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ANALYSIS OF FACTORS THAT INFLUENCE THE QUALITY OF WORK LIFE ON THE PERFORMANCE OF SPECIALIST DOCTORS

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ABSTRACT
Performance (task performance) is the behavior of employees who are directly involved in forming organizational resources into goods or services that produce the organization, with attitudes and behavior that support the managerial, social, and psychological environment of an organization as contextual performance. There has been a decline in performance at the Kundungga Regional Hospital in 2022/2023 with various indicators, all of which impact decreasing public satisfaction with the quality of doctors' performance. This study aims to analyze the factors that influence Quality of Work Life (QWL) on the performance of specialist doctors at Kudungga Regional Hospital, East Kutai Regency. Analytical survey research with a cross-sectional approach was conducted in January 2024 on 37 respondents (total sampling). The measuring instruments used consist of doctor involvement, balanced compensation, job security, work environment safety, pride in the institution, career development, available facilities, problem-solving, communication, patient care, medical knowledge, practice-based learning, skills communication, professionalism, data analysis using the Spearman Rank Test with a confidence level of 95%. It was concluded that there was a relationship between compensation (p=0.043; R=0.489), patient care (p=0.000; R=0.072), medical knowledge (p=0.000, R=0.301), practice-based learning (p=0.000, R=- 0.053), communication skills (p=0.000, R=0.313) and professionalism (p=0.000, R=0.243) with the performance of specialist doctors at Kundungga Regional Hospital. Hospital Management is advised to pay more attention to balanced compensation factors, and services, increasing the amount of Income Improvement Allowance which is expected to improve the performance of Specialist Doctors at Kudungga Regional Hospital.

Keywords: compencation; performance of specialist doctors; quality of work life

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INTRODUCTION

Kudungga Regional General Hospital, East Kutai Regency, which has achieved plenary accreditation, is expected to be able to provide quality health services by applicable regulations. Kudangga Regional General Hospital has a resource of 60 doctors (37 Specialist Doctors, 21 General Practitioners and 3 Dentists). In reality, there is still a decline in performance involving doctors at Kudungga Regional Hospital, this is shown by data obtained from the Kudungga Regional Hospital Quality Committee in 2022-2023, such as the level of inpatient housing (BOR) in 2023, amounting to 33.53% of the target of 60- 80%, the incidence of incomplete prescription elements in 2022-2023 is 40.9%, from the target of 5% that has been determined, there are patients who are not consulted by the Doctor in Charge of Service (DPJP) for a maximum of 6 hours in the year amounting to 5% of the target 0 %. Providing education about emergency diseases that can be treated in the Emergency Department (in terms of guaranteeing patients who use BPJS) is 32% of the target of 100% that must be achieved. Waiting time for radiology examination results < 180 minutes 60% of the target of 100%. Based on the data above, it can be seen that several quality indicators have decreased, not meeting the predetermined targets. This decrease in performance

results resulted in a reduction of the sense of satisfaction of the community, a decrease in the quality of work of doctors at Kudungga Regional Hospital.

METHOD

This research was carried out at RSUD Kudungga, East Kutai Regency, a non-teaching class B regional general hospital located in East Kutai Regency. The research will take place from January 2024 to February 2024. This research is a type of quantitative research using an observational study with a cross-sectional study design which aims to determine the factors that influence the Quality of Work Life on the Performance of Specialist Doctors at Kudungga Hospital, East Kutai Regency. To measure quality of work of life (QWL), a questionnaire from Cascio (2006) was used, which has been tested valid and reliable with a Content Validity Index (CVI) of 0.80-0.86, and an internal consistency reliability of $\alpha = 0.96$. Meanwhile, to measure Physician Performance, a questionnaire from the Accreditation Council for Graduate Medical Education (ACGME) (1999) was used, which has also been tested valid (r=0.302–0.797) and reliable (Cronbach's alpha=0.943).

The population in this study were all specialist doctors who provided services and served at the Kudungga Regional General Hospital (RSUD), East Kutai Regency. The total number of specialist doctors who were part of this research population was 37 specialist doctors. The sampling technique in this research is to use a total sampling technique, namely taking the entire population. In this study, researchers carried out multilevel analysis using univariate analysis to describe and analyze the frequency distribution of each research variable separately. In the context of research regarding Quality of Work Life (QWL) To measure quality of work of life (QWL), a questionnaire from Cascio (2006) was used, which has been tested valid and reliable with a Content Validity Index (CVI) of 0.80-0.86, and an internal consistency reliability of $\alpha = 0.96$. Meanwhile, to measure Physician Performance, a questionnaire from the Accreditation Council for Graduate Medical Education (ACGME) (1999) was used, which has also been tested valid (r=0.302–0.797) and reliable (Cronbach's alpha=0.943), and the performance of specialist doctors, bivariate analysis and non-parametric statistical tests (Spearman Rank Correlation Test) are the right choice for further analysis.

RESULT

In conducting data analysis, we calculated the types of characteristics of specialist doctors at the Kudungga regional general hospital in 2024, then carried out univariate test calculations on factors that influence the Quality of Work Life, including employee participation, equal compensation, job security, save the environment, pride, career development, wellness, conflict resolution, Communication, then the next step is to carry out a bivariate analysis which begins with a normality test of data distribution using the Shapiro-Wilk test, then a bivariate test is carried out using the Rank-Spearman test. The steps for calculating the relationship analysis of factors that influence the Quality of Work Life on the performance of specialist doctors are depicted in the following table:

Tabel 1.
Characteristics of Specialist Doctors

Characteristics	f	%
Sex		
Male	22	59.5
Female	15	40.5
Age		
25 – 40 years	9	24,3
41 – 50 years	18	48.6
> 50 years	10	27.0
Length of working		
< years	3	8.1
1-2 years	1	2.7
> 3 years	33	89.2

Based on table 1, it can be seen that the characteristics of respondents based on gender at Kudungga Sangatta Regional Hospital, namely 22 people (59.5%) were male and 15 people (40.5%) were female. The highest number of specialist doctors at Kudungga Regional Hospital are 40-50 years old, namely 18 people (48.6%), 9 people aged 25-40 years (24.3%) and 10 people (27.0%) aged > 50 year. The highest number of people working for a long time were those with more than 3 years of service, namely 33 people (89.2%).

Tabel 2.
Frequency Distribution of Specialist Doctor Involvement in Decision Making (EP)

Doctor/Eployee Participation	f	%
Not good	20	54.1
Good	17	45.9

From table 2 it can be concluded that of the 37 respondents (100%), there were 20 respondents (54.1%) who assessed that the involvement of doctors in decision making was not good, while the remaining 17 people (45.9%) assessed that the involvement of specialist doctors in decision making was at good category.

Tabel 3.
Equal Compensation Frequency Distribution (EC)

Equal Compensation	f	%
Not good	21	56.8
Good	16	43.2

From table 3, it can be concluded that of the 37 respondents (100%), there were 21 people (56.8%) who considered balanced compensation to be in the poor category, while the remaining 16 respondents (43.2%) considered balanced compensation to be in the good category.

Tabel 4.
Frequency Distribution of Job Security at Work (JS)

Job Security (JS)	f	f
Not good	23	62.2
Good	14	37.8

From table 4 it can be concluded that of the 37 respondents (100%), there were 23 people (62.2%) who assessed their sense of job security as being in the poor category, while the remaining 14 respondents (37.8%) assessed their sense of job security as being in the good category.

Tabel 5.
Frequency Distribution of Safe Environment (SE)

Safe Environment (SE)	f	%
Not good	34	91.9
Good	3	8.1

From table 5 it can be concluded that of the 37 respondents (100%), there were 34 people (91.9%) who assessed the safety of the work environment as being in the poor category, while the remaining 4 respondents (8.1%) assessed the safety of the work environment as being in the good category.

Tabel 6.
Frequency Distribution of Feelings of Pride in Institutions (P)

Pride (P)	f	%
Not good	21	56.8
Good	16	43.2

From table 6 it can be concluded that of the 37 respondents (100%), there were 21 people (56.8%) who assessed their sense of pride in the institution as being in the poor category, while the remaining 16 respondents (43.2%) assessed their sense of pride in the institution as being in the good category. From table 7 it can be concluded that of the 37 respondents (100%), there were 21 people (56.8%) who assessed career development as being in the poor category, while the remaining 16 respondents (43.2%) assessed career development as being in the good category.

Tabel 7.
Frequency Distribution of Career Development (CD)

Career Development (CD)	f	%
Not good	21	56.8
Good	16	43.2

Tabel 8.
Frequency Distribution of Available Facilities (W)

Wellness (W)	f	%
Not good	24	64.9
Good	13	35.1

From table 8 it can be concluded that of the 37 respondents (100%), there were 24 people (64.9%) who assessed that the available facilities were in the poor category, while the remaining 13 respondents (35.1%) assessed that the available facilities were in the good category.

Tabel 9.
Frequency Distribution of Conflict Resolution (CR)

Conflict Resolution (CR)	f	%
Not good	19	51.4
Good	18	48.6

From table 9 it can be concluded that of the 37 respondents (100%), there were 19 people (51.4%) who assessed problem solving as being in the poor category, while the remaining 18 respondents (48.6%) assessed problem solving as being in the good category.

Tabel 10.
Communication Frequency Distribution (KOM)

Communication (KOM)	f	%
Not good	19	51.4
Good	18	48.6

From table 10 it can be concluded that of the 37 respondents (100%), there were 19 people (51.4%) who assessed communication as being in the poor category, while the remaining 18 respondents (48.6%) assessed communication as being in the good category.

Tabel 11.
Data Normality Test Results

Variable	*p*-value	Conclusion
Employee Participation	0.045	Not Normal (<0.05)
Equal Compensation	0.200	Normal (>0.05)
Job Security	0.004	Not Normal (<0.05)
Save Environment	0.001	Not Normal (<0.05)
Career Development	0.017	Not Normal (<0.05)
Wellness	0.010	Not Normal (<0.05)
Conflict Resolution	0.002	Not Normal (<0.05)
Communication	0.043	Not Normal (<0.05)
Pride	0.006	Not Normal (<0.05)

This Bivariate Analysis aims to determine the relationship between the independent variables and the dependent variable using the Spearman Rank test at a significance level of 95% (p<0.005).

Bivariate test results using the Rank Test Spearman: show that there is a significant relationship between: Balanced Compensation/EC (p=0.043), Patient Care (p=0.000), Medical Knowledge (p=0.000), Practice Based Learning (p=0.000), Communication Skills (p=0.000) and Professionalism (p=0.000) with the Performance of Specialist Doctors. To assess the level of closeness of the relationship between variables, it can be seen from the correlation coefficient column in table 13. The relationship between compensation received by specialist doctors and performance has a correlation coefficient of 0.48, which means a moderate relationship. The relationship between patient care and the performance of specialist doctors has a correlation coefficient of 0.072, which means the relationship is very low. The relationship between medical

knowledge and the performance of specialist doctors has a correlation coefficient of 0.301, which means the relationship is low. The relationship between practice-based learning and the performance of specialist doctors has a correlation coefficient of 0.053, which means the relationship is very low. The relationship between communication skills and the performance of specialist doctors has a correlation coefficient of 0.313, which means there is a low close relationship. The relationship between professionalism and the performance of specialist doctors has a correlation coefficient of 0.243, which means there is a low close relationship. Based on the results of this analysis, it can be concluded that the compensation received by specialist doctors for their medical services is the variable that is most closely related to the performance of specialist doctors at Kundungga Regional Hospital, with a correlation coefficient of 0.489.

Tabel 12.
Rank Spearman Test Results
Factors related to the performance of specialist doctors

Relationship between variables	*p*-value	Decision	Correlation Coefficient (r)
Employee Participation	0.147	Not related	1.000
Equal Compensation	0.043	Related	0.489
Job_security	0.098	Not related	0.437
Safe_environment	0.185	Not related	0.604
Career_development	0.061	Not related	0.540
Wellness	0.227	Not related	0.586
Conflict_resolution	0.251	Not related	0.782
Communication	0.196	Not related	0.744
Pride	0.197	Not related	0.529
Patient Care	0.000	Related	0.072
Medical_knowledge	0.000	Related	0.301
Practice_based learning	0.000	Related	0.053
Communication_skills	0.000	Related	0.313
Profesionalisme	0.000	Related	0.243

DISCUSSION

The relationship between involvement in decision making and the performance of specialist doctors (Emmployee Participation)

The results of this study prove that involvement in decision making is not related to the performance of specialist doctors (p=0.147). Although in this study involvement in decision making was not related to the performance of specialist doctors, to further improve performance this variable needs to be considered. The involvement of doctors in decision making needs to be increased considering that the continuity of services in practice involves specialist doctors, so that there is a good mutual relationship, the formation of a mutually beneficial relationship, increasing trust, which can improve the performance of specialist doctors so that they can improve the quality and quality of health services at Kudungga Regional Hospital.

The relationship between equitable compensation and the performance of specialist doctors (Equal Compensation)

The results of this study prove that compensation is related to the performance of specialist doctors (p=0.043), concluding that compensation has a p value <0.05, with a correlation coefficient of 0.489 which shows that it is related to moderate doctor performance.

The relationship between job security and the performance of specialist doctors (Job Security)

The results of this study prove that a sense of security is not related to the performance of specialist doctors (p=0.098), sense of security has a meaningful relationship with performance. In this study, the variable feeling of job security does not have a significant relationship with the performance of specialist doctors, possibly because all specialists have Civil Servant (PNS) status, where

respondents have certainty about retirement, benefits, social security, which is the doctor's employment status. This specialist will provide a feeling of security that will reduce the desire to leave Kudungga Regional Hospital.

The relationship between safe work environment and the performance of specialist doctors.
The results of this study prove that work environment safety is not related to the performance of specialist doctors (p=0.185). There is no significant relationship with the work environment safety variable, possibly due to the feeling of security among specialist doctors that Kudunnga Regional Hospital has been declared to have passed accreditation with a plenary distinction, which can be ensured that in terms of construction and placement of medical equipment, it has complied with the correct procedures.

The relationship between pride in the institution (Pride) and the performance of specialist doctors
The results of this study prove that a sense of pride in the institution is not related to the performance of specialist doctors (p=0.197). There is no significant relationship between feelings of pride in the institution in this study because Kudungga Hospital is the only type B hospital in East Kutai Regency which has received various awards for its performance.

The relationship between career development and the performance of specialist doctors
The results of this study prove that career development is not related to the performance of specialist doctors (p=0.061). In this research, there is no relationship between career development and the performance of specialist doctors at Kudungga Regional Hospital, possibly because all employees periodically get the opportunity to take part in guidance, training, performance evaluation and promotion, the hospital provides support in terms of specialist doctor education programs, periodically conduct training within the scope of hospital employees.

The relationship between available facilities (Wellness) and the performance of specialist doctors
The results of this study prove that available facilities are not related to the performance of specialist doctors (p=0.227). There is no significant relationship between available facilities and performance, possibly because the planning carried out and the procurement of adequate medical equipment and other supporting facilities have been carried out periodically and simultaneously according to needs and in accordance with applicable requirements.

The relationship between conflict resolution and the performance of specialist doctors
The results of this study prove that problem solving is not related to the performance of specialist doctors (p=0.251). The absence of a relationship between problem solving and performance is probably due to the fact that every problem that arises in the hospital is always resolved in stages in accordance with regulations, so that it does not cause long-term problems that will affect the performance of specialist doctors.

The relationship between communication and the performance of specialist doctors
The results of this study prove that communication is not related to the performance of specialist doctors (p=0.196).

The relationship between patient care and the performance of specialist doctors
The results of this study prove that patient care is related to the performance of specialist doctors (p=0.000) with a correlation coefficient of 0.489 which shows that it is related to moderate doctor performance. In the patient care variable, a p-value of 0.000 was obtained, with a correlation coefficient value (R=0.072), so it can be concluded that there is a significant relationship between

patient care and the performance of specialist doctors at Kudungga Regional Hospital.

The relationship between medical knowledge and the performance of specialist doctors
The results of this study prove that medical knowledge is related to the performance of specialist doctors (p=0.000) with a correlation coefficient (R=0.301) which shows that it is related to the performance of specialist doctors at Kudungga Regional Hospital in the low category.

The relationship between practice-based learning and the performance of specialist doctors
The results of this study prove that practice-based learning is related to the performance of specialist doctors (p=0.000) with a correlation coefficient (R=0.053) which shows that it is related to the performance of specialist doctors at Kudungga Regional Hospital in the very low category.

The relationship between communication skills and the performance of specialist doctors
The results of this study prove that communication skills are related to the performance of specialist doctors (p=0.000) with a correlation coefficient (R=0.313) which shows that it is related to the performance of specialist doctors at Kudungga Regional Hospital in the low category.

The relationship between professionalism and the performance of specialist doctors.
The results of this study prove that professionalism is related to the performance of specialist doctors (p=0.000) with a correlation coefficient (R=0.243) which shows that it is related to the performance of specialist doctors at Kudungga Regional Hospital in the low category.

CONCLUSION

According to this reaseach, there is several result wich is has no relationship, between the involvement of doctors in various decision making, opportunities to provide advice, and the performance of specialist doctors at Kudungga Regional Hospital (p = 0.147), between feeling of job security and the performance of specialist doctors at Kudunngga Regional Hospital (p = 0.098), between work environment safety and the performance of specialist doctors at Kudungga Regional Hospital (p = 0.185), between career development and the performance of specialist doctors at Kudungga Regional Hospital (p = 0.061), between the available facilities and the performance of specialist doctors at Kudungga Regional Hospital, (p = 0.227), between problem solving and the performance of specialist doctors at Kudungga Regional Hospital (p = 0.251), between communication and the performance of specialist doctors at Kudungga Regional Hospital, (p = 0.196), between feelings of pride in the institution and the performance of specialist doctors at Kudungga Regional Hospital, (p = 0.197), but there is a relationship between compensation and the performance of specialist doctors at Kudungga Regional Hospital (p = 0.043; R = 0.489). Compensation received by specialist doctors for medical services, Income Improvement Allowance (TPP). Compensation is in the form of an official car. This is the variable that is most related to/influences the performance of specialist doctors at Kudungga Regional Hospital (r = 0.489).

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