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Servant Leadership, Training Effectiveness, and Job Involvement Effects on Nurses' Service Quality

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Abstract: The quality of nursing services is a strategic component in the healthcare system because nurses have the highest interaction intensity with patients. In Type C state-owned hospitals, the quality of nursing services plays a crucial role in determining the level of patient satisfaction, organizational image, and the sustainability of healthcare quality. This condition requires hospitals to be oriented not only to meet service standards, but also to strengthen human resource factors that support quality service behavior. This study aims to analyze the influence of servant leadership and training effectiveness on the quality of nursing services with job involvement as an intervening variable. The study used a quantitative approach with an explanatory survey method and was supported by qualitative data through interviews. The unit of analysis was nurses with an Indefinite Term Employment Agreement status working at Type C state-owned hospitals in Jakarta. The sample size was determined using the Slovin formula with a total of 138 respondents. Quantitative data analysis was conducted using path analysis, while qualitative data were analyzed using the Delphi technique. The results showed that servant leadership and training effectiveness had a positive and significant effect on the quality of nursing services and job involvement. Job involvement had a positive effect on service quality, but was not effective in mediating the influence of servant leadership and training effectiveness on service quality. These findings emphasize the importance of strengthening servant leadership, increasing training effectiveness, and nurse job involvement in efforts to improve service quality in hospitals.

Keywords: Servant Leadership, Training Effectiveness, Job Involvement, Service Quality.

INTRODUCTION

Nursing services are an integral part of the hospital healthcare system and play a crucial role in maintaining the overall quality of healthcare services. Nurses have the highest level of interaction with patients 24 hours a day, from initial assessment to post-hospitalization care. Therefore, the quality of nursing services is often used as a benchmark for a hospital's image and performance in the public eye. Therefore, the existence and implementation of nursing

service quality indicators is imperative, particularly in State-Owned Enterprise (BUMN) hospitals, which have strategic responsibilities in public healthcare.

Although the overall level of patient satisfaction with services at BUMN hospitals in Jakarta is quite good, various complaints related to nursing services are still found, particularly at Type C BUMN hospitals. Patient complaint data from 2023–2024 shows an increase in complaints related to nurses' attitudes, response speed, empathy, communication, and support from service facilities. Preliminary survey results also indicate that the quality of nursing services remains moderate, with issues encompassing the dimensions of reliability, responsiveness, assurance, empathy, and tangibles.

Various studies show that the quality of nursing services is influenced by organizational and human resource factors, including servant leadership, training effectiveness, and job involvement.

Research by Brown and Treviño (2018) shows that servant leadership contributes to increased job satisfaction and nurse commitment, which in turn improves service quality. This finding is supported by Liden et al. (2014), who stated that servant leadership increases employee engagement, thereby boosting performance and service quality. Furthermore, Baker and Wentz (2022) found that servant leadership plays a role in improving nursing team collaboration, which positively impacts the quality of nursing care. The effectiveness of training has also been shown to influence service quality. Bagnasco et al. (2016) stated that ongoing training can improve the quality of nursing care and patient satisfaction. Furthermore, nurse job involvement is a crucial factor in improving service quality, as nurses with high levels of job involvement tend to demonstrate better performance, be more innovative, and contribute to a positive work environment (Khan et al., 2022). Efforts to improve job involvement can be achieved through strengthening servant leadership and effective training. Shirey et al. (2021) confirmed that supportive and empowering leadership can increase nurse motivation, while effective training improves work competency. Management support and a conducive work environment also play a role in fostering job involvement (Laschinger et al., 2020). Improving the quality of nursing care not only impacts patient safety and satisfaction but also enhances hospital performance and reputation (Kim & Park, 2019). Servant leadership has been shown to increase nurses' commitment, engagement, and service behavior. Meanwhile, effective training plays a role in enhancing nurses' competence and professionalism, and job involvement reflects the nurse's level of emotional commitment to their role and organization. However, empirical studies integrating these three variables in the context of a Type C state-owned hospital in Jakarta are still limited. Therefore, this study is crucial to fill this research gap and provide strategic recommendations for improving the quality of nursing care.

Service quality is the level of service excellence perceived by users as a result of comparing user expectations with actual service performance. Service quality reflects an organization's ability to provide services consistently, reliably, responsively, and oriented toward user satisfaction and needs. Operationally, this study used internal customers, namely the nurses' superiors. Service quality, in this case the quality of nursing service, is an assessment made by the ward head as an internal customer of the nurses' service tasks, which was measured using a research questionnaire based on indicators: reliability, responsiveness, assurance, empathy, and physical evidence (tangibles). Servant leadership is the behavior of a leader who prioritizes service to others with the aim of helping them grow, be healthy, independent, and have a spirit of service. Servant leadership is assessed by nurses regarding the servant leadership behavior of the head of the room at a Type C State-Owned Hospital in Jakarta, which is measured through a research questionnaire based on the following indicators, namely empowering, Interpersonal-Acceptance, direction, service management, value people, listening and emotional healing. Training effectiveness is a measure of the extent to which a training program succeeds in achieving its stated objectives and provides benefits to participants and the organization. Job involvement is the level of psychological attachment and commitment an

individual has to their job. The effectiveness of training through work involvement conducted on nurses was assessed by the head of the room at a Type C State-Owned Hospital in Jakarta, using a research questionnaire based on the following indicators, namely reaction (participant satisfaction with the training), learning (increased knowledge/skills), behavior (application of training results in the workplace), and results (impact of training on service performance).

This study aims to analyze the influence of servant leadership and training effectiveness on the quality of nursing care, with job involvement as an intervening variable among nurses in a Type C state-owned hospital in Jakarta. Specifically, this study aims to identify direct and indirect relationships between these variables and develop strategies to improve the quality of nursing care based on strengthening leadership, optimizing training, and enhancing job involvement.

This research was compiled through a synthesis of previous research examining the relationship between servant leadership, training effectiveness, job involvement, and service quality. Several empirical studies have shown that servant leadership and training are important factors in improving organizational service quality. Research by Shaaban and Mohammed (2021) demonstrated that servant leadership has a positive and significant relationship with all dimensions of service quality. This finding indicates that service-oriented leadership behavior can drive consistent service quality improvements. Furthermore, Al-Refaei et al. (2021) found that training and development had a positive and significant effect on service quality, confirming the role of training as a strategic instrument in improving service competence and performance. The role of job involvement as a mediating variable also received strong empirical support. Al-Refaei et al. (2024) demonstrated that job involvement functions effectively as an intervening variable in the relationship between job satisfaction and service quality and has a significant direct effect on service quality. This consistency of findings is reinforced by Al-Refaei et al. (2023) who showed that job involvement has a positive and significant effect on service quality. Furthermore, Mulyaningrum et al. (2022) revealed that servant leadership has a positive and significant effect on job involvement, while Lubakaya (2014) demonstrated that training significantly influences employee job involvement.

Previous research has generally examined servant leadership, training effectiveness, or job involvement separately on employee performance or job satisfaction. Relatively little previous research has examined these three variables simultaneously to explain the quality of nursing care, resulting in a lack of comprehensive discussion of the relationships between these variables. This study can enrich the literature on servant leadership by providing empirical evidence regarding its impact on nurse performance and job involvement, as well as the quality of nursing care. Based on this synthesis, it can be concluded that servant leadership and training effectiveness act as antecedent variables that directly and indirectly influence service quality through job involvement.

The objectives of this study are:

1. To analyze the effect of servant leadership on the quality of nursing care.
2. To analyze the effect of training effectiveness on the quality of nursing care.
3. To analyze the effect of job involvement on the quality of nursing care.
4. To analyze the effect of servant leadership on job involvement.
5. To analyze the effect of training effectiveness on job involvement.
6. To analyze the effect of servant leadership through job involvement on the quality of nursing care.
7. To analyze the effect of training effectiveness through job involvement on the quality of nursing care.

Therefore, this study develops a theoretical model that positions servant leadership and training effectiveness as independent variables, service quality as the dependent variable, and job involvement as an intervening variable.

METHOD

The research adopted a mixed methods approach, combining quantitative and qualitative methods. Creswell & Creswell (2017:41) state that mixed methods research involves the integrated collection and analysis of quantitative and qualitative data, and can be supplemented with additional techniques such as interviews to enrich the data. Aiming to analyze the relationship between servant leadership, training effectiveness, and job involvement on the quality of nursing care.

Data collection in this study was conducted using quantitative and qualitative approaches. Quantitative data was obtained by calculating the average (mean) value of each indicator measuring the variable "Nursing Service Quality." This average score was used to describe the condition of each component of the variable. Furthermore, the analysis also considered independent variables with a strong relationship to service quality, namely variables with a correlation coefficient of at least $r \geq 0.60$. Meanwhile, qualitative data was collected to deepen understanding of the factors influencing service quality. Data collection was conducted through Focus Group Discussions (FGDs) and the Delphi technique involving PKWTT nurses at two Type C State-Owned Hospitals in Jakarta. The FGDs were conducted in two discussion groups, each consisting of 4–6 nurses representing each hospital. The Delphi technique was then used to obtain consensus from experts through several rounds of written responses facilitated by the researcher until agreement was reached on the factors influencing nursing service quality.

This study was conducted at state-owned type C hospitals in Jakarta, namely Pelabuhan Jakarta Hospital and Pertamina Jaya Hospital. This study employed a probability sampling technique with proportional random sampling to ensure that each element of the population had an equal chance of being selected. The sample size was determined using the Slovin formula at a 5% margin of error, with a total of 137 respondents with the following calculations:

$$n = \frac{N}{1 + N\alpha^2}$$

n = number of samples taken
N = sample population
α = error tolerance of 0.05
Therefore, the number of samples (n)

$$n = \frac{207}{1 + 207(0{,}05)^2} = \frac{207}{1 + 0{,}5175} = \frac{207}{1{,}5175} = 136{,}4 \approx 137$$

Quantitative data collection was conducted using a closed-ended questionnaire based on a Likert scale, then analyzed using Statistical Package for the Social Sciences (SPSS) software to test the formulated hypotheses.

The theoretical model of this study is as follows:

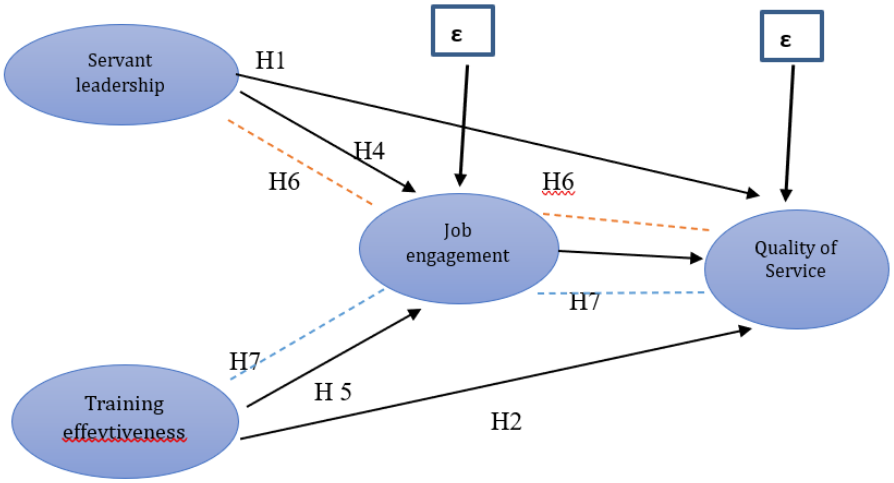

Figure 1. Conceptual Framework

RESULTS AND DISCUSSION

The first stage of quantitative analysis involves testing the analysis requirements or classical assumptions, including normality testing, homogeneity testing, and linearity testing. Normality testing is used to determine whether information is distributed regularly. If information is distributed regularly, parametric measurement testing can be used. Then, homogeneity testing can be performed to determine whether the sample items (at least three) under consideration exhibit similar differences. If the items under review do not exhibit similar fluctuations, a two-way variance analysis (ANOVA) is not applied. Linearity testing aims to determine whether the dependent and independent variables have a linear relationship.

Based on the results of the normality test using the Kolmogorov–Smirnov test at a significance level of 0.05, and the values obtained for all variables are less than the significance level, H0, which states that the data are normally distributed, is accepted, while H1 is rejected. Thus, it can be concluded that the data in this study are normally distributed. A homogeneity test is then performed using the F-test procedure according to (Supardi U.S., 2016; 142-143), which sets the significance level at $\alpha = 0.05$ to test the hypothesis. The test results indicate that the variance between groups is considered homogeneous, and the null hypothesis stating that there is no difference between groups is accepted. This test indicates that Training Effectiveness and Job involvement have the same variance (homogeneous).

Next, variable analysis was conducted to identify the relationship between the independent and dependent variables, as well as the intermediary or mediator variables. In this study, the interpretation of the strength of the relationship between variables refers to the classification of correlation coefficient values, as presented in the following table (Sugiyono, 2019). The following are the results of the analysis of variables X1, X2, and Y against Z:

Table 1. Results of Analysis of Variables X1, X2, and Y on Variable Z

Independent variabel	Dependent variable Service Quality (Z)
Servant Leadership (X1)	0,321
Training effectiveness	0,418
Job involvement (Y)	0,328

Source: Research data

Based on the table, it can be seen that the Servant Leadership variable (X1) with the Service Quality variable (Z) has a correlation coefficient value of 0.321, which means that the relationship between these variables is in the low category. Then the Training Effectiveness

variable (X2) with the Service Quality variable (Z) has a correlation coefficient value of 0.418, which means that the relationship between these variables is in the medium category. Furthermore, the Work Involvement variable (Y) with the Service Quality variable (Z) has a correlation coefficient value of 0.328, which means that the relationship between these variables is in the low category.

The following are the results of the analysis of variables X1, X2 and Y against Y.

Table 2. Results of Analysis of Variables X1, X2, and Y on Variable Y

Independent variabel	Intervening variable Job involvement (Y)
Servant Leadership (X1)	0,416
Training effectiveness	0,420

Source: Research data

Based on the table, it can be seen that the Servant Leadership variable (X1) with the Job Involvement variable (Y) has a correlation coefficient value of 0.416, which means that the relationship between these variables is in the moderate category. Then the Training Effectiveness variable (X2) with the Job Involvement variable (Y) has a correlation coefficient value of 0.420, which means that the relationship between these variables is in the moderate category.

Based on the results of the correlation analysis between variables and indicators, it can be concluded that all research indicators function effectively in representing the constructs being measured. This is demonstrated by the correlation coefficients between indicators, which are consistently higher than the correlation coefficients between variables, both in the relationship between Servant Leadership, Training Effectiveness, and Job involvement on Service Quality, as well as on Job involvement. The People Values and Behavior indicators show the most dominant relationship with the Job Mastery indicator, which is in the strong category. This finding indicates that the indicators used have high explanatory power and are able to optimally explain the relationships between variables; thus, the research instrument is valid and effective in measuring the quality of nursing services.

The next step in this study was to test construct reliability using Cronbach's Alpha, Composite Reliability, and Average Variance Extracted (AVE) values. A construct is considered reliable if it has a Cronbach's Alpha value > 0.70, Composite Reliability > 0.70, and AVE > 0.50. These criteria were used to ensure internal consistency and the indicators' ability to represent the latent constructs being measured. Based on the reliability test results, it can be concluded that all research instruments, including the variables Servant Leadership, Training Effectiveness, Job involvement, and Service Quality, had Cronbach's Alpha and Composite Reliability values above 0.70, thus demonstrating a high level of reliability. Furthermore, the AVE values for all four variables were also above 0.50, indicating that each construct had a high AVE level.

Next, a convergent validity assessment was conducted in this study based on a comparison of the outer loading values of each indicator with the Average Variance Extracted (AVE) value of the corresponding construct. Discriminant validity was then assessed to ensure that each latent construct in the research model was clearly distinct and did not overlap in its measurement. A coefficient of determination (R^2) analysis was then performed to assess the extent to which the exogenous variables in the structural model were able to explain variation in the endogenous variables studied.

The next step is path analysis, which is used to determine the magnitude of direct and indirect influences between variables in the research model using direct and indirect methods. After the structural model analysis is complete, the results are used to test statistical hypotheses to determine the direct and indirect influences between the variables studied. The proposed

hypotheses are concluded by calculating the path coefficients and the probability or significance for each path.

The following is a summary of the hypotheses that have been conducted:

Table 3. Summary of Hypothesis Testing Results

H	Path	Path Coefisient	tcount	ttable	summary
H1	Servant Leadership (X1) on Service Quality (Z)	0,245	2,652	1,656	There is a positive direct effect of Servant Leadership on Service Quality
H2	Effectiveness of Training (X2) on Service Quality (Z)	0,262	3,355	1,656	There is a positive direct effect of Training Effectiveness on Service Quality
H3	Job involvement (Y) on Service Quality (Z)	0,199	2,255	1,656	There is a positive direct effect of Job involvement on Service Quality
H4	Servant Leadership (X1) on Job involvement (Y)	0,308	4,362	1,656	There is a positive direct effect of Servant Leadership on Job involvement
H5	Effectiveness of Training (X2) on Job involvement (Y)	0,324	4,660	1,656	There is a positive direct effect of Training Effectiveness on Job involvement
H6	Servant Leadership (X1) through Job involvement (Y) on Service Quality (Z)	0,061	1,975	1,656	here is a positive direct effect of Servant Leadership through Job involvement on Service Quality
H7	Training Effectiveness (X2) through Job involvement (Y) on Service Quality (Z)	0,064	2,048	1,656	There is a positive direct effect of Training Effectiveness through Job involvement on Service Quality

Source: Research data

Based on the results of the path analysis, all research hypotheses were declared accepted because the calculated t value was greater than the t table (1.656) thus indicating a significant influence between variables. The results showed that servant leadership had a positive and significant effect on service quality (β = 0.245; t = 2.652). Training effectiveness also had a positive and significant effect on service quality (β = 0.262; t = 3.355), while job involvement had a positive and significant effect on service quality (β = 0.199; t = 2.255). In addition, servant leadership (β = 0.308; t = 4.362) and training effectiveness (β = 0.324; t = 4.660) were proven

to have a positive and significant effect on job involvement. The analysis also showed an indirect effect, where servant leadership (β = 0.061; t = 1.975) and training effectiveness (β = 0.064; t = 2.048) influenced service quality through job involvement. This finding suggests that job involvement acts as an intervening variable that strengthens the influence of servant leadership and training effectiveness on the quality of nursing services.

The results of this study indicate that servant leadership has a positive and significant effect on the quality of nursing services. This finding suggests that leadership behavior oriented toward serving and empowering subordinates plays an important role in improving the quality of healthcare services provided by nurses. In the context of hospital organizations, servant leadership encourages leaders to prioritize the needs and professional development of their staff, thereby creating a supportive work environment that fosters better service performance. This finding supports the theoretical perspective of servant leadership proposed by Liden et al., which emphasizes that leaders who prioritize the growth and well-being of employees can significantly enhance individual performance and service outcomes. Similarly, Brown and Treviño highlight that ethical and service-oriented leadership behaviors contribute to higher employee commitment and improved organizational performance. Therefore, the implementation of servant leadership in hospital management can strengthen nurses' motivation and professionalism in delivering patient-centered care.

Furthermore, the findings show that training effectiveness has a positive and significant influence on the quality of nursing services. This result indicates that training programs that are well-designed and aligned with organizational needs can improve nurses' competencies, knowledge, and service behavior. Training serves as a strategic instrument for human resource development, particularly in healthcare organizations where professional competence is closely related to service quality and patient safety. This finding is consistent with the study of Bagnasco et al., which emphasizes the importance of continuous professional education in nursing to enhance service quality and patient outcomes. In addition, Al-Refaei et al. found that training and development significantly contribute to improving service performance by strengthening employees' knowledge and skills. Thus, effective training programs not only improve individual competencies but also enhance the overall service performance of healthcare institutions.

The results also demonstrate that job involvement has a positive and significant effect on the quality of nursing services. This finding indicates that nurses who exhibit a high level of psychological attachment to their work tend to demonstrate greater dedication, enthusiasm, and responsibility in performing their duties. Job involvement reflects employees' emotional commitment and willingness to contribute beyond formal job requirements, which ultimately leads to better service delivery. This finding supports the engagement theory which posits that employees who are highly engaged in their work tend to demonstrate higher levels of performance and service quality. The result is also consistent with the study conducted by Khan et al., which revealed that job involvement among nurses significantly influences service quality and patient satisfaction. Therefore, fostering a work environment that encourages engagement is essential for improving healthcare service outcomes.

In addition, this study found that servant leadership and training effectiveness significantly influence nurses' job involvement. This finding indicates that leadership behavior that emphasizes support, empowerment, and trust can strengthen nurses' emotional attachment to their work. When leaders demonstrate empathy, appreciation, and active listening, employees tend to feel valued and motivated to perform their duties more effectively. This result aligns with the findings of Shirey et al., who argue that supportive leadership practices can enhance nurses' motivation and engagement in the workplace. Similarly, research by Mulyaningrum et al. confirms that servant leadership positively contributes to increasing employee engagement and work performance. Training effectiveness also contributes to strengthening job

involvement because training programs enhance employees' sense of competence and confidence in performing their professional roles.

However, the mediation analysis reveals that job involvement does not function as an effective intervening variable in the relationship between servant leadership and training effectiveness on service quality. Although job involvement significantly mediates the relationship statistically, the magnitude of the direct effects of servant leadership and training effectiveness on service quality is greater than the indirect effects through job involvement. This finding suggests that improvements in nursing service quality in the context of Type C state-owned hospitals are more strongly influenced by direct managerial interventions such as leadership practices and competency development through training. In other words, while job involvement remains an important psychological factor, leadership behavior and training effectiveness play a more dominant role in directly shaping service quality outcomes.

Overall, this study contributes to the development of the literature on healthcare service management by integrating servant leadership, training effectiveness, and job involvement into a single analytical framework. While previous studies have often examined these variables separately, this research provides a more comprehensive understanding of how leadership and human resource development practices influence the quality of nursing services. The findings highlight the strategic importance of leadership and training policies in strengthening healthcare service quality, particularly in public hospital settings.

The results showed that Job involvement had a positive and significant effect on Service Quality with a coefficient of $\beta = 0.199$, indicating that nurses with high levels of job involvement tended to provide better care to patients. Furthermore, Servant Leadership ($\beta = 0.308$) and Training Effectiveness ($\beta = 0.324$) were shown to have a positive and significant effect on Job involvement, indicating that service-oriented leadership and effective training can increase nurse engagement in their work. Mediation analysis also showed that Job involvement positively and significantly mediated the effect of Servant Leadership ($\beta = 0.061$; $p = 0.049$) and Training Effectiveness ($\beta = 0.064$; $p = 0.041$) on Service Quality. However, because the direct effect is greater than the indirect effect, Job involvement has not functioned effectively as an intervening variable. Overall, this study confirms that Servant Leadership, Training Effectiveness, and Job involvement are important factors in improving the Quality of Nursing Services at State-Owned Enterprise Type C Hospitals in Jakarta City.

CONCLUSION

This study provides several important theoretical contributions to the literature on human resource management and healthcare service management. First, this research enriches the development of servant leadership theory by providing empirical evidence regarding its influence on service quality in the healthcare sector, particularly in the context of Type C state-owned hospitals in Indonesia. While previous studies have primarily focused on the relationship between servant leadership and employee performance or job satisfaction, this study extends the discussion by demonstrating its direct impact on the quality of nursing services. Second, this study integrates servant leadership, training effectiveness, and job involvement into a comprehensive analytical framework to explain service quality. The integration of these variables provides a more holistic understanding of how leadership practices and human resource development strategies jointly influence service performance in healthcare organizations. Third, the findings reveal that although job involvement significantly influences service quality, its role as an intervening variable is relatively limited compared to the direct effects of leadership and training effectiveness. This finding contributes to the theoretical discussion regarding the mechanism through which leadership and training influence service outcomes, particularly within the context of healthcare institutions where professional competence and managerial support play a dominant role.

Despite providing important insights, this study has several limitations that should be considered when interpreting the findings. First, the research was conducted only in Type C state-owned hospitals in Jakarta, which may limit the generalizability of the results to other healthcare institutions with different organizational structures, resources, and service systems. Future studies are therefore encouraged to expand the research setting to include various types of hospitals, both public and private, in different regions to obtain a broader understanding of the factors influencing nursing service quality. Second, this study used a cross-sectional research design, which captures relationships between variables at a single point in time. As a result, the study cannot fully explain the dynamic changes that may occur over time in leadership behavior, job involvement, and service quality. Longitudinal studies are recommended to better capture the causal relationships among these variables. Third, the measurement of variables in this study relied primarily on questionnaire-based perceptions, which may introduce subjective bias. Future research could complement quantitative data with more extensive qualitative approaches, such as in-depth interviews or observational methods, to provide richer insights into leadership practices and service quality in healthcare settings.

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