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Analysis of the Effect of Service Income and Work Stress on Doctors' Organizational Commitment and Job Satisfaction as an Intervening Variable at Dr. H. Jusuf SK of North Kalimantan Province

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ABSTRACT

This study analyzes obstacles in implementing the JKN program at RSU Murni Teguh Medan, focusing on patient admission, medical data processing, reporting, and funding, particularly for BPJS Kesehatan patients. The research identifies challenges in both outpatient and inpatient admissions, medical data management, reporting procedures, and funding processes. Using the 6M framework—human resources, materials, equipment, procedures, market environment, and financial resources—the study evaluates barriers affecting workflow management. Additionally, the research examines the influence of service income (financial compensation) and work stress on organizational commitment, with job satisfaction as a mediating factor. A quantitative, explanatory research design was employed, collecting survey data from 117 physicians and analyzing it with Partial Least Squares Structural Equation Modeling (PLS-SEM). Results show that work stress significantly impacts job satisfaction (59.1%) and organizational commitment (72.1%), while service income does not have a significant direct effect. Job satisfaction partially mediates the relationship between work stress and organizational commitment (20.7%). The findings highlight that non-financial factors and organizational support are more influential than financial compensation in fostering physicians' commitment within the hospital. The study is expected to benefit researchers by providing scientific experience, assist hospitals in developing effective service strategies to improve quality and patient satisfaction, and support BPJS Kesehatan in enhancing service quality, updating policies in line with scientific advancements, and optimizing digital service processes.

KEYWORDS *Service Services, Work Stress, Job Satisfaction, Organizational Commitment*

INTRODUCTION

Human resource available in hospitals is the human capital that plays the most role in the success of hospital services to face increasingly complex service competition (Ministry of Health, 2010). The position of doctors and specialists in the professional care of patients in hospitals is as *leader* in health services and as a determinant of the availability of health services in hospitals. The quality of home services is highly dependent on the effectiveness of the performance of general practitioners and specialists.

According to data from the Ministry of Health as of April 1, 2022, Indonesia still needs as many as 8182 Doctors and Specialists, this need is only based on the minimum standard needs without considering the service workload (*Directorate General of Health Workers (DITJEN NAKES) - The Ministry of Health's Strategy in Overcoming the Shortage of Doctors in Indonesia*, n.d.). This means that the demands of health services are not in accordance with the number of available doctors, which has an impact on the increasing workload and pressure felt by specialist doctors.

The complexity of doctors' duties and working hours that often exceed 40 hours a week as well as the need for professional education required to be higher and more expensive, so it is necessary to Note compensation that has an impact on job satisfaction which also affects the doctor's commitment to the organization. Results Sumartini (2009) that rewards, work environment, colleagues and the work itself greatly affect the job satisfaction of Specialist Doctors, with increasing these satisfactions can increase the organizational commitment of Specialist Doctors. Doctors' organizational commitment greatly affects patient satisfaction and patient loyalty (Setyawan et al., 2022).

Based on the description that has been explained, it can be concluded that the organizational commitment of doctors is very related to many factors. In this study, we will analyze the influence of service income and work stress with the organizational commitment of doctors at Dr. Jusuf SK Hospital and job satisfaction as an *intervening variable*.

Work stress is often felt by health workers who have direct contact with patients who also experience stress due to their health conditions compared to other workers in the hospital. In research Putri & Syaebani (2018) People who work in the medical service department have the highest stress with a high level of stress severity compared to people who work in the medical support department and general support. In addition to rewards and work environment, work stress can also affect organizational satisfaction and commitment. Agdhasi (2011) in Sariwulan et al. (2019) stated that work stress has a negative influence on job satisfaction and organizational commitment.

Dr. H. Jusuf SK Hospital is a non-educational class B hospital owned by the North Kalimantan local government, is the largest hospital in North Kalimantan province which is a referral center. From the results of the information, nurses carry out health service activities to patients using less time to carry out direct services to patients and have never measured the workload of nurses.

The healthcare sector faces significant challenges in maintaining the well-being and commitment of medical professionals, particularly doctors, who are

pivotal to service delivery. Previous studies have highlighted the critical role of organizational commitment in enhancing patient satisfaction and loyalty (Setyawan et al., 2022). Research by Lu et al. (2016) further underscores the impact of job stress on healthcare workers' satisfaction, revealing that excessive workloads and inadequate support systems lead to diminished job satisfaction. Additionally, studies such as those by Yaseen (2013) and Karaferis et al. (2022) have explored the relationship between financial compensation and job satisfaction, with mixed results, suggesting that non-financial factors may play a more substantial role in influencing doctors' commitment. These findings collectively emphasize the need for a deeper understanding of the interplay between financial and non-financial factors in shaping organizational commitment.

Despite extensive research on job satisfaction and organizational commitment, gaps remain in understanding how these dynamics operate in specific healthcare contexts, such as regional hospitals in Indonesia. For instance, while studies like those of Saadeh and Suifan (2020) have examined the mediating role of perceived organizational support in job stress and commitment, few have focused on job satisfaction as an intervening variable in the relationship between service income, work stress, and organizational commitment. Moreover, existing research often overlooks the unique challenges faced by doctors in non-urban settings, where resource constraints and high patient loads may exacerbate stress levels. This study addresses these gaps by investigating the specific context of dr. H. Jusuf SK Hospital, a regional referral center in North Kalimantan, where such issues are prevalent but understudied.

The novelty of this research lies in its integrated approach to examining the dual effects of service income and work stress on organizational commitment, with job satisfaction as a mediator. While prior studies have treated these variables in isolation, this study combines them into a cohesive model, providing a more comprehensive understanding of their interactions. Furthermore, the use of PLS-SEM allows for robust analysis of latent variables, offering deeper insights into the structural relationships between these factors. This methodological rigor enhances the reliability of the findings and their applicability to similar healthcare settings. By focusing on a regional hospital in Indonesia, the study also contributes to the limited body of literature on healthcare workforce dynamics in developing countries, where systemic challenges differ markedly from those in high-income settings.

The practical benefits of this research are manifold. For hospital administrators, the findings highlight the importance of addressing work stress and enhancing non-financial rewards to improve doctors' job satisfaction and organizational commitment. Policies aimed at reducing workload, improving leadership support, and offering professional development opportunities could yield significant returns in workforce stability and service quality. For policymakers, the study provides evidence to advocate for systemic reforms in healthcare compensation and stress management programs, particularly in resource-limited settings. Additionally, the research offers actionable insights for BPJS Kesehatan, Indonesia’s national health insurance provider, to optimize service digitalization and adjust policies to better support healthcare professionals.

From an academic perspective, this study enriches the literature on organizational behavior in healthcare by validating and expanding existing theories, such as the Job Demands-Resources model, in a novel context. It also sets a foundation for future research to explore similar dynamics in other healthcare professions or geographic regions. By bridging theoretical and practical gaps, the study underscores the need for holistic approaches to workforce management in healthcare, where financial and non-financial factors are equally critical. The findings also invite further exploration of cultural and institutional factors that may influence these relationships, offering a roadmap for subsequent studies.

Ultimately, this research contributes to the broader goal of improving healthcare systems by fostering a committed and satisfied medical workforce. By elucidating the pathways through which service income and work stress affect organizational commitment, the study provides a evidence-based framework for interventions aimed at enhancing doctor retention and performance. In doing so, it aligns with global efforts to achieve sustainable healthcare delivery, particularly in underserved regions. The implications extend beyond Indonesia, offering lessons for other low- and middle-income countries grappling with similar challenges in healthcare human resource management.

RESEARCH METHODS

This research was carried out at dr. H. Jusuf SK Hospital. This study is a non-experimental quantitative research with an approach method *Explanators Research* namely research through data collection so that it can be measured and analyzed statistically (Apuke, 2017) until an explanation of the relationship between the 2 variables is obtained by explaining the cause and effect and the relationship between variables (Darwin et al., 2021).

The research was carried out to General Practitioners, Specialist Doctors and Sub-Specialist Doctors at Dr. H. Jusuf SK Hospital, North Kalimantan Province. The sample size in this study uses total sampling, assuming a reliability level of 95% so that the value of $\alpha = 0.05$. The total population of doctors is 117 people, and the research sample will be doctors who are willing to be respondents.

Data collection using the survey method consists of data collection providing a description of the frequency or number of trends, behaviors or assumptions of a population by analyzing samples in that population. From the results of the sample, the researcher generalizes or draws conclusions about the population (Creswell, 2013). The survey was carried out by distributing a digital questionnaire to doctors at Dr. H. Jusuf SK Hospital who had become the target of the sample. The survey will be carried out for 14 days. The researcher will submit a digital questionnaire directly to the respondents.

Univariate analysis uses tabulation recapitulation in the Excel application to get an overview of the frequency of respondents' descriptions. Multivariate analysis uses path analysis with the application of Partial Least Squares Structural Equation Modeling (PLS-SEM). Latent variables and manifest variables can be described in the following table:

Table 1. Latent Variable Distribution and Manifest Variable

No	Latent Variable / Construct	Indicator	Item/ Manifest variable	*Mean*	*Standar Deviation*
1	Service	Credentials	JP1	3.018	1.014
			JP2	2.963	1.066
			JP3	2.817	1.127
		Keadilan	JP4	3.165	0.963
			JP5	3.239	0.966
		Satisfaction	JP6	3.257	1.008
			JP7	3.569	0.902
2	Work stress	Workload	SK1	3.165	0.904
			SK2	3.028	1.2
			SK3	3.028	1.288
		Working relationship	SK4	3.119	1.261
			SK5	2.982	1.204
		Leadership	SK6	3.202	0.984
			SK7	3.275	0.811
3	Job satisfaction	Job suitability	KP1	3.349	0.882
			KP2	3.257	0.882
			KP3	3.266	0.885
			KP4	3.009	0.784
		Relationships between colleagues	KP5	3.385	0.856
			KP6	3.028	0.99
		Relationship with superiors	KP7	3.092	0.982
		Welfare	KP8	3.495	0.797
			KP9	3.119	0.993
4	Organizational commitment	Affective commitment	KO1	3.495	1.072
			KO2	3.376	1.003
			KO3	3.229	0.945
		Sustainability commitment	KO4	3.294	0.881
			KO5	3.394	0.778
			KO6	3.394	0.835
		Normative commitment	KO7	3.413	0.826
			KO8	3.477	0.819
			KO9	3.294	0.838

Determination of mean used to get an overview of the data from the variables. According to Noermijati (2008) in (Prabowo et al., 2016) that the distribution of the average value (mean) consists of "bad" if the value is 1.0 – 1.8; "less" if the value is 1.9 – 2.6; "enough" if the value is 2.7- 3.4; "Good" if the score is 3.5 – 4.2 and "Very Good" if the score is 4.3 – 5.0. The results of the analysis in table 7 show that 31 manifest variables are in the good range and 1 manifest variable is in the sufficient range, namely SK 5 in the employment relationship indicator.

The standard deviation is used to assess the variation of the data, it will be better if the value is less than or close to the mean value, with this value then the variation of the answers in the sample is not much and the difference is not

widespread. Based on the table above, all standard deviation values of all manifest variables are less than the mean value, so that the answer values from the sample do not have acceptable answer variations and do not have wide differences. The highest value in the manifest variable SK3 in the workload indicator and the lowest in KP 8 in the welfare indicator

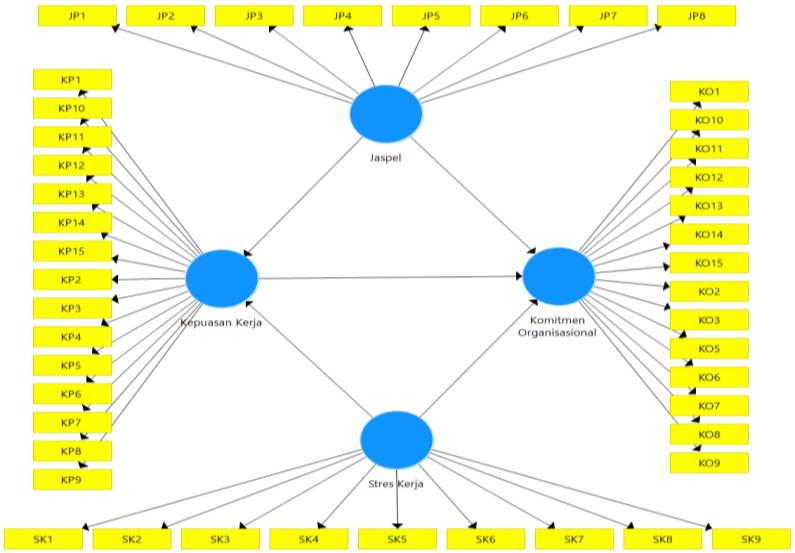


Figure 1. ***Path Research Model***

Constructs or latent variables are variables that cannot be measured directly, the picture in a circular model. Item or manifest variable is a variable that can be measured directly and in the form of raw data, an image in a rectangular model (Rahadi, 2023). Path model analysis assumptions (path analysis), i.e. the linearity between latent variables so that a straight line is formed in the image. Furthermore, the collinearity between the manifest variable and the latent variable is connected by a causal chain so that it shows the sequence of events that leads to variation between variables (Rahadi, 2023).

RESULTS AND DISCUSSION

The results of the univariate analysis showed that there were 64 doctors (58.72%) who declared their services to be appropriate and 45 people (41.28%) who were not suitable. Doctors who stated work stress were good for 64 people (58.72%) and bad for 45 people (41.28%). In the variable of job performance, 74 doctors (67.89%) and 35 people (32.11%) were Low. Doctors who stated organizational commitment were appropriate as many as 61 people (55.96%) and 48 people (44.04%) were not suitable.

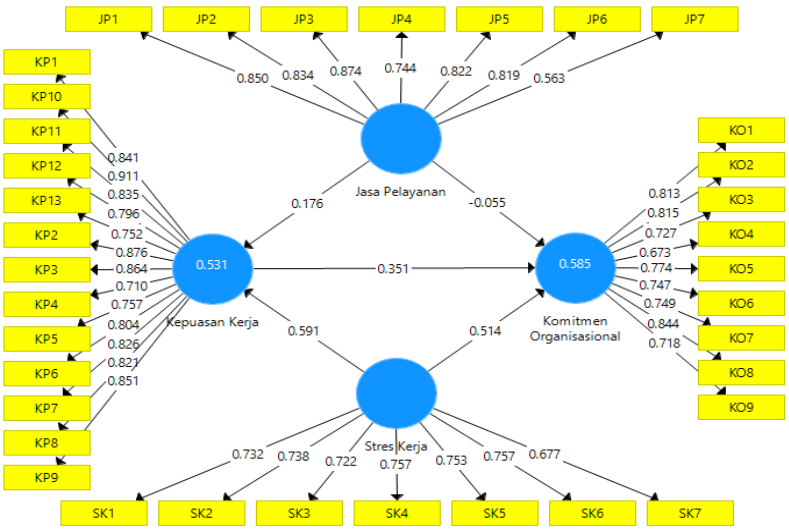
Multivariate analysis was tested through two stages of model evaluation, namely the measurement model (outer model) is a measurement to get an overview of the relationship between manifest/item variables and latent/construct variables and structural models (inner model) is a measurement to test the research hypothesis (Hamid, Rahmad Solling; Anwar, 2019). The measurement model test was carried out by measuring the validity test (convergence test and discrimination test) and

reliability test. As for the structural model through the test bootstrap by looking at the value R-Square, path coefficient and indirect effect.

Test Measurement Model (Outer Model)

Validity Test

The model measurement test can be seen in the path analysis image as follows:



Gambar 2. ***Path Analysis***

The validity test uses the convergence test and the discrimination test. The convergence test by looking at the values on *the outer loadings* and *the Average variance extracted (AVE),* The outer *loadings* value is the result of measurements on each manifest variable against the latent variable, so that the measure of validity on the manifest variable indicator is obtained. The measurement results can be seen in the following table:

Tabel 2. ***Outer Loadings, Construct Reliability and Validity***

No	Variable	Item	*Loading Factor*	*AVE*	*Cronbach's Alpha*	*Composite Reliability*
1	Service	JP1	0.85	0.628	0.898	0.921
		JP2	0.834			
		JP3	0.874			
		JP4	0.744			
		JP5	0.822			
		JP6	0.819			
		JP7	0.563			
2	Work stress	SK1	0.732	0.673	0.959	0.964
		SK2	0.738			
		SK3	0.722			
		SK4	0.757			

		SK5	0.753			
		SK6	0.757			
		SK7	0.677			
3	Job satisfaction	KP1	0.841	0.584	0.911	0.926
		KP2	0.876			
		KP3	0.864			
		KP4	0.71			
		KP5	0.757			
		KP6	0.804			
		KP7	0.826			
		KP8	0.821			
		KP9	0.851			
		KP10	0.911			
		KP11	0.835			
		KP12	0.796			
		KP13	0.752			
4	Organizational commitment	KO1	0.813	0.539	0.857	0.891
		KO2	0.815			
		KO3	0.727			
		KO4	0.673			
		KO5	0.774			
		KO6	0.747			
		KO7	0.749			
		KO8	0.844			
		KO9	0.718			

Test convergent validity by looking at the value on the *outer loadings* and *Average variance extracted (AVE)*. Table 2 shows that most of the manifest variables of the latent variable indicator have a value of >0.70, meaning that the reliability level of the indicator is acceptable even though there are still 3 items that do not meet the requirements because they have a value of <0.70, namely JP 7, SK 7 and KO 4. Value *loading factor* the recommended value is >0.708 because with this value, the construct can explain >50% of the variance of the indicator so as to provide an acceptable level of reliability of the indicator. *Indicator loadings* with a range of 0.40 – 0.70 should be eliminated from the model (Sarstedt et al., 2021). On the results of the analysis *AVE* Showing that all indicators have a value of >0.50, it can be interpreted that the validity of the construct/latent variable can be accepted with the highest value in the latent variable of work stress and the lowest in the latent variable of organizational commitment. Value *AVE* gives an idea of the magnitude of the variant in the manifest item or variable that is composed in the latent variable (Setiadi et al., 2024). Minimum acceptable value from *AVE* >0.50,

which means that the construct can explain 50% or more of the variance of the indicator that makes up the construct (Sarstedt et al., 2021).

Measurement of discriminatory validity is used to assess the extent to which a construct is empirically different from other constructs that are in the same model. Discrimination test by looking at the *Fornell-Larcker Criterion values,* the measurement results can be seen in the following table:

Tabel 3. ***Fornell-Larcker Criterion***

	Service	**Job Satisfaction**	**Organizational Commitment**	**Work Stress**
Service	0.793			
Job Satisfaction	0.606	0.820		
Organizational Commitment	0.532	0.687	0.764	
Work Stress	0.728	0.719	0.726	0.734

Based on the table values, it can be concluded that in this study, the value of the validity test of discrimination in each construct has a root value that exceeds the correlation value between constructs with different constructs. Based on this value, the validity of discrimination in all constructs is acceptable.

Reliability Test

Reliability measurements can be seen in *Cronbach's Alpha* and *composite reliability values***.** Based on the results of the reliability test in table 2, it shows that all variables both dependent (organizational commitment), independent (service and work stress) and intervening (job satisfaction) have *Cronbach's Alpha* and *composite reliability* >0.70, this shows that the latent/construct variable has high reliability. The highest value was in the work stress variable with a reliability value of 0.964, while the lowest value was in the organizational commitment variable with a reliability value of 0.891.

Inner Model Test

R – Square

Value *R – Square* It is an analysis that aims to measure the proportion of variance in dependent variables that can be explained by independent variables. This analysis is used to determine the strength of structural model testing (Rahadi, 2023), as seen in the following table:

Tabel 4. ***R – Square***

	Original Sample (O)	***Sample Mean (M)***	***Standard Deviation (STDEV)***	***T Statistics (|O/STDEV|)***	***P Values***
Job Satisfaction	0.531	0.547	0.069	7.735	0.000
Organizational Commitment	0.585	0.608	0.056	10.524	0.000

Based on the table above, the variables of service income and work stress simultaneously affect job satisfaction by 53.1% and 46.9% are influenced by other factors. The variable of organizational commitment was simultaneously influenced by service revenue and work stress by 58.5% and 41.5% influenced by other factors.

Direct effect

The results of the bootstrap analysis are used to assess the direct effect shown on the value of the *path coefficient* (Muhson, 2022) which is broken down in the following table:

Tabel 5. ***Path Coefficient***

	Original Sample (O)	***Standard Deviation (STDEV)***	***T Statistics (|O/STDEV|***	***P Values***	***Conclusion***
Service Services -> Job Satisfaction	0.176	0.097	1.806	0.072	Rejected
Work Stress -> Job Satisfaction	0.591	0.080	7.347	0.000	Accepted
Service Services > Organizational Commitment	0.007	0.123	0.057	0.955	Rejected
Work Stress -> Organizational Commitment	0.721	0.080	8.975	0.000	Accepted
Job Satisfaction -> Organizational Commitment	0.351	0.127	2.774	0.006	Accepted

Based on the table above, it can be described that the research hypothesis with a t-value of 1,981 table and a significance level of 95% (α: 0.05) that the influence of service services on job satisfaction is not significant with a positive influence of 17.6% with a t-value of 1,806 < t table and a significance value of > α: 0.05. The results of this study are in line with the results of the research Handayaningrum et al., (2016) that compensation does not significantly affect employee satisfaction, with only 12.5% affected, while 87.5% is influenced by other factors. Likewise in research Yaseen (2013) that the doctor's income or income has an insignificant effect on the doctor's job satisfaction. This research is also supported by research Karaferis et al. (2022) that salary and benefits have a negative influence on job satisfaction. According to Yaseen (2013) that financial compensation has the lowest percentage affecting physician satisfaction, while the highest influence is on the non-financial component. Satisfaction because compensation is not only in the form of financial compensation, but non-financial compensation also participates in affecting satisfaction.

The effect of work stress on job satisfaction has a positive influence of 59.1%, the value of t (7,347) > t table with a significance of <0.005, so it is concluded that work stress has an influence on job satisfaction. The results of this study are supported by research Lu et al. (2016) that work stress has a significant influence on job satisfaction among healthcare staff in China. Meanwhile, according to Robbins & Judge (2013) that dissatisfaction at work is the most obvious impact of work stress. The indicators of work stress in this study consist of stress due to workload, work relationships and leadership so that the more positive these indicators are, the more work stress will also be reduced (Robbins & Judge, 2013).

The effect of service services on organizational commitment was not significant with a positive influence of 0.7% with nlai t (0.057) < t table and a significance value of > α: 0.05. The results of this study are not in line with the results of the research Widhy et al. (2021) which states that there is a significant influence between compensation and organizational commitment. According to Robbins & Judge (2013) that distributive justice in the form of satisfaction with compensation has a stronger influence on organizational commitment than procedural justice and interaction justice. In addition to financial compensation, doctors who work at dr. H. Jusuf SK Hospital also receive financial compensation, namely professional development through education and training. research Baru et al., (2023) that non-financial compensation contributes positively by 63.5% to organizational commitment and financial compensation contributes positively by 45.7%, so non-financial compensation contributes more than financial compensation to organizational commitment. Likewise in research Ridwan & Anik (2020) It shows that non-financial compensation contributes the most to institutional commitment compared to work culture and job satisfaction.

Work stress on organizational commitment has a positive influence of 72.1%, the value of t (8,975) > t table, the significance level is < α: 0.05 so it is concluded that work stress has a significant influence on organizational commitment. The results of this study are supported by the results of the research Sariwulan et al. (2019) that work stress has a negative influence on affective commitment, sustainability commitment and normative commitment as well as on the results of the study Ramli (2018) It was found that work stress on doctors, nurses and staff had a significant influence on organizational commitment. In the research Saadeh & Suifan (2020) that excessive work stress is caused by excessive work demands and lack of organizational support so that work stress has a significant negative impact on organizational commitment.

Job satisfaction on organizational commitment had a significant and positive influence of 35.1% with a value of t (2,774) > t table, a value of α <0.05. The results of this study are supported by research Sumartini (2009) that the more satisfied doctors are with their work, the more their organizational commitment and in research will also increase Köse & Köse (2017) that intrinsic and extrinsic satisfaction significantly affects organizational commitment to health care personnel. The results of this study are also supported by research Ayu Widiantari et al. (2023) that job satisfaction has an influence of 81% on organizational commitment.

Indirect effect

This test is a structural path analysis involving intervening variables, namely testing the hypothesis of independent variables against dependent variables through intervening variables (Sarstedt et al., 2021). The results of the analysis of the indirect influence on the latent variables can be seen in the following table:

Tabel 6. ***Indirect Effect***

	Original Sample (O)	***Standard Deviation (STDEV)***	***T Statistics (|O/STDEV|)***	***P Values***	**Conclusion**
Jaspel -> Job Satisfaction -> Organizational Commitment	0.062	0.038	1.618	0.106	Rejected
Work Stress -> Job Satisfaction -> Organizational Commitment	0.207	0.086	2.407	0.016	Accepted

Based on the results of the analysis of the indirect influence from the table above, it can be concluded that the influence of service revenue on organizational commitment through job satisfaction is 6.2% with a significance value of 0.106 > α: 0.05, the variable of job satisfaction does not contribute significantly to the influence of service services on organizational commitment. The results of this study are not in line with the results of the research Prabowo et al. (2016) that compensation has an 86% influence on organizational commitment mediated by job satisfaction. In research (Sariwulan et al., 2019) that income level affects organizational commitment due to job satisfaction or dissatisfaction. This study measured the overall respondents of doctors regardless of the level of general practitioner and specialist doctors, because the level of position also affects the compensation or remuneration for services received, both financial and non-financial, so that it can affect the magnitude of the influence of service services on intervening variables and dependent variables. General practitioners in financial rewards have a lower percentage than Specialist Doctors, while in non-financial rewards, general practitioners do not get support for facilities that support work as obtained by Specialist Doctors, but General Practitioners have the same opportunities in professional development both through training and continuing professional education.

The effect of work stress on organizational commitment through job satisfaction has an influence of 20.7% with a significant value of 0.016 < α: 0.05, so that job satisfaction contributes to mediating the influence of work stress on organizational commitment. The more satisfied a doctor is in his or her work, the more his organizational commitment increases, as in research (Ayu Widiantari et al., 2023) that job satisfaction as a mediating variable has an important role in organizational commitment. Based on the results of the analysis of the direct

influence of good work stress will have a positive influence on job satisfaction, as well as the influence of job satisfaction on organizational commitment, the more the job satisfaction of the Doctor, the more the organizational commitment of the Doctor will also increase.

CONCLUSION

The study demonstrates that service revenue, as a form of financial compensation, does not significantly influence organizational commitment among physicians, highlighting the greater impact of non-financial factors such as organizational support. Elevated work stress, particularly when paired with insufficient support, leads to reduced job satisfaction and lower organizational commitment, with job satisfaction serving as a critical mediating variable in this relationship. For future research, it is recommended to conduct longitudinal studies to evaluate how evolving compensation policies and stress management interventions affect these dynamics over time. Comparative analyses across various hospital settings—such as public versus private and urban versus rural institutions—could offer valuable insights into contextual differences. Further exploration of specific non-financial incentives, including career development opportunities and work-life balance programs, may help refine strategies to strengthen organizational commitment. Incorporating qualitative methods is also suggested to capture the nuanced perceptions and experiences of doctors, thereby deepening the understanding of factors that drive satisfaction and commitment within the healthcare sector.

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