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Analysis of the Relationship Between Medical Service, Satisfaction, and Motivation with Doctor Performance at Sekarwangi Hospital

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ABSTRACT

Healthcare worker compensation remains a critical global issue affecting service quality and patient outcomes. The World Health Organization emphasizes fair remuneration as essential for healthcare system sustainability, while post-pandemic challenges have intensified debates over physician compensation structures. This research investigates the relationship between medical services (compensation system), job satisfaction, work motivation, and doctor performance at *Rumah Sakit Sekarwangi*, Indonesia. A cross-sectional study was conducted in May 2025 using a quantitative approach with Structural Equation Modelling-Partial Least Squares (SEM-PLS). All 66 functional doctors at *Rumah Sakit Sekarwangi* participated through questionnaire surveys using modified Likert scales. Results showed that medical services significantly influenced satisfaction ($\beta = 0.434$, $p < .001$, $f^2 = 0.232$), representing a medium effect size. However, medical services did not significantly affect motivation ($\beta = 0.308$, $p = .289$) or performance ($\beta = 0.051$, $p = .686$). The relationship between satisfaction and performance approached marginal significance ($\beta = 0.350$, $p = .058$, $f^2 = 0.102$), while satisfaction to motivation ($\beta = 0.103$, $p = .670$) and motivation to performance ($\beta = 0.153$, $p = .607$) remained non-significant. These findings suggest that while physician perceptions of medical services contribute significantly to job satisfaction, this does not translate directly into enhanced motivation or performance. Healthcare organizations should implement comprehensive approaches beyond financial incentives, including career development opportunities, competency training, and organizational support systems to improve physician motivation and performance outcomes.

Keywords: medical services, satisfaction, work motivation

INTRODUCTION

Healthcare worker compensation represents a critical challenge worldwide, significantly impacting service quality and patient outcomes (Demirci & Özsoy, 2023). The World Health Organization (WHO) emphasizes that fair and adequate remuneration is essential for healthcare system sustainability and quality care delivery. Global post-pandemic trends have intensified discussions regarding physician compensation structures, with many countries reassessing their healthcare worker reward systems to address burnout, retention challenges, and performance optimization (WHO, 2023). In Indonesia, the Ministry of Health has implemented various policies to standardize healthcare worker compensation, including the Fee for Service (FFS) system in hospitals. However, implementation challenges persist, particularly regarding equitable distribution among different medical specialties (Gosden et al., 2014; Maharani, Afief, Weber, Marx, & Loukanova, 2019). Research indicates that compensation dissatisfaction among Indonesian physicians correlates with decreased job satisfaction, increased turnover intentions, and potentially compromised patient care quality (Indonesian Ministry of Health, 2024).

Compensation or *remuneration*, or *medical services*, is a very important factor for everyone who performs their duties and obligations correctly (Maharani, Djasri, Meliala, Dramé, Marx, & Loukanova, 2019). If *medical services* are provided according to proper calculation, are on target, and transparent, people experience job satisfaction and are motivated to deliver better work performance, and vice versa. An important element that drives an individual to work is the needs and desires within themselves that must be met. In other words, a person works by selling their energy, thoughts, and time to an organization in order to receive a reward because they want to make ends meet (Maharani, Rahayu, Marx, & Loukanova, 2022). Job satisfaction is the positive or negative emotional feeling an employee has towards their work. This feeling describes how much a person perceives their livelihood and the situation in which they work (Reid, Friedberg, Adams, McGlynn, & Mehrotra, 2022). If an employee feels satisfied with their job, they are likely to display a positive attitude towards both their job and work environment. Optimal job satisfaction among healthcare providers is essential to support high-quality work, and vice versa. To achieve the goals and objectives of health services, the performance role of healthcare providers is very important (Sato, Inoue, Nagata, Saito, & Shibuya, 2017). Therefore, hospital managers must be able to motivate employees because high motivation greatly supports the success of the organization in achieving its vision and mission (Mendelson et al., 2021).

Indonesian healthcare institutions face mounting pressure to balance cost containment with fair physician compensation (Rotenstein et al., 2018). Studies across Southeast Asian healthcare systems demonstrate that inadequate or inequitable compensation structures contribute to physician migration, reduced work engagement, and suboptimal patient outcomes (Weldegebriel, Ejigu, Weldegebreal, & Woldie, 2016). The Indonesian Medical Association has reported growing concerns regarding compensation disparities between surgical and non-surgical specialists, particularly in referral hospitals (Indonesian Medical Association, 2024). Because *Rumah Sakit Sekarwangi* is a type B referral hospital with a complete complement of doctors and specialty services, including subspecialties, this hospital recruits many specialist doctors. However, problems arise related to dissatisfaction among specialist doctors, especially those who do not perform surgery, in receiving *medical services* (Willis-Shattuck et al., 2018).

This dissatisfaction stems from the *medical service* distribution system implemented by the management of *Rumah Sakit Sekarwangi*, which does not adequately accommodate or appreciate the performance of specialist doctors (Workie, Woldeyohanes, Kassa, Leja, Sisay, & Ahmed, 2022). This dissatisfaction has a very significant impact on the quality of services provided by both expert doctors and general practitioners. Job satisfaction among doctors is an important issue because it relates to the services provided, such as continuity of care and the cost of health services. According to research by Riawati, Anwar, and Triton in their book on *Sumber Daya Manusia* (Human Resources), it is important to examine the relationship between compensation or remuneration, motivation, and work performance to understand how these factors interrelate.

Previous research has established relationships between compensation, job satisfaction, motivation, and performance in healthcare settings. Kao et al. (2018) demonstrated that physician perceptions of pay fairness significantly correlate with job satisfaction and retention intentions in American healthcare systems. Similarly, Yu et al. (2022) found that monetary

incentives influence physician effort and patient satisfaction, though relationships vary across different healthcare contexts.

Brosig-Koch et al. (2019, 2024) showed that performance-based incentives can improve physician performance when directly connected to behavioral targets. However, Wood et al. reported complex relationships between productivity and satisfaction, noting that increased productivity sometimes reduces patient satisfaction due to decreased interaction time. In Indonesian contexts, Arifin et al. (2018) found that physician job satisfaction in the National Health Insurance era relates to compensation adequacy and working conditions.

These studies collectively indicate that compensation-performance relationships are context-dependent and mediated by various factors, including job satisfaction and work motivation. However, significant gaps remain in understanding these relationships specifically among non-surgical specialists in Indonesian referral hospitals, particularly regarding the mediating roles of satisfaction and motivation in compensation-performance pathways.

This research addresses identified gaps by focusing specifically on non-surgical specialist physicians in Indonesian type B referral hospitals, examining the *medical service* distribution system's impact on physician satisfaction, motivation, and performance. The study's novelty lies in its comprehensive examination of compensation-performance relationships through satisfaction and motivation mediating pathways, specifically within Indonesia's unique healthcare compensation structure and cultural context.

This research aims to analyze the relationships between *medical service* compensation, job satisfaction, work motivation, and physician performance at *Rumah Sakit Sekarwangi*. Specific objectives include: (1) examining the direct effects of medical services on physician satisfaction, motivation, and performance; (2) investigating satisfaction and motivation as mediating variables in compensation-performance relationships; and (3) providing evidence-based recommendations for healthcare compensation system improvements. The research is expected to contribute theoretical insights into compensation-performance relationships in healthcare settings while providing practical guidance for hospital administrators seeking to optimize physician satisfaction, motivation, and performance through improved compensation systems.

METHOD

This study is a type of comparative causality research, aiming to identify the causal relationships between the variables of *medical services*, job satisfaction, motivation, and performance of specialist doctors at *Rumah Sakit Sekarwangi*. The performance of specialist doctors is the dependent (bound) variable; independent variables include work motivation, *medical services*, and satisfaction, while satisfaction and motivation serve as mediating variables. The measurement tool used was a questionnaire administered via a survey method. A quantitative approach was employed to test the relationships between latent variables by analyzing the data using Structural Equation Modeling with Partial Least Squares (SEM-PLS) technique.

This research was conducted in the inpatient and outpatient departments of specialist doctors as well as the Emergency Department at *Rumah Sakit Sekarwangi*, Sukabumi Regency. The study was carried out in May 2025, following ethical approval from the Health Ethics Commission of *FKM UMJ*. The research population included all doctors working at *Rumah*

Sakit Sekarwangi, with the sample consisting of functional doctors employed as ASN, P3K, and contract employees.

The data collection technique involved administering a questionnaire using a modified Likert scale. The research model employed was a Structural Equation Model (SEM) with a Partial Least Squares (PLS-SEM) approach. The analysis stages in PLS-SEM consist of two main steps. First, an evaluation of the measurement model is conducted to ensure that the latent constructs used exhibit adequate reliability and validity. Second, once the measurement model meets the required criteria, a structural model evaluation is carried out to test the strength and direction of the hypothesized relationships between latent constructs.

RESULTS AND DISCUSSION

Descriptive analysis and normality tests were carried out to obtain an overview of the data distribution in each research variable before further analysis was carried out using PLS-SEM. Descriptive statistics include mean values, standard deviations, minimum scores, medians, and maximum scores, while normality is tested with Shapiro-Wilk.

The table shows that the average value of the Medical Services variable is 1.69 (SD = 0.268) with a score range between 1 to 2.53. The Satisfaction variable has an average of 4.49 (SD = 0.896), with a minimum value of 1.47 and a maximum of 5.71. The Motivation variable recorded an average of 2.72 (SD = 0.475), with a minimum score of 1.69 and a maximum of 3.69. The Performance variable has an average of 3.02 (SD = 0.563), with a minimum value of 1.3 and a maximum of 3.9. The Shapiro-Wilk normality test showed that the data distribution for the variables Medical Services ($W = 0.882$, $p < .001$), Satisfaction ($W = 0.835$, $p < .001$), and Performance ($W = 0.894$, $p < .001$) deviated significantly from the normal distribution. In contrast, the data distribution of the Motivation variable did not differ significantly from the normal distribution ($W = 0.981$, $p = .425$).

Table 1. Descriptive statistics and normality tests for each variable

Variable	Descriptive Statistics					Shapiro Wilk-W
	Mean	SD	Minimum	Median	Maximum	(p-value)
1. Medical Services	1.69	0.268	1	1.67	2.53	0.882(<.001)
2. Satisfaction	4.49	0.896	1.47	4.76	5.71	0.835(<.001)
3. Motivation	2.72	0.475	1.69	2.69	3.69	0.981(<.425)
4. Performance	3.02	0.563	1.3	3	3.9	0.894(<.001)

Internal reliability is evaluated using Cronbach's alpha index, which measures the extent to which items in a construct show consistency in measuring the same concept. An alpha value of ≥ 0.70 is generally seen as an indicator that the construct has good reliability (Hair et al., 2019). Meanwhile, the validity of the convergence is evaluated through the Average Variance Extracted (AVE), which reflects how much proportion of the variance of the measurement items can be explained by the construct in question. AVE ≥ 0.50 indicates that the construct has adequate explanatory ability of its items.

The entire construct in the model shows adequate internal reliability, with Cronbach's alpha values ranging from 0.747 to 0.955. This shows that the items in each construct are consistent with each other in measuring the desired concept. In addition, the entire construct

also recorded an AVE value above 0.50, which is between 0.515 and 0.592, indicating that more than half of the variance of the item can be explained by the constructed being measured.

Table 2. Validity and reliability of the construct used

Construct	Cronbach's alpha	AVE	HTMT
Medical Services	0.747	0.529	0.527
Satisfaction	0.955	0.592	0.488
Motivation	0.896	0.589	0.527
Performance	0.890	0.515	0.358

Medical Services had a significant direct influence on Satisfaction with a path coefficient of β = 0.434, p < .001, and an effect size of f2 of 0.232 (medium category). This shows that the more positive the perception of the quality of medical services, the higher the level of satisfaction felt by respondents. In contrast, the effect of Medical Services on Motivation (β = 0.308, p = .289) and Performance (total β = 0.051, p = .686) was not significant, although there were positive indirect effects of Medical Services on Performance (β = 0.199, p = .118), through mediation pathways involving Satisfaction or Motivation.

Table 3. Bootstrapping results on path coefficients

Path	Path Coeff. (p-value)			f2
	Direct	Indirect	Total	
Medical Services -> Satisfaction	0.434 (<.001)		0.434 (<.001)	0.232
Medical Services -> Motivation	0.308 (0.289)		0.308 (0.289)	0.089
Medical Services -> Performance	-0.148 (0.329)	0.199 (0.118)	0.051 (0.686)	0.019
Satisfaction -> Performance	0.334 (0.157)	0.016 (0.870)	0.350 (0.058)	0.102
Satisfaction -> Motivation	0.103 (0.670)		0.103 (0.670)	0.010
Motivation -> Performance	0.153 (0.607)		0.153 (0.607)	0.023

Meanwhile, the effect of Satisfaction on Performance showed a total effect that was close to marginally significant (β = 0.350, p = .058) with an effect size of f2 of 0.102 (small–medium category), although the direct effect (β = 0.334, p = .157) was not significant at the conventional level. These findings indicate that the contribution of Satisfaction to Performance improvement is potential, but not yet statistically robust in the current model.

The direct effect of satisfaction on motivation was also insignificant (β = 0.103, p = .670), with a very small effect size (f2 = 0.010), so it has not been possible to conclude that increased satisfaction directly triggers an increase in work motivation. On the other hand, the direct relationship between motivation and performance was not significant (β = 0.153, p = .607), with a small effect size (f2 = 0.023), indicating that in the context of this model, the effect of motivation on performance was not confirmed.

DISCUSSION

The model was tested using the PLS-SEM approach due to the largely non-normally distributed nature of the data and the relatively limited sample size. By placing Satisfaction and Motivation as potential mechanisms in the pathway of influence, the study adopts a theoretical

perspective that is in line with the Job Demands–Resources (JD-R) model and Affective Events Theory (AET), which emphasizes the role of resources and affective events in shaping work behavior. In addition, the influence of the context of medical services on psychological outcomes and work behavior can also be examined through the lens of Social Change Theory.

Overall, the results of this study show that Medical Services do play an important role in shaping physician satisfaction, but it is not strong enough to directly or indirectly increase Motivation and Performance. This indicates the need for further evaluation, including considering other variables such as supervisory support, organizational climate, or bureaucratic pressure that may have a greater effect on Motivation and Performance. These findings are in line with the literature that confirms that the relationship between job satisfaction and performance is often non-linear, complex, and highly contextual.

The results of the analysis showed that the only statistically significant relationship was the path from Medical Services to Satisfaction. These findings suggest that physicians' positive perceptions of the Medical Services system—which in the context of this hospital is described as a reward scheme in the Fee for Service—do contribute significantly to increasing their satisfaction. This is consistent with the findings of Kao et al., (2018) and Yu et al., (2022), who found that perceptions of fairness and clarity of the reward system have a positive impact on physician job satisfaction. From the perspective of Affective Events Theory, good medical services function as positive work events that trigger an effective response in the form of satisfaction with the organization.

In contrast, the Medical Services pathway to Motivation and Performance showed a non-significant influence. This shows that even if doctors rate the medical services system as adequate, this perception does not necessarily encourage an increase in work motivation or actual performance. Within the framework of JD-R, medical services are classified as general organizational resources. These resources have a stronger effect on well-being (e.g., satisfaction) than they directly affect work motivation or performance, which requires the activation of proximal resources such as supervisory support, work autonomy, or career development opportunities. These findings also differ from the study of Brosig-Koch et al., (2019, 2024), which showed that performance-based incentives are able to improve performance, because they are more direct (instrumental) and connected to work behavior targets.

Interestingly, the coefficient of the direct path of Medical Services to Performance was negative, although this effect was not statistically significant. In theory, good rewards or service shouldn't degrade performance. These negative values may arise due to suppression effects or other variables that have not been included in the model, such as excessive workload, conflicts of interest, or complex perceptions of internal fairness in the Fee for Service scheme. In the context of Sekarwangi Hospital, it is possible that the intensification of services in pursuit of incentives actually triggers fatigue or stress, which has the potential to have a negative impact on performance, although the effect is not significant in this model.

Furthermore, the Satisfaction to Performance pathway shows a marginally significant total influence. Although not significant at the conventional level, a p value close to 0.05 indicates a positive tendency that the more satisfied the doctor, the better the performance. These findings are consistent with Affective Events Theory and the study of Judge et al., which states that job satisfaction can affect work behavior, although it is often indirect or mediated

by other variables such as organizational commitment, engagement, or perception of self-actualization opportunities. In the JD-R framework, the effect of satisfaction on performance becomes real when it is accompanied by the use of relevant work resources.

The Satisfaction to Motivation pathway is also not statistically significant. This means that satisfaction with the work system does not necessarily trigger an increase in doctors' motivation. This is in line with the JD-R principle that work motivation requires more specific psychological or structural resources, such as meaningful work challenges, social support, or direct rewards for achievements. The Motivation Pathway to Performance also showed a non-significant influence. This suggests that while doctors may have intrinsic motivation, it hasn't been strong enough to translate into measurable performance improvements. Possible reasons are that motivation needs to be supported by working conditions that facilitate the application of business in real action, or due to inhibiting factors such as administrative burden, bureaucratic pressure, or limited facilities.

The mediating effect of Performance Satisfaction through Motivation was also insignificant. This indicates that although Satisfaction increases, there is no strong flow of influence through Motivation to produce a change in Performance. Similarly, the indirect effect of Medical Services on Performance through Satisfaction or Motivation is also not statistically significant. This means that although positive perceptions of Medical Services can increase Satisfaction, the chain effect towards Performance has not been strong enough, likely due to other mediation pathways or contextual conditions that have not been accommodated in this model. These results are also in line with previous findings in the healthcare sector, which suggest that the relationship between satisfaction and performance tends to be complex and contextual. For example, Wood et al., report that while it is possible to achieve high satisfaction and high productivity simultaneously, in some situations increased productivity can actually reduce patient satisfaction due to reduced interaction time.

The results of this study show that the perception of Medical Services consistently contributes to increasing Satisfaction. These results are in line with previous research in the hospital environment. · In addition, these findings support the framework of Affective Events Theory, in which the quality of an organization's services—in this case, medical services—is seen as a work event with a positive affective charge, which then reinforces an individual's satisfaction with the overall work environment.

Meanwhile, the relationship between Satisfaction and Motivation, as well as between Motivation and Performance, did not show a strong influence. From the point of view of JD-R and AET, this can be interpreted that increased satisfaction with the work environment does not necessarily activate a strong motivational process, unless the individual also feels that their work is meaningful, has appropriate challenges, and receives the recognition it deserves. Social Exchange Theory also helps explain this phenomenon: although organizations provide good services (in this case medical services), individual perceptions of a mutual obligation to improve motivation and performance do not seem to be sufficiently strongly formed in this context.

Overall, the results of this study emphasize that strengthening Satisfaction through the improvement of Medical Services is indeed a strategic step to improve employee well-being. However, to encourage Motivation and Performance, a more comprehensive approach is needed, which includes strengthening work resources directly related to the implementation of

core tasks. These findings enrich the literature based on JD-R and AET, by showing that the pathways between affective well-being and productive work behaviors are complex, and not necessarily linear.

CONCLUSION

This research aimed to analyze the relationships between *medical service* compensation, job satisfaction, work motivation, and physician performance at *Rumah Sakit Sekarwangi*. The findings demonstrate that while physicians' perceptions of the *medical services* system contribute significantly to job satisfaction, this relationship does not translate into enhanced motivation or performance. The study confirms that *medical services* primarily influence physician well-being rather than directly affecting work behaviors, suggesting that healthcare organizations require comprehensive approaches beyond financial incentives to optimize physician performance. Future research should explore additional mediating variables such as organizational climate, supervisory support, and work autonomy, while investigating longitudinal relationships between satisfaction, motivation, and performance in diverse healthcare settings. These findings contribute to healthcare management literature by highlighting the complexity of compensation-performance relationships and providing evidence-based guidance for developing holistic physician engagement strategies that address both financial and non-financial motivational factors.

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