

Factors Affecting Job Satisfaction of General Practitioners at Level III Hospital Brawijaya Surabaya

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ARTICLE INFO	ABSTRACT
<p>Article history:</p> <p>Received Nov 30, 2024 Revised Des 10, 2024 Accepted Des 20, 2024</p> <p>Keywords:</p> <p>Job Satisfaction Doctor Level III Hospital Brawijaya</p>	<p>Improving the quality of services in an effort to provide public services is the main concern of the government, especially optimal health services to ensure decent living conditions for all people. Doctors as human resources who have a very important role in hospitals so they need management attention to manage/nurture so that they can carry out their work well so that they can contribute to the performance/progress of the hospital. The purpose of this study is to find out the management factors that affect the job satisfaction of doctors at Level III Hospital Brawijaya Surabaya. The population of this study is 42 doctors. The sampling technique used is the sample to be conducted is the total population. The type of research used by the author is a qualitative approach that is descriptive analysis. Statistical instruments in a quantitative way with univariate, bivariate and multivariate methods, using the chi square test and logistic regression test using the enter method. Based on the results of the study, there was an influence of clarity of medical services, suitability of medical services, leadership decision-making, leadership support, leadership responsiveness, workplace cleanliness, workplace comfort, completeness of infrastructure, and promotion opportunities on doctors' job satisfaction by 36.3% while the remaining 63.7% (100% - 36.3%). There are joint effects on doctors' job satisfaction Management factors which include clarity of medical services, workplace cleanliness and workplace comfort, affect together on doctors' job satisfaction Management factors that most affect doctors' job satisfaction at Level III Hospital Brawijaya Surabaya are the clarity of medical services.</p> <p>This is an open access article under theCC BY-NClicense.</p>



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1. INTRODUCTION

Hospitals are health service institutions with high risks to the safety of patients, companions, visitors, as well as human resources and the environment. Therefore, it is necessary to implement safety and health to create healthy, safe, safe, and comfortable hospital conditions on an ongoing basis. Patient safety can be realized through the implementation of standards, targets, and steps towards patient safety with the ultimate goal of providing safer patient care (Ministry of Health of the Republic of Indonesia, 2017).

Hospitals as part of the healthcare system focus on providing services to meet, maintain, and promote public health needs and patient satisfaction (Shafii et al., 2016). Service fulfillment efforts are influenced by patient satisfaction which is measured through patient reliability,

responsiveness, empathy, assurance, and loyalty, and is supported by adequate facilities and infrastructure (Meesala & Paul, 2016; Kitapci et al., 2014).

In an effort to realize quality health services, hospitals have special characteristics compared to other service sectors, such as the complexity of human resources, coproduction, intangibility, and financial impact (Mitropoulos et al., 2017). Therefore, measuring service quality is an important prerequisite to improve the quality of hospital services (Mohebifar et al., 2016). Hospitals also focus on providing health services that meet, maintain, and promote the needs of the community to achieve patient satisfaction (Shafii et al., 2014).

Doctors as an important resource in hospitals need management attention to ensure they can work well and contribute to hospital performance. Based on observations and interviews with related departments as well as the 2016 patient satisfaction survey, it was found that the performance of doctors is still lacking, which is influenced by the turnover of some specialist doctors due to the unavailability of equipment and lack of incentives. This shows that there is job dissatisfaction. Job satisfaction, according to Gibson (2005), is a person's attitude towards their job based on their perception, with factors such as wages, promotions, work atmosphere, co-workers, and supervision as key elements of job satisfaction measurement (Robbins, 2003 in Wibowo, 2012).

Level III Hospital Brawijaya Since its establishment in 1951 has been known as TPT (Army Care Place). From 1974 to 1977 it became a Family Care Place. In 1980 it became Rumkit Tk.III 05.06. Surabaya. In 2002, according to the Decree of the Pangdam V/Brawijaya Number Skep/67/V/2002 dated May 10, 2002, Rumkit Level III Surabaya was named LEVEL III HOSPITAL BRAWIJAYA. The BOR rate in 2020 reached 51.63%, then decreased to 49.81% in 2021, a decrease of 1.82%. However, in 2022, the BOR increased again to 61.39%, even meeting the target (60-85%). This increase is influenced by the availability of health service funds for the poor which are borne by the local government as part of the Fuel Subsidy Reduction Compensation Countermeasure (PKPSBBM) policy.

In 2020, the average length of stay in hospitals was 3.90 days, decreased to 3.85 days in 2021, but increased again to 4.26 days in 2022, still below the Ministry of Health's target (6-9 days). The more advanced the science of medicine, pharmacy, and equipment, the shorter the patient's treatment time, which is considered better. TOI (Turn of Interval) from 2020 to 2022 has improved and reached the target (1-3 days). BTO (Bed Turn Over) in 2020 was 47.8 times, down slightly to 47.33 times in 2021, but rose to 52.57 times in 2022, exceeding the Ministry of Health's standard (40-50 times).

Outpatient visits from 2020 -2022 have increased, where the ratio of old patients to total patients has increased, but the number of visits for new patients has decreased. The management must look for the factors that cause it. Therefore, managers and employees need to prepare themselves to increase the number of patient visits through management changes and comprehensive professional skill development. Management has made various preparations, such as excellent service training to improve service quality, leadership training, supervision management, and financial management. In addition, nursing care training, emergencies, and opportunities for doctors to attend seminars according to their profession are also provided. Other efforts include completing infrastructure, improving the appearance of hospitals, promotions according to procedures, and participation in various training programs both in Surabaya and outside the city.

To improve the performance of doctors at Level III Hospital Brawijaya Surabaya, the management has made several efforts, such as providing rewards in the form of services based on the point index fairly, providing doctors' meeting rooms, equipping modern equipment for patient services, and holding regular meetings with the board of directors, head of installation, head of SMF, and other support heads. Although the number of visits has increased, there are still many patient complaints related to the performance of doctors at Level III Hospital Brawijaya Surabaya. Based on a preliminary survey in December 2022 of 25 patients, it was found that 10 people complained of inaccurate doctor examinations, 15 people complained of unfriendly doctors, 21 people felt that doctors did not provide information about the disease, and 14 people complained of a lack of response from doctors to their complaints.

2. RESEARCH METHODS

The research design used is a quantitative approach, because the data and analysis used in this study are based on numbers. As stated by Arikunto (2010) The data collected is quantitative data, more numbers are not words or pictures.

The design of this quantitative research is to find out the phenomenon of dissatisfaction with the work of doctors at Level III Hospital Brawijaya Surabaya, then an analysis of the dynamics of the correlation between phenomena, between free variables and bound variables can be found out how far the influence or contribution of independent variables on bound variables is explanatory.

Population and Sample

The research population is doctors working at Level III Hospital Brawijaya Surabaya with a total of 42 doctors. Meanwhile, the research sample is doctors who work at Level III Hospital Brawijaya Surabaya with a total of 42 doctors.

The sample that will be used in this study is the total population with inclusion criteria in the form of general practitioners who have worked for at least 2 consecutive years at Level III Hospital Brawijaya Surabaya. Exclusion criteria include non-permanent doctors, residents, visiting doctors/consultants, and doctors who occupy structural positions without playing the role of functional personnel.

Data Summarization Techniques

Data collection was carried out through direct interviews between researchers and respondents using a structured questionnaire with available answers as well as observation or observation of hospital documents. Data sources consist of primary data and secondary data. Primary data was obtained directly from the results of interviews with 42 respondents regarding job satisfaction, clarity of medical services, suitability of medical services with performance, leadership decision-making, leadership responsiveness, leadership support, workplace cleanliness, work comfort, completeness of facilities and infrastructure, and promotion opportunities. Meanwhile, secondary data was obtained from medical record data, annual reports, personnel data, financial data, and other records at Level III Hospital Brawijaya Surabaya.

3. RESULTS AND DISCUSSION

Data Normality Test

The results of the data normality test using the Kolmogorov-Smirnov test showed that most of the data of the research variables had a normal distribution.

Univariate Analysis Results

Based on the results of the univariate analysis, there were variations in respondents' perceptions related to several aspects of hospital services and management. In terms of clarity of medical services, the perception of respondents is divided evenly between those who feel clear and unclear, while in terms of timeliness and openness, the majority of respondents show dissatisfaction. The perception of the suitability of medical services with performance also tends to be negative, where most respondents feel that the medical services received are not in accordance with the workload and existing risks. In terms of decision-making, more than half of the respondents considered the decision-making process of leaders to be good, but there was dissatisfaction in terms of doctor involvement and openness of leadership. Although the responsiveness of leaders is considered quite good, the majority of respondents still feel that leaders are not responding to needs and providing adequate feedback. Leader support was also rated well by most respondents, although there was still dissatisfaction regarding specific support in dealing with job risks and self-development opportunities. Workplace cleanliness and comfort were assessed as varied, with the majority of respondents expressing dissatisfaction with the cleanliness and comfort facilities in the work environment. Meanwhile, the completeness of facilities and infrastructure as well as promotional opportunities also received quite negative evaluations, with the majority of respondents feeling that work facilities were inadequate and promotional opportunities were not good. Finally, when it comes to job satisfaction, more than half of respondents are satisfied, although many disagree that working conditions support professional development and good working relationships.

Results Of Bivariate Analysis

The conclusion of the bivariate analysis shows that there is a significant influence between various variables on job satisfaction. The variables of clarity of medical services, suitability of medical services, leadership decision-making, leader responsiveness, leadership support, workplace cleanliness, workplace comfort, completeness of facilities and infrastructure, and promotional

opportunities all show a meaningful relationship with job satisfaction. Respondents who perceived these variables as good tended to feel satisfied with their work, while respondents who perceived these variables as less likely to feel dissatisfied. This is evidenced by a significant p-value ($p < 0.05$) on all variables, which shows that these factors play an important role in determining the level of job satisfaction.

Results Of Multivariate Analysis

Multivariate analysis uses logistic regression test. The logistic regression model is able to explain the influence of the independent variable on the bound variable, so the goal selection steps are carried out by testing the relationship between the independent variable and the bound variable by testing the relationship between the free variable and the bound variable using the chi square test. Based on the chi Square test, independent variables related to the bound variable were selected (significance $p \leq 0.05$). Based on the results of the study, it was shown that the factors of doctor management were related to the job satisfaction of doctors. So that all independent variables are continued into the logistic regression test. The independent variable related to the bound variable was tested for bivariate influence with a logistic regression test using the enter method. The independent variable that has a significance of $p \leq 0.25$ is then included in the multivariate analysis.

Based on the results of the analysis of the multivariate influence, it was shown that there was an effect of clarity of medical services on job satisfaction (sig $p = 0.000$, Exp (B) = 12.063). The risk of job dissatisfaction in respondents who perceived the clarity of medical services was not good 12.0 times compared to respondents who perceived it well.

There was an effect of suitability of medical services on job satisfaction (sig $p = 0.032$, Exp (B) = 1.188). The risk of job dissatisfaction in respondents who perceived the suitability of medical services was not good 1,188 times compared to respondents who had a good perception.

There was an influence of leaders' decision-making on job satisfaction (sig $p = 0.002$, Exp (B) = 1.127). The risk of job dissatisfaction in respondents who perceived poor leadership decision-making was 1,127 times higher than respondents who had a good perception.

There was an effect of the leader's responsiveness on job satisfaction (sig $p = 0.031$, Exp (B) = 0.934). The risk of job dissatisfaction in respondents who perceived the leader's responsiveness was not good 0.934 times compared to respondents who had a good perception.

There was an effect of leader support on job satisfaction (sig $p = 0.029$, Exp (B) = 2.311). The risk of job dissatisfaction in respondents who perceived poor leadership support was 2,311 times compared to respondents who had a good perception.

There was an effect of workplace cleanliness on job satisfaction (sig $p = 0.006$, Exp (B) = 2.394). The risk of job dissatisfaction in respondents who perceived workplace cleanliness was 2,394 times higher than that of respondents who had a good perception.

There was an effect of workplace comfort on job satisfaction (sig $p = 0.029$, Exp (B) = 1.226). The risk of job dissatisfaction in respondents who perceived workplace comfort was not good 1,226 times compared to respondents who had a good perception.

There was an effect of the manufacture of facilities and infrastructure on job satisfaction (sig $p = 0.032$, Exp (B) = 5.647). The risk of job dissatisfaction in respondents who perceived the completeness of facilities and infrastructure was not good was 5,647 times compared to respondents who had a good perception.

There was an effect of promotion opportunities on job satisfaction (sig $p = 0.012$, Exp (B) = 0.917). The risk of job dissatisfaction in respondents who perceived the lack of promotion was 0.917 times compared to respondents who had a good perception.

Based on the results of the analysis of the bivariate influence above, showing the significance p of all independent variables ≤ 0.25 , then all independent variables are continued in the analysis of multivariate influences. The multivariate regression analysis technique aims to find the joint influence of independent variables on bound variables and find the independent variables that have the most influence on bound variables. The multivariate analysis technique is to include all independent variables simultaneously into the logistic regression model with the enter method. The criteria for entering or removing independent variables based on the statistical significance of p value is less than 0.05 until independent variables that together have an effect on the bound variable are obtained. If the independent variable has a significance of less than 0.05, then the independent variable is considered to have an effect on the bound variable if the Exp (B) value > 1.5 .

Determination Coefficient

To find out how much the variables of Medical Service Clarity (X1), Suitability of Medical Services with Performance (X2), Leader Decision Making (X3), Leader Response (X4), Leader Support (X5), Workplace Cleanliness (X6), Workplace Comfort (X7), Completeness of Facilities and Infrastructure (X8), and Promotion Opportunities (X9) to Job Satisfaction (Y), the results of the calculation can be seen in the Summary Model, especially the Adjusted R Square number.

Based on the test results, it was found that the magnitude of the Adjusted R Square number was 0.363. The figure is used to see the contribution of the variables Clarity of Medical Services (X1), Suitability of Medical Services with Performance (X2), Decision-Making of Leaders (X3), Responsiveness of Leaders (X4), Support of Leaders (X5), Cleanliness of the Workplace (X6), Comfort of the Workplace (X7), Completeness of Facilities and Infrastructure (X8), and Promotion Opportunities (X9) to Job Satisfaction (Y) by calculating the coefficient of determination (KD) using the following formula:

$$KD = \text{Adjusted R Square} \times 100\%$$

$$KD = 0.363 \times 100\%$$

$$KD = 36.3\%$$

The figure explains the Clarity of Medical Services (X1), Suitability of Medical Services with Performance (X2), Leader's Decision Making (X3), Leader's Response (X4), Leader's Support (X5), Workplace Cleanliness (X6), Workplace Comfort (X7), Completeness of Facilities and Infrastructure (X8), and Promotion Opportunities (X9) to Job Satisfaction (Y) by 36.3% while the remaining 63.7% (100% - 36.3%) is contributed by other factors. In other words, the Job Satisfaction variable (Y).

DISCUSSION

Based on the results of the study, it was found that there was a significant influence between the clarity of medical services and the job satisfaction of doctors. From the survey results, 50% of respondents perceived the clarity of medical services as good, while another 50% considered it not good. The statistical test showed a significant value of $p=0.000$, which means that there was a positive relationship between the clarity of medical services and job satisfaction. In other words, the clearer the medical services a doctor receives, the higher their job satisfaction level. In addition, Sabarguna (2016) stated that the clarity of medical services refers to the perception of doctors towards the income earned from the medical services they provide, including observation, diagnosis, and treatment. The support of the results of this study shows that the risk of job dissatisfaction is 12 times greater in doctors who have a negative perception of the clarity of medical services.

Furthermore, the suitability of medical services also affects the job satisfaction of doctors. The study showed that 52.4% of respondents perceived the suitability of medical services as good, while another 47.6% considered it not good. The statistical test showed a significant value of $p=0.032$, which indicated that there was a positive relationship between suitability of medical services and job satisfaction. The suitability of medical services received by doctors is an important factor in maintaining their job satisfaction, especially in government hospitals which tend to have strict rules. Edward (1999) emphasized that the difference between the amount of incentives received by employees and those received by others can be a cause of dissatisfaction if it is considered unfair.

Hospital leaders also have an important role in determining doctors' job satisfaction, especially in terms of decision-making. The results showed that 54.8% of respondents perceived leader decision-making as good, while another 45.2% considered it not good. The statistical test showed a value of $p=0.002$, which showed a significant relationship between leader decision-making and job satisfaction. According to Trinantoro Laksono (2016), hospital leaders must be able to set a strategic direction and balance various influences from stakeholders such as the government, technology, and the doctors themselves.

In addition, the responsiveness of the leader also affects job satisfaction. The study showed that 61.9% of respondents perceived the leader's response as good, and the remaining 38.1% rated it as not good. The statistical test showed a value of $p=0.031$, which means that there was a significant influence between the leader's responsiveness and the doctor's job satisfaction. A hospital leader must have the ability to immediately respond to changes in the environment and make strategic decisions that have an impact on hospital services (Trinantoro Laksono, 2016).

Support from hospital leaders is also a factor that affects doctors' job satisfaction. Based on the research, 66.7% of respondents perceived the support of leaders as good, while 33.3% considered the support not good. The statistical test with a value of $p=0.029$ showed a significant

relationship between leader support and job satisfaction. Judge and Locke (2013) assert that support provided by leaders in the form of promotional opportunities and good interpersonal relationships will increase physician job satisfaction. Hospitals should also encourage doctors to improve their competencies through further education, such as hospital management, to support their career development.

Finally, the workplace hygiene factor also has a significant influence on doctors' job satisfaction. The results of the study showed that 52.4% of respondents rated workplace cleanliness as good, while another 47.6% considered it not good. The statistical test with a value of $p=0.006$ showed that there was a significant relationship between workplace cleanliness and job satisfaction. Flippo (1994) added that a comfortable and clean work environment is one of the factors that employees, including doctors, expect to increase their productivity and job satisfaction.

4. CONCLUSION

There is an effect of compensation on the job satisfaction of doctors at Level III Hospital Brawijaya Surabaya. Proportional incentives will motivate and satisfy employees, while disproportionate incentives can cause complaints, decreased performance, decreased job satisfaction, and work morale. In addition, good working environment conditions, such as a safe, comfortable, clean, and quiet place, are also important factors that affect the job satisfaction of doctors at the hospital. In addition, there is an influence of leadership on the job satisfaction of doctors at Level III Hospital Brawijaya Surabaya. Hospital leaders must have a trustworthy character, be able to communicate, and create a positive self-image. Good leadership is needed to improve interpersonal relationships with employees. In addition, promotional opportunities, such as the positions of medical auditors, consultants, specialties, and subspecialties, also play an important role in increasing doctors' job satisfaction, which can ultimately contribute to improving hospital performance.

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