

Impact of Public Service Motivation on Service Quality in Cambodian Healthcare Settings

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ABSTRACT

This study aimed: (1) to examine the level of public service motivation among healthcare providers; (2) to assess the level of service quality in public healthcare settings; and (3) to investigate the relationship between public service motivation and service quality in public healthcare settings in Cambodia. A quantitative research design based on correlational approach was employed. The data were collected from 300 healthcare providers via a structured questionnaire consists of public service motivation (PSM) and service quality (SQ) constructs. Descriptive and inferential statistical method were used to analyze the data. The findings found that the overall PSM was at moderate level ($M = 3.49$), with self-sacrifice ranked highest among all dimensions. At the same time, SQ was perceived at high level ($M = 3.56$), with assurance and responsiveness as the top dimensions. Interestingly, the study revealed a positive and statistically significant relationship between PSM and SQ ($r = 0.80, p < 0.07$), suggesting that higher levels of motivation are associated with better service delivery. The results highlighted the essential role of intrinsic motivation in enhancing healthcare service quality. These findings offer practical insights for advancing healthcare reforms and promoting more responsive and citizen-centered service delivery in Cambodia.

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INTRODUCTION

Cambodia earned the status of a lower-middle-income country in 2015, which has led to a population with greater disposable income and an increased demand for high quality public services. Despite significant progress in state building and economic growth, the Cambodian healthcare sector continues to face multiple challenges, including issues with service delivery and good governance. A remarkable trend is the growth of medical tourism, with approximately 20 to 24 percent of Cambodian outbound tourists traveling to neighboring countries for medical purposes due to perceived quality gaps at home (RGC, 2018).

The Royal Government of Cambodia has recognized the link between the quality of governing institutions and economic growth, placing administrative reform at the core of its Rectangular Strategy Phase IV (2018–2023). In the health sector, specific mechanisms like special operating agencies and the retention of user fees for staff performance incentives have been implemented to improve service outcomes. However, challenges such as personnel shortages in remote areas and the need for more meritocratic recruitment remain persistent hurdles. Furthermore, while theories of human motivation are increasingly used in international HR

management to improve productivity, the efficiency, motivation, and attitudes of civil service employees in Cambodia have not yet been extensively studied (RGC, 2018; RGC, 2023).

Public Service Motivation (PSM) is defined as an individual's predisposition to respond to motives grounded primarily in public institutions. This motivational force is recognized as a fundamental factor in determining various dimensions of public service delivery, including customer service behavior and user orientation (Bright, 2008; Steijn, 2008; Gutinyu & Chang, 2025). Otherwise, the service quality (SQ) refers to the level of care provided by organizations and is often measured by comparing customers' perceived and expected service. Understanding the relationship between PSM and SQ is essential for building a professional and responsive administration capable to fulfill citizens' needs (Rainey & Steinbauer, 1999). While international research generally suggests that highly motivated public servants positively determine service delivery, there is a pressing need to investigate this nexus within the institutional and cultural landscape of Cambodian healthcare sector. The primary problem facing the Cambodian healthcare setting is the persistent gap between the perceived quality of public health services and the rising expectations of the citizen. Despite increased government spending on personnel costs and salary raises intended to approximate a "livable wage," public satisfaction with the bureaucracy remains inconsistent. Citizens frequently report issues such as unfriendly staff attitudes, irregular working hours, and the continued existence of informal payments in medical services (Khim, 2016; World Bank, 2020; Pheakdey et al., 2020).

Although the healthcare sector has institutionalized participation structures like Health Centre Management Committees, these mechanisms often fail to address performance deficits due to villagers' fear of reprisal or mistreatment in future visits. There is also a lack of systematic research on how the internal motivations of Cambodian health workers, particularly their PSM influence the actual quality of care they deliver. Without empirical evidence on these motivational levels, the government lacks the necessary data to design effective initiatives that could increase employee engagement and, consequently, public service quality.

In order to address this gap, the study aims: (1) to examine the level of public service motivation among healthcare providers; (2) to assess the level of service quality in healthcare settings; and (3) to investigate the relationship between public service motivation and service quality in public healthcare settings in Phnom Penh City, Cambodia.

Theoretical Framework

This public service motivation (PSM) construct is grounded in public service motivation theory highlighted Perry and Wise (1990), which provide a comprehensive theoretical framework for exploring the motivation to serve the public interest, stemming from a desire to contribute to society rather than purely for personal gain. It is a multi-dimensional construct often associated with volunteering, helping others, and a commitment to public. There are four key dimensions: attraction to public policy making, commitment to the public interest, compassion and self-sacrifice. According to Perry & Wise (1990), these dimensions can be defined in Table 1.

Table 1. Four Dimensions of PSM

Dimension of PSM	Definition
1. Attraction to public policy making (APM)	The desire to participate in formulating public policy and engaging in the political process.
2. Commitment to the public interest (CPI)	A sense of civic duty and the belief that public service is inherently important.
3. Compassion (COM)	A deep empathy for others and a commitment to ensuring social programs continue to support those in need.
4. Self-sacrifice (SS)	The willingness to place duty to the public above personal gain, potentially risking personal loss to help society.

Source: Perry and Wise (1990)

The service quality (SQ) construct is grounded in SERVQUAL model developed by Parasuraman et al. (1988), which provide a comprehensive theoretical framework for the examining the service quality of an institution. It is a multi-dimensional construct often associated with tangibles, reliability, responsiveness, assurance and empathy of healthcare providers. According to Parasuraman et al. (1988), these dimensions can be defined in Table 2 as below:

Table 2. Five Dimensions of SQ

Dimension of SQ	Definition
1. Tangibles (TAN)	Refer to physical visible aspects of the service including appearance of facilities, equipment, staff, and materials.
2. Reliability (REL)	Refer to ability to perform the promised service dependably and accurately including provide service immediately.
3. Responsiveness (RES)	Refer to willingness to help customers and provide prompt service including speed of service, willingness to cater to customer needs.
4. Assurance (ASS)	Refer to knowledge and courtesy of employees and their ability to convey trust and confidence including employee skill, politeness, trustworthiness and safety.
5. Empathy (EMP)	Refer to caring, individualized attention provided to customers including good communication, personal attention, understanding customer needs.

Source: Parasuraman et al. (1988)

METHODS

Research design

This study employed a quantitative methodology by using a correlational approach to determine how public service motivation and service quality relate to one another. Because the researcher can quantify the strength of the association between variables without changing them, this approach is appropriate (Creswell, 2021).

Research Participants

A survey was administered to healthcare providers of public healthcare institutions in Phnom Penh City, Cambodia to collect data for this study. The participants consist of 300 healthcare providers selected through purposive sampling method and based on their availability and willingness to participate. The sampling technique may have affected the sample's representativeness, a consideration to keep in mind when evaluating and interpreting the findings, even though it is feasible and effective given the study's geographical and logistical scope (Creswell, 2019).

Research Instruments and Data Collection

The instrument used in this study is a structured questionnaire that was modified from earlier research. The questionnaire comprises perception of public service motivation constructs highlighted by Perry and Wise (1990) and service quality constructs developed by Parasuraman et al. (1988). It uses a 5-point Likert scale to measure the level of perception on public service motivation and service quality. The interpretation criteria were used to analyze the level of perception: range between 1.00 – 1.50, which is interpreted as extremely low; range between 1.51 – 2.50, which is interpreted as low; range between 2.51 – 3.50, which is interpreted as moderate; range between 3.51 – 4.50, which is interpreted as high; range between 4.51 – 5.00, which is interpreted as extremely high (Norman, 2010). While the correlation coefficient value (r) equal or higher than 0.50 means strong relationship, between 0.30 – 0.49 mean moderate relationship and between 0.10 – 0.29 is considered as weak relationship (Aberson, 2019).

For the data collection procedure, the researcher initially reached out to the institutions' director to formally request permission. Upon obtaining authorization, the research team was responsible for disseminating the survey to healthcare providers, who are participants. Along with consent forms, participants evaluate each question based on their own perception.

Data Analysis and Statistical Procedures

The data analysis involved the use of the SPSS statistical program, version 25, as the data analysis tool. The analysis included descriptive and inferential statistical methods. The descriptive statistical analysis included the use of mean and standard deviation. The inferential statistical analysis included the use of the Pearson correlation coefficient. The statistical methods used in the analysis, as in the case of the research

design, facilitated the measurement and analysis of the data in a correct manner, as the research design followed the principles of the quantitative correlational research.

Ethical Consideration

The survey began with an informed consent statement outlining the study's risk, purpose, and intent. The data-gathering process was respectful. Every piece of information collected from participants was kept private. This study adhered to the principle of beneficence, ensuring minimal risk to participants, by carefully balancing risks and benefits. Instead of using a research-centered approach, this study used a subject-centered approach to ask participants how they perceive certain scenarios.

RESULTS AND DISCUSSION

Results

For presenting the results of this study, two methods of analysis are used. The first is descriptive analysis, which measures descriptively the level of public service motivation and service quality constructs by examining mean value and standard deviation. In the second inferential analysis encompasses the relationships between the two variables by examining the Pearson correlation coefficient. The results of the statistical analyses done to address the research questions are presented in this section. Specifically, the analysis aims to answer the research questions presented in the introduction.

Results for the Research Question One

The first research question was asked: "What is the level of public service motivation among healthcare providers in Phnom Penh City, Cambodia?" A descriptive analysis was conducted to find out the answers of this study.

Table 3. Overall Perception on Public Service Motivation (n = 300)

Dimensions	M	S.D.	Meaning	Rank
APM	3.41	0.55	Moderate	4
CPI	3.50	0.62	Moderate	2
COM	3.42	0.53	Moderate	3
SS	3.65	0.68	High	1
Overall	3.49	0.59	Moderate	

Note: APM= Attraction to public policy making, CPI=Commitment to Public Interest, COM= Compassion, SS= Self-sacrifice

As revealed in Table 3 above, the findings indicate that overall perception towards public service motivation perceived at moderate level (M=3.49, S.D.=0.59). Ranking from the highest to lowest, the self-sacrifice dimension ranked first with mean value of 3.65, followed by the commitment to public interest with mean value of 3.50, the compassion (M=3.42) and attraction to public policy making (M=3.41) ranked second, third and fourth place, respectively.

Results for the Research Question Two

The second research question was asked: "What is the level of service quality in public healthcare settings in Phnom Penh City, Cambodia?" A descriptive analysis was conducted to find out the answers of this study.

Table 4. Overall Perception on Service Quality (n = 300)

Dimensions	M	S.D.	Meaning	Rank
TAN	3.28	0.61	Moderate	5
REL	3.37	0.57	Moderate	4
RES	3.81	0.72	High	2
ASS	3.84	0.65	High	1
EMP	3.51	0.59	High	3
Overall	3.56	0.62	High	

Note: TAN= Tangibles, REL= Reliability, RES= Responsiveness, ASS= Assurance, EMP= Empathy

As revealed in Table 4 above, the findings indicate that overall perception towards service quality perceived at high level (M=3.56, S.D.=0.62). Ranking from the highest to lowest, the assurance dimension ranked first with mean value of 3.84, followed by the responsiveness with mean value of 3.81, the empathy (M=3.51), the reliability (M=3.37) and tangibles (M=3.28) ranked second, third, fourth and fifth place, respectively.

Results for the Research Question Three

The third research question was asked: "Is there a significant relationship between public service motivation and service quality in healthcare settings in Phnom Penh, Cambodia?" A correlation analysis was conducted to find out the answers of this study.

Table 5. Relationship between Public Service Motivation and Service Quality (n = 300)

Public Service Motivation (PSM)	Service Quality (SQ)	
	Pearson correlation coefficient (r)	0.80**
	Sig. (2-tailed)	0.00

**Correlation is significant at the 0.01 level (2-tailed)

As indicated in Table 5 above, public service motivation and service quality have a positive and significant relationship, according to the study's Pearson correlation coefficient (r) of 0.80. This implies that the higher levels of PSM are associated with higher perceived service quality.

Discussion

Based on the findings, the following aspects are discussed: level of public service motivation, level of service quality and relationship between the two variables .

Discussion on Level of Public Service Motivation

The findings revealed that the overall level of public service motivation of healthcare providers is perceived moderately (M = 3.49). Among all dimensions, self-sacrifice ranked highest, followed by commitment to public interest, compassion, and attraction to public policy making. This result is consistent with the theoretical foundation of PSM, which emphasizes altruistic motives such as self-sacrifice and commitment to community (Perry & Wise, 1990; Perry, 1996; Perry, 2000; Perry, 2011). The higher score of self-sacrifice suggests that healthcare providers in Cambodia are still driven by a sense of duty and willingness to serve others, even in challenging working conditions. This aligns with findings from Khim (2016), who reported that Cambodian health workers are not solely motivated by financial incentives but also by intrinsic and prosocial values.

However, the overall moderate level of PSM indicates that motivation is not fully optimized. This supports the argument by Perry and Vandenabeele (2015) that PSM can vary significantly depending on institutional and cultural contexts. In developing countries, structural constraints such as limited resources, weak governance, and lack of merit-based systems may hinder the full development of PSM (Mussagulova & Van der Wal, 2021; Zubair et al., 2021). Furthermore, the relatively lower score for attraction to public policy making suggests that healthcare providers may feel less engaged in decision-making processes. This finding is consistent with Eng et al. (2015), who highlighted governance challenges and limited participatory mechanisms in Cambodia's public sector. Although, while intrinsic motivation exists, it may not be sufficiently supported by institutions, resulting in only moderate PSM levels.

Discussion on Level of Service Quality

The study found that the overall level of service quality in public healthcare settings is high (M = 3.56). Among all dimensions, assurance and responsiveness ranked highest, while tangibles and reliability scored lower. This finding partially supports the SERVQUAL model, which emphasizes multiple dimensions of service quality, including responsiveness, assurance, empathy, reliability, and tangibles (Parasuraman et al., 1985; Parasuraman et al., 1988; Cronin & Taylor, 1992; Thay et al., 2026). The high level of assurance indicates that healthcare providers are perceived as knowledgeable, courteous, and capable of building trust with customers. Similarly, strong responsiveness reflects their willingness to provide prompt service. These results are consistent

with Pheakdey et al. (2020), who emphasized improvements in health service delivery in Cambodia due to policy reforms and performance-based initiatives.

The high perception of service quality may also reflect ongoing governmental efforts at improving efficiency and accountability. However, the lower scores in tangibles and reliability suggest persistent infrastructure challenges. This aligns with previous studies indicating that healthcare systems in developing countries often struggle with infrastructure, equipment, and consistency of service delivery (World Bank, 2020). The moderate performance in these dimensions implies that while interpersonal aspects of service are strong, the resources related issues still limit overall quality. Therefore, the findings suggest that service quality improvements in Cambodia are more evident in human interaction aspects than in organizational and infrastructural dimensions.

Discussion on Relationship between Public Service Motivation and Service Quality

The findings indicate a positive and statistically significant relationship between public service motivation and service quality ($r = 0.80$, $p < 0.01$). This suggests that higher levels of PSM are associated with better perceived service quality in healthcare settings. This finding supports existing literature, which consistently identifies PSM as a key determinant of public sector performance. According to Alonso and Lewis (2001) found that employees with higher PSM demonstrate better job performance, while Ferdousipour (2016) noted a significant positive relationship between PSM and service quality. Additionally, Syamsir (2016) and Yudiatmaja (2021) emphasized that PSM enhances service delivery through improved user orientation and prosocial behavior.

The relatively strong correlation found in this study ($r = 0.80$) suggests that motivation plays a critical role in shaping healthcare providers' attitudes and behaviors toward customers. This aligns with the theoretical argument that individuals with high PSM are likely to prioritize more public interest, demonstrate empathy, and deliver high quality services (Brewer et al., 2000; Perry et al., 2010; Piatak & Holt, 2020; Temba, 2025). Furthermore, this result is consistent with findings of Belrhiti et al. (2019), who found that PSM significantly influences service delivery in Moroccan healthcare facilities, highlighting its relevance across different cultural and institutional settings. Therefore, the study confirms that enhancing PSM among healthcare workers can be an effective strategy for improving service quality in Cambodia. It also reinforces the importance of integrating motivational factors into public sector reforms and human resource management practices.

CONCLUSION

This study examined the level of public service motivation and service quality, as well as the relationship between the two variables, among healthcare providers in Phnom Penh, Cambodia. The findings revealed that public service motivation is at a moderate level, with self-sacrifice as the most prominent dimension. Otherwise, service quality is perceived at a high level, specifically in assurance and responsiveness. Interestingly, the study found a strong and significant positive relationship between public service motivation and service quality, indicating that higher motivation among healthcare providers leads to better services delivery.

The findings contribute important theoretical and practical implications. Theoretically, the study contributes to the growing body of PSM literature by providing empirical evidence from a developing country context such as Cambodia. Practically, the results suggest that policymakers and administrators should focus on enhancing public service motivation through strategies including recognition, performance-based rewards, ethical leadership, and opportunities for professional development. Strengthening intrinsic motivation can complement existing organizational reforms and lead to sustainable improvements in healthcare service quality.

Despite these contributions, the study has several limitations including the utilization of purposive sampling may limit the generalizability to all healthcare providers in Cambodia. Additionally, the study relied

on self-reported data, which may be subject to response bias. These limitations should be considered when interpreting the results.

Future studies should consider using random sampling techniques and wider population particularly to rural area to enhance representativeness and generalizability. Longitudinal research designs could also be employed to examine causal relationships between public service motivation and service quality over time. Furthermore, future research may explore variables, such as job satisfaction, leadership style, or organizational culture, to better understand the mechanisms through which PSM influences service quality. Expanding the study to other sectors would also provide a more comprehensive understanding of public service motivation in Cambodia.

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