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Organizational Learning as a Mediating Mechanism: Transformational Leadership, IT-Business Alignment, and Service Innovation in Indonesian Healthcare

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ABSTRACT

The digital health transformation in Indonesia presents a critical challenge for healthcare institutions, where digital maturity often lags behind national integration mandates. This study addresses this research gap by examining the roles of transformational leadership and IT-business alignment in driving service innovation performance. While numerous studies have examined the impact of digital transformation on broader organizational performance, considerably less attention has been directed toward understanding how organizational learning serves as the underlying mechanism through which leadership and technology alignment translate specifically into service innovation outcomes within healthcare settings. Using a quantitative causal methodology, data were obtained from 117 employees at hospitals and community health centers through purposive sampling. Data analysis was performed using Partial Least Squares-Structural Equation Modeling (PLS-SEM) with SmartPLS software. The findings demonstrate that IT-business alignment has a favorable and significant effect on service innovation performance. While transformational leadership does not directly influence innovation performance, it serves as a significant driver of organizational learning. These results highlight the necessity for healthcare management to prioritize synergy between digital strategies and business goals while fostering a collective learning culture. In conclusion, ensuring robust IT alignment and a supportive learning environment is fundamental for achieving sustainable service innovation in the healthcare sector.

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INTRODUCTION

The World Health Organization has identified digital health transformation as a strategic imperative for improving healthcare quality globally, calling on member states to accelerate digital health adoption as a core pillar of national health reform (WHO, 2021). Indonesia has responded by mandating the implementation of Rekam Medis elektronik (RME) and the SATUSEHAT national platform as binding regulatory requirements for healthcare facilities nationwide (Yasin, 2025). However, outcomes remain inconsistent. The Digital Maturity Index reveals an average digital readiness score of only 2.73 out of 5.00 for Provincial and District/City Health Offices in 2023 (Kementerian Kesehatan RI, 2024), while approximately one to two million Indonesians continue to seek medical care abroad annually, with health expenditures flowing overseas totaling IDR 150-160 trillion per year (Asa et al., 2024; Nasution, 2022). These figures suggest that technology adoption alone is insufficient to drive meaningful healthcare service innovation (Galdiero et al., 2025), and that successfully translating digital transformation into improved service performance requires attention to multiple organizational factors, including strategic leadership, institutional alignment between technology and business goals, and the capacity for continuous learning and knowledge integration (Huber, 1991).

However, the successful execution of digital health transformation extends far beyond the deployment of technical infrastructure; it fundamentally reshapes organizational routines, workflows, and cultural norms across clinical and administrative functions (Savage et al., 2018). Navigating these disruptions requires two critical organizational enablers transformational leadership, which guides members through resistance and uncertainty by aligning clinical behaviors with strategic digital imperatives (Al-Husseini et al., 2021), and IT-business alignment, which ensures that technology investments are strategically synchronized with institutional operational priorities rather than deployed in isolation (Chen et al., 2025). Critically, the changes introduced by digital health transformation demand more than technical adoption; they require organizations to develop entirely new knowledge competencies, as staff must learn to interpret, integrate, and institutionalize novel digital workflows into daily practice (Crossan et al., 1999). When healthcare organizations successfully cultivate this capacity for continuous learning, they are better equipped to adapt service processes, respond to evolving patient needs, and translate digital change into improved service innovation performance(Akay & Demirel, 2017; Huber, 1991).

Despite growing interest in the drivers of healthcare service innovation, prior studies have largely examined transformational leadership, IT-business alignment, and organizational learning as isolated predictors of innovation outcomes, without sufficiently exploring how these factors interact within a unified mediating framework. (Akay & Demirel, 2017; Chen et al., 2025; Picolo et al., 2023). Empirical evidence on the direct influence of transformational leadership on innovation remains inconsistent across contexts (Akay & Demirel, 2017; Hsiao & Chang, 2011), suggesting that its effect may be contingent on intervening organizational mechanisms rather than operating independently. This gap motivates the present study, which proposes an integrated mediation framework that simultaneously examines both the direct and indirect effects of transformational leadership and IT-business alignment on service innovation performance through organizational learning, enabling a precise determination of whether organizational learning fully or partially mediates each relationship within the context of Indonesian healthcare digital transformation.

This study adopts an explanatory approach to examine how and why transformational leadership and IT-business alignment influence service innovation performance, with

organizational learning serving as the central mediator. Rather than treating innovation outcomes as direct products of leadership behavior or technological investment, this study argues that organizational learning explains the process through which these antecedents are converted into service innovation transformational leadership cultivates the knowledge-sharing culture and collaborative learning routines that enable organizations to continuously adapt and refine service processes, while IT-business alignment creates the structured digital infrastructure through which new knowledge is acquired, interpreted, and institutionalized across clinical and administrative units (Crossan et al., 1999; Huber, 1991). Organizational learning thus functions as the explanatory bridge, the "how" and "why" linking both behavioral and technological antecedents to innovation outcomes. The focus on transformational leadership is particularly relevant in healthcare organizations, where leadership structures are inherently diverse, encompassing both administrative managers and physician leaders whose clinical autonomy and professional expertise may shape how leadership influence is received and translated into organizational action (Bass & Riggio, 2006; Savage et al., 2018). Understanding how this leadership style operates through organizational learning rather than direct managerial directives alone is therefore especially consequential in professional healthcare settings undergoing rapid digital transformation.

This study makes both theoretical and practical contributions to the existing literature. Theoretically, it advances Organizational Learning Theory by establishing organizational learning not merely as an outcome of leadership or technology, but as the explanatory mechanism through which both transformational leadership and IT-business alignment translate into service innovation performance. It clarifies the process that prior studies have largely left implicit by testing these variables as isolated direct predictors (Akay & Demirel, 2017; Picolo et al., 2023). By simultaneously modeling direct and indirect pathways, this study contributes a more precise understanding of how organizational learning mediates both behavioral and technological antecedents of service innovation confirming a dual-mediation model in which transformational leadership and IT-business alignment each influence service innovation performance both directly and indirectly through organizational learning, albeit through pathways of differing strength extending the partial mediation framework established by Chen et al. (2025) into the professional healthcare context and complementing the full mediation pattern identified by Akay & Demirel (2017) and Al-Husseini et al. (2021) for the leadership pathway specifically. Practically, this study provides healthcare executives and policymakers with actionable diagnostic insight. Rather than treating digital health transformation as a purely technical endeavor, managers should deliberately invest in organizational learning infrastructure, such as knowledge-sharing platforms, cross-unit training programs, and collaborative digital workflow routines, as the critical intermediary mechanism that determines whether leadership vision and IT investments ultimately translate into improved service innovation outcomes (Huber, 1991).

LITERATURE REVIEW

Organizational Learning Theory as the Grand Theory

This study explicitly adopts Organizational Learning Theory (OLT) as the underlying grand theory to explain how healthcare organizations integrate dynamic capabilities to achieve service innovation performance. Rather than viewing technological or leadership factors in isolation, OLT provides a comprehensive framework to understand how organizations systematically acquire, distribute, interpret, and store knowledge to adapt to disruptive environments. Huber

(1991) fundamentally defines organizational learning as a continual process in which organizations acquire, interpret, and use knowledge to improve their ability to adapt to external changes. In a contemporary healthcare context, this learning capacity is further conceptualized as an institution's collaborative ability to generate, transmit, and conserve data driven knowledge in order to dynamically adapt its behavioral routines to fast-changing digital environments (Picolo et al., 2023).

Within this theoretical lens, the learning process is robustly operationalized using the "4I" framework, intuiting, interpreting, integrating, and institutionalizing, developed by Crossan et al. (1999). This framework explains how learning transfers seamlessly across individual, group, and organizational levels. Empirical evidence from recent studies shows that organizational learning is not merely a passive state but an essential organizational capability that serves as the mediator between transformational leadership and IT–business alignment in driving innovation. (Chen et al., 2025). Under the OLT framework, this capacity serves as the primary cognitive infrastructure that supports healthcare and Puskesmas in responding to national digital transformation mandates, optimizing the utilization of complex knowledge resources, and ultimately accelerating service innovation performance.

Crucially, OLT operates as the central predictive anchor for the mediation model in this study, explaining how organizational learning acts as a vital strategic bridge that converts both leadership behaviors and technology alignment into innovative outcomes. First, OLT predicts that transformational leadership cannot directly trigger service innovation within complex bureaucracies; instead, its role is to foster a psychologically secure climate that serves as a catalyst for behavioral learning loops, translating individual insights into institutionalized practices (Al-Husseini et al., 2021). Second, IT–business alignment provides the structured conduit that facilitates organizational learning, enabling information to be fully interpreted and institutionalized, which in turn accelerates innovation (Zabukovšek et al., 2023). Ultimately, learning mechanisms explain innovation outcomes because service innovation is fundamentally a product of knowledge reconfiguration (Picolo et al., 2023). This suggests that in complex organizational settings such as hospitals, leadership and aligned technology are unlikely to translate into improved service innovation unless they are channeled through an organization's capacity to continuously acquire, share, and institutionalize new knowledge (Crossan et al., 1999; Huber, 1991).

Transformational Leadership

Under the umbrella of Organizational Learning Theory, transformational leadership functions as a critical behavioral antecedent that directly stimulates the initial stages of the knowledge-sharing cycle. Previous research demonstrates that this leadership style contributes positively to the development of employee creativity, intellectual stimulation, and proactive problem-solving within complex work groups (Al-Husseini et al., 2021). Furthermore, transformational leadership plays a vital role in supporting organizational sustainability by cultivating psychological safety, which influences long-term knowledge adaptation processes during extensive technical shifts (Zabukovšek et al., 2023).

In the healthcare sector, the implementation of this leadership style presents unique challenges, because the majority of healthcare leaders are physician leaders who hold dual roles as clinical professionals and strategic decision makers (Stoller, 2020). These professional leaders frequently face systemic challenges in balancing their clinical identities with the collaborative and innovative demands required by transformational mandates (Shafi et al., 2020).

Consequently, under an organizational learning perspective, transformational attributes are considered an indispensable factor in healthcare institutions, particularly in facilitating cross-functional knowledge translation and ensuring long-term systemic adaptation during ongoing national digital health transformations (Picolo et al., 2023).

IT-Business Alignment

IT–business alignment refers to the degree of fit between information technology strategy and business strategy in supporting the achievement of organizational objectives (Venkatraman & Henderson, 1993). Rather than viewing this alignment merely as a static technical state, contemporary perspectives argue that the synchronization between strategic direction and IT utilization serves as a structural mechanism that directly accelerates internal knowledge dissemination and improves long-term operational (Ilmudeen et al., 2019). As organizations are increasingly required to respond to rapid digital developments, the importance of IT–business alignment has grown in enabling sustainability and fostering innovative value that enhances competitiveness (Zabukovšek et al., 2023).

In healthcare settings specifically, digital maturity has been conceptualized through dimensions such as strategy, IT capability, interoperability, governance, and people's readiness, explicitly manifested through the integrated utilization of essential platforms such as the Sistem Informasi Manajemen Rumah Sakit (SIMRS) and Rekam Medis Elektronik (RME) (Duncan et al., 2022). Evidence from Italian healthcare organizations further suggests that digital maturity depends not only on technology adoption but also on organizational strategy, governance quality, workforce readiness, process integration, and effective data management; institutions with a clear digital vision, strong managerial support, and well-integrated systems tend to exhibit higher digital maturity and deliver more effective healthcare services, including improved care for chronic patients through telemedicine, electronic medical records, and remote monitoring (Galdiero et al., 2025). However, a systematic review of digital maturity models in hospitals has noted that the relationship between digital maturity and concrete healthcare outcomes remains underexplored, with only a small number of studies empirically linking maturity dimensions to performance indicators, and findings to date have been mixed (Duncan et al., 2022). This gap underscores the need to examine the underlying mechanisms, such as organizational learning, through which IT-business alignment and digital maturity may translate into service innovation performance, rather than assuming a direct and automatic relationship.

Service Innovation Performance

Service innovation performance can be understood as the result of implementing new ideas and approaches that create added value and provide effective solutions for service users (Den Hertog, 2000). Contemporary literature views service innovation performance as an organization's operational capability to continuously reconfigure and improve its service delivery processes to maintain a strong competitive advantage (Al-Husseini et al., 2021). In more recent studies, service innovation performance has been described as the organization's ability to introduce and apply new methods, technologies, or service practices that continuously improve service quality, operational efficiency, and customer satisfaction (Picolo et al., 2023).

Service innovation performance is commonly assessed through two key dimensions, efficacy and efficiency. Efficacy refers to the ability to improve service quality and introduce service updates, while efficiency refers to the speed of implementation and the optimal utilization of resources. These dimensions are particularly relevant in healthcare settings, where service

delivery is complex and resource-intensive. (Picolo et al., 2023). High levels of service innovation performance indicate a healthcare capability to effectively leverage technology, adapt to digital environments, and manage service processes more efficiently (Al-Husseini et al., 2021).

Hypotheses Development

According to Al-Husseini et al. (2021), the relationship between transformational leadership and organizational learning is demonstrated by the leader's capacity to drive knowledge sharing among organizational members. Through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration, transformational leaders encourage staff to exchange knowledge, experience, and skills, and this knowledge-sharing process subsequently strengthens organizational learning and innovation outcomes. Consistent with this, Picolo et al. (2023) found that transformational leadership significantly and positively predicts innovation performance, reinforcing its relevance as an antecedent of organizational learning processes that support innovation.

H1: Transformational leadership has a positive and significant effect on organizational learning.

Furthermore, the success of service innovation is heavily dependent on IT-business alignment, which ensures that information technology investments act as a strategically synchronized resource to create maximum organizational value (Ilmudeen et al., 2019). In the healthcare setting, this alignment is crucial for integrating complex digital systems such as RME and SATUSEHAT across various units, which requires the organization to continuously adapt and master new digital workflows. Empirical evidence from Chen et al. (2025) shows that a high level of IT–business alignment contributes positively and significantly to organizational learning, by enabling firms to more effectively acquire, assimilate, and apply knowledge from internal and external sources.

H2: IT-business alignment has a positive and significant effect on organizational learning.

Organizational learning, defined as the collective capacity to acquire, interpret, and integrate new knowledge, has been proposed as a crucial driver for innovation (Huber, 1991). In the context of healthcare services, a high learning capability allows organizations to transform information into practical solutions, thereby enhancing both the efficacy and efficiency of service innovation. Drawing on evidence from non-healthcare settings, organizational learning processes such as knowledge sharing have been shown to significantly enhance innovation outcomes (Al-Husseini et al., 2021), and organizational learning capability has likewise been found to significantly and positively predict innovation performance (Picolo et al., 2023). This role becomes increasingly important in environments characterized by rapid digital transformation and complex service demands, such as the healthcare sector

H3: Organizational learning has a positive and significant effect on service innovation performance.

The success of such innovation-oriented behaviors is further driven by leadership, which plays a critical role in articulating a clear vision for change (Bass & Riggio, 2006). Transformational leadership has been shown to contribute directly and significantly to innovation performance, with leaders who inspire, build trust, and provide intellectual stimulation creating an environment conducive to new ideas (Al-Husseini et al., 2021). Consistent with this, Picolo et al. (2023) demonstrate that transformational leadership significantly and positively predicts

innovation performance, suggesting that leaders who inspire and motivate employees, encourage knowledge sharing, and foster open communication contribute meaningfully to innovation outcomes a pattern expected to extend to the healthcare context, where responsive and adaptive leadership is similarly critical to service delivery.

H4: Transformational leadership has a positive and significant effect on service innovation performance.

Parallel to leadership influence, the strategic utilization of technology through IT-business alignment provides the structural foundation necessary to create organizational value (Chan & Reich, 2007). In the healthcare context, IT–business alignment is manifested through the integrated utilization of digital infrastructure such as Hospital Information Systems and Electronic Medical Records, which enable real-time data exchange and interoperability across clinical and administrative functions (Duncan et al., 2022). Evidence from Italian healthcare organizations suggests that institutions with well-integrated digital systems and strong digital vision tend to deliver more effective services, including improved care for chronic patients through telemedicine and remote monitoring (Galdiero et al., 2025). Empirical evidence from (Chen et al., 2025) further indicates that IT–business alignment has a direct and significant influence on innovation performance by supporting continuous improvement in service delivery processes.

H5: IT-business alignment has a significant and positive effect on service innovation performance.

Transformational leadership has been established as a significant antecedent of organizational learning, as leaders who apply idealized influence, inspirational motivation, and intellectual stimulation actively cultivate a culture of continuous knowledge sharing among members (Al-Husseini et al., 2021) This sustained learning culture, encompassing knowledge acquisition, interpretation, and institutionalization, in turn equips organizations with the adaptive capacity to continuously identify service improvement opportunities, reconfigure existing workflows, and develop novel service solutions directly driving service innovation performance (Crossan et al., 1999; Picolo et al., 2023). The influence of transformational leadership on service innovation is therefore not limited to its direct effect but also operates through the learning culture it fosters. Empirical evidence suggests that this indirect pathway, mediated by knowledge-sharing and learning mechanisms, can be more substantial than direct leadership influence alone, particularly in professional organizational contexts where operational decisions are governed by expertise rather than managerial directive (Akay & Demirel, 2017). Thus, organizational learning serves as a meaningful pathway through which transformational leadership strengthens service innovation performance.

H6: Organizational learning mediates the positive effect of transformational leadership on service innovation performance.

IT-business alignment has been shown to positively influence organizational learning, as the integration of digital systems across clinical and administrative functions creates structured information flows that enable organizations to more effectively acquire, assimilate, and apply new knowledge (Chen et al., 2025). When technology resources are strategically aligned with institutional goals, staff across units are exposed to shared digital workflows that reinforce collective learning routines, a process consistent with the knowledge acquisition, assimilation, and application dimensions of organizational learning (Huber, 1991). In the healthcare context

specifically, the integration of platforms such as SIMRS and RME creates the interoperability and data governance conditions necessary to support institutional knowledge development (Duncan et al., 2022; Galdiero et al., 2025). This enhanced organizational learning capacity, in turn, supports continuous improvement and service adaptation, key drivers of service innovation performance (Picolo et al., 2023). Consequently, the innovative benefits of IT-business alignment extend beyond its direct technical contribution: aligned digital infrastructure strengthens the organization's learning foundation, and it is through this active learning process that technology alignment translates into meaningful service innovation outcomes (Chen et al., 2025).

H7: Organizational learning mediates the positive effect of IT-business alignment on service innovation performance.

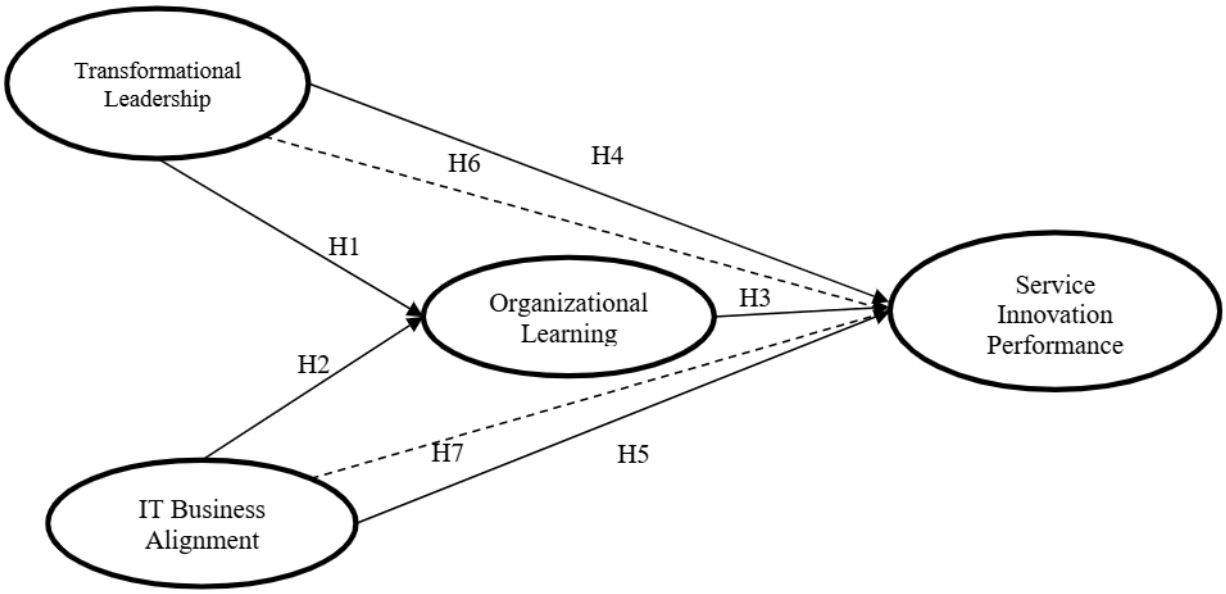


Figure 1. Research Framework
Source: Primary Data Processed, 2026

RESEARCH METHOD

Research Design

This study adopts a causal explanatory study design within a quantitative research methodology. This approach is highly appropriate as the study intends to explain the causal relationships, examining both the direct and indirect mechanisms through which transformational leadership and IT–business alignment influence service innovation performance, with organizational learning serving as the central mediating variable. By utilizing an explanatory design, this research can systematically test the hypothesized theoretical paths and evaluate the structural magnitude of each concurrent driver within the highly regulated healthcare sector.

Population and Samples

The population of this study encompasses all healthcare organizations across Indonesia, ranging from primary care facilities (Puskesmas) to hospitals of various types, in alignment with the national Digital Health Transformation targets set by the Indonesian Ministry of Health (Kemenkes). This study employed purposive sampling, a nonprobability sampling strategy, given the unknown population size, with two primary criteria, namely active use of a Hospital

Management Information System in daily work and a minimum job duration of one year. Respondents included both medical personnel (such as doctors and nurses) and non-medical staff (including administrative, IT, and managerial units), reflecting the broad spectrum of Hospital Management Information System users across healthcare settings. Data were collected through online questionnaires distributed to 160 prospective respondents. Of these, 117 responses were received (response rate: 73.1%), and after data cleaning, 116 valid responses were retained for analysis. This sample size meets the minimum threshold of 110 respondents recommended by Hair et al. (2019), based on 5-10 times the total number of indicators (22 indicators). The demographic profile of respondents is presented in Table 1.

Table1. Demographic of respondents

	Category	Nominal	Percentage (%)
Gender	Man	33	28.45
	Women	83	71.55
Age	21-25	41	35.34
	26-30	49	42.24
	31-35	14	12.07
	36>	12	10.34
Hospital type	Hospital	93	80.17
	Puskesmas	23	19.83
Work Unit	Medical Service	83	71.55
	Non-medical service	33	28.45
Work period	1-5	85	73.28
	6-10	22	18.97
	>10	9	7.76

Source: Primary Data Processed, 2026

Sample Collection Techniques and Instrumental Development

Data collection was conducted online via Google Forms, where electronic questionnaires were distributed to qualified respondents. All questionnaire items were measured using a five-point Likert scale (Numerical Rating Scale), ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). To mitigate response bias and common method variance, full anonymity was guaranteed by excluding personal identifiers. The instrument collected only generic control characteristics age, structural unit (medical vs. non-medical), and tenure to verify the inclusion criterion of a minimum one-year tenure. Additionally, a screening question ensured all respondents actively utilized the hospital information system (SIMRS). Following official institutional approval, distribution combined peer referrals and direct distribution by department heads. This rigorous process effectively lowered social desirability bias while ensuring high response integrity through verified administrative channels.

To ensure high content validity, the measurement instruments were adapted from established academic sources and operationalized through specific indicators across 22 total measurement items. Transformational leadership was assessed using scales adapted from Picolo et al. (2023) and García-Morales et al. (2012), focusing on core leadership visions. IT–business alignment was adapted from Chen et al. (2025) to evaluate the synchronization between IT capabilities and clinical-business goals. Organizational learning was derived from Hsiao & Chang (2011), captured through the framework of knowledge acquisition and interpretation. Finally, service innovation performance was evaluated using the efficacy and efficiency dimensions proposed by (Picolo et al., 2023). To provide transparency and facilitate instrument adaptation for future

researchers, the comprehensive operational definition, measurement indicators, and the distribution of items for each construct are explicitly detailed in Table 2.

Table 2. Operational Definition and Measurement Instruments

Variable / Construct	Source Framework	Core Measurement Indicators / Dimensions	Number of Items
Transformational Leadership (TL)	García-Morales et al. 2012; Picolo et al. 2023	Visionary orientation, intellectual stimulation, inspiring communication, and adaptability support.	6 Items
IT–Business Alignment (ITBA)	Chen et al. 2025	Strategic synchronization, infrastructure flexibility, data-driven workflow integration, and cross-unit synergy.	5 Items
Organizational Learning (OL)	Hsiao & Chang 2011	Knowledge acquisition, information interpretation, collective experimentation, and institutional memory.	6 Items
Service Innovation Performance (SIP)	Picolo et al. 2023	Efficacy (innovation quality, user satisfaction) and Efficiency (speed of delivery, resource optimization).	5 Items

Source: Primary Data Processed, 2026

Data Analysis Techniques

The analytical method utilized is Partial Least Squares-Structural Equation Modeling (PLS-SEM), which runs on SmartPLS 4.1.1.8 software. This method is effective for building theories and complex structural models, especially when sample sizes are restricted. The measurement model was evaluated using criteria such as indicator reliability factor loadings ≥ 0.708, internal consistency CR and Cronbach's Alpha, $\alpha \geq 0.70$, convergent validity (AVE > 0.50), and discriminant validity (HTMT < 0.90). The structural model was evaluated based on predictive relevance (Q^2 from PLSpredict), explanatory power (R^2), and multicollinearity (VIF). To eliminate bias in self-administered questionnaires, the Full Collinearity VIF and Harman's Single Factor Test were employed to assess Common Method Bias (CMB).

RESULT AND DISCUSSION

Common Method Bias (CMB)

To ensure the integrity of the research findings, this study examined the likelihood of Common Method Bias (CMB), which can arise when data is collected by self-administered questionnaires (Podsakoff et al., 2003). This work analyzed CMB using the Full Collinearity Variance Inflation Factor (VIF) approach, as recommended by Hair et al. (2022), If the VIF values for each path in the inner model are less than 3.3, the measurement model is considered free of significant procedure bias. The inner VIF values for all paths, as shown in Table 3, range from 1.377 to 2.277, demonstrating that lateral or vertical collinearity is not an issue in this investigation. As a result, common procedure bias is not a significant concern in our study, ensuring the validity of the structural correlations.

Table 3. Full Collinearity VIF Results

Path	Inner VIF	Status
ITBA => OL	1.377	Accepted (< 3.3)
ITBA => SIP	1.792	Accepted (< 3.3)
OL => SIP	2.277	Accepted (< 3.3)
TL => OL	1.377	Accepted (< 3.3)
TL => SIP	1.801	Accepted (< 3.3)

Source: Primary Data Processed, 2026

Measurement Model Evaluation (outer model)

Validity test

Validity testing was carried out to confirm that the measurement instruments appropriately represented the intended constructs. This assessment included convergent validity and discriminant validity evaluations. The degree to which indicators intended to measure the same construct are closely related is known as convergent validity. Factor loading values and Average Variance Extracted (AVE) values were used in this study to evaluate convergent validity. As presented in Table 4, all indicators for each construct exhibit factor loadings > 0.708, ranging from 0.755 to 0.882. Furthermore, all variables achieved AVE values between 0.641 and 0.748, significantly exceeding the required minimum of 0.50 (Hair et al., 2022). These results confirm that the measurement model possesses robust convergent validity across all constructs.

To make sure each construct is empirically unique, discriminant validity was evaluated using the Heterotrait-Monotrait Ratio (HTMT), with the results presented in Table 5. Although the HTMT values between Service Innovation Performance (SIP) and IT-Business Alignment (ITBA) (0.897), as well as between SIP and Organizational Learning (OL) (0.916), border or slightly exceed the conservative 0.90 threshold, discriminant validity is empirically secured through HTMT inference assessment via a complete bootstrapping procedure. The 95% bias-corrected confidence interval ranges from [0.802, 0.970] for the SIP ↔ ITBA correlation, and from [0.838, 0.976] for the SIP ↔ OL correlation. Crucially, none of these confidence intervals encompasses the value of 1.00. According to (Henseler et al. (2015), if the upper bound of the 95% HTMT confidence interval is strictly below 1.00, discriminant validity is robustly established. Therefore, all constructs in this structural model are confirmed to be empirically distinct.

Table 4. Convergent validity & reliability test results

Variable	Items	Loading Factors	AVE	Cronbach's Alpha	Composite Reliability
Transformational Leadership	TL.1	0.835	0.641	0.860	0.899
	TL.2	0.796			
	TL.3	0.792			
	TL.4	0.755			
	TL.5	0.824			
IT-Business Alignment	ITBA.1	0.862	0.647	0.864	0.902
	ITBA.2	0.818			
	ITBA.3	0.764			
	ITBA.4	0.775			
	ITBA.5	0.801			
Organizational	OL.1	0.882	0.748	0.832	0.899

Variable	Items	Loading Factors	AVE	Cronbach's Alpha	Composite Reliability
Learning	OL.2	Deleted			
	OL.3	0.858			
	OL.4	Deleted			
	OL.5	0.855			
Service Innovation Performance	SIP.1	0.826	0.662	0.915	0.932
	SIP.2	0.811			
	SIP.3	0.784			
	SIP.4	0.830			
	SIP.5	0.851			
	SIP.6	0.811			
	SIP.7	0.781			

Source: Primary Data Processed, 2026

Table 5. Discriminant validity -HTMT results

	IT-Business Alignment	Organizational Learning	Service Innovation Performance	Transformational Leadership
IT-Business Alignment				
Organizational Learning	0.763			
Service Innovation Performance	0.897	0.916		
Transformational Leadership	0.603	0.765	0.758	

Source: Primary Data Processed, 2026

Reliability Test

Cronbach's alpha and composite dependability were employed to evaluate the measurement instrument's internal consistency reliability. All Cronbach's alpha and composite reliability values were above 0.7, ranging from 0.832 to 0.915 and 0.899 to 0.932, respectively, as shown in Table 4. This indicates that all variables are considered reliable and satisfy the recommended standards (Hair et al., 2019, 2022). The measurement constructs are therefore suitable for further structural model investigation.

Structural Model Evaluation (Inner Model)

R Square(R^2)

The explanatory power of the structural model was evaluated using the coefficient of determination (R^2) for each endogenous construct. According to Hair et al. (2011), R^2 values of 0.75, 0.50, and 0.25 represent large, moderate, and inadequate explanatory levels, respectively. According to Table 6, the R^2 value for Service Innovation Performance is 0.801, showing that Organizational Learning, IT-Business Alignment, and Transformational Leadership explain 80.1% of the variation in Service Innovation Performance. This outcome demonstrates a high level of explanatory power. Additionally, Organizational Learning generated an R^2 value of 0.561, indicating that the model's independent variables account for 56.1% of the variation, which

represents a moderate explanatory level. This result confirms that Organizational Learning functions as a robust and active mediating variable within the structural framework.

Q Square (Q^2)

The PLSpredict technique was used to determine the model's predictive usefulness. Wynne W. Chin (2010) defined predictive significance as a model's Q^2 value exceeding zero. Table 6 reveals that the Q^2 value for Organizational Learning is 0.413, whereas Service Innovation Performance has a Q^2 value of 0.646. Because both values are greater than zero, the structural model can be thought to have adequate predictive relevance.

Table 6. R square & Q square Results

	R-square	R-square adjusted	Q-square
Organizational Learning	0.561	0.553	0.413
Service Innovation Performance	0.801	0.795	0.646

Source: Primary Data Processed, 2026

Table 7. Model Fit Results

	Saturated Model	Estimated Model
SRMR	0.066	0.066

Source: Primary Data Processed, 2026

Table 8. Hypothesis Test Results

Hypothesis	Path	Standardized Path Coefficient	T Statistic	P Values	Hypothesis Result
Direct Effect					
H1	TL => OL	0.431	2.544	0.011*	Accepted
H2	ITBA => OL	0.427	2.702	0.007*	Accepted
H3	OL => SIP	0.381	3.410	0.001*	Accepted
H4	TL => SIP	0.189	1.472	0.141	Rejected
H5	ITBA => SIP	0.456	6.006	0.000*	Accepted
Indirect Effect					
H6	TL => OL=> SIP	0.164	3.563	0.000*	Accepted
H7	ITBA => OL => SIP	0.163	1.940	0.052**	Accepted

Source: Primary Data Processed, 2026
* significant at α = 0.05 (5%)
** significant at α = 0.10 (10%)

Model Fit

The model fit evaluation aims to determine how well the suggested model matches the observed data. The Standardized Root Mean Square Residual (SRMR) is the major statistic used in PLS-SEM to evaluate the model's quality of fit. It measures the average size of the differences between the observed and expected correlations. A value of less than or equal to 0.080 usually indicates a satisfactory fit for the research model (Henseler et al., 2015). The SRMR value for both the saturated model and the estimated model is 0.066, as Table 7 illustrates. These findings demonstrate that the structural model is valid and the data support the suggested theoretical

framework since the research model satisfies the necessary threshold for an adequate match (Henseler et al., 2015).

Discussion

The Effect of Transformational Leadership on Organizational Learning

The empirical validation of H1 reveals a powerful causal mechanism where transformational leadership acts as a primary driver for organizational learning, with a path coefficient nearly matching the driving strength of technological alignment within the structural model. This finding indicates that transformational leadership, which focuses on inspiring and motivating members to go beyond personal interests for collective goals, is essential in the healthcare service industry (Bass & Riggio, 2006). Transformational leaders are essential to the digital transformation of the healthcare industry because, through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration, they drive knowledge sharing among organizational members (Al-Husseini et al., 2021).

The positive influence observed in this study can be further explained through the 4I Framework (intuiting, interpreting, integrating, and institutionalizing), where leaders drive the search for new knowledge and its internalization into stable service procedures (Crossan et al., 1999). Empirically, this result aligns with Picolo et al. (2023) and Akay & Demirel (2017), who found that transformational leadership significantly and positively influences both innovation performance and organizational learning, reinforcing its relevance as a driver of learning related organizational processes. In terms of practical and contextual implications, these findings demonstrate that for Indonesian healthcare facilities to successfully navigate national digital mandates, technical infrastructure alone is insufficient. Hospital and Puskesmas management must actively develop transformational leadership capabilities to bridge the gap between abstract digital strategies and daily clinical workflows, ensuring that technological adoption is supported by a continuous, collaborative learning culture across all medical and administrative units.

The Effect of IT-Business Alignment on Organizational Learning

The empirical validation of H2 establishes IT-business alignment as a structural catalyst for organizational learning. The implementation of aligned digital systems such as SIMRS and RME compels healthcare professionals to continuously acquire, interpret, and apply new knowledge to adapt to evolving digital workflows (Huber, 1991). ITBA promotes organizational learning by providing the appropriate structure and infrastructure through which aligned information systems act as platforms for knowledge sharing and digital innovation enabling individuals and teams to identify service improvement opportunities and develop more efficient service methods consistent with Chen et al. (2025), who demonstrated that when IT direction aligns with business priorities, organizations become more capable of effectively acquiring and applying new knowledge to support innovation outcomes. Practically, digital platforms like SIMRS and RME cannot operate in a strategic vacuum: IT implementation must directly solve clinical bottlenecks and administrative workflows so that healthcare personnel are not merely forced to use a system, but are structurally enabled to share data-driven insights, reconfigure service delivery methods, and rapidly adapt to national healthcare standards.

The Effect of Organizational Learning on Service Innovation Performance

The empirical validation of H3 confirms a critical causal mechanism where organizational learning acts as the foundational engine that translates acquired strategic insights into tangible

service innovations. Organizational learning is a continuous process in which healthcare institutions acquire, interpret, and integrate new information to increase their adaptive capacity and support service improvement activities (Huber, 1991). In a healthcare environment, this learning process becomes the primary catalyst for creating service innovation, as it allows medical professionals and management staff to continuously update their competencies in line with the latest developments.

Through a strong learning culture, an organization can transform raw information into practical solutions that ultimately lead to improvements in patient service quality (García-Morales et al., 2012). Picolo et al. (2023) found that organizational learning capacity has a significant beneficial impact on innovation performance, which supports this relationship. Although that study was largely concerned with product innovation, in service businesses such as healthcare, the "products" created are the healthcare services itself, implying that learning capability is a critical aspect that improves both the efficacy and efficiency of community services (Picolo et al., 2023). In terms of practical and contextual implications, these results highlight that fostering an organizational learning culture directly influences the success of healthcare service innovation. For hospital and Puskesmas administrators, knowledge acquisition must be institutionalized, such as through regular cross-functional case discussions or evaluation workshops on digital workflow bottlenecks, so that medical and non-medical staff are systematically conditioned to translate data-driven insights into improved and integrated patient care delivery.

The Effect of Transformational Leadership on Service Innovation Performance

The empirical rejection of H4 uncovers an unexpected full mediation mechanism, demonstrating that transformational leadership exerts no statistically significant direct influence on service innovation performance within the examined healthcare facilities. While transformational leadership is generally viewed as capable of encouraging employees to exceed performance expectations through intellectual stimulation and inspirational motivation (Al-Husseini et al., 2021; Bass & Riggio, 2006), the rejection of this hypothesis aligns with Akay & Demirel (2017), who similarly found that transformational leadership does not exert a significant direct effect on innovation, with its influence instead operating indirectly through organizational learning. This non-significant direct path can be explained through four interrelated mechanisms specific to professional healthcare organizations. First, drawing on the concept of professional bureaucracy (Mintzberg, 1990), operational authority in hospitals and Puskesmas is decentralized to clinical professionals governed by standardized expertise rather than managerial directive, limiting a leader's capacity to unilaterally redirect clinical behavior.

Second, the clinical autonomy characteristic of medical professions means new service approaches are more likely to be adopted once collectively validated as shared clinical knowledge rather than imposed top-down. Third, the heavily regulated nature of healthcare governed by national clinical standards and mandatory digital policies constrains the discretionary space through which leadership vision can independently translate into innovative practice, channeling its effects instead through formal organizational learning processes. Fourth, the technological complexity of digital health systems necessitates a learning-mediated pathway, as adopting complex digital infrastructure requires sustained knowledge acquisition that inspirational leadership alone cannot substitute for. While these explanations remain speculative without direct empirical testing, they are consistent with the full mediation pattern observed in this study. Theoretically, this result expands Organizational Learning Theory by suggesting that in professional, highly regulated contexts, leadership functions not as a direct driver of innovation

but as an antecedent condition whose impact is entirely contingent on conversion into organizational learning capacity, a boundary condition underexplored in prior OLT leadership research conducted in less regulated organizational settings.

The Effect of IT-Business Alignment on Service Innovation Performance

The empirical validation of H5 confirms a direct causal mechanism where IT-business alignment serves as the primary structural anchor that translates technical architecture into operational service innovations. This integration is reflected in the consolidated dimensions of healthcare digital maturity encompassing strategy, IT capability, interoperability, and governance through which technical platforms are synchronized with organizational goals (Duncan et al., 2022). Evidence from Italian healthcare organizations further shows that institutions with a clear digital vision, strong managerial support, and well-integrated systems tend to exhibit higher digital maturity and deliver more effective healthcare services, including improved care for chronic patients through telemedicine, electronic medical records, and remote monitoring (Galdiero et al., 2025).

Empirical support is also found in Chen et al. (2025), who demonstrated that innovation success is directly and significantly impacted by IT-business alignment, as aligned technology provides a stable foundation for organizations to experiment and develop new service methods, a mechanism expected to extend to healthcare settings where service responsiveness to patient needs is similarly critical. In terms of practical implications, achieving high ITBA requires that IT infrastructure not be managed as an isolated administrative tool, instead, the implementation of nationwide systems like RME must be directly synchronized with clinical goals, such as reducing patient waiting times and streamlining cross unit medical references, ensuring that technical configurations align with the operational needs of frontline healthcare workers to accelerate the delivery of efficient and patient-centered services.

The Mediating Role of Organizational Learning on the Relationship between Transformational Leadership and Service Innovation Performance

The empirical confirmation of H6 uncovers a powerful full mediation mechanism, proving that transformational leadership operates strictly as a behavioral catalyst rather than a direct structural driver of service innovation (Akay & Demirel, 2017). From the perspective of Organizational Learning Theory (OLT), this full mediation demonstrates that within professional healthcare bureaucracies, a leader's visionary influence has limited direct effect unless it is successfully converted into collective knowledge-sharing and learning processes (Chen et al., 2025; Huber, 1991). This finding directly contrasts with the direct-effect logic of (Picolo et al., 2023), aligning instead with prior empirical models which show that leadership's influence on innovation must be channeled through an organization's capacity to share and institutionalize knowledge before innovation performance can manifest (Akay & Demirel, 2017; Al-Husseini et al., 2021).

Contextually, this pattern is consistent with the structural logic of professional bureaucracy, in which clinical autonomy and standardized professional expertise rather than managerial directive govern operational decision-making in hospitals and Puskesmas (Mintzberg, 1990), helping explain why top-down vertical leadership alone shows limited direct structural influence in such settings. Practically, this implies that driving national digital transformation readiness, such as mandatory RME and the SATUSEHAT platform, requires hospital management to shift from giving high level visionary direction toward establishing a structurally active learning

culture supported by mechanisms such as collaborative knowledge sharing and continuous training across all medical and administrative units (Al-Husseini et al., 2021).

The Mediating Role of Organizational Learning on the Relationship between IT-Business Alignment and Service Innovation Performance

The empirical confirmation of H7 at a significance threshold of $\alpha = 0.10$ reveals that organizational learning serves as a meaningful mediating pathway through which IT-business alignment influences service innovation performance. Beyond its strong direct contribution (H5), IT-business alignment also operates through an indirect channel, when digital systems are strategically synchronized with institutional goals, the resulting structured information flows and interoperability create conditions that foster organizational learning, which in turn supports service innovation outcomes cultivating the organization's capacity to acquire, assimilate, and apply new knowledge generated through aligned digital workflows (Chen et al., 2025; Huber, 1991). This result mirrors the partial mediation pattern found by Chen et al. (2025), where both the indirect effect through organizational learning and the residual direct effect remained statistically significant. The relatively weaker significance of the indirect pathway suggests that, while organizational learning does play a mediating role, the structural and technical mechanisms of IT-business alignment may be sufficiently powerful to generate direct innovation outcomes even before learning processes are fully institutionalized, particularly in healthcare settings subject to strict regulatory mandates that compel immediate operational adaptation. Practically, this dual pathway finding suggests that IT-business alignment should be treated as a multidimensional lever. Strategic digital synchronization not only yields direct innovation benefits through improved operational efficiency and interoperability, but also lays the structural foundations through which organizational learning can further amplify innovation outcomes over time (Duncan et al., 2022; Galdiero et al., 2025).

CONCLUSION

The digital transformation of the healthcare sector presents substantial organizational challenges that extend beyond technical infrastructure, demanding the concurrent development of strategic leadership, technological alignment, and institutional learning capacity. The findings of this study indicate that while transformational leadership has no significant direct impact on service innovation performance, it serves as a significant driver of organizational learning, which in turn positively influences innovation outcomes. IT-business alignment emerges as the most powerful contributor, exerting both a strong direct effect on service innovation performance and an indirect effect through organizational learning. These results collectively confirm that organizational learning functions as a central mediating mechanism through which both transformational leadership and IT-business alignment translate into service innovation, with leadership operating exclusively through this learning pathway, and IT-business alignment operating through both direct and learning-mediated channels simultaneously. Leadership thus serves more as a cultivator of collective knowledge capacity, whereas the actual innovation is institutionalized through knowledge acquisition and technical integration under digital health transformation initiatives.

Theoretical Perspective

From a theoretical perspective, this study yields dual contributions to the literature. First, it enriches Organizational Learning Theory (OLT) by positioning organizational learning not

merely as a passive capability, but as an essential mediating mechanism that converts both behavioral and technological antecedents into service innovation performance. Specifically, this study confirms that transformational leadership influences service innovation exclusively through organizational learning as a full mediation pathway, consistent with prior evidence that leadership's impact on innovation operates more powerfully through indirect knowledge-sharing and learning mechanisms than through direct managerial influence (Akay & Demirel, 2017; Al-Husseini et al., 2021). Second, this study advances the healthcare innovation literature by demonstrating that IT-business alignment influences service innovation performance through two complementary pathways simultaneously both directly and indirectly through organizational learning confirming a partial mediation pattern consistent with (Chen et al., 2025), who similarly found that organizational learning partially mediates the relationship between IT-business alignment and innovation outcomes. Collectively, these findings establish organizational learning as the central explanatory mechanism through which both socio-behavioral and technical-structural drivers translate into service innovation, extending Organizational Learning Theory into the context of professional healthcare organizations undergoing mandatory digital transformation.

Managerial and Practical Implications

The findings of this study offer three practical implications for healthcare organizations navigating digital health transformation, extending the managerial insights of Akay & Demirel (2017), Chen et al. (2025), and Picolo et al. (2023) into the specific context of professional healthcare organizations undergoing mandatory digital reform. First, healthcare institutions must systematically manage organizational learning rather than treating it as an incidental byproduct. Given its role as a key mediator, organizations need to actively support digital adoption by designing structured socialization programs, role-specific digital competency training, and updating Standard Operating Procedures (SOPs) to institutionalize new workflows into daily routines (Galdiero et al., 2025). Second, the full mediation of transformational leadership through organizational learning highlights that leadership quality significantly shapes how organizational members receive, process, and internalize the changes brought by digital health transformation.

Healthcare leaders are expected to articulate a clear, visionary direction that members can understand and follow, creating a sense of shared purpose that motivates active participation in learning processes (Akay & Demirel, 2017; Al-Husseini et al., 2021). Third, the strong direct and indirect contribution of IT-business alignment to service innovation performance underlines the critical importance of deliberate and well-communicated strategic planning in digital health transformation (Chen et al., 2025). Healthcare organizations should develop a clear digital transformation roadmap that articulates implementation timelines, role responsibilities, and expected operational changes in terms accessible to frontline staff, accompanied by a thorough cost-benefit analysis that transparently communicates the anticipated value of digital investments to all organizational levels(Galdiero et al., 2025).

Limitations and Recommendations for Future Research

Despite these valuable contributions, this study has several limitations that offer productive avenues for future research. First, the analysis disregards external environmental variables, such as market rivalry or regional regulatory variations, in favor of focusing primarily on internal organizational dynamics. Future research may incorporate these macro-environmental contingency factors to further understand their impact on innovation outcomes. Second, this study

does not specifically examine disparities in digital infrastructure and technological readiness across various healthcare facilities, which may affect the operational effectiveness of IT–business alignment. Future studies should evaluate how these structural readiness variations impact implementation speed. Third, while the target population scope encompasses all types of hospitals and community health centers (Puskesmas) across Indonesia, future research should expand data collection across broader geographic scales to optimize nationwide generalizability. Additionally, future studies should explicitly distinguish between medical service units and non-medical units, such as Administrative, IT, and Managerial staff, to better reflect how different system users perceive and drive service innovation performance within healthcare institutions.

Author Statement on AI Use

The author used Gemini (Google) to enhance the manuscript's language quality and structural flow during preparation. To ensure that academic terminology complied with worldwide management standards, this generative artificial intelligence was specially employed to translate research indicators and create technical parts from the original language into English. The author, who bears full responsibility for the final content of the work, evaluated and revised it after using this tool.

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Appendix 1. Research instruments

Variable	Items
Transformational Leadership (García-Morales et al., 2012; Picolo et al., 2023)	The leader actively seeks new opportunities for the unit or hospital and encourages employees to think creatively and provide new ideas. The leader has a clear ultimate goal and is able to inspire hospital employees to commit to that shared vision. The leader is able to motivate hospital employees and ensure they feel that their work has significant meaning and purpose. The leader acts as a driving force within the hospital and consistently demonstrates exe play behaviour and work ethics. The leader is able to mentor and direct employees in their tasks while providing personal attention to the needs and development of each individual.
IT Business Alignment (Chen et al., 2025)	The use of information technology in the hospital has created strong integration with healthcare partners (such as BPJS or referral laboratories) to support medical supply chain efficiency. The use of information technology (e.g., online registration) significantly improves patient flow efficiency and employee productivity. The hospital has integrated information technology into patient service processes to accelerate the development of new services and continuously monitor service quality. The hospital utilizes information technology to identify trends in patient needs and improve accuracy in service planning. The hospital uses information technology to assist employees in providing better and more responsive service support to patients.
Organizational Learning (Hsiao & Chang, 2011)	The hospital encourages employees to explore new ideas and experiment with healthcare services. Employees are encouraged to make quick and bold technical decisions. The hospital has effective mechanisms for sharing knowledge, experiences, and case studies across units (cross-functional collaboration). The hospital provides time and resources for employees to continuously learn, master, and adapt to new technologies and procedures. Leaders actively involve employees in important decision-making processes related to service innovation.
Service Innovation Performance (Picolo et al., 2023)	Dimension: Innovation Efficacy The hospital is capable of regularly updating or refining existing healthcare services to ensure they remain relevant to patient needs. The hospital has successfully developed and introduced new types of healthcare services. The utilization of information technology in this hospital has significantly improved the quality and standards of patient care. Implemented service innovations have successfully increased patient satisfaction.
	Dimension: Innovation Efficiency The hospital demonstrates good speed in implementing new service innovations. The innovation process is carried out with efficient use of time and resources. Cost-effectiveness is proportional to the success rate of the generated service innovations.

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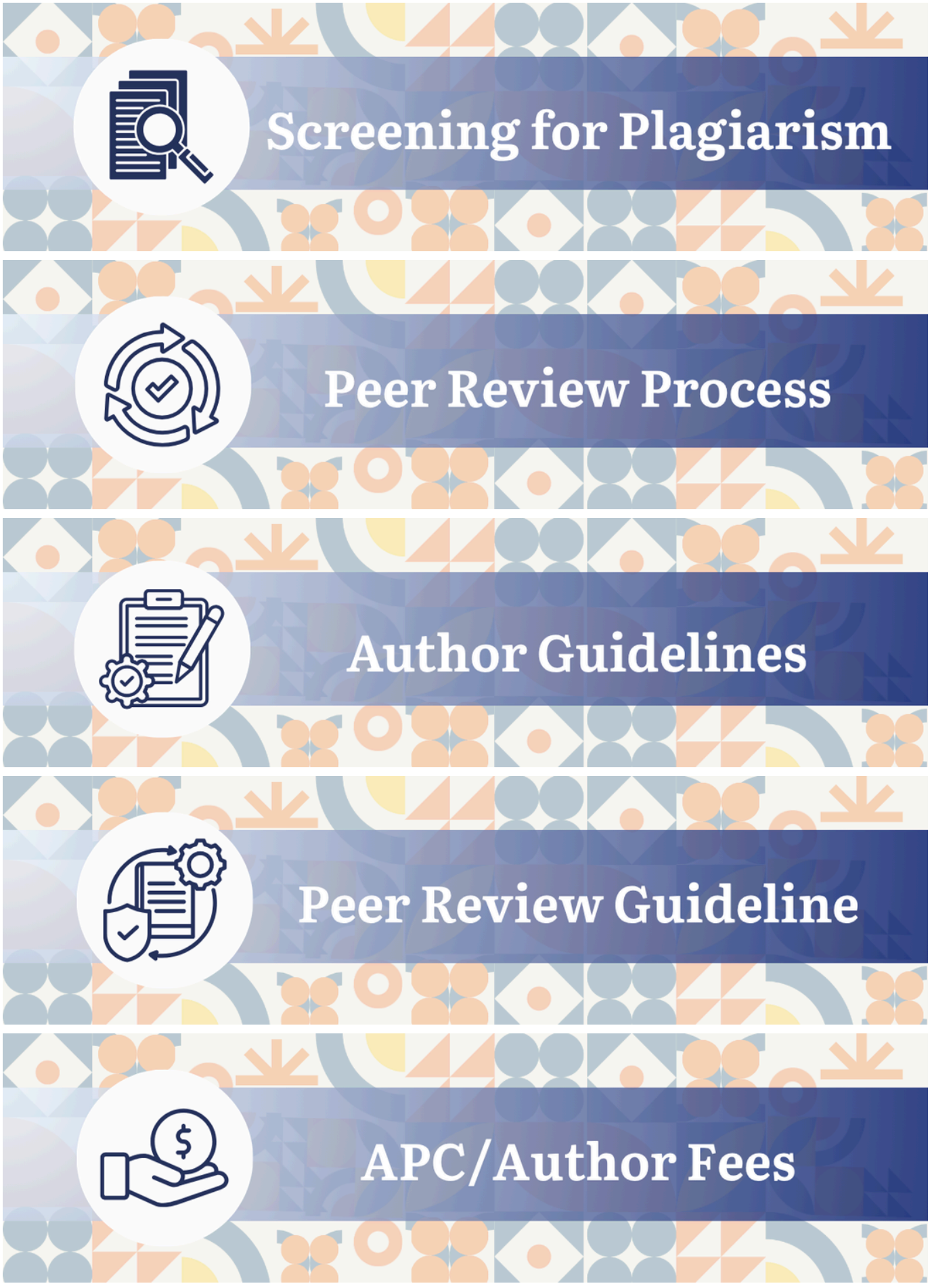
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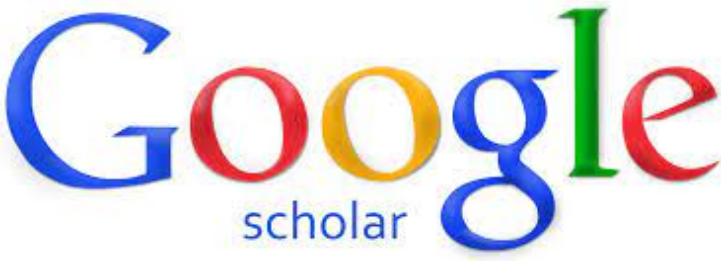


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