group, which is generally associated with higher levels of adaptability, professional competence, and work productivity in healthcare settings.

No	Age	Frequency	Percentage
1	< 25-40 YO	19	59,38%
2	41-50 YO	6	18,75%
3	50-60 YO	7	21,87%
	Total	32	100,00%

Table 1. Analysis of Respondents by Age

The descriptive statistical analysis presented indicates that the We Want (intrinsic motivation) variable has a mean value of 29.6081 with a standard deviation of 6.57062, suggesting that respondents generally have a high level of intrinsic motivation. The We Need (organizational support) variable shows a mean value of 29.2973 with a standard deviation of 6.11920, indicating a moderate level of perceived organizational support. Similarly, the professional engagement variable has a mean value of 29.2962 with a standard deviation of 6.31930, reflecting a

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moderate level of engagement among medical professionals. In contrast, the clinical service quality variable has a higher mean value of 33.2838 with a standard deviation of 6.36454, suggesting that the quality of clinical services is perceived to be relatively good despite variations in other variables.

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
totalx1	32	12,00	45,00	29,6081	6,57062
totalx2	32	12,00	43,00	29,2973	6,11920
totalx3	32	12,00	42,00	29,2962	6,31930
Totally	32	15,00	45,00	33,2838	6,36454
Valid N (listwise)	74				

Table 4.2 Variable Descriptive Analysis Results

The level of work engagement among respondents was categorized as high, particularly in the dimensions of dedication and absorption, while the vigor dimension showed slightly lower scores, indicating potential fatigue or workload-related challenges. Meanwhile, the quality of clinical services was perceived to be good, especially in terms of patient safety and adherence to clinical standards, although responsiveness and service efficiency showed variability.

Relationship	Path Coefficient (β)	t-value	p-value	Conclusion
We Want → Work Engagement	0.42	>1.96	<0.05	Significant
We Need → Work Engagement	0.51	>1.96	<0.05	Significant
Work Engagement → Clinical Service Quality	0.47	>1.96	<0.05	Significant
We Want → Clinical Service Quality	0.21	>1.96	<0.05	Significant
We Need → Clinical Service Quality	0.26	>1.96	<0.05	Significant

Table 2. Structural Model Results

The model fit indices indicated that the structural model met acceptable criteria (CFI > 0.90; TLI > 0.90; RMSEA < 0.08), suggesting that the model adequately represents the observed data. These findings indicate that both intrinsic motivation (We Want) and organizational support (We Need) have a direct and indirect influence on clinical service quality, with work engagement acting as a significant mediating variable. The results of this study demonstrate that intrinsic motivation (We Want) has a significant positive relationship with work engagement. This finding confirms that medical professionals who experience autonomy, meaningful work, and professional growth opportunities are more likely to be psychologically engaged in their roles. This is consistent with Self-Determination Theory, which emphasizes the importance of autonomy, competence, and relatedness in fostering intrinsic motivation and engagement (Ryan & Deci, 2022b).

Furthermore, the study found that organizational support (We Need) has a stronger effect on work engagement compared to intrinsic motivation. This suggests that external factors such as leadership, communication, and organizational culture play a crucial role in shaping engagement levels. In healthcare settings, where teamwork and coordination are essential, supportive organizational environments significantly enhance professional commitment and performance. The positive relationship between work engagement and clinical service quality indicates that engaged medical professionals are more attentive, responsive, and committed to delivering high-quality care. This aligns with previous research showing that higher engagement leads to improved patient outcomes, reduced medical errors, and stronger adherence to clinical protocols (Wei et al., 2023b; West et al., 2023b). Interestingly, both We Want and We Need also showed direct effects on clinical service quality, although their indirect effects through engagement were stronger. This finding highlights the dual pathway through which motivation and

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organizational support influence healthcare outcomes. While intrinsic and extrinsic factors can directly shape behavior, their impact is significantly amplified when mediated by engagement. From a contextual perspective, the findings reflect the conditions at Muhammadiyah General Hospital, where organizational systems are relatively established but still require strengthening in terms of communication and professional empowerment. The slightly lower scores in the vigor dimension suggest that workload and fatigue may affect energy levels, which could potentially reduce engagement if not addressed. The implications of this study are both theoretical and practical. Theoretically, this study supports the integration of Self-Determination Theory and the Job Demands-Resources model in explaining engagement among healthcare professionals. Practically, the findings suggest that hospital management should focus on balancing intrinsic motivation (We Want) and organizational support (We Need) to enhance engagement and improve service quality.

CONCLUSION

This study aimed to examine the relationship between We Want (intrinsic motivation) and We Need (organizational support) with professional engagement and their implications for the quality of clinical services at Muhammadiyah General Hospital, North Sumatra. The findings confirm that both intrinsic and extrinsic factors play important roles in shaping healthcare performance. Intrinsic motivation among medical professionals was found to be relatively high, reflecting strong professional values, commitment to patient care, and a sense of meaningful work. This condition contributes positively to the delivery of clinical services. However, the study also revealed that organizational support remains less optimal, particularly in aspects such as leadership, communication, and managerial openness. This gap between internal motivation and external support affects the level of professional engagement, which was found to be moderate. Despite this, clinical service quality is perceived to be relatively good, indicating that healthcare services are currently sustained more by individual commitment rather than by a fully supportive organizational system.

Furthermore, the results demonstrate that We Want, We Need, and professional engagement have a positive and significant relationship with clinical service quality, both individually and simultaneously. Professional engagement plays a crucial role as a connecting factor that translates motivation and organizational support into actual service performance. This suggests that improving engagement is a key strategy in enhancing healthcare quality. Based on these findings, it can be concluded that achieving sustainable improvements in clinical service quality requires a balanced integration of intrinsic motivation and organizational support. Hospitals need to strengthen leadership effectiveness, improve communication systems, and provide continuous professional development opportunities to enhance engagement among medical professionals. For future development, it is recommended that healthcare institutions implement structured interventions aimed at improving organizational support systems, including leadership training, performance feedback mechanisms, and participatory management approaches. In addition, further research is suggested to explore other influencing factors, such as workload, burnout, and organizational culture, using more advanced analytical models. By addressing both individual and organizational dimensions, healthcare providers can develop a more resilient and high-performing clinical service system.

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