Determinants of Hospital Employee Performance: The Role of Motivation and Organizational Dynamics

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ABSTRACT
Employee performance in hospitals has become a strategic concern amid increasing service demands, high workload, and declining public satisfaction. These challenges underscore the importance of empirically identifying the key determinants of employee performance to support evidence-based managerial interventions. Understanding how organizational and motivational factors influence performance is essential for strengthening hospital service quality and institutional sustainability. This study aimed to analyze the effects of competency development, leadership style, work facilities, and work motivation on employee performance at hospital. A quantitative study with a cross-sectional design was conducted. Data were collected from 210 hospital employees using a stratified random sampling technique to ensure proportional representation across work units. The data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) to examine both direct and total effects among variables within the proposed structural model. The analysis revealed that leadership style was the most dominant determinant of employee performance, with a total effect value of 0.497 (p = 0.000). Competency development emerged as the second strongest determinant, with a total effect of 0.338 (p = 0.000). Work motivation also had a statistically significant contribution to employee performance, with a total effect of 0.220 (p = 0.002). In contrast, work facilities demonstrated the smallest total effect on performance (0.142; p = 0.006). These findings indicate that leadership quality and employee competency levels exert stronger influences on performance compared to structural factors such as facilities. As conclusion, employee performance is primarily determined by leadership quality and competency development, with work motivation playing a supportive role, while work facilities have a comparatively limited influence. A performance determinant framework grounded in motivation and organizational dynamics provides a robust foundation for designing hospital performance improvement policies.
Keywords: hospital management; employee; competency development; leadership style; work motivation; performance

INTRODUCTION
Employee performance is a multidimensional construct that reflects the extent to which individuals effectively achieve organizational task standards through the integration of abilities, skills, and work attitudes. The attainment of organizational targets is not solely determined by productivity indicators but also by an individual's capacity to collaborate, overcome operational barriers, and generate innovation within work processes [1]. In this regard, performance evaluation serves as a diagnostic instrument that provides strategic feedback for employee development and organizational improvement [2]. The significance of performance assessment becomes increasingly pronounced in the context of public service quality enhancement, particularly in the health sector, where precision, timeliness, responsiveness, and professional conduct are essential. Therefore, examining the determinants of employee performance constitutes both an academic imperative and a practical necessity.

The organizational context of Kaliwates General Hospital (RSU Kaliwates) illustrates performance dynamics that present several critical challenges. Patient complaints regarding prolonged waiting times, suboptimal service interactions, and limitations in facilities and infrastructure indicate a discrepancy between public expectations and actual service performance. High workloads combined with limited human resources constrain medical personnel from providing proportional attention to each patient, thereby contributing to negative public perceptions of service quality. The 2024 service satisfaction survey revealed low scores on key indicators, including waiting time (2.0–2.4), information availability (2.0–2.2), and administrative procedures that remain inefficient. These findings underscore persistent operational issues requiring managerial and human resource–based interventions.

Further evidence of performance instability is reflected in the fluctuation of internal survey results from 2022 to 2024, in which the categories "very low," "low," and "good" demonstrated inconsistency. Although 2023 showed a significant improvement, performance declined again in 2024, suggesting the presence of structural and behavioral variables that have not been optimally managed. This situation reinforces the relevance of investigating key performance determinants, including competency development, leadership style, work facilities, and work motivation. In healthcare settings, employee performance is particularly sensitive to organizational conditions; thus, a comprehensive understanding of these determinants is essential for establishing sustainable service quality improvement policies.

The Model of Performance proposed by Campbell provides a foundational theoretical framework for conceptualizing performance as the interaction among ability, effort, and opportunity [3,4]. Task knowledge, organizational support, and external conditions represent enabling factors that allow individuals to perform optimally [5,6]. Within this framework, competency development, leadership style, and work facilities can be interpreted as representations of ability and opportunity, whereas work motivation reflects the effort dimension [7]. This theoretical perspective offers scientific justification for positioning motivation as a mediating variable that transmits the influence of organizational factors on employee performance, particularly in complex work environments such as hospitals.

Previous empirical studies have demonstrated that competency development enhances employee performance by strengthening professional capabilities and technical expertise [8–10]. Leadership style plays a critical role in shaping work behavior, motivation, and job satisfaction [11–13]. Adequate work facilities have been shown to improve efficiency, comfort, and productivity across various sectors [14–16]. Moreover, work motivation significantly influences service quality, job satisfaction, and the achievement of organizational outputs [17,18]. The diversity of these findings highlights the importance of adopting an integrative approach to understand how these factors interact in influencing employee performance within hospital organizations.

A research gap emerges from the observation that most prior studies have examined only one or two variables in isolation, such as competency, work facilities, or leadership style, and have largely been conducted in non-healthcare sectors [19–22]. The hospital context, characterized by complex workflows, interdisciplinary coordination, and critical service demands, has rarely been examined using a simultaneous approach that integrates competency development, leadership style, work facilities, and motivation as a mediating mechanism. Furthermore, the application of Campbell's Model of Performance in health organizational research remains limited, presenting an opportunity for theoretical

contribution. The declining service quality observed at RSU Kaliwates further strengthens the urgency of this study as an effort to address both empirical gaps and organizational needs.

This study aims to analyze the effects of competency development, leadership style, work facilities, and work motivation on employee performance. To achieve this objective, the research is structured around ten specific hypotheses: (1) competency development has a significant effect on performance; (2) leadership style has a significant effect on performance; (3) work facilities have a significant effect on performance; (4) competency development has a significant effect on motivation; (5) leadership style has a significant effect on motivation; (6) work facilities have a significant effect on motivation; (7) motivation has a significant effect on performance; (8) competency development has an indirect effect on performance through motivation; (9) leadership style has an indirect effect on performance through motivation; and (10) work facilities have an indirect effect on performance through motivation.

METHODS

This study was conducted in 2025 at Kaliwates General Hospital (RSU Kaliwates), Jember, Indonesia. The research employed a quantitative approach using an analytic cross-sectional design, allowing for the simultaneous examination of relationships among variables at a single point in time.

The study population comprised 440 employees, including medical personnel, administrative staff, and supporting personnel. The sample size was determined using the Slovin formula, and respondents were selected through a stratified random sampling technique to ensure proportional representation across employee categories. Based on this calculation, a total of 210 respondents participated in the study.

The variables analyzed in this research included competency development, leadership style, work facilities, work motivation, and employee performance. Each construct was operationalized based on established theoretical and empirical indicators. Competency development was measured through indicators encompassing structural training, functional training, technical training, seminars or conferences, workshops, technical guidance, socialization programs, and professional courses. Leadership style was assessed through dimensions reflecting leader traits, habits, personality, and temperament. Work facilities were measured based on the availability of work equipment, work supplies, and social facilities. Work motivation was evaluated through indicators of self-esteem, need for power, and job security. Employee performance was measured through work quality, work quantity, task implementation, and responsibility [16,23–26].

Data were collected using a structured questionnaire with a five-point Likert scale (1–5), developed from empirical indicators corresponding to each variable. The questionnaires were distributed directly to respondents. Prior to data analysis, all instruments were tested for validity and reliability to ensure measurement accuracy and internal consistency.

Data analysis was conducted using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS version 4.0, as recommended for latent variable modeling [27]. The analytical procedure began with evaluation of the measurement model, including tests of convergent validity, discriminant validity, and construct reliability. Subsequently, the structural model was assessed by examining path coefficients, t-statistics, p-values, and R^2 values to determine the magnitude, significance, and predictive strength of the relationships among variables [27].

RESULTS

This study presents empirical findings derived from Partial Least Squares–Structural Equation Modeling (PLS-SEM) to examine the relationships among competency development, leadership style, work facilities, work motivation, and employee performance at Kaliwates General Hospital. The analysis encompassed both measurement model evaluation to ensure indicator validity and reliability, and structural model assessment, including path coefficients, statistical significance levels, and R^2 values as indicators of predictive capability. The results illustrate how each construct contributes to employee performance, both directly and indirectly through the mediating role of work motivation. These findings provide a foundation for identifying the most influential determinants in enhancing employee performance within the hospital setting.

Table 1. The outer loadings before indicator elimination

Indicator	Original sample	Sample mean	Standard deviation	T statistics	p-value
X1.1 ← Competency development (X1)	0.527	0.521	0.078	6.747	0.000
X1.2 ← Competency development (X1)	0.574	0.568	0.063	9.067	0.000
X1.3 ← Competency development (X1)	0.723	0.725	0.037	19.755	0.000
X1.4 ← Competency development (X1)	0.768	0.770	0.033	23.138	0.000
X1.5 ← Competency development (X1)	0.737	0.736	0.038	19.533	0.000
X1.6 ← Competency development (X1)	0.685	0.682	0.049	14.002	0.000
X1.7 ← Competency development (X1)	0.669	0.666	0.053	12.727	0.000
X1.8 ← Competency development (X1)	0.669	0.664	0.054	12.450	0.000
X2.1 ← Leadership style (X2)	0.788	0.789	0.037	21.223	0.000
X2.2 ← Leadership style (X2)	0.863	0.863	0.025	34.209	0.000
X2.3 ← Leadership style (X2)	0.893	0.893	0.020	44.370	0.000
X2.4 ← Leadership style (X2)	0.786	0.786	0.040	19.794	0.000
X3.1 ← Work facilities (X3)	0.881	0.878	0.025	35.306	0.000
X3.2 ← Work facilities (X3)	0.912	0.911	0.018	51.333	0.000
X3.3 ← Work facilities (X3)	0.870	0.868	0.027	31.660	0.000
Y1.1 ← Employee performance (Y)	0.843	0.843	0.025	34.127	0.000
Y1.2 ← Employee performance (Y)	0.847	0.847	0.023	36.107	0.000
Y1.3 ← Employee performance (Y)	0.810	0.810	0.029	27.960	0.000
Y1.4 ← Employee performance (Y)	0.776	0.776	0.034	22.711	0.000
Z1.1 ← Work motivation (Z)	0.853	0.852	0.024	35.905	0.000
Z1.2 ← Work motivation (Z)	0.856	0.856	0.019	44.422	0.000
Z1.3 ← Work motivation (Z)	0.621	0.617	0.068	9.071	0.000

Based on Table 1, the outer loading test results indicate that the majority of indicators across the constructs of competency development, leadership style, work facilities, work motivation, and employee performance demonstrate strong and statistically significant loadings. This is evidenced by t-statistics substantially exceeding the threshold of 1.96 and p-values of 0.000, confirming convergent validity. Most indicators exhibit loading values above the recommended minimum threshold of 0.70, reflecting satisfactory contributions to their respective latent constructs. However, within the competency development construct (X1), several indicators show relatively lower loading values, particularly X1.1 (0.527) and X1.2 (0.574). These results suggest the need for further evaluation to determine whether these indicators should be retained or eliminated in subsequent model refinement. In contrast, all indicators for leadership style, work facilities, work motivation, and employee performance meet acceptable convergent validity criteria. Overall, the measurement model can be considered valid, although refinement of indicators with suboptimal loading values may enhance the overall quality and robustness of the model.

Table 2. The outer loadings after indicator elimination

Indicator	Original sample	Sample mean	Standard deviation	T Statistics	p-values
X1.3 ← Competency development (X1)	0.832	0.831	0.029	28.495	0.000
X1.4 ← Competency development (X1)	0.854	0.854	0.026	32.519	0.000
X1.5 ← Competency development (X1)	0.812	0.812	0.033	24.672	0.000
X2.1 ← Leadership style (X2)	0.786	0.785	0.039	20.339	0.000
X2.2 ← Leadership style (X2)	0.865	0.865	0.025	34.677	0.000
X2.3 ← Leadership style (X2)	0.895	0.895	0.019	46.149	0.000
X2.4 ← Leadership style (X2)	0.784	0.783	0.041	19.152	0.000
X3.1 ← Work facilities (X3)	0.881	0.880	0.025	34.866	0.000
X3.2 ← Work facilities (X3)	0.914	0.914	0.017	54.490	0.000
X3.3 ← Work facilities (X3)	0.867	0.866	0.028	30.654	0.000
Y1.1 ← Employee performance (Y)	0.844	0.844	0.025	34.350	0.000
Y1.2 ← Employee performance (Y)	0.849	0.849	0.023	36.364	0.000
Y1.3 ← Employee performance (Y)	0.810	0.809	0.029	27.640	0.000
Y1.4 ← Employee performance (Y)	0.772	0.771	0.036	21.701	0.000
Z1.1 ← Work motivation (Z)	0.862	0.861	0.026	33.807	0.000
Z1.2 ← Work motivation (Z)	0.904	0.904	0.013	69.321	0.000

Based on Table 2, the outer loading results after the elimination process indicate a substantial improvement in the quality of the measurement model. All remaining indicators for competency development, leadership style, work facilities, work motivation, and employee performance meet the convergent validity threshold, with loading values exceeding 0.70 and statistically significant at the 0.000 level. The competency development construct (X1.3, X1.4, X1.5) now demonstrates strong consistency, with loadings ranging from 0.812 to 0.854, indicating that only the most representative indicators of the construct were retained. Similarly, all indicators of leadership style and work facilities exhibit excellent performance, with the highest loading observed for work facilities (0.914), reflecting a very strong representation of the latent construct. The employee performance and work motivation constructs also show stable and significant loading values. Notably, indicator Z1.2 achieves a loading above 0.900, indicating very high internal consistency. Overall, these findings confirm that the indicator elimination process successfully enhanced the reliability and convergent validity of the model, ensuring that only the most relevant and high-quality items are retained for further structural analysis.

Table 3. The results of validity and reliability test

Variable	AVE	Cronbach's alpha	Composite reliability
Work facilities (X3)	0.788	0.865	0.918
Leadership style (X2)	0.695	0.853	0.901
Employee performance (Y)	0.672	0.837	0.891
Work motivation (Z)	0.781	0.721	0.877
Competency development (X1)	0.694	0.780	0.872

The results presented in Table 3 demonstrate that all constructs satisfy the required criteria for convergent validity and internal reliability. The Average Variance Extracted (AVE) values range from 0.672 to 0.788, exceeding the recommended threshold of 0.50, thereby confirming adequate convergent validity.

Furthermore, Cronbach's Alpha and Composite Reliability values for all variables are above 0.70, indicating strong internal consistency and measurement stability. Work Facilities (X3) exhibits the strongest measurement performance, with the highest AVE (0.788) and Composite Reliability (0.918). The remaining constructs—Leadership Style (X2), Employee Performance (Y), Work Motivation (Z), and Competency Development (X1)—also demonstrate satisfactory validity and reliability, confirming their suitability for subsequent structural model analysis.

Table 4. Model fit assessment

Indicator	Saturated model	Estimated model	Criteria
SRMR	0.040	0.041	Should be < 0.08
d_ULS	7.100	7.200	Values < 10 indicate good fit
d_G	5.300	8.800	Values < 10 indicate good fit
Chi-square	4000.000	4200.000	Values < 5000 generally acceptable
NFI	0.970	0.970	Should be > 0.90

The findings in Table 4 indicate that the structural model demonstrates good overall fit. The SRMR values (0.040–0.041) are well below the 0.08 threshold, indicating excellent model fit. The d_ULS and d_G values are also below 10, supporting model adequacy. The Chi-square values remain under 5000, meeting commonly accepted criteria. Additionally, the NFI value of 0.970 exceeds the 0.90 benchmark, confirming that the proposed structural model fits the empirical data satisfactorily. The path analysis results indicate that most structural relationships are statistically significant. Leadership Style (X2), Competency Development (X1), and Work Motivation (Z) exert significant positive direct effects on Employee Performance (Y). Leadership Style demonstrates the strongest direct influence (β = 0.442). Work Facilities (X3) does not show a significant direct effect on performance (p = 0.127), but significantly influences

Work Motivation (p = 0.001). All indirect paths through Work Motivation are significant, confirming its role as a partial mediator between organizational factors and employee performance.

Table 5. The direct and mediation effects of variables

Path	Original sample	Sample mean	Standard deviation	T statistics	p-value
Work facilities (X3) → Employee performance (Y)	0.065	0.068	0.043	1.526	0.127
Work facilities (X3) → Work motivation (Z)	0.348	0.359	0.101	3.441	0.001
Leadership style (X2) → Employee performance (Y)	0.442	0.445	0.092	4.809	0.000
Leadership style (X2) → Work motivation (Z)	0.249	0.246	0.077	3.218	0.001
Work motivation (Z) → Employee performance (Y)	0.220	0.218	0.070	3.161	0.002
Competency development (X1) → Employee performance (Y)	0.274	0.269	0.088	3.121	0.002
Competency development (X1) → Work motivation (Z)	0.291	0.286	0.094	3.105	0.002
X3 → Z → Y	0.077	0.078	0.033	2.322	0.020
X2 → Z → Y	0.055	0.053	0.023	2.399	0.016
X1 → Z → Y	0.064	0.063	0.031	2.075	0.038

Table 6. The total effects of each variable

Path	Original sample	Sample mean	Standard deviation	T statistics	p-value
Leadership style (X2) → Employee performance (Y)	0.497	0.498	0.088	5.656	0.000
Competency development (X1) → Employee performance (Y)	0.338	0.333	0.083	4.068	0.000
Work facilities (X3) → Work motivation (Z)	0.348	0.359	0.101	3.441	0.001
Competency development (X1) → Work motivation (Z)	0.291	0.286	0.094	3.105	0.002
Leadership style (X2) → Work motivation (Z)	0.249	0.246	0.077	3.218	0.001
Work motivation (Z) → Employee performance (Y)	0.220	0.218	0.070	3.161	0.002
Work facilities (X3) → Employee performance (Y)	0.142	0.146	0.052	2.725	0.006

The total effects analysis confirms that Leadership Style (X2) is the most dominant determinant of Employee Performance (β = 0.497), followed by Competency Development (β = 0.338). Work Facilities (X3) exert a stronger influence on Work Motivation than directly on performance, indicating that structural resources operate primarily through motivational mechanisms. Overall, the findings demonstrate that behavioral and psychological factors—particularly leadership and motivation—play a more decisive role than structural factors in shaping employee performance within the hospital organizational context.

The Adjusted R^2 values indicate the predictive power of the structural model in explaining the variance of the endogenous constructs, namely Work Motivation (Z) and Employee Performance (Y). Work Motivation demonstrates an Adjusted R^2 value of 0.565, indicating that 56.5% of the variance in motivation is explained by the three exogenous variables: Competency Development (X1), Leadership Style (X2), and Work Facilities (X3). This value can be categorized as moderate to substantial, suggesting that these organizational factors contribute meaningfully to the formation of employee motivation. Meanwhile, Employee Performance (Y) shows an Adjusted R^2 value of 0.764, meaning that 76.4% of the variance in performance is explained by the combined influence of Competency Development (X1), Leadership Style (X2), Work Facilities (X3), and Work Motivation (Z). This value falls within the strong category, indicating that the proposed model provides a highly robust explanation of employee performance. Overall, the structural model demonstrates strong predictive capability, particularly for employee performance. Work Motivation functions as a key intervening variable that strengthens the influence of organizational factors on individual performance outcomes.

DISCUSSION

The empirical findings of this study clearly demonstrate the hierarchical structure of inter-variable influences based on the total effects analysis. Leadership style exhibits the strongest total effect on employee performance, confirming that leadership quality serves as the primary determinant in shaping employee performance outcomes. Competency development ranks second in terms of total effect, indicating that the enhancement of professional knowledge and skills makes a substantial contribution to work performance. Meanwhile, work facilities show a relatively smaller total effect on employee performance but demonstrate a stronger influence on work motivation. This pattern suggests that structural factors tend to operate indirectly through psychological mechanisms—particularly motivation—rather than exerting a direct impact on performance.

The dominance of leadership style in influencing performance reflects the critical role of social interaction, clarity of direction, and emotional support provided by leaders within healthcare organizations. Hospitals, as high-pressure work environments, require leadership capable of managing psychological burdens, fostering trust, and sustaining employee commitment. Competency development contributes significantly to performance because improved technical and professional capabilities enable employees to respond more effectively to the complexity of healthcare service tasks. However, the findings also indicate that competency yields optimal impact when accompanied by adequate motivational conditions, as reflected in the indirect effect of competency on performance through work motivation.

Employee performance at RSU Kaliwates is formed through the interaction of competency, leadership, work facilities, and motivation variables, as conceptualized in the Model of Performance, which emphasizes the interrelationship among ability, effort, and opportunity in producing optimal outcomes within complex healthcare environments [3, 4]. The relational pattern identified in this study demonstrates that employee performance is more strongly influenced by behavioral and psychological factors than by structural elements, indicating that the quality of hospital service output heavily depends on the human dynamics within the organization. Competency development shows a positive relationship with employee performance, suggesting that improvements in technical and professional skills directly enhance the effectiveness of healthcare service delivery. These findings are consistent with previous research asserting that increased knowledge and skills result in more adaptive and higher-quality

work behavior [8, 9]. Given the high-precision demands of hospital organizations, competency remains a crucial determinant in maintaining performance stability.

Leadership style emerges as the most influential factor affecting performance, underscoring the importance of leader–subordinate relationships in shaping employee work behavior at RSU Kaliwates. Support, role modeling, and clarity of direction strengthen employees' self-confidence and sense of responsibility, aligning with prior studies that position leadership as a central driver of productive work behavior [11–13]. The dominance of leadership influence in this study indicates that social interaction within the organization plays a strategic role in determining healthcare service quality. Work facilities constitute the only variable that does not demonstrate a direct relationship with employee performance. This non-significant finding suggests that the mere availability of facilities does not automatically produce better performance unless accompanied by psychological readiness or intrinsic motivation. This result is consistent with the literature explaining that facilities function primarily as supportive factors and do not directly enhance performance without strong motivational or leadership mechanisms guiding their utilization [14, 15]. This pattern implies that hospital contexts require more than the provision of physical infrastructure to drive employee productivity.

Work motivation shows a significant relationship with performance, indicating that employees' internal drive plays a vital role in sustaining work intensity and resilience under demanding service conditions. This finding is consistent with perspectives that regard motivation as a psychological factor that maintains work energy and goal orientation in high-risk environments such as hospitals [7, 17]. The strength of motivational influence in this study demonstrates that employee productivity is strongly shaped by internal psychological processes. Furthermore, work motivation plays a mediating role in strengthening the effects of competency, leadership, and work facilities on performance. This mediating role confirms that organizational variables achieve maximum impact on performance only when they successfully foster employees' intrinsic motivation, consistent with theories positioning motivation as the link between organizational conditions and performance behavior [7]. Structural changes or skill enhancement alone will not generate optimal outcomes without psychological engagement from employees.

Overall, the constellation of findings suggests that strengthening hospital employee performance requires an integrative strategy that combines competency enhancement, effective leadership development, supportive facility provision, and the cultivation of psychological conditions that promote work engagement. These variables operate simultaneously, as emphasized in the Model of Performance, which asserts that performance is never produced by a single factor but rather by a multidimensional interaction among ability, motivation, and opportunity [29]. The findings provide an empirical basis for formulating policies aimed at improving healthcare service quality through a more holistic managerial approach.

This study has several limitations that warrant consideration. First, the cross-sectional design restricts the ability to capture dynamic changes in employee behavior over time. Second, data were collected using self-reported questionnaires, which may introduce subjective bias that cannot be entirely eliminated. Third, the study was confined to a single hospital setting, limiting the generalizability of the findings to other healthcare organizations with different characteristics. Moreover, the study did not incorporate additional contextual factors such as organizational culture, workload, or reward systems that may also influence employee performance. Future research is therefore recommended to adopt a longitudinal design to better capture changes in performance and motivation over time. Model development may also include contextual variables such as organizational culture, work commitment, or psychological well-being as moderating or mediating variables. Expanding the research scope to hospitals with varying levels of complexity and ownership would enhance external validity. Additionally, a mixed-methods approach could be employed to provide deeper insight into the psychological and organizational mechanisms shaping employee performance.

CONCLUSION

This study concludes that employee performance at RSU Kaliwates is primarily determined by leadership quality, competency development, and work motivation operating simultaneously within the organizational context. Leadership style emerges as the strongest determinant, followed by competency development, while motivation plays both a direct and mediating role. Work facilities show the weakest direct effect and contribute mainly through motivational mechanisms. Overall, employee performance is driven more by leadership and psychological dynamics than by structural factors, providing an empirical foundation for management strategies focused on strengthening leadership effectiveness and employee motivation to enhance service quality sustainably.

Ethical consideration, competing interest and source of funding

-All research procedures adhered to established ethical principles [28]. Respondents were provided with comprehensive information regarding the study's objectives, procedures, and potential benefits prior to questionnaire completion. Participation was voluntary, and informed consent was obtained without coercion. Confidentiality was maintained through the use of anonymized codes, and collected data were securely stored to prevent unauthorized access. The study did not involve physical intervention or health-related risks; therefore, it was classified as minimal risk research. All data were utilized solely for academic and scientific reporting purposes and presented in aggregate form to prevent individual identification [28].

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