World Journal of Management Science
Print ISSN: 2959-9628
Online ISSN: 2959-9636
DOI: https://doi.org/10.61784/wms3084

THE IMPACT OF PUBLIC SERVICE MOTIVATION ON THE INNOVATION PERFORMANCE OF MEDICAL PERSONNEL

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Abstract: As the backbone of the healthcare service system, the high-quality development of public hospitals is central to advancing the Healthy China initiative, with "innovation-driven development" serving as its core engine. Using a sample of 456 medical personnel questionnaires from Henan Province, this study empirically examines the mechanism and boundary conditions through which public service motivation influences innovation performance among medical staff, grounded in the resource conservation theory perspective. Findings reveal that medical personnel's public service motivation significantly enhances their innovation performance, with organizational change serving as a fully mediating resource-building strategy in this process. Employee resilience, however, functions as a "resource array conduit," positively moderating the mediating effect of organizational change. Specifically, in contexts of high employee resilience, the mediating effect of public service motivation on innovation performance through organizational change is significantly enhanced, whereas this mediating effect is insignificant in contexts of low employee resilience. This study expands and deepens the existing literature on healthcare workers' public service motivation and innovation performance. It provides insights for applying resource conservation theory in healthcare settings and offers valuable reference for advancing high-quality development in public hospitals under the new era context.
Keywords: Public service motivation; Organizational change; Innovation performance; Employee resilience

1 INTRODUCTION

Public hospitals form the backbone of China's healthcare service system, and their high-quality development serves as the core pillar for comprehensively advancing the Healthy China initiative (State Council General Office, 2021). In this new era, high-quality development has become both an inevitable choice and a historical mission for public hospitals. The Opinions of the General Office of the State Council on Promoting High-Quality Development of Public Hospitals (State Council General Office Document [2021] No. 18) systematically proposed for the first time at the national level a development path centered on "innovation-driven" as its core engine, explicitly requiring the establishment of a new development model featuring technological innovation, service upgrades, and management optimization. The subsequent Action Plan for Promoting High-Quality Development of Public Hospitals (2023–2025) further identified "high-level clinical specialty development," "three-pronged smart hospital construction," and "refined improvement of medical quality" as key tasks. Achieving these objectives fundamentally relies on sustained innovative practices by medical personnel, making the enhancement of innovation performance among hospital staff crucial for comprehensively advancing the Healthy China initiative.

However, while policy-driven organizational transformation creates opportunities for innovation, it also poses significant challenges. The implementation of policies such as payment system reforms, smart transformation, and service process reengineering forces medical staff to adapt to technological updates, process restructuring, and performance pressures within a short timeframe. In practice, high-intensity change can easily lead to role overload, professional burnout, and psychological exhaustion, potentially suppressing the willingness to innovate. While current policies emphasize "mobilizing healthcare workers' enthusiasm," they fail to systematically address a critical question: What intrinsic motivations enable healthcare workers to maintain innovative vitality amid transformational pressures? Public Service Motivation (PSM), as the intrinsic driving force behind individuals' engagement in public service work[1], offers a theoretical perspective to resolve this dilemma. Existing research indicates that PSM fosters a sense of obligation toward change, increasing employees' willingness to engage in transformative behaviors[2]. However, current studies predominantly focus on PSM's impact on healthcare workers' job satisfaction, burnout, turnover intentions, and traditional performance metrics, with limited systematic exploration of its association with innovation performance. Particularly against the backdrop of digital transformation in healthcare, stimulating healthcare workers' public service motivation to foster their innovative behaviors has become a critical imperative for advancing the high-quality development of public hospitals. Therefore, this study aims to uncover the pathways through which public service motivation influences healthcare workers' innovation performance, providing theoretical foundations and practical guidance for optimizing hospital human resource management and building an innovation-oriented healthcare ecosystem.

Grounded in resource conservation theory, this study integrates the theoretical frameworks of public service motivation, organizational change, innovation performance, and psychological resilience through dual dimensions: "resource investment-conversion" and "resource array channel." It empirically examines the mechanism through which healthcare workers' public service motivation (PSM) influences innovation performance, revealing the mediating effect of

organizational change and the moderating effect of employee resilience. Theoretically, this study contributes to expanding the literature on public service motivation and innovation performance. Practically, it offers meaningful insights for promoting the development of an innovation-friendly ecosystem in public hospitals.

2 THEORETICAL FOUNDATIONS AND RESEARCH HYPOTHESES

2.1 Public Service Motivation and Healthcare Workers' Innovation Performance

Innovation performance refers to the innovative, actionable products, processes, methods, and ideas generated by team members that benefit the organization, representing the concrete manifestation of employees' creative behaviors [3-4]. Based on social cognitive theory, individual behavior arises from the interaction between internal cognition and external environment. PSM, as a stable altruistic intrinsic motivation, provides sustained internal drive for innovative behavior. First, employees with high PSM demonstrate strong commitment to public welfare, motivating them to continually seek innovative solutions that improve work methods, enhance service quality and efficiency, and maximize societal well-being. Second, their empathy enables heightened sensitivity to unmet needs among service recipients, thereby identifying innovation opportunities. Finally, their passion for public affairs makes them more willing to assume personal risks associated with innovation.

Innovation performance, defined as healthcare professionals' constructive actions that transcend standardized treatment protocols to proactively optimize medical processes and service models (West, 2002), fundamentally enhances healthcare value through individual professional autonomy and systemic transformation. Although such actions may trigger professional risks by challenging medical authority and require investing non-evaluation-mandated resources, their applicability in advancing high-quality development within public hospitals has been empirically supported. This confirms that innovation performance serves as a core transformative force permeating all levels of healthcare.

Throughout this process, public service motivation (PSM) serves as the key driver enabling healthcare professionals to overcome resource constraints. From a resource conservation theory perspective, PSM fundamentally represents the dynamic process by which healthcare workers transform emotional energy and professional convictions into investments in innovative resources. Individuals with high PSM are more inclined to assume professional risks—such as pioneering the clinical application of CAR-T cell therapy or [5], under intense pressure to control medical insurance costs, challenging conventional drug usage practices to explore low-cost, high-efficacy alternatives (e.g., substituting metformin for sitagliptin in treating type 2 diabetes)[6]. This logic of "investing resources to counter resource depletion" enables PSM to activate innovation through a triple incentive mechanism: rationally driving optimized healthcare resource allocation, normatively fulfilling commitments to patient quality of life, and emotionally responding to the professional call to alleviate patient suffering. Thus, we propose:

H1: Healthcare professionals' public service motivation significantly and positively influences their innovation performance.

2.2 The Mediating Role of Organizational Change

A critical transmission mechanism exists in the process by which public service motivation drives clinical innovation performance, with organizational change playing a key mediating role. Structural adjustments within healthcare organizations provide an indispensable support system for individual innovative behaviors. These changes manifest in two core forms: first, technological transformation, which involves restructuring clinical workflows through technical means such as deploying smart medical tools and upgrading data analysis systems; second, institutional transformation, encompassing breakthroughs at the systemic level, including innovations in cross-departmental collaboration mechanisms and adjustments to clinical decision-making empowerment frameworks. Together, these form an institutional bridge enabling medical staff to translate their professional convictions into innovative practices.

Guided by the intrinsic logic of resource conservation theory, healthcare professionals with high public service motivation proactively trigger organizational change to optimize resource environments: 1. Resource Gain Pathway. When medical staff uphold the professional belief of prioritizing patient welfare, they systematically identify resource wastage points within medical processes, thereby driving the standardization of diagnostic pathways. The cognitive and temporal resources freed by such institutional optimization directly empower clinical innovation practices. 2. Resource Defense Pathway. Confronted with resource constraints like DRG cost controls, individuals with high PSM form specialized medical supply management teams to restructure resource allocation rules. This structural adjustment mitigates resource leakage risks, enabling healthcare professionals to implement treatment innovations within a controlled cost framework.

The evident mediating effects in healthcare settings demonstrate: First, the transmission of technological change—specifically the adoption of AI triage systems—frees high-PSM physicians from mechanical tasks. The mental resources thus conserved are directly channeled into innovative investments like chronic disease management model development. Second, the safeguarding value of institutional change—empowering interdisciplinary team decision-making—enabled nursing staff to design standardized protocols for elderly fall prevention through flexible staffing allocation. This validates how organizational restructuring of authority catalyzes individual innovation. Notably, healthcare organizational change faces dual constraints: technological advancements must align with patient safety thresholds, while institutional innovations require ethical review and approval. This industry characteristic positions organizational change as a compliance converter for transforming PSM into innovation performance—both solidifying

professional convictions into institutional entities and providing legitimacy for clinical innovation by releasing structured resources. Based on this, the core hypotheses are proposed:
H2: Public service motivation exerts a significant positive influence on organizational change.
H3: Organizational change plays a significant mediating role in the relationship between public service motivation and innovation performance.

2.3 The Moderating Role of Employee Resilience

Employee resilience plays a crucial positive moderating role between organizational change and innovation performance, essentially establishing an efficient "psychological resource conversion pathway." According to resource conservation theory, organizational change disrupts existing resource equilibrium, triggering individuals' resource defense or restructuring responses. Highly resilient employees possess stronger resource conservation and resource enhancement capabilities. This dual capacity significantly optimizes the "change-to-innovation" conversion pathway: On one hand, it enhances cognitive flexibility, facilitating the structured integration of old and new knowledge systems while reducing cognitive load during knowledge restructuring. On the other hand, it reinforces goal persistence, ensuring limited attention resources remain directed toward innovation activities rather than risk avoidance. At higher resilience levels, the resource reinvestment process triggered by organizational change more readily forms a "resource gain spiral," efficiently converting transformative energy into innovative momentum.
Resilience's regulatory effect manifests as contextual adaptation of primary effect intensity. At high resilience levels, the promotional effect of organizational change on innovation performance is systematically amplified through three pathways: First, the psychological buffer system built by resilience reduces the perceived risk of innovation trial-and-error, empowering individuals to break free from existing frameworks; Second, resilience enhances cognitive adaptation efficiency, accelerating the transformation of chaotic change information into actionable innovation solutions. Third, resilience maintains motivation-behavior coupling, ensuring that change pressures continuously stimulate rather than suppress innovation willingness. Conversely, individuals with low resilience, driven by excessive resource conservation motives, tend to adopt defensive resource-locking strategies. This limits organizational change to triggering superficial behavioral adjustments rather than deep innovation. This differentiation validates the moderating variable's intervention logic in the "change-innovation" causal chain: employee resilience fundamentally determines whether the psychological energy generated by organizational change flows toward innovative exploration or path selection for maintaining the status quo.
H4: Employee resilience positively moderates the positive impact of organizational change on innovation performance, meaning that when employee resilience is higher, the positive effect of organizational change on innovation performance is amplified.

2.4 Moderated Mediation Model

Building upon H3 and H4, this study further proposes a second-stage moderated mediation hypothesis: examining whether employee resilience moderates the strength of the mediating effect of organizational change on the relationship between public service motivation and innovation performance. Theoretically, it is anticipated that in contexts of high employee resilience, organizational change is more readily converted into innovation momentum. This occurs because resilience effectively buffers change pressures and accelerates resource reorganization, thereby significantly enhancing the indirect transmission efficacy of public service motivation through organizational change on innovation performance. Conversely, in low employee resilience contexts, organizational change tends to induce cognitive dissonance and behavioral decoupling, diminishing its conversion efficiency for innovation performance and attenuating the indirect effect of public service motivation through this pathway. Therefore, this study proposes:
H5: Employee resilience positively mediates the relationship between organizational change and innovation performance via public service motivation. That is, higher levels of employee resilience strengthen the indirect positive effect of public service motivation on innovation performance through organizational change.

3 RESEARCH METHODS

3.1 Study Sample

This study employed convenience sampling. Medical personnel from five Grade III Class A hospitals in Henan Province (Xinxiang Medical University First Affiliated Hospital, Xinxiang Medical University Second Affiliated Hospital, Xinxiang Medical University Third Affiliated Hospital, Xinxiang Central Hospital, and Xinxiang Second People's Hospital) were enrolled as research subjects between April and June 2025. Inclusion Criteria: (1) Currently employed and registered medical personnel; (2) At least one year of service; (3) Informed consent to participate in this study and voluntary cooperation in completing the survey. Exclusion Criteria: (1) Personnel absent due to leave, retirement, etc.; (2) Interns or trainees. Questionnaires were distributed via the electronic platform "QuestionStar," yielding 498 responses. After screening and excluding incomplete or invalid questionnaires, 456 valid responses were obtained, representing a response rate of 91.5%.

3.2 Research Tools

All items in this study employed a 5-point Likert scale ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree").
Public Service Motivation: This study employed the Chinese version of the Public Service Motivation Questionnaire developed by scholar Liu Bangcheng (2018). Based on Perry's four dimensions adapted to the Chinese context, the questionnaire comprises 18 items across four dimensions: attraction to public policy, commitment to public interest, compassion, and self-sacrifice. Developed for China's practical environment, this scale has demonstrated strong measurement quality in prior research and exhibits high adaptability to Chinese conditions.
Organizational Change: Lau and Woodman's scale was adopted. Employee-perceived change factors, defined as "perceived organizational change," are categorized into four dimensions: context, process, content, and outcome. Thus, this study measures organizational change at the subjective level of employee perception. The scale comprises 15 items.
Employee Innovation Performance: This study employs a scale developed by Han Yi et al., comprising 8 items with good reliability and validity.
Employee Resilience: Aligned with the research focus, this study adopts the definition and scale developed by Näswall et al. for employee resilience, comprising 9 items.
Additionally, based on prior research indicating that demographic variables influence proactive change behaviors, this study selects gender, age, educational attainment, tenure, job level, and type of organizational change as control variables.

4 RESULTS ANALYSIS

4.1 Confirmatory Factor Analysis

This study employed Mplus 8.3 software to conduct confirmatory factor analysis on four variables: public service motivation, organizational change, employee resilience, and innovation performance. Results are presented in Table 1. The four-factor model demonstrated significantly superior fit indices (χ^2/df = 2.755, CFI = 0.913, TLI = 0.906, RMSEA = 0.062) compared to the other two alternative models. Thus, the four variables in this study exhibited good discriminant validity.

Table 1 Results of Confirmatory Factor Analysis

model	factor structure	χ2	df	χ2/df	CFI	TLI	RMSEA
Four-factor model	A; B; C; D	3221.213	1169	2.755	0.913	0.906	0.062
Three-factor model	A; B+C; D	5063.455	1172	4.320	0.758	0.747	0.085
Two-factor model	A+D,B+C	6667.569	1174	5.679	0.659	0.644	0.101
Single Factor Model	A+B+C+D	9075.872	1175	7.724	0.509	0.488	0.121

Note: A represents public service motivation, B represents organizational change, C represents employee resilience, D represents innovation performance, and "+" represents the merger factor.

4.2 Common Method Bias Analysis

Common method bias analysis was conducted using Harman's single-factor test for all measurement items of public service motivation, organizational change, innovation performance, and employee resilience. Four common factors with eigenvalues >1 were extracted. The first common factor explained 34.7% of variance, below the critical threshold of 40%, indicating no severe common method bias in the sample data.

4.3 Descriptive Statistics and Correlation Analysis

The analysis results for the mean, standard deviation, and rank correlation coefficients of each variable are shown in Table 2. Consistent with theoretical expectations, public service motivation exhibited significant positive correlations with innovation performance ($r = 0.238$, $p < 0.01$), organizational change ($r = 0.544$, $p < 0.01$), and employee resilience ($r = 0.400$, $p < 0.01$). Similarly, organizational change showed significant positive correlations with innovation performance ($r=0.317$, $p<0.01$) and employee resilience ($r=0.393$, $p<0.01$). Employee resilience also exhibited a significant positive correlation with innovation performance ($r=0.264$, $p<0.01$).

Table 2 Descriptive Statistics and Correlation Analysis

variable	average value	standard deviation	1	2	3	4
1. Organizational change	3.37	0.98	1			
2. Innovation performance	3.76	0.82	.317**	1		
3. Motivation for providing public services	3.65	0.87	.544**	.238**	1	
4. Employee Resilience	3.44	0.95	.393**	.264**	.400**	1

Note: * indicates significant correlation at the 0.05 level (two-tailed), ** indicates significant correlation at the 0.01 level (two-tailed).

4.4 Hypothesis Testing

4.4.1 Testing the mediating effect of organizational change on the relationship between public service motivation and innovation performance

Furthermore, this study employed the "Model 4" procedure within SPSS's PROCESS program to examine the mediating effect of organizational change on the relationship between public service motivation and innovation performance. In the Bootstrap analysis, we set the number of samples to 5000 with a 95% confidence interval. Empirical results indicate that, after controlling for variables, public service motivation significantly positively influences organizational change (β=0.6116, $p<0.001$), with a confidence interval of [0.525, 0.699] that excludes zero. When organizational change was simultaneously included, the effect of public service motivation on innovation performance became insignificant (β=0.088, $p>0.05$), with a confidence interval of [-0.010, 0.185] that included zero. The effect of organizational change on innovation performance remained significant (β=0.221, $p<0.001$), with a confidence interval of [0.135, 0.308], excluding zero. Moreover, the mediation effect value of organizational change between public service motivation and innovation performance was 0.135, with a confidence interval of [0.075, 0.203], excluding zero. These results further support the full mediating role of organizational change in the relationship between public service motivation and innovation performance, validating H1, H2, and H3.

4.4.2 Organizational change and innovation performance: testing the moderating effect of employee resilience

Based on the empirical results of Model 2 in Table 3, organizational change has a significant positive effect on innovation performance (β=0.272, $p<0.001$). Simultaneously, Model 3 in Table 3 shows that both organizational change and employee resilience exert significant positive effects on innovation performance, with regression coefficients of 0.209 ($p<0.001$) and 0.168 ($p<0.001$), respectively. To test H4, this study further incorporated the interaction term between organizational change and employee resilience into Model 4 in Table 3 for regression analysis. Empirical results indicate that the regression coefficient for this interaction term is significantly positive at the 5% level (β=0.185, $p<0.05$), with $\Delta R^2 = 0.021$ ($p<0.05$). This demonstrates that employee resilience exerts a significant positive moderating effect on the relationship between organizational change and innovation performance, supporting H5.

Table 3 The Moderating Effect of Employee Resilience

variable	innovation performance			
	model 1	model 2	model 3	model 4
sex	0.095	0.071	0.096	0.094
age	-0.01	0.002	-0.017	-0.034
Highest education level	0.067	0.102	0.1	0.099
Professional and Technical Rank	-0.28	-0.295	-0.27	-0.265
post	0.007	0.019	0.032	0.036
Job Level	0.33	0.327	0.334	0.329
working life	-0.035	-0.067	-0.093	-0.071
organizational reform		0.272***	0.209***	0.212***
Employee resilience			0.168***	0.167***
Organizational change* Employee resilience				0.185*
R2	0.049	0.152	0.182	0.021
△R2	0.049	0.104	0.03	0.005
F	3.267**	10.0327***	11.0547***	10.269***

Note: ***p<0.001, **p<0.01, *p<0.05 (two-tailed test). All regression coefficients in the table are unstandardized.

Building upon this foundation, this study employed "Model 14" in the PROCESS program to test the second-stage moderated mediation model. The specific analysis results are presented in Table 4. Table 4 reveals that under high employee resilience, the indirect effect of public service motivation on innovation performance through organizational change is significantly positive (95% confidence interval [0.09, 0.252]). Conversely, under low employee resilience, this indirect effect is insignificant (95% confidence interval [-0.342, 0.148]). Based on the INDEX and other indicators in Table 4, the INDEX value indicating that employee resilience moderates the indirect effect of public service motivation on innovation performance through organizational change is 0.553, with a confidence interval ([0.001, 0.12]) that does not include zero. In summary, the empirical findings indicate that the mediating role of organizational change in the relationship between public service motivation and innovation performance is significantly moderated by employee resilience, thus supporting H5.

Table 4 Test Results of Moderated Mediation Effects

regulated variable	conditional indirect effect				Regulated mediating effect			
Employee Resilience	Effect	SE	LLCI	ULCI	INDEX	SE	LLCI	ULCI
Low value	0. 061	0. 0464	-0. 342	0. 148	0.553	0.031	0.001	0.12
High value	0. 165***	0. 059	0. 09	0. 252				

5 CONCLUSIONS AND IMPLICATIONS

5.1 Research Findings

Empirical research reveals:
(1) Public Service Motivation (PSM) serves as the core intrinsic driver of healthcare professionals' innovation performance. Their sense of mission toward public welfare, empathy, and professional dedication systematically activate innovative practices—breaking conventional treatment norms and restructuring service models—through three pathways: rational resource allocation, normative commitment, and emotional empowerment. This significantly enhances clinical innovation performance.
(2) organizational change serves as a critical intermediary conduit. PSM triggers both technical and institutional transformations, establishing dual pathways: resource enhancement releases structured resources, while resource resilience mitigates policy constraint risks. Together, these provide institutionalized conversion channels for innovation practices, enabling the leap from PSM to innovation performance.
(3) employee resilience builds a dynamic buffer zone for the "change-innovation" transformation. As a core component of the resource array pathway, employee resilience significantly enhances the promotional effect of organizational change on innovation performance through dual mechanisms: psychological resource conservation and stress restructuring-driven value enhancement. Its moderating effect is concentrated in the second stage of the mediation pathway: under high-resilience conditions, both the conversion efficiency of organizational change into innovation performance and the indirect transmission efficacy of PSM are simultaneously enhanced.

5.2 Theoretical Contributions

The theoretical contributions of this study are as follows:
(1) Filling the research gap on the transmission mechanism of PSM driving innovation performance in the medical professional domain. Previous studies primarily focused on PSM's impact on traditional performance among medical professionals. This research reveals that organizational change fully mediates the relationship between PSM and innovation performance—high-PSM medical professionals proactively trigger change to release structured resources, mitigate policy constraint risks, and transform professional beliefs into sustainable innovation practices. This finding positions healthcare professionals as "resource strategic investors," transcending the linear cognitive framework linking PSM to innovation performance.
(2) Establishing resilience as a core moderating variable in the healthcare innovation ecosystem. Addressing the reality that organizational change is easily undermined by hospital bureaucracy and high-pressure policy environments, this study validates that employee resilience significantly enhances the transformative efficacy of organizational change on innovation performance by constructing a "psychological resource buffer zone." This not only explains individual variations in innovation output under identical change intensity but also expands the medical context of the "resource array channel" concept within resource conservation theory—resilience serves as the dynamic psychological infrastructure sustaining the flow efficiency of "change resources → innovation momentum."
(3) Advancing Resource Conservation Theory into the Depths of Healthcare Innovation Motivation Research. While this theory is predominantly applied in healthcare to explain negative phenomena like burnout, this study pioneers its systematic integration into healthcare workers' innovation motivation research. By synthesizing dual pathways—"resource investment-conversion" and "resource channel optimization"—it constructs a comprehensive theoretical model: "Initial Psychological Resources → Structural Resources → Innovation Performance." This responds to Hobfoll's call to extend resource conservation theory toward a motivational perspective [7], offering a new paradigm for studying innovation ecosystems in public hospitals.

5.3 Management Implications

Based on the "PSM-Organizational Change-Resilience" mechanism, three implementation pathways are proposed for the high-quality development of public hospitals:
(1) Strengthen PSM cultivation at the source. Talent Selection: Incorporate PSM assessments into physician standardized training and nurse position competitions to prioritize candidates with a strong sense of mission. Motivation Activation: Utilize cultural vehicles such as the "Hippocratic Oath Ceremony" and "Showcasing Exemplary Problem-Solving in Complex Cases" to internalize the policy-mandated "innovation orientation" as a professional creed.
(2) Establish a Dual-Drive System for Organizational Transformation. Technology Empowerment: Establish a Smart Hospital Transformation Support Fund to provide data access and development resources for medical staff creating AI-assisted tools [8]. Institutional Deregulation: Pilot "Cross-Departmental Innovation Consortiums" granting teams authority to restructure clinical workflows, dismantling hierarchical constraints on innovation.
(3) Build a Resilience-Oriented Psychological Support Network. Stress Transformation Training: Launch "Change Adaptability Workshops" to train medical staff to reframe DRG payment pressures as opportunities for optimizing clinical pathways [9], Organizational Error Tolerance Design: Establish a "Clinical Innovation Risk Pool" to exempt ethically compliant innovations from liability assessments, safeguarding willingness for high-risk innovation.

5.4 Research Limitations and Future Directions

Naturally, this study retains certain limitations, which point to future research directions. First, the study sample exhibits certain limitations that may influence conclusions. Derived from a single province, the sample inevitably lacks

comprehensive representativeness of the entire healthcare workforce. Future research should expand the survey scope to include a broader age range and professional hierarchy, increase sample size, enhance material incentives, and adopt blended online/offline questionnaire distribution methods to improve response rates, thereby strengthening the external validity of findings. Second, all data in this study are derived from healthcare workers' self-perceived ratings, which may introduce recall bias and social desirability bias. Although the questionnaire scales underwent common method bias testing and reliability/validity assessments, these biases could still exert latent effects. Future research could employ longitudinal designs, experimental methods, or paired samples of supervisors/colleagues and employees to more precisely identify causal relationships among variables. Finally, the primary variables in this study were measured using established Western scales. While we consulted experts to ensure these scales were adapted to the Chinese context, they fundamentally remain adaptations of existing Western research tools. Future research should focus on developing localized measurement tools, particularly for variables with behavioral attributes like change behavior. Researchers should pay close attention to differences between Western and Chinese contexts, conduct measurements tailored to China's local environment, and undertake relevant empirical studies.

COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

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