A Systematic Review on The Influence of Human Resource Management on Healthcare Service Innovation Through Employee Work Motivation

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ABSTRACT
The post-pandemic transformation of global healthcare services underscores the urgent and strategic role of Human Resource Management (HRM) in driving organizational innovation. This study presents a systematic synthesis of the interrelationship between HRM practices, work motivation, and healthcare service innovation using a Systematic Literature Review (SLR) approach to 26 Scopus-indexed scholarly articles (2021–2025). The findings suggest that HRM practices focusing on job meaning, autonomy, and Performance recognition enhance motivation, which in turn promotes innovation adoption and drives organizational behavioral change. This study proposes an integrative conceptual model grounded in the Resource-Based View (RBV), Self-Determination Theory (SDT), and Theory of Planned Behavior (TPB), positioning motivation as the psychological mechanism linking HRM design to organizational innovation. The primary contribution of this study lies in its cross-theoretical synthesis and its policy recommendations for fostering a motivation-driven innovation ecosystem in the healthcare sector. Furthermore, the study opens pathways for future research through longitudinal and multi-level approaches to validate the proposed model within dynamic healthcare system contexts.

Keywords*: Human Resource Management, healthcare service innovation, work motivation, systematic literature review*

1. INTRODUCTION

Digital disruption, post-pandemic pressures, and growing demands for efficiency and innovation drive the ongoing transformation of global health systems. Within this context, healthcare organizations are increasingly required to pursue continuous innovation to meet the complex and evolving needs of the population. Innovation in this sector is not solely reliant on technology but also the effectiveness of human resource management. HRM thus plays a strategic role as both a change agent and a value creator by optimizing motivation, competence, and workforce engagement (Azizi et al., 2021).

Numerous studies have affirmed the significance of work motivation as a mediating factor in the influence of HRM on innovative behavior. Sudarwati1et al. (2024) demonstrate that innovative HRM practices enhance intrinsic motivation, which directly contributes to employee innovation (Sudarwati et al., 2024). Gallo et al. (2024) further assert that HRM digitalization fosters a work environment conducive to engagement and innovation (Gallo et al., 2024). Research by Ferry et al. (2021) supports these findings, stating that work motivation is a critical bridge between strategic HRM policies and hospitals' innovative Performance (Ferry et al., 2021).

Nonetheless, the current literature still reflects several notable gaps. First, many studies are fragmented and have not fully integrated the relationship between HRM, work motivation, and innovation (Peng et al., 2024). Second, research approaches tend to be technical and administrative, with limited exploration of psychological mechanisms as mediators (Papademetriou et al., 2025). Third, there is a lack of in-depth discussion on the urgency of HRM strategies during the pandemic and the role of motivation in the success of service innovations (Azizi et al., 2021).

These gaps become even more evident in studies such as that by Kessler et al. (2022), which explore new roles of HRM without addressing the development of internal motivation (Kessler et al., 2022). Bakx et al. (2020) emphasize the importance of public motivation in innovation yet do not directly link it to HRM policy (Bakx et al., 2020). Meanwhile, Sudarwati et al. (2024) mention the influence of HRM on workload and motivation but fail to present a comprehensive depiction of its systemic relation to innovation (Sudarwati et al., 2024). Peng et al. (2024), Davy et al. (2024), and Kloutsiniotis and Mihail (2021) discuss HRM and motivation as separate constructs without establishing a

causal pathway connecting HRM, motivation, and innovation (Davy et al., 2024; Kloutsiniotis et al., 2021; Peng et al., 2024). This gap highlights the absence of a systematic literature review that explicitly integrates these three variables within the healthcare context.

The present article aims to develop a systematic scientific synthesis of the influence of HRM on healthcare service innovation through the mediation of work motivation. Employing the Systematic Literature Review approach, this study not only maps the theoretical landscape but also proposes a new, applicable conceptual model. The research questions examined include: (1) How do HRM practices affect healthcare service innovation? (2) To what extent does work motivation mediate or strengthen the relationship between HRM and innovation? (3) What conceptual model can best explain the interrelation among HRM, work motivation, and service innovation based on existing literature? By answering these questions, this article contributes to the integration of HRM and work psychology theories in the context of healthcare service innovation and provides practical foundations for the formulation of adaptive, motivation-oriented human resource development policies.

2. RESEARCH METHOD

This study adopts a Systematic Literature Review (SLR) approach to synthesize the relationship between Human Resource Management (HRM), work motivation, and innovation in healthcare services. The SLR method was selected for its ability to evaluate, compare, and integrate scientific evidence that remains scattered and unstructured within a comprehensive causal framework (Snyder, 2019).

The SLR was conducted manually to ensure transparency, systematization, and traceability throughout the selection and reporting process of the literature. Data were collected from the Scopus database (Q1–Q4) covering the period from 2021 to 2025. The search strategy applied a combination of Boolean operators and truncation techniques, using keywords such as: “Human Resource Management” AND “Healthcare Innovation” OR “Employee Motivation” AND “Healthcare Innovation.”

All identified articles were manually analyzed for classification, systematization, and synthesis. Inclusion criteria included: (1) Scopus-indexed full-text articles; (2) published between 2021 and 2025; (3) covering at least two of the three main variables; and (4) based on empirical data or systematic reviews. Articles were excluded if they were editorials, non-English, outside the healthcare context, or data duplicates.

The selection process involved two stages: title and abstract screening, followed by full-text review. The analysis stage applied the thematic synthesis approach (Thomas & Harden, 2008), supported by narrative analysis, to understand the contextual relationships among variables and content clustering to group studies based on key focus combinations (HRM–Motivation, Motivation–Innovation, HRM–Motivation–Innovation). The combination of these three techniques allowed the synthesis results to be both theoretical and practical, yielding patterns of generalization as well as anomalies that enrich the development of the final conceptual model.

3. RESULTS AND DISCUSSION

3.1 General Characteristics of the Studies

This study systematically reviews 26 scholarly articles published between 2021 and 2025, examining the interrelations among Human Resource Management (HRM), work motivation, and innovation in healthcare services. The majority of publications appeared in 2024 (Alshahrani, 2024; Figueiredo et al., 2024; Irgang et al., 2024; McGuier et al., 2024; Sayyed et al., 2024; Zhang et al., 2024). Earlier contributions, including Macfarlane et al. (2021) and Krijgsheld et al. (2021), remain within the five-year review threshold, ensuring the recency and relevance of the dataset (Krijgsheld et al., 2021; Macfarlane et al., 2021),

The analysis benefits from diverse methodological approaches: nine studies employed systematic or narrative reviews (Alshahrani, 2024; Boms et al., 2022; Veenstra et al., 2022), eight utilized quantitative methods (Kitsios & Kamariotou, 2021; Pham et al. 2024; Wang et al., 2019), four applied mixed methods (Irgang et al., 2024; Reed et al., 2025), and five adopted qualitative or case-based designs (Kessler et al., 2022; Macfarlane et al., 2021; Thanh et al., 2025). This methodological variety enables triangulation across conceptual, empirical, and contextual perspectives, enriching causal insights into the HRM–motivation–innovation nexus in healthcare.

While not all articles specified geographical settings, several offered contextual descriptions. Thanh et al. (2025) conducted a case study in Vietnam; Sayyed et al. (2024), Alshahrani (2024), and Iyanna et al. (2022) represented South Asian and Gulf contexts (Alshahrani, 2024; Iyanna et al., 2022; Sayyed et al., 2024; Thanh et al., 2025). Other studies focused on European and North American healthcare systems (McGuire et al., 2024; Reed et al., 2025; van der

Laan et al., 2023). Hospodková et al. (2021) provided a comparative view of digital readiness across five Central European countries (Hospodková et al., 2021), while Kessler et al. (2022) and Macfarlane et al. (2021) examined public service institutions in the UK (Kessler et al., 2022; Macfarlane et al., 2021). Such diversity strengthens the generalizability of findings across institutional and regional settings.

The organizational contexts studied also varied. Most research focused on public hospitals, highlighting bureaucratic constraints and digital transformation needs (Gallo et al., 2024; Kitsios & Kamariotou, 2021; Krijgsheld et al., 2021). Others examined multinational healthcare networks and large-scale institutions, emphasizing AI adoption and digital innovation (Amjad et al., 2023; Iyanna et al., 2022). Community-based approaches emerged in Thanh et al. (2025) and Fernandes et al. (2022), linking work motivation to improved public health services (Fernandes et al., 2022; Thanh et al., 2025). Finally, Reed et al. (2025) and McGuire et al. (2024) underscored the value of cross-functional teamwork and ecosystem integration within both clinical and administrative settings (McGuire et al., 2024; Reed et al., 2025).

3.2 Discussion

3.2.1 Thematic Cluster 1: The Role of HRM in Healthcare Service Innovation & Thematic Cluster 1: HRM as a Driver of Innovation in Healthcare

Five key studies highlight HRM's strategic role in healthcare innovation, centering on three core themes: strategic HRM, digital HRM transformation, and structural innovation through human capital. Macfarlane et al. (2021) demonstrate how strategic HRM (SHRM) enables system-wide change, redesigning work systems to foster innovation (Macfarlane et al., 2021). Hampel and Hajduova (2023) reinforce this by showing that autonomy, accountability, and professional development enhance organizational agility and innovation orientation (Hampel & Hajduova, 2023).

Digital HRM emerges as another catalyst. Tursunbayeva (2024) illustrates how AI, analytics, and e-HRM systems elevate HR from administrative to strategic functions (Tursunbayeva, 2024). Gallo et al. (2024) further support this, linking digital tools—like online recruitment and Performance systems—to innovation readiness (Gallo et al., 2024). Meanwhile, Kessler et al. (2022) emphasize structural innovations such as cross-functional roles (e.g., care navigators) that streamline communication and reduce resistance to change (Kessler et al., 2022).

Collectively, these studies show that HRM advances innovation through strategic alignment, digital integration, and organizational design. Proactive, data-driven HRM promotes innovative behavior (Hampel & Hajduova, 2023; Macfarlane et al., 2021), while digital HRM meets the needs of a modern workforce (Gallo et al., 2024; Tursunbayeva, 2024). Structural role innovation supports adaptive organizational architectures (Kessler et al., 2022).

3.2.2 Thematic Cluster 2: Work Motivation as a Catalyst for Innovation

Work motivation—intrinsic, extrinsic, public, and leadership-induced—emerges as a central factor driving innovation in healthcare. Intrinsic motivation, driven by job meaning and personal growth, predicts innovative behavior (Krijgsheld et al., 2021; Veenstra et al., 2022). Schiavone and Ferretti (2021) stress the importance of intrinsically motivated personnel in future healthcare systems ((Schiavone & Ferretti, 2021), while Boms et al. (2022) emphasize early educational interventions (Boms et al., 2022).

Extrinsic motivation, through financial and non-financial rewards, also fosters innovation. Figueiredo et al. (2024) link incentives to creative Performance (Figueiredo et al., 2024), supported by Kitsios & Kamariotou (2021) and Irgang et al. (2024), who highlight job satisfaction and involvement in decision-making (Irgang et al., 2024; Kitsios & Kamariotou, 2021). Reed et al. (2025) find that reward systems ease technology adoption (Reed et al., 2025).

Public service motivation influences innovation through prosocial values. Pham et al. (2024) find that alignment with organizational purpose boosts innovation (Pham et al., 2024), a view echoed by Fernandes et al. (2022) (Fernandes et al., 2022). Wang et al. (2025) introduce an environmental lens, showing sustainability-oriented climates enhance innovation rooted in public motivation (Wang et al., 2019).

Transformational leadership plays a key role in cultivating motivational climates. Alshahrani (2024) finds that intellectual stimulation and autonomy drive innovation (Alshahrani, 2024), with Pham et al. (2024) and Sayyed et al. (2024) highlighting trust-based leadership as a foundation for experimentation (Pham et al., 2024; Sayyed et al., 2024). Leadership that empowers and supports learning also mitigates resistance to change (Hospodková et al., 2021; Iyanna et al., 2022; Zhang et al., 2024).

Together, these findings confirm that motivation arises from individual and organizational interactions, forming a psychosocial ecosystem that enables innovation. Motivation also acts as a mediating variable between HRM and innovation—explored further in the next cluster.

3.2.3 Thematic Cluster 3: Motivation as a Mediator between HRM and Innovation

In healthcare, the HRM–innovation relationship is often mediated by work motivation. Twenty-six studies show this, which falls into three categories: explicit, implicit, and inconsistent mediation. Contextual factors also act as moderators of this mediation.

Explicit evidence is provided by Pham et al. (2024), who identify public service motivation as a bridge between transformational leadership and innovation (Pham et al., 2024). Irgang et al. (2024) show that job satisfaction supports AI acceptance (Irgang et al., 2024), while Figueiredo et al. (2024) link rewards to motivation and creativity (Figueiredo et al., 2024). Veenstra et al. (2022) highlight that intrinsic development via HRM boosts innovation through enhanced motivation (Veenstra et al. 2022).

Cross-synthesis reveals that strategic HRM fosters participatory, meaningful work, encouraging intrinsic motivation (Boms et al., 2022; Hampel & Hajduova, 2023; Krijgsheld et al., 2021). Digital HRM improves efficiency and self-efficacy, enhancing innovation readiness (Gallo et al., 2024; Tursunbayeva, 2024). Learning motivation reduces knowledge inertia and innovation resistance (Zhang et al., 2024).

These findings form the basis of a mediating model as follows:

Strategic/Digital HRM → Motivation (Intrinsic, Extrinsic, Public) → Service Innovation (Digital/Organizational)

While not all studies explicitly examine the mediating role of motivation, many contribute to understanding its contextual relevance. Kessler et al. (2022) and Macfarlane et al. (2021) emphasize structural aspects of HRM without addressing individual-level mechanisms (Kessler et al., 2022; Macfarlane et al., 2021), and Amjad et al. (2023) focus on workforce readiness in telehealth without tracing motivational pathways (Amjad et al., 2023). Similarly, Ferry et al. (2021) do not elaborate on the mediating dynamics between HRM and innovation (Ferry et al., 2021).

Motivation as a mediator is context-dependent. In rigid public hospital settings, motivation is intensified by high pressure and hierarchical constraints (Fernandes et al., 2022; Kitsios & Kamariotou, 2021). In contrast, in flexible transnational organizations, motivation is shaped more by collaboration and an innovation-oriented culture (Iyanna et al., 2022; McGuier et al., 2024). Crisis contexts like COVID-19 also heighten motivation through collective solidarity, albeit temporarily (Thanh et al., 2025).

The mediating effect of motivation is moderated by factors such as leadership style (Pham et al., 2024), work climate (Wang et al., 2019), digital literacy (Iyanna et al., 2022), and organizational design (Reed et al., 2025). These dynamics reveal that the HRM–innovation link through motivation is multi-level, nonlinear, and context-sensitive.

The model developed extends existing theories. It refines the Resource-Based View (RBV) by recognizing that innovation stems not only from assets but from psychological and behavioral drivers shaped by HRM (Sayyed et al., 2024; Veenstra et al., 2022). Contributions to Self-Determination Theory (SDT) are supported by findings that HRM promotes autonomy and meaning and enhances intrinsic motivation. Under the Theory of Planned Behavior (TPB), innovation intent is influenced by perceived behavioral control, organizational norms, and attitudes—all shaped by HRM design and leadership.

Practically, the study underscores the strategic role of HRM in fostering motivation through meaningful work, recognition, and adaptive reward systems (Figueiredo et al., 2024; Pham et al., 2024). Accelerating digital HRM transformation via e-HRM, analytics, and visualization supports proactive human capital strategies, including burnout prevention and innovation readiness (Gallo et al., 2024; Tursunbayeva, 2024). Transformational leadership is vital in creating participative environments that enhance intrinsic motivation, particularly in public sectors characterized by moral service values (Alshahrani, 2024; Fernandes et al., 2022). Performance appraisals should include innovation metrics—capturing both outcomes and contributions to digital and procedural transformation.

4. CONCLUSION

The main findings underscore that strategic, digital, and transformative HRM practices play a critical role in building organizational innovation capacity. HRM is no longer confined to an administrative function but catalyzes institutional change. Work motivation—whether intrinsic, extrinsic, or public—acts as the psychological mechanism

bridging HRM interventions and innovative behavior among healthcare professionals. The conceptual model developed in this study positions HRM as a strategic input, motivation as a mediator, and innovation as the organizational output. The model is grounded in the Resource-Based View (RBV), Self-Determination Theory (SDT), and Theory of Planned Behavior (TPB) and is further enriched by dimensions of leadership, organizational culture, and institutional values.

The theoretical contributions of this study include the strengthening of RBV by framing motivation as a strategic form of intangible capital and the extension of SDT through HRM's role in facilitating autonomy and social commitment among healthcare workers. TPB is also expanded through evidence showing that HRM design and leadership styles influence perceived behavioral control, innovative norms, and attitudes toward change. From a practical standpoint, the findings offer transformative guidance for healthcare institutions to shift from bureaucratic approaches toward adaptive systems that foster innovation through flexible roles, participatory leadership, contribution-based incentives, and the reinforcement of self-efficacy in navigating the digital era and post-pandemic recovery.

Future studies are encouraged to adopt longitudinal and multi-level approaches to understand the dynamics of the HRM–motivation–innovation relationship over time and across organizational levels. Exploratory research using primary data collection methods such as in-depth interviews or participatory observation is essential for capturing the social and structural complexities often overlooked by quantitative data. The development of an HRM-Driven Innovation Ecosystem model that incorporates external factors such as regulation, patient demands, and IT readiness should become a strategic agenda to enhance the resilience and adaptability of healthcare institutions in addressing future innovation challenges through a more humanistic lens.

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