

## Factors Associated with Doctor Satisfaction at Pondok Kopi Jakarta Islamic Hospital in 2021

Fitri Yanti, Emma Rachmawati, Hermawan Saputra

Master Program in Public Health, Prof. Dr. Hamka Muhammadiyah University

Received: 31 May 2023; Accepted: 15 June 2023; Available online: 16 January 2024

### ABSTRACT

**Background:** Doctor satisfaction has never been thoroughly measured at Pondok Kopi Jakarta Islamic Hospital. Based on the report of the Pondok Kopi Jakarta Islamic Hospital Medical Committee, there has been an increase in the number of doctor resignations from 2019 to 2021. This study aims to analyze factors related to doctor satisfaction at Pondok Kopi Jakarta Islamic Hospital.

**Subjects and Method:** This was mixed method study conducted at Pondok Kopi Jakarta Islamic Hospital, from september to October 2021. A sample of 74 doctors was selected for this study. The dependent variable was doctor satisfaction. The independent variables were gender, age, education, years of service, employment status, organizational commitment, doctor's medical services, promotion and career development, work environment, relations with superiors, relations with colleagues, and prophetic leadership. The data were analyzed using a multiple logistic regression.

**Results:** Female doctor (OR= 10.12; 95% CI= 2.41 to 168.37; p= 0.006) and strong commitment (OR= 18.73; 95% CI= 2.53 to 138.91) increased doctor's satisfaction.

**Conclusion:** Female doctor and strong commitment increase doctor's satisfaction.

**Keywords:** job satisfaction, health service compensation, work environment.

### Correspondence:

Fitri Yanti. Masters Program in Public Health, Muhammadiyah Prof. Dr. Hamka University. Jl Warung Jati Barat, Blok Darul Muslimin, No. 17, Kalibata, Pancoran, South Jakarta City. Email: fitriyantio81075@gmail.com. Mobile: 082122079296.

### Cite this as:

Yanti F, Rachmawati E, Saputra H (2024). Factors Associated with Doctor Satisfaction at Pondok Kopi Jakarta Islamic Hospital in 2021. 09(01): 21-33. <https://doi.org/10.26911/thejhpm.2024.09.01.03>.



© Fitri Yanti. Published by Master's Program of Public Health, Universitas Sebelas Maret, Surakarta.

This open-access article is distributed under the terms of the [Creative Commons Attribution 4.0 International \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/). Re-use is permitted for any purpose, provided attribution is given to the author and the source is cited.

### BACKGROUND

Hospital or commonly abbreviated as a hospital is an institution that provides health services in the form of complete individual services and provides inpatient, outpatient and emergency services. In its implementation it is regulated in law, including article 33 paragraph 1 and paragraph 2 of Republic of Indonesia Law No. 44 of 2009 of 2009 stated that hospitals are expected to have an effective, efficient and accountable organization consisting of (at least) leadership elements,

heads and directors, medical service elements, nursing elements, supporting elements, medical committees, as well as general administration and finance. In hospital services, medical committees play an important role in the quality of patient care.

The Hospital Medical Committee based on RI Law No. 44 of 2009 must be effective, efficient and accountable as a forum for a group of medical professionals in hospitals to carry out medical functions (medical mana-

gement) which include evaluation, performance, the purpose of which is to improve service quality and safety. patient. Quality of clinical services is an important indicator of good or bad hospital. The quality of the clinical service process is greatly influenced by the appearance of the doctor in the hospital (Undang-undang RI No. 44 Tahun 2009). In the current era of globalization, service quality is very important to win the competition in meeting consumer needs. Doctors are professionals in the hospital who are considered to hold a very important position and role in shaping the image and performance of the hospital. Doctors are an important asset for hospitals, doctors are also a gateway for patients to seek treatment at hospitals that carry patients and attract patients to choose the desired hospital because of the doctor's friendliness, competence or other advantages. considered capable of treating and curing it (Pertiwi, 2016).

Doctors in their capacity as professionals must of course be treated professionally as well, especially doctors who work in hospitals. One form of management professionalism in treating the medical profession is compensation and job satisfaction. In the research source written by (Kartika and Kaihatu, 2010) the results show that an employee who is satisfied with the treatment given to his profession will create a good response and performance and improve his performance.

Pondok Kopi Jakarta Islamic Hospital or commonly called RSIJ Pondok Kopi consists of 102 doctors consisting of 23 general practitioners and 8 dentists and 61 specialist doctors 10 sub-specialist doctors with a distribution of 29 full time doctors and 72 part time doctors. Until now, research on doctor satisfaction has never measured the level of doctor satisfaction at RSIJ Pondok Kopi as a whole. However, in the Preliminary Observation and Study conducted at RSIJ Pondok

Kopi for 10 days, 1-10 April 2021, through 102 doctor respondents consisting of general practitioners, dentists, specialists and sub-specialists, 42% filled out questionnaires at Pondok Kopi RSIJ. The Google form concludes that in general the satisfaction of satisfied doctors is 59.5% and 40.5% dissatisfied. 90% of general practitioners stated that they were "satisfied" because a comfortable work environment and good relationship with co-workers greatly affect the work satisfaction of doctors. Several doctors stated that they were "dissatisfied" with the comfort of the doctor's office facilities and compensation for services that did not meet expectations. Meanwhile, medical specialists obtained varied results where most of them said they were "satisfied" with the work environment and "dissatisfied" because the payroll system was not as expected and not transparent. This is also felt by subspecialist doctors who state that most doctors who have just worked between 0-10 years say they are incompetent with the compensation they receive and inadequate facilities. Other information related to the Pondok Kopi RSIJ Medical Committee is that the Medical Committee has never conducted a doctor satisfaction survey which is required to formulate various policies to improve performance and service quality in the form of effective, efficient, targeted and sustainable programs.

Based on this background, in this case the researcher deems it necessary to raise this issue for further research, as well as to find out overall what factors influence doctor satisfaction in working at RSIJ Pondok Kopi so that the underlying problems and several alternatives can be identified earlier. Look for solutions to solving problems that occur with the aim of achieving the vision and mission of RSIJ Pondok Kopi. That way, hospitals can determine appropriate and effective strategies in organizational development and hospital management.

## SUBJECTS AND METHOD

### 1. Study Design

This study used a cross sectional approach. The form of this research is quantitative research supported by qualitative research to obtain more comprehensive, valid, reliable and objective data. The research was carried out from September to October 2021 at RSIJ Pondok Kopi Jakarta.

### 2. Population and Sample

The population in this study were all doctors who worked at RSIJ Pondok Kopi, which provided services for 102 people. The sample technique used by the researcher was total sampling by taking all doctors working at RSIJ Pondok Kopi, the total sample being 102 doctors as respondents. Supported by quantitative data collection techniques and supported by qualitative research with 13 key informants.

### 3. Study Variables

**Dependent variables:** external factors (organizational factors), namely organizational commitment factors, medical service compensation policy factors, promotion and development factors. career, work environment factors, relationship factors with superiors, relationship factors with colleagues and leadership factors.

**Independent variables:** internal factors (individual/personal factors), namely gender, age, education, years of service and employment status,

### 4. Operational Definition of Variables

**Doctor's satisfaction:** perception or statement of positive/satisfied or negative/ dissatisfied doctors at this time towards indicators of doctor satisfaction in working at RSIJ Pondok Kopi.

**Gender:** doctor's sex category under study.

**Age:** time span of the difference in years between the Doctor's birth year and the year when the study was conducted.

**Education:** level of the doctor's profession in the medical field.

**The doctor's working period:** length of time the doctor has worked since carrying out his duties at the hospital until the time the research was carried out.

**The employment status of doctors:** type of employment, namely full time doctors and part time doctors.

**Organizational commitment:** doctor's perception of the willingness of individuals/ organizations to achieve the vision, mission and goals of the organization in the form of policy support, system support, technology support and management support.

**Doctor's medical services:** perceptions of compensation for BPJS and Non-BPJS medical services received by doctors.

**Promotion and career development:** doctor's perception of the opportunity to advance given RSIJ Pondok Kopi in developing knowledge to increase competence in accordance with the field and the opportunity to increase positions in accordance with the achievements obtained.

**The work environment:** doctor's perception of everything related to safe and comfortable environmental conditions in carrying out activities.

**The relationship with superiors:** doctor's perception of the communication that exists between the doctor and the director /director.

**Prophetic leadership:** doctor's perception of the director's ability to control himself and employees to achieve goals sincerely.

### 5. Study Instruments

The data were collected using a questionnaire. It consists of statements with answers using a Likert scale with a score of 1 to 10.

### 6. Data analysis

Beginning with a bivariate analysis. This determinant modeling is done by using multiple logistic regression analysis. After obtaining the final modeling, the next step is to

check whether there is an interaction between the independent variables through the interaction test.

Furthermore, the data were analyzed using qualitative methods, namely by interpreting the data that had been obtained in the form of sentences that were easy to understand. Data processing techniques include three steps, namely data reduction, data presentation, and drawing conclusions.

**7. Research Ethics**

The research ethics approval letter was obtained from the Research Ethics Committee at the Non-Medical Health Research Ethics Committee at Muhammadiyah University Prof. Dr. Hamka, Indonesia, No. 03/21.09/-01298. September, 2021. Informed consent

**Table 1. Sample Characteristic**

Characteristics	Category	Frequency (n)	Percentage (%)
Gender	Male	32	43.2
	Female	42	56.8
Age	Young (≤45 years)	40	54.1
	Old (>45 years)	34	45.9
Education	General Practitioners	20	27
	Medician Specialist	54	73
Employment Status	Full Time Doctor	32	43.2
	Part Time Doctor	42	56.8
Length of Work	≤10 year	43	58.1
	>10 year	31	41.9

Table 2 shows that more respondents rated organizational and environmental commitment as unfavorable, namely 38 people (51.4%) compared to good organizational and environmental commitment. While respondents rated good perceptions more than unfavorable perceptions, it was shown in the compensation variable for BPJS medical services as many as 42 people (56.8%), the

**Table 2. Responden Distribution in Pondok Kopi Hospital**

Characteristics	Category	Frequency (n)	Percentage (%)
Organization Commitment	Poor (Score ≤33.04)	38	51.4
	Good	36	48.6
BPJS Medical Service Compensation	Poor (Score ≤25.15)	32	43.2
	Good	42	56.8
Compensation for Non-BPJS Medical Services	Not Good (Score≤31)	34	45.9
	Good	40	54.1

was given to each participant, agreed before the study, and included in an electronic questionnaire sheet.

**RESULTS**

Research conducted at the Pondok Kopi Islamic Hospital in Jakarta on factors related to doctor satisfaction obtained the following results.

**1. Sample Characteristics**

Table 1. The above shows that RSIJ Pondok Kopi doctors consist of 42 women (56.8%), 40 young people (54.1%), 54 people who have specialist medical education (73%), 42 part time doctors (non-permanent doctors) (56.8%) and length of service ≤ 10 years, namely 43 people (58.1%).

compensation variable for Non BPJS Medical Services as many as 40 people (54.1%), promotion and career development variables 44 people (59.5%), relationship variables with superiors 44 people (59.5%), relationship variables with colleagues 40 people (54.1%) and leadership variables 38 people (51.4%).

Characteristics	Category	Frequency (n)	Percentage (%)
Promotion and Career Development	Not Good (Score ≤40.19)	30	40.5
	Good	44	59.5
Environment	Not Good (Score 50.16)	38	51.4
	Good	36	48.6
Relationship with Boss	Not Good (Score 46.18)	30	40.5
	Good	44	59.5
Relations with Colleagues	Not Good (Score 43.65)	34	45.9
	Good	40	54.1
Leadership	Not Good (Score 61.05)	36	48.6
	Good	38	51.4

## 2. Bivariate Analysis

Table 3 shows that all independent variables had significant relationship with doctor's satisfaction ( $p < 0.05$ ).

Table 4 showed a model of multivariate analysis. It was found that gender ( $p=0.006$ ) and organizational commitment ( $p=0.004$ ) had significant effect on doctor's satisfaction.

**Table 3. Bivariate Analysis**

Independent Variable	Satisfaction				OR	95% CI	p
	Less Satisfied		Satisfied				
	n	%	n	%			
<b>Gender</b>							
Male	22	68.8	10	31.3	4.40	1.64-11.78	0.005
Female	14	33.3	28	66.7			
<b>Age</b>							
Young	25	62.5	15	37.5	3.49	1.33-9.12	0.019
Old	11	32.4	23	67.6			
<b>Education</b>							
General Practitioner	15	75	5	25.0	4.71	1.49-14.89	0.012
Specialist	21	38.9	33	61.1			
<b>Employment Status</b>							
Full Time Doctor	21	65.6	11	34.4	3.44	1.31-9.02	0.021
Part Time Doctor	15	35.7	27	64.3			
<b>Length of Work</b>							
Shorter	27	62.8	16	37.2	4.13	1.53-11.122	0.009
Longer	9	29.0	22	71			
<b>Commitment</b>							
Not Good	27	71.1	11	28.9	7.36	2.63-20.62	<0.001
Good	9	25.0	27	75			
<b>BPJS Medical Service Compensation</b>							
Not Good	22	68.8	10	31.3	4.40	1.64-11.74	0.005
Good	14	33.3	28	66.7			
<b>Compensation for Non-BPJS Services</b>							
Not Good	22	64.7	12	35.3	3.41	1.31-8.87	0.021
Good	14	35	26	65			
<b>Promotion</b>							
Not Good	21	70.	9	30	4.51	1.66-12.25	0.005
Good	15	34.1	29	65.9			
<b>Environment</b>							
Not Good	25	65.8	13	34.2	4.37	1.65-11.59	0.005

Independent Variable	Satisfaction				OR	95% CI	p
	Less Satisfied		Satisfied				
	n	%	n	%			
Good <b>Relationship With Leader</b>	11	30.6	25	69.4			
Not Good	20	66.7	10	33.3	3.50	1.13-9.29	0.020
Good <b>Relationship With a Colleagues</b>	16	36.4	28	63.6			
Not Good	22	64.7	12	35.3	3.41	1.31 – 8.87	0.021
Good <b>Leadership style</b>	14	35	26	65			
Not Good	25	69.4	11	30.6	5.58	2.06– 15.12	0.001
Good	11	28.9	27	71.1			

### 3. Multivariate analysis

**Table 4. Multivariate Analysis Factors Associated with Doctor Satisfaction**

Independent Variables	aOR	95% CI		p
		Lower limit	Upper limit	
Gender (female)	10.12	2.41	168.37	0.006
Age (older age)	1.31	0.22	7.75	0.763
Education (specialist)	2.69	0.38	18.95	0.319
Length of work (longer year)	2.09	0.36	12.00	0.408
Employment status (part time)	2.84	0.50	16.08	0.239
Commitment	18.73	2.53	138.91	0.004
BPJS Medical Service Compensation	0.65	0.08	5.08	0.677
Non-BPJS Medical Services Compensation	3.19	0.49	20.87	0.227
Promotion	2.98	0.51	17.35	0.224
Relationship With Leader	1.34	0.21	8.65	0.761
Relationship With Colleagues	1.33	0.18	10.10	0.783
Leadership	6.54	0.65	65.46	0.110

### 4. Qualitative Analysis

Table 5 showed that the main informants consisted of 4 women and 4 men, 3 part-time

doctors and 5 full-time doctors with ages ranging from youngest 27 years old to oldest 65 years old.

**Table 5. Identification Main Informant**

Main Informant	Gender	Age	Position	Employment Status	Length of Work (year)
A1	Male	65	Medician Specialist	Doctor Part Time	34
A2	Female	52	Medician Specialist	Full Time Doctor	23
A3	Female	54	General Practitioners	Full Time Doctor	22
A4	Male	36	General Practitioners	Full Time Doctor	6
A5	Male	27	General Practitioners	Full Time Doctor	1,5
A6	Male	53	Medician Specialist	Full Time Doctor	17
A7	Male	36	Medician Specialist	Full Time Doctor	1
A8	Female	43	Medician Specialist	Full Time Doctor	16

Table 6. The above shows 3 key informants who hold structural positions in the management of Pondok Kopi Hospital. The informant was used as a key informant because he

had deeper information related to hospital management where this information will be used as a reference for this research.

**Table 6. Identification Key Informant**

Key Informant	Gender	Age	Position	Employment Status	Tenure (year)
B1	Women	48	Outpatient Unit Manager	Permanent Employee	22
B2	Man	57	Director of Finance	Permanent Employee	33
B3	Man	30	Human Resource Manager	Permanent Employee	31

## DISCUSSION

### A. Relationship between Gender and Satisfaction

This study showed that female had a likelihood of 4.4 times of being satisfied than male doctors.

These quantitative results were reinforced by the results of qualitative research that out of 8 main informants consisting of 4 male and 4 female informants who expressed satisfaction, 2 male informants and 3 female informants said to informant A3, "Mmmh.. Alhamdulillah, I feel quite satisfied with what I am currently doing, but there are indeed a number of things that I need to underline so that doctors can be more comfortable working in this hospital.... and for the progress of the hospital in developing its services" and the male informant A1 said "*I have been working for more than 30 years... I am not satisfied..this hospital is stagnant.The golden age of "nyungsep"*".

This result is in line with Pella (2020) which stated that "women are usually more satisfied than their male counterparts". Based on the observations of researchers in the field, men are required to have greater responsibility for meeting the necessities of life as the head of the household compared to women. When viewed from the fact that male doctors are the heads of families who have more responsibility to provide for their

families so they try to find even better income.

### B. Relationship between Age and Satisfaction

There was no different level of satisfaction between younger and older doctors. Quantitative results are in line with the number of informants taken on average with ages ranging from 27 years to 65 years. This result is in line with Gibson et al. (1997) which stated that workers who are older are considered more capable in carrying out their duties. However, Dewi et al. (2020) states that an adult person had an ability to make decisions, think rationally and be able to control emotions and tolerate other people's views or opinions increases.

### C. Relationship between Education and Satisfaction

A specialist medical workers had higher work satisfaction compared to general practitioners.

A qualitative study concealed that education level is related to doctor satisfaction. According to informant A6 who said "*the higher the level of education, the more mature and mature in making decisions...*"

These results are in line with research (Nurusalam, 2012) which shows that the higher a person's education, the easier it is for a person to receive information and vice versa. Person's education can influence a

person's behavior towards lifestyle better, if applied especially in motivating attitudes to participate in development. Based on the observations of researchers in the field, it was found that the number of specialist doctors was more than the number of general practitioners. The higher the level of medical education, the more mature and wiser they are in carrying out all their responsibilities and can think rationally and measurably in taking action.

#### **D. Relationship between Length of Work and Satisfaction**

This study found that long tenure increased doctor's satisfaction, but it was statistically non-significant.

These quantitative results are reinforced by the results of qualitative research in accordance with informant B2 who said that "*Management provides schooling and training opportunities for permanent employees.... So we prioritize them so doctors can take appropriate training.*" These quantitative results are reinforced by the results of qualitative research in accordance with informant B2 who said that "*Management provides schooling and training opportunities for permanent employees.... So we prioritize them so doctors can take appropriate training.*" *And it was also conveyed by informant A7 who revealed" until now I have not been given the opportunity to go to school... maybe because I am too young and just started working at this hospital huh..."*

Handayani (2008) stated that tenure has a correlation with organizational commitment. It is consisted of age, length of work, class and rank that affect doctor satisfaction. Robbins (1996) declared that there is a positive relationship between seniority (long working time) and job satisfaction. The longer tenure, the more experience gained, and someone will be more skilled. An observation found that the greater the opportunities and opportunities to gain experience

and the opening of opportunities for doctors to receive training.

#### **E. Relationship between Employment Status and Satisfaction**

This study found that part time working increased doctor's satisfaction, but it was statistically non-significant.

These quantitative results are reinforced by the results of qualitative research in accordance with informant B3 who said that "*... Yes, right now... the number of part-time (non-permanent) doctors in us is more than the number of full-time doctors (permanent doctors)...*". This result is not in line with research conducted by (Dayeng et al., 2019) which shows "*employee status has a significant effect on doctor satisfaction.*" This is because doctors still have certainty about their rights, such as certainty about the amount of salary, old age benefits, as well as health insurance, while doctors with contract status do not yet have certainty about old age benefits, as well as other benefits

This is also in line with Vaccino's opinion in (Kartika and Kaihatu, 2010) that employment status can affect one's satisfaction and performance. This shows that employment status is related to doctor satisfaction. Based on the observations of researchers in the field, there are fewer full-time doctors than part-time doctors. So that there are gaps in the application of policies such as implementation of absent hours for going home, hours of arrival, number of working hours, work system/change of doctor's practice schedule and responsibility for the complete filling of patient medical record data where the delegation of responsibility and authority is sometimes handed over to a full time doctor who should be a responsibility of a part-time doctor.

#### **F. Relationship between Organizational Commitment and Satisfaction**

This study found that organizational commitment increased the likelihood of doctor's

satisfaction and it was statistically significant.

These quantitative results are reinforced by the results of qualitative research in accordance with informant B1 who said that *"In my opinion, most doctors have a good commitment ....."*. And informant B3 stated *"permanent and non-permanent doctors in general have quite extraordinary commitment, only a few are still below 5% who are lacking and need a further approach..."* While informant A2 stated *"Doctor satisfaction can be an initial motivation in providing services ..."* Lack of motivation will lead to reduced performance because doctors become unenthusiastic or lazy and even doctors don't feel comfortable working in hospitals as stated by informant A5. This is also in line with research (Januardi & Budiono, 2021) which states that organizational commitment has a positive effect on job satisfaction.

This result is reinforced by theory according to (Basuki, 2016) which also explains organizational commitment where the level of employee alignment with the organization and its goals is to want to maintain membership in their organization. (Maktumah, 2020) states that organizational commitment is the involvement and alignment of individuals towards an organization. The doctor's internal personal relationship with colleagues, superiors and the people around him affect the doctor's satisfaction at work. Most doctors think that the working environment also influences the doctors to be able to work optimally. Some of the facilities and medical equipment used are expected to support the work. Safe and comfortable environmental conditions improve the performance of doctors so that productivity is maintained.

#### **G. Relationship between BPJS Medical Service Compensation and Satisfaction**

This study found that BPJS medical services compensation had no significant relationship with doctor's satisfaction.

The quantitative results are reinforced by the results of qualitative research that the payment for BPJS medical services is very small, in contrast to outside hospitals, according to informant A7 who said *"Yes, of course doctors work because of money, everything is logical. working longer hours but not getting paid"*. Kingkin et al. (2010) argues that salary has a significant effect on job satisfaction, indicating that BPJS compensation is closely related to doctor satisfaction. Other study by Pertiwi (2016) concluded that there is a relationship between perceptions of medical services and the satisfaction of specialist doctors at Arjawinangun Hospital.

Gibson et al. (1997) states that compensation will be considered reasonable if the wages received by employees are also satisfied with this income. Based on in-depth interviews by researchers in the field, it is concluded that the compensation currently being received by doctors is in accordance with the agreed time and has been reported on an ongoing basis every month, but the amount is still not up to standard and is fully accepted by doctors. However, the current condition is still in the process of improving the increase in BPJS or non-BPJS service rates. And of course this is very logical and humane that work to get their rights in accordance with what has been agreed upon.

#### **H. Relationship between Compensation for Non-BPJS Medical Services and Satisfaction**

Non-BPJS medical service compensation increased doctor's satisfaction, but it was statistically non-significant.

These quantitative results are reinforced by the results of qualitative research that non-BPJS medical service compensation affects doctor satisfaction according to informant A8 *"The amount of medical services*

*does not match the doctor's performance. The amount of medical services for the same procedure is smaller than other hospitals, even compared to fellow alliance hospitals...also the distribution of medical services is not proportional and not transparent."* These results are also reinforced by theory (Puspitawati, 2013) Salaries and benefits can be perceived by someone very satisfying or otherwise unsatisfactory. Based on the observations of researchers in the field, it is stated that if the compensation received by doctors is considered in accordance with their competence, there will be a feeling of satisfaction and enthusiasm at work that will improve.

#### **I. Relationship between Promotion and Career Development with Satisfaction**

This study found that organizational commitment increased the likelihood of doctor's satisfaction, but it was statistically non-significant.

These quantitative results are reinforced by the results of qualitative research that promotion and career development affect doctor satisfaction in accordance with the B3 informant who said "that every employee gets the same opportunities, but the number of people is limited so special competence is needed in accordance with the structural position. For doctors, it is more towards functional positions, and promotions and grades are regular according to BPH provisions for permanent employees.

These results are in line with Nafiah et al. (2016) on job satisfaction of specialist doctors at the Sultan Agung Islamic Hospital in Semarang in 2015 which stated that there was a relationship between promotion and job satisfaction. The same thing was conveyed in research conducted by (Nono, 2019). Based on the observations of researchers in the field, it was found that opportunities for promotion and career develop-

ment in improving competence such as attending training, continuing education are open to all doctors, however promotion in rank/class has followed the applicable procedures. Based on in-depth interviews, to participate in training both permanent and non-permanent doctors (partners) have funding opportunities proposed by management in the hospital budget program every year, it's just limited to permanent doctors, as well as career paths adjusted to interests and competencies in their respective fields each of which is actually more open to doctors who work as well as structural members.

#### **J. Work Environment Relationship with Satisfaction**

The quantitative results are reinforced by the results of qualitative research that a comfortable environment and Islamic nuances greatly affect job satisfaction in accordance with informant A5 who said: "*Workmates are good to work with, it's easy if you want to change guards and the time is more flexible...help each other if someone asks help.. Alhamdulillah...*". These results are in line with research by (Anis et al., 2007) which shows that the work environment has a significant positive effect on employee performance. This result is also reinforced by the theory (Sunyoto, 2013) One of the factors that causes job satisfaction is the physical work environment. Based on the observations of researchers in the field, the work environment of doctors at RSIJ Pondok Kopi basically has a role in improving the performance of doctors in providing health services.

#### **K. The relationship between superiors and satisfaction**

There was no significant correlation between relationship with leader and doctor's satisfaction.

These quantitative results are reinforced by the results of qualitative research that are in accordance with informant A3 who

said "Job satisfaction is based on the doctor's relationship with colleagues, both with workmates, with superiors such as the medical committee, KSM and the Director of Medical Services... Everything must be built with communication the good one.....". Handoko (2000) stated that there are several factors that affect job satisfaction and the most important are commitments to salary, promotion, co-workers, superiors and the job itself. Based on the observations of researchers in the field, employee satisfaction increases when they receive support from their direct superiors who are understanding, friendly, ready to listen and have the opportunity to communicate in good, continuous two-way ways and convey actual information and give praise (reward) for the performance achieved.

#### **L. Relationship with co-workers and Satisfaction**

There was no significant correlation between relationship with co-workers and doctor's satisfaction.

These quantitative results are reinforced by the results of qualitative research that harmonious relationships between co-workers and co-workers affect job satisfaction. according to informant A5 who said "*a comfortable, friendly work environment and a workload that suits my abilities. Time flexibility can be adjusted according to existing conditions. Established communication between co-workers makes it easy for me to work.*" These results are also reinforced by the theory (Gibson et al., 1997) which explains that "*Factors that influence job satisfaction are wage factors, supervisory factors and co-worker factors*". The book (Pella, 2020) states that a pleasant work environment is obtained through mutually supportive co-worker relationships. According to (David, 1994) in his book *The Management of individual and organizational performance* states "*work that provides social interaction*

*usually provides satisfaction with a higher level than work that provides narrow space and less contact*". Based on the observations of researchers in the field, it was found that the relationship between colleagues, the relationship with paramedics and employees was good. This fulfills the need for social interaction with fellow co-workers which supports the productivity and performance of doctors at work, because there is good communication, mutual support, mutual respect and provides opportunities to participate in decision making so as to make it easier to carry out the tasks or work given.

#### **M. The Relationship between Leadership and Satisfaction**

Relationship style increased doctor's satisfaction, but it was statistically significant.

These quantitative results are reinforced by the results of qualitative research where there is an influence between job satisfaction and leadership style in running the organization according to informant A1 who said "Leadership is very important!!.. the desired transformational leadership style, so leadership that activates all parties..... Currently authoritarian and too narrow. Superiors should be wiser in appointing leaders.

A study showed that perceptions of leadership style and employee work commitment were associated with doctor satisfaction at the PKU Muhammadiyah General Hospital in Yogyakarta (Qurratur and Meiyanto, 2004).

Based on the observations of researchers in the field, a leader is someone who is able to influence, control and be responsible for the development of the organization he is in. The leadership at Pondok Kopi Hospital is that most of the doctors are satisfied with the leadership that has implemented prophetic leadership traits in the form of siddiq, amanah, tabliq, fathonah but has not been optimal in its implementation. It is hoped that

leaders can understand their leadership typology to become role models who are able to do the right thing (do the right thing) while managers do the right thing (do the right thing).

This can motivate the ranks below (doctors) in increasing work productivity so that the goals of the vision and mission of the hospital as a public health service are achieved.

#### **AUTHOR CONTRIBUTION**

Fitri Yanti implements research, collects data, determines research methods, processes data to formulates research articles. Emma Rachamawati and Hermawan Saputra provides guidance and direction.

#### **CONFLICT OF INTEREST**

There is no conflict of interest in this study.

#### **FUNDING AND SPONSORSHIP**

This study is self-funded.

#### **ACKNOWLEDGEMENT**

We thank all those who contributed to this research, especially RSIJ Pondok Kopi and the Thesis Advisor who were very supportive and open in helping process research so that it could be completed properly.

#### **REFERENCE**

- Anis M, Nadiroh S, Supriyanto A (2007). Usaha Peningkatan Produktivitas Dengan Productivity Evaluation Tree (PET) Models. *JITI*. 5(3):106-112. <https://doi.org/10.23917/jiti.v5i3.1598>.
- Basuki W (2016). Persepsi Pegawai Terhadap Gaya Kepemimpinan Transformasional Di Dinas Kependudukan Dan Pencatatan Sipil Kabupaten Bantul Perpus MM STIE Widya Wiwaha.
- David CJ (1994). *Organizational Behavior: The Management Of Individual And Organizational Performance* (2nd ed.). Boston Allyn and Bacon.
- Dewi ER, Hidayatullah C, Oktavianari D, Raini MY (2020). Konsep Kepemimpinan Profetik. *Al-Muaddib: Jurnal Ilmu-Ilmu Sosial Dan Keislaman*. 5(1):147-159. <http://dx.doi.org/10.31604/muaddib.v5i1.147-159>.
- Gibson JL, Ivancevich JM, Donnelly H (1997). *Organisasi* (1st ed.). Binarupa Aksara.
- Handayani W (2008). Dampak Komitmen Organisasi, Self Efficacy Terhadap Konflik Peran Dan Kinerja Karyawan PT. HM Sampoerna Tbk Surabaya. *Jurnal Riset Ekonomi Dan Bisnis*. 8(2):69-78. <https://dx.doi.org/10.1234/jrebis.v8i2.43>.
- Handoko TH (2000). *Manajemen* (2nd ed.). BPFE Yogyakarta.
- Januardi D, Budiono (2021). Pengaruh Karakteristik Pekerjaan Terhadap Kepuasan Kerja Melalui Komitmen Organisasi (Studi Pada Karyawan Bank Wilayah Surabaya). *JIMMU*. 9:253-263. <https://doi.org/10.26740/jim.v9-n1.p253-263>.
- Kartika EW, Kaihatu T (2010). Analisis Pengaruh Motivasi Kerja Terhadap Kepuasan Kerja (Studi Kasus Pada Karyawan Restoran di Pakuwon Food Festival Surabaya). *Jurnal Manajemen Dan Kewirausahaan*. 12(1). <https://doi.org/10.9744/jmk.12.1.pp./20100-112>.
- Kingkin P, Rosyid HF, Arjanggi R (2010). Kepuasan Kerja dan Masa Kerja Sebagai Prediktor Komitmen Organisasi Pada Karyawan PT Royal Korindah Di Purbalingga. *Jurnal Psikologi Proyeksi*. 5(1). <http://dx.doi.org/10.30659/jp.5-1.17-32>.
- Maktumah L (2020). Prophetic Leadership Dan Implementasinya Dalam Lembaga Pendidikan Islam. (*Jurnal Pendidikan Islam Indonesia*). 4(2):133-148. <http://dx.doi.org/10.35316/jpii.v4i2.196>.

- Nafiah AC, Suryawati C, Fatmasari EY (2016). Faktor Yang Berhubungan Dengan Kepuasan Kerja Dokter Specialist Rumah Sakit Islam Sultan Agung Semarang Pasca Implementasi Jaminan Kesehatan Nasional. *J. Kesehat. Masy.* 4(1). <https://doi.org/10.14710/j-km.v4i1.11572>.
- Nono RH (2019). Pengaruh Kepemimpinan, Motivasi Kerja Dan Komitmen Karyawan Terhadap Kinerja Dokter Dan Perawat Di RSUD RUTENG-NTT. *Jurnal Ilmiah Manajemen, Ekonomi Bisnis, Kewirausahaan.* 6(2).
- Pella DA (2020). *Manajemen Kepuasan dan Keterikatan Pegawai.* AIM Press.
- Pertiwi W (2016). Analisis Faktor-Faktor yang Mempengaruhi Kepuasan Kerja Dokter di RSUD Arjawinangun. *J. ekon. manaj.*
- Puspitawati NM (2013). *Kepuasan Kerja Dan Komitmen Organisasional: Pengaruhnya Terhadap Layanan Hotel Bali Hyatt Sanur.* Universitas Udayana.
- Qurratur A, Meiyanto S (2004). Hubungan Antara Gaya Kepemimpinan Dan Komitmen Karyawan Terhadap Kepuasan Kerja Di RSUD Muhammadiyah Yogyakarta. *Repository Of Gajah Mada University.*
- Undang-Undang RI No 44 Tahun 2009 Tentang Rumah Sakit, Pub. L. No. 44, Kementerian Hukum dan Hak Asasi Manusia (2009).
- Robbins, Stephen P (1996). *Perilaku Organisasi: Konsep, Kontroversi dan Aplikasi, Vol. 1.* Jakarta: Prenhallindo.
- Sunyoto D (2013). *Perilaku Organisasional, Teori, Kuesioner, Dan Proses Analisis Data.* CAPS (Center for Academic Publishing Service).