Journal of Mathematics Instruction, Social Research and Opinion
Vol. 5, No. 1, March 2026, pp. 707 – 722, https://doi.org/10.58421/misro.v5i1.1105
ISSN 2962-7842

The Effect of Human Resource Quality and Work Facilities on Employee Performance with Motivation as an Intervening Variable among Employees of PT Sanidata Putri Medika

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Article Info

Article history:

Received 2026-02-01
Revised 2026-03-07
Accepted 2026-03-09

Keywords:

Employee Performance
Human Resource Quality (HR)
Motivation
Work Facilities

ABSTRACT

Employee performance remains a critical determinant of organizational sustainability, yet inconsistencies persist regarding how human resource quality and work facilities contribute to performance outcomes, particularly when mediated by motivation. This study aims to examine the direct and indirect effects of human resource quality and work facilities on employee performance, with motivation positioned as an intervening variable. A quantitative approach was employed using primary data collected through structured questionnaires distributed to 120 respondents selected through purposive sampling. The data were analyzed using Structural Equation Modeling (SEM) to simultaneously assess the relationships among variables. The findings indicate that human resource quality has a positive and significant effect on employee motivation, while work facilities do not significantly influence motivation. Furthermore, human resource quality shows a positive but insignificant direct effect on employee performance. In contrast, work facilities demonstrate a positive and significant direct effect on performance. Motivation also exerts a positive and significant effect on employee performance, confirming its mediating role in strengthening the relationship between human resource quality and performance. These results highlight the importance of enhancing employee competencies, strengthening motivational factors, and ensuring adequate work facilities to improve organizational performance.

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1. INTRODUCTION

The development of the healthcare industry in Indonesia has accelerated rapidly, particularly in the post-pandemic period, leading to an increased public demand for medical devices [1]. Medical device stores are a crucial element in the healthcare distribution chain, as they provide products that must comply with safety, quality, and effectiveness standards

[2]. Accordingly, PT Sanidata Putri Medika is required to deliver professional, high-quality services to meet the needs of healthcare professionals and the general public. In order to ensure such quality, the government, through the Regulation of the Minister of Health of the Republic of Indonesia Number 14 of 2021 concerning Standards for Business Activities and Products in Risk-Based Business Licensing in the Health Sector, emphasizes that all business actors in the medical device sector, including medical device stores, are required to fulfill requirements related to competent human resources and facilities that meet regulatory standards [3].

Within the regulatory framework, the Regulation of the Minister of Health of the Republic of Indonesia Number 14 of 2021 concerning Standards for Business Activities and Products in Risk-Based Business Licensing in the Health Sector stipulates that healthcare-related businesses, including the distribution and sale of medical devices, must comply with specific requirements [4]. This regulation governs standards related to workforce competence, facilities and infrastructure, as well as the governance of healthcare businesses to ensure compliance with the principles of good distribution practice [5]. Consequently, employee performance in medical device stores is a critical factor determining regulatory compliance [6].

Employee performance is a vital factor and presents a particular challenge for companies in managing human resources, as organizational success largely depends on the quality of its human capital. Corporate objectives cannot be achieved without employees' active contributions. According to Endra et al. [7] and Janis [8], performance is defined as job performance or actual performance, referring to the work achievement or actual results attained by an individual, namely the output produced in accordance with the responsibilities assigned. Poor organizational or institutional performance may result from declining employee performance, as evidenced by employees failing to complete tasks in accordance with the organization's targets and timeframes [9].

To achieve profitability, every company must closely monitor employee performance. However, employee performance at PT Sanidata Putri Medika has shown a decline in several aspects, as indicated by the pre-survey data presented in the following table:

Table 1. Suboptimal Employee Performance at PT Sanidata Putri Medika

Aspect	Problem Phenomenon	Total Employees	Employees with Suboptimal Performance	Percentage of Employees with Suboptimal Performance (%)
Productivity	Some employees can meet sales or distribution targets	150	30	20%
Compliance with SOPs and Regulations	Employees follow SOPs	150	22	15%
Service Quality	Employees consistently maintain accuracy and precision in delivery	150	15	10%
Discipline	Levels of late arrivals and unauthorized absences remain relatively high	150	15	10%
Teamwork	Coordination between departments (admin, sales, warehouse) in the process of goods input and output	150	20	14%
Initiative and Innovation	Employees work only based on instructions	150	20	14%

Source: PT Sanidata Putri Medika, 2025

Based on Table 1, although the Regulation of the Minister of Health Number 14 of 2021 concerning medical device businesses has been enacted, the performance of employees at PT Sanidata Putri Medika remains suboptimal in several aspects.

In recent years, the performance demonstrated by employees of PT Sanidata Putri Medika has tended to be unsatisfactory from the company's perspective, as reflected in the company's sales figures, which have shown a fluctuating trend and have not consistently met the targeted levels. This condition can be observed in the following sales data table:

Table 2. Sales Targets of PT Sanidata Putri Medika for the Period 2021–2024

No	Location	Target (Rp)	Medical Device Sales Realization							
			2021		2022		2023		2024	
			Realization (Rp)	%	Realization (Rp)	%	Realization (Rp)	%	Realization (Rp)	%
1	PT Sanidata Putri Medika	1.100.000.000	1.813.450.732	164%	932.843.730	84%	768.493.550	69%	725.890.427	65%
2	Sanimed Healthcare Semarang	1.100.000.000	1.740.908.545	158%	920.543.745	83%	740.324.455	67%	624.566.890	56%
3	Sanimed Healthcare Solo	1.100.000.000	1.345.670.895	122%	850.754.325	77%	713.556.405	64%	565.897.540	51%
4	Sanimed Healthcare Ngaliyan	1.100.000.000	1.650.875.445	150%	895.654.906	81%	543.895.430	49%	625.795.322	56%
5	Sanimed Healthcare Salatiga	1.100.000.000	1.467.860.433	133%	765.889.530	69%	569.735.996	51%	463.895.430	42%
6	Sanimed Healthcare Kudus	1.100.000.000	1.570.807.883	142%	888.769.889	80%	676.094.665	61%	522.409.550	47%

Source: PT Sanidata Putri Medika, 2025

Based on Table 2 above, PT Sanidata Putri Medika's product sales over the past four years have fluctuated. Sales reaching the 100 percent target occurred only in 2021. Meanwhile, from 2022 to 2024, product sales across all branches declined and failed to meet established targets. Based on the author's observations at PT Sanidata Putri Medika and its branches, the failure to achieve the 100 percent sales target indicates a decline in employee performance over recent periods. This finding is consistent with the study conducted by Putra et al. [10], which demonstrated that a decrease in employee performance had an impact on declining sales at PT Penta Valent Jambi during the 2013–2016 period.

The inadequacy of work facilities at PT Sanidata Putri Medika may hinder employee performance, as limitations in work infrastructure can reduce effectiveness and comfort in performing tasks in accordance with the provisions of the Regulation of the Minister of Health Number 14 of 2021, ultimately affecting optimal performance achievement [11].

As a company engaged in the sale of medical devices, PT Sanidata Putri Medika is required to comply with business activity standards as stipulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 14 of 2021, which emphasizes the fulfillment of human resource quality and work facilities according to the risk level of business activities. Human resource quality, encompassing competence, technical knowledge, and regulatory understanding, along with adequate work facilities, such as operational infrastructure, workspace, and supporting equipment, is an essential prerequisite for ensuring the quality and safety of medical devices. However, compliance with these standards does not necessarily lead to optimal employee performance unless it is accompanied by sufficient work motivation [12].

The research gap in this study arises from inconsistencies in the findings of previous studies. Research by Honifa et al. [13] found that human resource quality had a negative, insignificant effect on employee performance, whereas Fuad et al. [14] concluded that human resource quality had a positive, significant effect on employee performance. Furthermore, Fitriardi et al. [15] reported that work facilities had a positive and significant effect on employee performance, while Akbar et al. [16] found that work facilities did not have a significant effect on employee performance. Regarding motivation as an intervening variable, Tanjung et al. [17] found that work motivation did not mediate the relationship between human resources and employee performance. In contrast, Ginting et al. [18] demonstrated that motivation mediates the relationship, thereby strengthening the influence of human resource quality on employee performance.

The objectives of this research are threefold: first, to determine the effect of human resource quality on employee motivation and performance; second, to analyze the influence of work facilities on motivation and performance; and third, to examine whether motivation functions as an intervening variable that strengthens the relationship between human resource quality, work facilities, and employee performance [19].

The expected contribution of this study is both theoretical and practical. Theoretically, it seeks to clarify the mediating mechanism of motivation within human resource management models in regulated industries. In practice, the findings are expected to provide strategic recommendations for PT Sanidata Putri Medika and similar companies to improve employee performance by enhancing workforce competence, facility adequacy, and motivational strategies. Ultimately, this research is expected to support better managerial decision-making, strengthen regulatory compliance, and improve organizational competitiveness in Indonesia’s growing healthcare sector.

2. METHOD

This study employs a quantitative, causal research design to analyze the effects of human resource quality and work facilities on employee performance, with work motivation as an intervening variable, at PT Sanidata Putri Medika. The research population consists of all 150 employees across various divisions and company branches, while the research sample comprises 120 respondents selected using SEM guidelines and proportional and purposive sampling techniques, with a minimum of 5 years of work experience. The data used include primary data collected via Likert-scale questionnaires and secondary data derived from

company documents on work facilities, employee numbers, and performance reports. Data collection was conducted by distributing questionnaires to respondents who met the specified criteria in order to obtain representative data and support the quantitative analysis of relationships among variables.

3. RESULTS AND DISCUSSION

Data Analysis

Evaluation of SEM Assumptions

The SEM modeling process requires several assumptions to be met during data processing. The following section outlines these assumptions along with the results.

Data Normality

Testing for data normality can be conducted using statistical tests, such as examining the data's skewness. In SEM analysis, data normality can be evaluated using the Assessment of Normality output.

Table 2. Initial Normality Test

Variable	min	max	skew	c.r.	kurtosis	c.r.
Y_21	2,000	5,000	-,671	-2,737	,021	,043
Y_20	2,000	5,000	-,462	-1,884	-,055	-,112
Y_19	2,000	5,000	-,527	-2,153	-,278	-,567
Z_16	2,000	5,000	-,480	-1,960	-,420	-,858
Z_15	2,000	5,000	-,594	-2,424	-,253	-,516
X2_13	2,000	5,000	-,840	-3,428	,398	,812
X2_11	2,000	5,000	-,906	-3,698	,163	,333
X2_8	2,000	5,000	-,671	-2,737	,021	,043
X1_6	2,000	5,000	-,995	-4,063	1,082	2,208
X1_3	3,000	5,000	-,662	-2,702	-,668	-1,364
X1_1	3,000	5,000	-,747	-3,048	-,693	-1,414
Multivariate					45,678	13,505

Source: Processed primary data (2025)

The normality test results in SEM AMOS indicated a multivariate Critical Ratio (CR) of 13.505, exceeding the tolerance limit of ±2.58. This shows that the data were not normally distributed multivariately, likely due to multivariate outliers, which can affect model estimation stability. Therefore, outliers were identified and removed based on Mahalanobis Distance values exceeding the chi-square threshold at a given significance level. Outlier removal was conducted selectively to maintain data representativeness, and normality testing was repeated to achieve a distribution closer to normal. This ensures that SEM assumptions, especially under the Maximum Likelihood estimation method, are met, resulting in more accurate and reliable analysis.

Based on Table 3 below, the normality test results indicate that the data are normally distributed. This is evident from the skewness critical ratios, all within the cutoff of ±2.58. Multivariate normality is also met, as the multivariate CR value of 2.464 < 2.58, indicating that the multivariate normality assumption is fulfilled.

Table 3. Data Normality Test (After Outlier Removal)

Variable	min	max	skew	c.r.	kurtosis	c.r.
Y_21	3,000	5,000	-,057	-,166	-1,032	-1,505
Y_20	3,000	5,000	,023	,067	-,781	-1,139
Y_19	2,000	5,000	-,282	-,823	-,610	-,890
Z_16	2,000	5,000	-,195	-,569	-,663	-,967
Z_15	2,000	5,000	-,422	-1,230	-,664	-,967
X2_13	3,000	5,000	-,265	-,773	-1,190	-1,735
X2_11	2,000	5,000	-,454	-1,323	-,572	-,833
X2_8	2,000	5,000	-,397	-1,157	-,639	-,931
X1_6	2,000	5,000	-,671	-1,956	-,042	-,061
X1_3	2,000	5,000	-,425	-1,238	-,525	-,766
X1_1	2,000	5,000	-,499	-1,454	-,406	-,591
Multivariate					11,672	2,464

Source: Processed primary data (2025)

Outlier Evaluation

Outliers are observations with unique characteristics that are markedly different from other observations, often appearing as extreme values in a single variable or across multiple variables.

Table 4. Initial Outlier Test

Analysis of Outlier Observations Farthest from the Centroid (Mahalanobis Distance, Group 1)

Observation number	Mahalanobis d-squared	p1	p2
86	37,451	,000	,012
10	37,246	,000	,000
-	-	-	-
-	-	-	-
118	2,772	,993	1,000
114	2,760	,994	1,000

Source: Processed primary data (2025)

Based on the results of the initial normality test presented in Table 4, the multivariate Critical Ratio (CR) was 13.505, exceeding the ±2.58 tolerance limit. Therefore, outlier removal was conducted.

Outlier removal in SEM AMOS analysis was carried out according to several key criteria to maintain objectivity and preserve data quality. First, outliers were identified using the Mahalanobis Distance, comparing each respondent's value against the chi-square distribution with degrees of freedom equal to the number of indicators at a specific significance level (typically $p < 0.001$). Respondents with values exceeding this threshold were categorized as multivariate outliers. Second, outliers were identified using z-scores for each indicator; values outside the range of ±3.00 were considered univariate outliers. Third, the removal process also considered unusual or inconsistent response patterns that could disrupt data distribution. Fourth, given that the total number of respondents in this study was 120, removing the identified outliers did not compromise the sample's representativeness.

Outlier removal was performed selectively to improve data normality and produce more accurate and reliable SEM model estimates. As a result, the final sample used in this study, after outlier removal, consisted of 100 respondents.

Table 5. Final Outlier Test

Analysis of Outlier Observations Farthest from the Centroid (Mahalanobis Distance, Group 1)

Observation number	Mahalanobis d-squared	p1	p2
98	32,371	,001	,064
33	29,640	,002	,014
-	-	-	-
-	-	-	-
49	,521	1,000	1,000
68	,521	1,000	1,000

Source: Processed primary data (2025)

Multivariate Outlier Testing

The multivariate outlier test using AMOS computation indicated a maximum Mahalanobis D-squared value of 32.371, calculated using Excel with the formula =CHINV(0.001;24), where 24 represents the degrees of freedom (df) or the number of indicators. This calculation yielded a value of 51.17. Since the highest Mahalanobis D-squared value of 32.371 is less than 51.17, there are no multivariate outliers. The absence of multivariate outliers confirms that the data is suitable for further analysis.

Evaluation of Multicollinearity and Singularity

The determinant of the covariance matrix can identify multicollinearity and singularity; values approaching zero indicate potential issues. In this study, the determinant of the sample covariance matrix was 0.000, indicating multicollinearity and singularity. However, since there is no specific reason to remove variables that cause these conditions, all variables were retained, as they accurately reflect the true characteristics of the data.

Structural Equation Modeling (SEM) Analysis

After the measurement model was analyzed through confirmatory factor analysis and each variable was found to adequately define its latent construct, the full Structural Equation Modeling (SEM) model was analyzed. The SEM analysis results are presented in Figure 1:

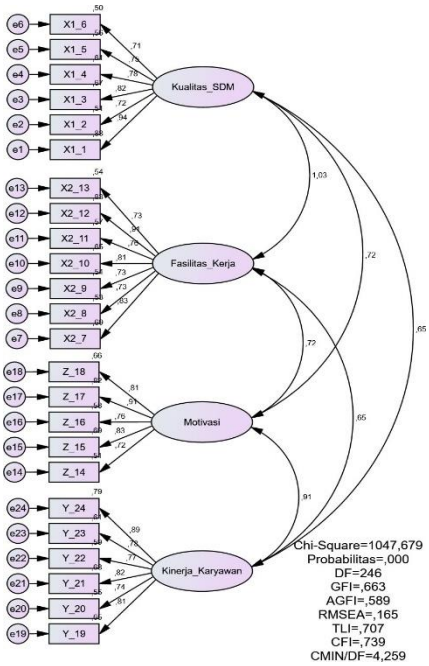

Figure 1. Initial Full Measurement Model
Source: Analysis Results, 2025

Based on Figure 1, the goodness-of-fit test for the initial full measurement model is summarized as follows:

Table 6. Evaluation of Goodness of Fit Indices Criteria for Initial Full Measurement

Goodness of Fit Index	Cutoff Value	Model Result	Description
x^2 - Chi square DF= 246	≤ 283,585	1047,679	Marginal
Sign. Probability	≥ 0,05	0,000	Marginal
CMIN/DF	≤ 2,00	4,259	Marginal
GFI	≥ 0,90	0,663	Marginal
AGFI	≥ 0,90	0,589	Marginal
TLI	≥ 0,95	0,707	Marginal
CFI	≥ 0,95	0,739	Marginal
RMSEA	≤ 0,08	0,165	Marginal

Source: Processed primary data (2025)

The results indicate that the overall goodness-of-fit of the structural equation model remains in the marginal range. This condition suggests that the measurement model does not fully meet the recommended fit criteria. Therefore, the measurement model was revised based on Modification Indices (MIs), standardized loadings, and relevant theoretical foundations. Revisions were carried out gradually by evaluating indicators with low loading factors and relatively high error variances. This step aims to improve model fit without compromising conceptual integrity, ensuring that the resulting measurement model remains valid and optimally represents the research constructs.

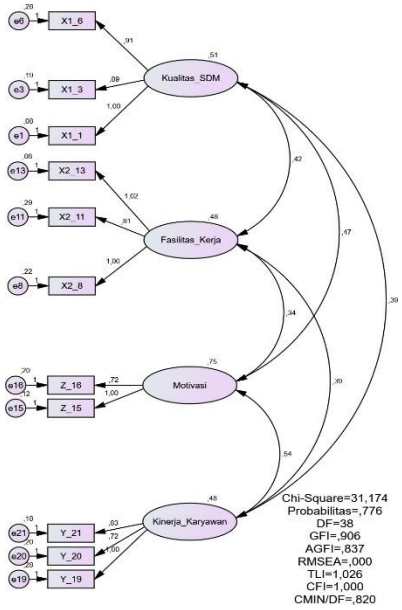

Figure 2. Final Full Measurement Model
Source: Analysis Results, 2025

Based on Figure 2, the goodness-of-fit test results for the final full measurement model are as follows:

Table 7. Evaluation of Goodness-of-Fit Indices for the Final Full Measurement Model

Goodness of Fit Index	Cutoff Value	Model Result	Description
x^2 - Chi square DF= 38	≤ 53,383	31,174	Fit
Sign. Probability	≥ 0,05	0,776	Fit
CMIN/DF	≤ 2,00	0,820	Fit
GFI	≥ 0,90	0,906	Fit
AGFI	≥ 0,80	0,837	Fit
TLI	≥ 0,95	1,026	Fit
CFI	≥ 0,95	1,000	Fit
RMSEA	≤ 0,08	0,000	Fit

Source: Processed primary data (2025)

The results indicate that all eight goodness-of-fit criteria fall within the expected range. The model evaluation shows that all indices meet the recommended critical values, suggesting that the model overall fits the data well and can proceed to further analysis and revision.

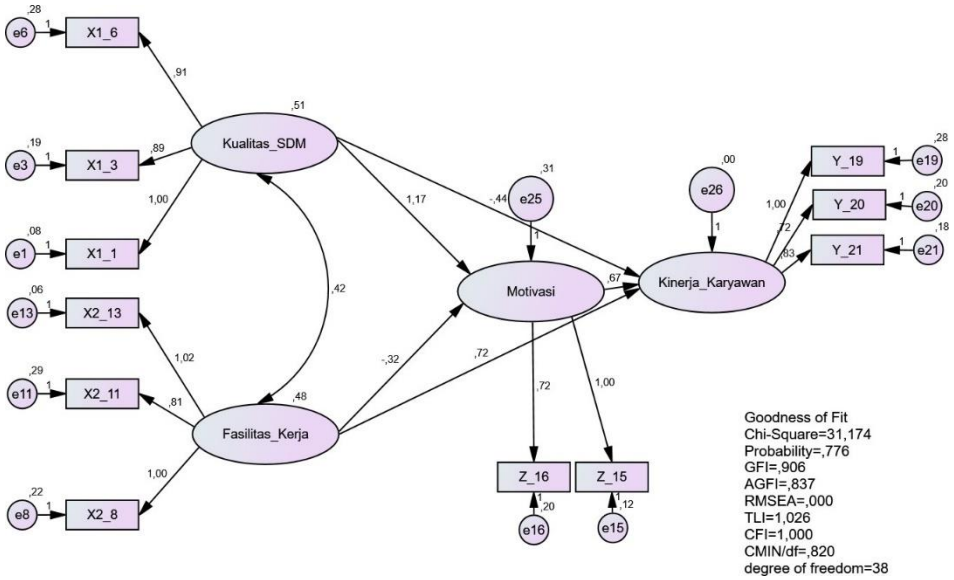

Figure 3. Structural Model
Source: AMOS Analysis Results, 2025

Based on Figure 3, the goodness-of-fit test results for the full structural model are as follows:

Table 8. Evaluation of Goodness-of-Fit Indices for the Structural Model

Goodness of Fit Index	Cutoff Value	Model Result	Description
x^2 - Chi square DF= 38	≤ 53,383	31,174	Fit
Sign. Probability	≥ 0,05	0,776	Fit
CMIN/DF	≤ 2,00	0,820	Fit
GFI	≥ 0,90	0,906	Fit
AGFI	≥ 0,80	0,837	Fit
TLI	≥ 0,95	1,026	Fit
CFI	≥ 0,95	1,000	Fit
RMSEA	≤ 0,08	0,000	Fit

Source: Processed primary data (2025)

From the analysis above, the standardized regression weights are as follows:

Table 9. Standardized Regression Weights (Group 1 – Default Model)

	Estimate
Motivation <--- Work_Facilities	-,253
Motivation <--- HR_Quality	,970
Employee_Performance <--- Motivation	,844
Employee_Performance <--- HR_Quality	,757
Employee_Performance <--- Work_Facilities	,723

Source: AMOS SEM Analysis Results, 2025

Referring to the results of the first-stage testing of the overall model, the mathematical equation for the Structural Equation Model (SEM) can be expressed as follows:

Results of the Equations

$Z = 0{,}970X_1 - 0{,}253X_2$
$R^2 = 0{,}589$ (Equation 1)
$Y = 0{,}757X_1 + 0{,}723X_2 + 0{,}844$
$R^2 = 0{,}767$ (Equation 2)

Interpretation of Equation 1 (Motivation as Endogenous Variable):

a) The standardized regression estimate indicates that HR quality increases motivation by 0.970.
b) The standardized regression estimate shows that work facilities influence motivation by -0.253.

Interpretation of Equation 2 (Employee Performance as Endogenous Variable):

a) The standardized regression estimate indicates that HR quality increases employee performance by 0.757.
b) The standardized regression estimate indicates that work facilities increase employee performance by 0.723.
c) The standardized regression estimate indicates that motivation increases employee performance by 0.844.

The squared multiple correlation values (R^2), obtained from the estimate output in Group 1 – Default Model, are explained as follows:

1. The squared multiple correlation for the first equation is 0.589, indicating that 58.9% of the variation in motivation is explained by variations in HR quality and work facilities, while other variables outside the model account for the remaining 41.1%.
2. The squared multiple correlation for the second equation is 0.767, indicating that 76.7% of the variation in employee performance is explained by variations in HR quality, work facilities, and motivation, while other variables outside the model influence the remaining 23.3%.

Hypothesis Testing

After evaluating the assumptions in SEM, hypothesis testing was conducted to examine the alignment between field data and the proposed research hypotheses using regression weights through SEM AMOS analysis. The criteria for hypothesis testing in structural equation modeling are the Critical Ratio (CR) and the probability values (Ghozali, 2018:70).

Table 10. Regression Weights

	Estimate	S.E.	CR.	P	Lable
Motivation <--- Work_Facilities	-,316	,355	-,889	,374	par_5
Motivation <--- HR_Quality	1,173	,356	3,295	***	par_13
Employee_Performance <--- Motivation	,672	,170	3,951	***	par_6
Employee_Performance <--- HR_Quality	,640	,308	2,427	,154	par_7
Employee_Performance <--- Work_Facilities	,719	,252	2,857	,004	par_8

Source: AMOS Analysis Results, 2025

Direct Effects Interpretation:

1. Hypothesis 1: HR quality has a positive and significant effect on motivation, with CR = 3.298 > 1.654 and probability = 0.000 < 0.05. This indicates that HR quality significantly and positively affects motivation.
2. Hypothesis 2: Work facilities on motivation have CR = -0.889 < 1.654 with probability = 0.374 > 0.05, indicating that work facilities do not significantly affect motivation.
3. Hypothesis 3: HR quality on employee performance has CR = 2.427 > 1.654 with probability = 0.154 > 0.05, indicating that HR quality has a positive but not significant effect on employee performance.
4. Hypothesis 4: Work facilities have a positive and significant effect on employee performance, with CR = 2.857 > 1.645 and probability = 0.004 < 0.05.
5. Hypothesis 5: Motivation has a positive and significant effect on employee performance, with CR = 3.951 > 1.645 and probability = 0.000 < 0.05.

Indirect Effects

This analysis examines the strength of relationships between constructs, including direct, indirect, and total effects.

Table 11. Direct and Indirect Effects

	Human Resources Quality of Employee	Performance Work Facilities on Employee Performance
(Direct Effect)	-0,457	0,723
(Indirect effect)	0,818	-0,213
(Total Effect)	0,361	0,509
Conclusion	Indirect effect > direct effect, indicating that motivation effectively mediates the relationship between HR quality and employee performance.	Indirect effect < direct effect, indicating that motivation does not mediate the relationship between work facilities and employee performance.

Source: Analysis Results, 2025

DISCUSSION

This study examined the direct and indirect effects of human resource quality and work facilities on employee performance, with motivation positioned as an intervening variable. The findings demonstrate that human resource quality has a positive and significant effect on motivation. This result supports the human capital theory, which holds that employees with adequate competence, knowledge, and skills tend to show stronger psychological engagement and confidence in performing their tasks [20]. When employees understand regulatory standards, operational procedures, and product specifications in the medical device sector, they are more likely to feel capable and motivated to achieve organizational targets. This finding is consistent with Goestjahjanti et al. [21], who reported that higher competence levels significantly increased employee motivation and performance. However, the direct effect of human resource quality on employee performance in this study was positive but insignificant. This suggests that competence alone is insufficient to produce

optimal performance unless supported by other reinforcing factors, particularly motivational drivers.

The results also indicate that work facilities do not significantly influence motivation. This finding suggests that adequate infrastructure and equipment are perceived as basic requirements rather than motivational triggers. According to Kılıç and Uludağ [22], work facilities can be categorized as hygiene factors that prevent dissatisfaction but do not necessarily stimulate higher motivation. This result aligns with Akdere and Egan [23], who found that facilities did not significantly affect psychological motivation, although they were important for operational support.

Conversely, work facilities have a positive and significant direct effect on employee performance. This implies that the availability of proper infrastructure, storage systems, and operational tools directly enhances work effectiveness and task completion. In a regulated industry such as medical device distribution, adequate facilities ensure compliance with the Regulation of the Minister of Health Number 14 of 2021 and reduce operational errors. This finding supports [24], who concluded that facility adequacy significantly improves performance outcomes, particularly in service-oriented organizations.

Furthermore, motivation was found to have a positive and significant effect on employee performance, confirming its central role as a behavioral driver. Employees with higher motivation tend to demonstrate better discipline, initiative, and target achievement [25]. This result is consistent with Uma and Swasti [26], who emphasized that motivation strengthens the relationship between competence and performance. The mediation analysis in this study indicates that motivation partially mediates the relationship between human resource quality and employee performance. This suggests that competence enhances performance primarily when it stimulates internal motivation. However, motivation does not significantly mediate the relationship between work facilities and performance, indicating that facilities exert a more direct operational effect rather than a psychological one [27].

The inconsistencies found in previous studies are clarified through this integrative model. While Shinta and Siagian [28] reported an insignificant effect of human resource quality on performance, this study demonstrates that the effect becomes meaningful when motivation is incorporated as an intervening variable. Similarly, the conflicting findings regarding work facilities are explained by distinguishing between their direct operational impact and their limited motivational influence [29]. Overall, the findings highlight that improving employee performance in a regulated medical device company requires a balanced strategy. Enhancing human resource competence must be accompanied by motivational reinforcement, while investment in adequate work facilities directly supports operational efficiency and regulatory compliance. This integrated perspective provides a more comprehensive understanding of how structural and psychological factors interact in shaping employee performance [30].

4. CONCLUSION

This study demonstrates that both competency and organizational support factors influence employee performance in a regulated medical device company. Human resource quality strengthens employee motivation, yet competence alone does not directly ensure

higher performance without motivational reinforcement. Meanwhile, work facilities directly improve performance, although they do not significantly stimulate motivation. Motivation plays a key mediating role in transforming competence into measurable performance outcomes. Managerially, these findings suggest that companies should integrate competency development programs with effective motivational strategies, while also ensuring adequate facilities to support operational efficiency and regulatory compliance. This research is limited to a single company and to cross-sectional data, which may limit broader generalizability. Future studies should involve larger samples, longitudinal designs, or additional variables, such as leadership and organizational culture. Overall, this study contributes to human resource management literature by highlighting the strategic role of motivation in strengthening the relationship between competence and performance, particularly within highly regulated industries.

ACKNOWLEDGEMENTS

The authors would like to express their sincere gratitude to all parties who contributed to the completion of this study entitled *"The Effect of Human Resource Quality and Work Facilities on Employee Performance with Motivation as an Intervening Variable among Employees of PT Sanidata Putri Medika."* Special appreciation is extended to the management and employees of PT Sanidata Putri Medika for their willingness to participate and provide valuable data for this research. The authors also gratefully acknowledge the support, guidance, and constructive feedback from supervisors, colleagues, and reviewers, which greatly contributed to the improvement and completion of this article. Finally, appreciation is given to all individuals who provided encouragement and assistance, both directly and indirectly, throughout the research process.

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