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STRATEGY TO INCREASE THE WORK PRODUCTIVITY OF SPECIALIST DOCTORS THROUGH JOB SATISFACTION AND ORGANIZATIONAL COMMITMENT IN THE POLYCLINIC BERIMAN BALIKPAPAN REGIONAL PUBLIC HOSPITAL YEAR 2024

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ABSTRACT

Background: This study aims to develop a Strategy for Increasing the Productivity of Specialist Doctors Through Job Satisfaction and Organizational Commitment to the Work Productivity of Specialist Doctors at the Outpatient Polyclinic of Beriman Balikpapan Hospital.

Methods: This study used a *mixed methods method* with a *sequential explanatory design*, combining quantitative analysis through questionnaires filled out by 34 specialist doctor respondents, and qualitative analysis through focus group discussions (FGD).

Results: The results of the analysis show that job satisfaction and organizational commitment each have a significant direct effect on work productivity, while the direct effect of job satisfaction on organizational commitment is not significant but the indirect effect of job satisfaction through organizational commitment produces a significant value. Two subdimensions of job satisfaction that affect productivity are work situations (p = 0.024) and colleagues (p = 0.006). In addition, affective commitment (p = 0.05) is the only subdimension of organizational commitment that affects work productivity. Strategies to increase productivity include personal branding of specialist doctors, workload management, collaboration between installation staff, rank and non-material awards, optimization of supervision, reward punishment, transparency of service distribution, strengthening the role of the medical committee, and coordination of specialist doctors with management.

Conclusion: Strategies to improve the work productivity of specialist doctors through improving the work environment and strengthening organizational commitment by increasing management supervision with a focus on improving service quality, evenly managing the workload according to the capacity and practice time of specialist doctors, providing career development opportunities through training and awards, strengthening the role of the medical committee as a communication forum between specialist doctors, making job satisfaction, organizational commitment, and work productivity the basis for assessing individual performance.

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INTRODUCTION

Healthcare organizations worldwide are facing increasing pressure to optimize specialist physician productivity while maintaining service quality and professional satisfaction. Recent research shows that specialist physician productivity significantly impacts hospital performance, patient outcomes, and healthcare costs (Mosadeghrad & Afshari, 2021). However, the complex relationships between productivity, job satisfaction, and organizational commitment among specialist physicians remain poorly understood, particularly in the context of public healthcare in developing countries.

Job satisfaction among specialist physicians has emerged as a critical factor influencing the quality of health care and organizational effectiveness. Research shows that satisfied physicians demonstrate higher levels of engagement, better patient interactions, and improved clinical outcomes (Shanafelt et al., 2021). However, studies from various health care settings reveal concerning trends in physician satisfaction, with factors such as workload, administrative burden, and organizational support significantly affecting their professional satisfaction (Halawani et al., 2021).

Organizational commitment among specialist physicians is another important dimension that influences health care delivery. Studies have shown that physicians with strong organizational commitment tend to demonstrate higher productivity and better adherence to institutional protocols (Kumar, 2023). The multidimensional nature of organizational commitment consisting of affective, normative, and continuance components adds complexity to understanding its relationship to productivity in health care settings (Allen & Meyer, 2004).

In Indonesia's public health care system, specialist physicians face unique challenges that can affect their productivity, job satisfaction, and organizational commitment. These challenges include managing high patient volumes, adapting to evolving health policies, and balancing professional development with service delivery needs (Gun et al., 2021). Despite these challenges, research examining the relationship between these factors in regional public hospitals is limited.

Previous studies have largely focused on separate aspects of job satisfaction or organizational commitment among healthcare professionals. Few studies have investigated the combined effects of these factors on specialist physician productivity, particularly using a mixed-method approach that captures both quantitative metrics and qualitative insights (Aryani & Widodo, 2020). This gap in understanding hampers the development of effective strategies to optimize specialist physician productivity while maintaining professional satisfaction and organizational commitment.

Recent evidence suggests that improving the productivity of specialist physicians requires a comprehensive understanding of the organizational and personal factors that influence their performance. Studies have shown that factors such as the work environment, peer relationships, leadership support, and career development opportunities significantly influence both job satisfaction and organizational commitment (Herrera & Heras-Rosas, 2021). However, the relative importance of these factors and their mechanisms of influence may vary across different healthcare settings and cultural contexts.

The complex relationship between job satisfaction, organizational commitment, and productivity among specialist physicians requires further investigation, especially in the context of public health services where resource constraints and high service demands create unique challenges. This study aims to develop strategies to improve specialist physician productivity through an analysis of the relationship between job satisfaction and organizational commitment at RSUD Beriman Balikpapan.

RESEARCH METHODS

Research Method

This study uses a mixed methods approach with a sequential explanatory design, which integrates quantitative and qualitative analysis. The quantitative method is carried out through a survey using a structured questionnaire, while the qualitative method is carried out through Focus Group Discussion (FGD) to deepen understanding of the quantitative results.

Location and Time of Research

The study was conducted at RSUD Beriman Balikpapan, a type C regional general hospital that has 21 specialist services. Data collection was conducted during the period January to August 2024.

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Sample and Sampling Technique

The study population included all specialist doctors working in the outpatient polyclinic of Beriman Balikpapan Hospital (N=34). Given the limited population, all specialist doctors were taken as research respondents (total sampling).

Data collection

The quantitative research instrument consisted of two structured questionnaires. The first questionnaire measured job satisfaction with 55 items covering six dimensions: work situation, supervision, income, colleagues, career, and leadership. The second questionnaire measured organizational commitment with 20 items covering three dimensions: affective, normative, and continuance commitment. Work productivity data were obtained from the hospital's electronic medical records. Both questionnaires have undergone validity testing using Pearson Product Moment correlation and reliability testing using Cronbach's Alpha on 30 specialist doctors at Balikpapan Baru Hospital.

In this study, work productivity was measured based on the number of patients served per service time and was categorized into high (>50%) and low (\leq 50%). Job satisfaction and organizational commitment were measured using a 4-point Likert scale and were categorized into satisfied/dissatisfied and high/low with a cut-off point of 50%.

Data Analysis

Data analysis was conducted in three stages. First, univariate analysis to describe the characteristics of respondents and research variables through frequency distribution and crosstabulation. Second, bivariate analysis using Pearson correlation test to identify relationships between variables with significance p < 0.05. Third, multivariate analysis using Path Analysis to test direct and indirect influences between variables. For qualitative data, a thematic analysis was conducted on the results of the FGD with triangulation of sources and methods to validate the findings. The results of quantitative and qualitative analysis were then integrated to develop productivity improvement strategies.

Ethical Considerations

This study has obtained ethical approval from the Health Research Ethics Committee of the Faculty of Public Health, Hasanuddin University. The principles of research ethics applied include informed consent from all respondents, data confidentiality, the right to withdraw, and the benefits of research for respondents and institutions.

RESULTS

Demographic Characteristics of Respondents The demographic characteristics of the 34 specialist doctors who participated in this study are presented in the following table:

Table 1. Demographic Characteristics of Respondents (N=34)

Characteristics	n	%	
Gender			
- Man	12	35.3	
- Woman	22	64.7	
Age			
- 31-40 years	16	47.1	
- 41-50 years	15	44.1	
->50 years	3	8.8	
Employee Status			
- Civil servant	23	67.6	
- PPPK	4	11.8	
- Honor	7	20.6	

The majority of respondents were female (64.7%), aged between 31-40 years (47.1%), and had civil servant status (67.6%), indicating the dominance of female specialist doctors of productive age and permanent employment status.

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Table 2. Distribution of Research Variables (N=34)

Variables	n	%
Work Productivity		
- Tall	14	41.2
- Low	20	58.8
Job satisfaction		
- Satisfied	17	50.0
- Not satisfied	17	50.0
Organizational Commitment		
- Tall	18	52.9
- Low	16	47.1

The data shows that most specialist doctors (58.8%) have low work productivity, while job satisfaction is evenly divided between satisfied and dissatisfied (50%). Organizational commitment tends to be high with 52.9% of respondents showing good commitment.

Table 3. Path Analysis Results

Relationship Between Variables	Path Coefficient	p-value
Job Satisfaction → Productivity	-0.423	0.027
Job Satisfaction → Organizational Commitment	0.117	0.511
Organizational Commitment → Productivity	0.388	0.010

The results of the path analysis showed a significant negative effect of job satisfaction on productivity (-0.423, p=0.027) and a significant positive effect of organizational commitment on productivity (0.388, p=0.010). However, no significant effect of job satisfaction on organizational commitment was found (0.117, p=0.511).

Subvariable analysis revealed that the dimensions of work situation (p=0.024) and colleagues (p=0.006) of job satisfaction, as well as affective commitment (p=0.05) had a significant influence on work productivity. This finding was reinforced by the results of the FGD which identified the importance of workload management, transparency of the service system, and strengthening the role of the medical committee in increasing the productivity of specialist doctors.

Focus Group Discussion Results Thematic analysis of the FGD involving 8 specialist doctors and management representatives:

Table 4. Main Findings of Focus Group Discussion

Theme	Sub-themes	Frequency	Representative Quotes
Productivity	Personal branding	8 of 8	"We have few patients because the hospital never advertises it."
Work Situation	Officer complaint	8 of 8	"Registration officers are often rude, unfriendly and have minimal information"
Supervision	Structured directions	8 of 8	"Superior supervision is limited to administrative matters, not prioritizing the quality of outpatient services"
Service Services	Transparency	8 of 8	"The service is not transparent, we don't know how much our service costs per polyclinic patient"
Peers	Reward Punishment	8 of 8	"I often replace my colleagues' schedules without prior information."
Career	Career development	6 of 8	"It's hard for us to get promoted, we take care of the files ourselves"

The results of the FGD identified several key problems that affect the work productivity of specialist doctors. Qualitative analysis through Focus Group Discussion (FGD) involving eight specialist doctors and management representatives produced important findings that deepen understanding of the factors that influence work productivity. The results of the thematic analysis identified six main themes that received special attention from all FGD participants.

The theme of personal branding emerged as a crucial issue, with all participants highlighting the lack of promotion of specialist services by the hospital. As one participant put it, "We have few patients because the

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hospital never advertises." Specialists emphasized the importance of optimizing social media and developing content such as podcasts to increase the visibility of specialist services.

In the context of the work situation, all participants expressed concerns about the quality of service at the registration desk. Problems that often arise are the unfriendly attitude of officers and the lack of information provided to patients. This is exacerbated by weak coordination between installations, especially between registration and polyclinics, and limited support from nurses when medical procedures are carried out.

The supervision aspect received sharp attention from all FGD participants. The specialist doctors criticized the focus of supervision which was more oriented towards administrative aspects than service quality. They suggested the application of the Leader-Member Exchange (LMX) theory in leadership to improve the effectiveness of supervision and the development of better working relationships.

Transparency of service delivery was a major concern for all participants, with the main complaint being the unclear calculation of service fees per polyclinic patient. Specialist doctors also highlighted the absence of special awards for handling complex cases and service rates that were not yet appropriate for general patients. They proposed the development of a compensation system that takes into account workload and case complexity.

The theme of peers raises the issue of a less than optimal reward and punishment system. One of the problems that often occurs is changing practice schedules without adequate coordination, as expressed by one participant, "I often replace my colleagues' schedules without being informed first."

In terms of career development, the majority of participants (6 out of 8) highlighted the difficulty of the promotion process and the lack of administrative support. Specialist doctors also expressed a lack of appreciation for clinical success and limited non-material rewards. They emphasized the importance of developing a more comprehensive and performance-based reward system.

DISCUSSION

The Direct Influence of Job Satisfaction on Work Productivity

The results of the study showed a significant negative effect between job satisfaction and work productivity of specialist doctors (β =-0.423, p=0.027). This finding is different from previous studies which generally found a positive relationship (Herrera & Heras-Rosas, 2021). This phenomenon can be explained through several factors revealed in the FGD, where specialist doctors with high workloads showed high productivity but low satisfaction due to work pressure, while doctors with high satisfaction tended to be in a comfort zone with lower productivity.

Subdimensional analysis revealed that work situation (p=0.024) and relationships with colleagues (p=0.006) had a significant influence on productivity. This is in line with the findings of Mosadeghrad & Afshari (2021) who emphasized the importance of a conducive work environment and interprofessional collaboration. The results of the FGD confirmed that coordination between installations and staff support greatly affect the smoothness of services and doctor productivity.

The Direct Influence of Job Satisfaction on Organizational Commitment

The study did not find a significant effect of job satisfaction on organizational commitment (β =0.117, p=0.511). This finding indicates that the commitment of specialist doctors is more influenced by other factors such as intrinsic motivation and professional values (Gun et al., 2021). FGD revealed that non-material rewards, professional recognition, and career development opportunities play a greater role in building commitment than general job satisfaction.

The Direct Influence of Organizational Commitment on Work Productivity

Organizational commitment showed a significant positive effect on work productivity (β =0.388, p=0.010), with affective commitment (p=0.05) as the most influential dimension. These results support Kumar's (2023) research which found that emotional attachment to the organization drives optimal performance. Specialist doctors with high affective commitment tend to contribute more than the minimum standards set.

Indirect Effect of Job Satisfaction on Productivity through Organizational Commitment

Path analysis shows that the indirect effect of job satisfaction through organizational commitment is not significant. This indicates that organizational commitment does not play an effective role as a mediator between job satisfaction and productivity. This finding strengthens the argument that the relationship between job satisfaction and productivity is more direct and influenced by situational factors (Shanafelt et al., 2021).

Productivity Enhancement Strategy

The study identified several key strategies to increase productivity. Personal branding of specialist doctors through social media and publication of clinical successes can increase patient visits, in line with the findings of

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Aryani & Widodo (2020) on the importance of professional visibility. Arranging an even workload and a transparent compensation system, as suggested by Halawani et al. (2021), are also priorities.

Strengthening clinical supervision and implementing the Leader-Member Exchange theory in leadership can improve the effectiveness of supervision, as recommended by Weaver et al. (2020). A clear reward and punishment system and performance-based career development are also needed to maintain the motivation and productivity of specialist doctors.

CONCLUSIONS AND IMPLICATIONS

This study produced several important findings related to the relationship between job satisfaction, organizational commitment, and productivity of specialist doctors at RSUD Beriman Balikpapan. Job satisfaction has a significant negative direct effect on work productivity, with work situation and peer relationships as the most influential dimensions. Although job satisfaction does not have a significant effect on organizational commitment, organizational commitment shows a significant positive effect on work productivity, especially through the affective commitment dimension. The indirect effect of job satisfaction through organizational commitment does not show significant results, indicating that organizational commitment does not play an effective role as a mediator.

Based on these findings, a strategy to increase the productivity of specialist doctors at RSUD Beriman Balikpapan needs to be developed through several approaches: arranging an even workload according to the capacity and practice time of specialist doctors, increasing management supervision with a focus on improving service quality, providing career development opportunities through training and awards, strengthening the role of the medical committee as a communication forum between specialist doctors, and determining job satisfaction, organizational commitment, and work productivity as the basis for assessing individual performance. The implementation of this strategy is expected to increase the productivity of specialist doctors sustainably while maintaining the quality of health services in the hospital .

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CONFLICT OF INTEREST

The authors declare no conflict of interest in the conduct and publication of this research.

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