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Analysis of Job Satisfaction Antecedents and its Impact on Hospital Performance from The Perspective of Healthcare Professionals at XYZ Hospital in East Java

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Abstract

Company performance is an important component in a wide range of empirical research, particularly business policy research. The performance of the company is essentially a complex phenomenon with multiple dimensions and known to be correlated with job satisfaction among healthcare professionals. Therefore, understanding the factors associated with job satisfaction is important. The purpose of this study was to analyze the antecedents of job satisfaction and analyze their impact on hospital performance from the perspective of healthcare professionals. This research was conducted at XYZ Hospital. This research method is a quantitative study with a total sample of 160 healthcare professionals respondents who meet the research criteria. The research sample was taken using a purposive sampling method and data collection was carried out by distributing questionnaires online. The data obtained were analyzed using SmartPLS. The results of this study indicate that there are five independent variables as antecedents of job satisfaction. These variables are social support, work operation requirements, healthcare professional-patient relationship, work-family conflict, and working conditions. In social support variables, work operation requirements, healthcare professional-patient relationship, and working conditions have a positive effect on job satisfaction and have a significant effect while the work-family conflict variable also has a significant impact but has a negative effect on job satisfaction (T-statistic>1.645 and P-value <0.05). In addition, job satisfaction also significantly-positively affects hospital performance (T-statistic>1.645 and P-value <0.05). Furthermore, job satisfaction is significant (T-statistic>1.645 and P-value <0.05) mediates social support, healthcare professional-patient relationship, work-family conflict, and working conditions on hospital performance.

Keywords: Antecedents; Job Satisfaction; Hospital Performance.

Introduction

According to the World Health Organization (WHO), hospitals are fundamental to the formation of a healthcare system. In many regions of the world, external pressures, health-care system defects, and hospital-sector deficits are currently driving a new vision for hospitals. In this view, they play a crucial role in assisting other healthcare providers, as well as in community outreach and home-based services, and are essential to a well-functioning referral network. In addition to reflecting the needs and values of the communities they serve, hospitals must be robust and capable of maintaining and

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expanding services during emergency situations. Effective hospitals are created with certain groups in mind, such as children and the elderly.

The administration of a hospital aspires for excellence in patient care by delivering high-quality services given by highly motivated personnel. Frequently, hospitals struggle to retain highly trained personnel. In such situations, hospital administrators generally view healthcare workers as essential capital assets and adopt a range of techniques to recruit and retain them. Empirical research reveals that a higher level of job satisfaction is associated with a decrease in employee turnover, which is correlated with improved patient care quality and hospital performance (WHO, 2017).

The inner thoughts and attitudes of health workers toward their job and other work-related factors, such as the work environment, which represent their subjective sense of job satisfaction, constitute their job satisfaction. A cross-sectional survey of primary care critical public health practitioners revealed only modest work satisfaction among health professionals (Chen, Liu, Liu, Ruan, Yuan & Xiong, 2020). Patients are more likely to receive high-quality care from health professionals who are fulfilled in their employment. A low degree of job satisfaction, on the other hand, may be indicative of decision-making and hospital management concerns, negatively influencing the quality and efficiency of health services, damaging doctor-patient relationships, and decreasing patient satisfaction (Zhang et al., 2021). Investigating the elements that influence the job satisfaction of health professionals can therefore contribute to the development of sound healthcare policy and provide valuable insights for enhancing their job satisfaction.

The "two-factor theory" of Herzberg is one of the most well-known theories to study and comprehend job happiness. This theory is also known as the motivation-hygiene theory or dual-factor theory since it presents a collection of motivation and hygiene components that effect job satisfaction and discontent. According to this idea, job happiness is determined by a set of "motivational variables" inherent to the position, such as the possibility for personal improvement, acknowledgment for one's achievements, and career advancement. In contrast, "hygiene variables" are external to the job and include organizational policies, interactions with others, personal life, salary, and job security. Despite the fact that the two-factor theory was first established in 1966, many scholars believe it is still relevant and have utilized it to better comprehend and analyze the job satisfaction of health care professionals (Chen et.al., 2020).

XYZ Hospital health workers chose job dissatisfaction as the main factor causing the decline in hospital performance. The second cause is heavy workload and the third cause is interprofessional conflict. Fifteen respondents who experienced job dissatisfaction were then conducted a follow-up survey. Then, more in-depth questions were asked to the respondents to be able to explain the causes of their job dissatisfaction. The following is an explanation from XYZ Hospital health workers regarding the job dissatisfaction experienced.

This study proposes a new research model based on the modification of several previous research models concerning the antecedents of job satisfaction, namely social support, work operation requirements, healthcare professional-patient relationship, work-family conflict, and working conditions, and their influence on hospital performance as perceived by healthcare professionals at XYZ Hospital. This research is anticipated to yield knowledge and progress toward enhancing hospital performance, with the ultimate aim of yielding managerial implications that are advantageous to all parties.

The aim of this study, based on the research questions in the previous sub-chapter, is to analyze various factors that contribute to job satisfaction. These factors include the positive impact of social support, work operation requirements, healthcare professional-patient relationships, and working conditions on job satisfaction. Additionally, the study

aims to examine the negative impact of work-family conflict on job satisfaction. Furthermore, the study seeks to explore the positive impact of job satisfaction on hospital performance. Through comprehensive analysis and evaluation, this research aims to provide insights into the relationships between these factors and job satisfaction, ultimately contributing to a better understanding of the factors that influence employee satisfaction in a hospital setting.

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Research Methods

The research methodology used in this study follows a quantitative approach with a survey-based design. The study does not involve any intervention on the research subjects, making it a non-interventional study. Data collection was conducted using a questionnaire instrument, and the study utilized a cross-sectional design, collecting data from August to September 2022. The validity of the measurement was assessed through content validity, construct validity (convergent and discriminant validity), and criterion validity. The reliability of the instruments was evaluated using the Cronbach Alpha test. The analysis of the data involved inferential statistical methods, including hypothesis testing and path analysis using bootstrapping. The inner model was evaluated using R-Square and significance values, while the quality of the model was assessed using the Q2 value. The hypothesis testing involved comparing the T-statistic values with the T-table values and examining the direction of the coefficients. Additionally, importance-performance analysis and a pilot test were conducted to ensure questionnaire validity and reliability. The research employed SmartPLS software for data processing and analysis.

The outer model analysis in this study utilizes SmartPLS to assess the validity and reliability of the measurement instrument. The analysis consists of two parts: the validity test and the reliability test. The validity test involves evaluating indicator reliability (outer loading), construct reliability (Cronbach's alpha and composite reliability), construct validity (Average Variance Extracted), and discriminant validity (heterotrait-monotrait ratio). The pretest results using SmartPLS software indicate that out of the 40 indicators proposed in the study, 39 indicators are reliable and valid for measuring the constructs. One indicator, WO 5, falls below the required threshold and is removed. The construct reliability, assessed through Cronbach's alpha and composite reliability, is within the acceptable range of 0.7-0.95, indicating non-redundancy. The construct validity is confirmed through the Average Variance Extracted (AVE) values, which exceed 0.5 for all variables, demonstrating convergent validity. Discriminant validity is established by analyzing the heterotrait-monotrait ratio (HTMT), with all values below 0.9, indicating that the constructs are empirically distinct from each other. Overall, the findings support the reliability, validity, and discriminant validity of the measurement instrument in this study.

Results And Discussion

In this study, 160 respondents responded and were used for actual tests conducted by the author. The data in this study were obtained using an online questionnaire. The respondents in this study were healthcare professionals at XYZ Hospital in East Java.

In the analysis with PLS-SEM, the first step is to evaluate the outer model by assessing the relationship between the indicators and their latency (Hair et al., 2019). Analysis on the outer model consists of two types of data testing, namely reliability testing and validity testing. In this study, the variables used are reflective variables so that reflective measurement model assessments are used. In the reliability test two values were carried out, namely, indicator reliability by looking at the outer loading and construct reliability by looking at the composite realibility and Cronbach's alpha values.

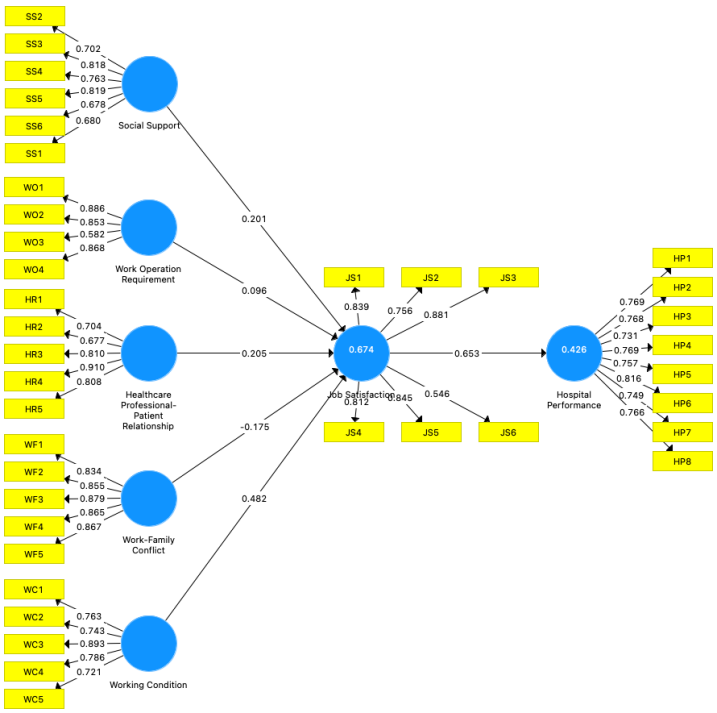

Figure 1. Outer Model Result

Source: Research Data Analysis Using Smart-PLS (2023)

The outer model results of this study indicate the use of 39 reliable indicators for measuring the construct. The indicators demonstrate outer loading values above 0.4, indicating their reliability. Construct reliability is assessed through composite reliability and Cronbach's alpha values, with all variables exhibiting values ranging from 0.7 to 0.95, indicating internal consistency and reliability without redundancies. The construct validity is assessed through average variance extracted (AVE), which confirms convergent validity with all AVE values exceeding 0.5. Lastly, discriminant validity is evaluated using the heterotrait-monotrait ratio of correlations (HTMT), where a ratio below 0.9 is considered valid. These findings demonstrate the reliability and validity of the indicators and constructs in this study.

Table 1.Discriminant Validity Result

	Healthcare Professional-Patient	Hospital Performance	Job Satisfaction	Social Support	Work Operation Requirement	Work-Family	Working Condition

	Relationship					Conflict
Healthcare Professional-Patient Relationship						
Hospital Performance	0.607					
Job Satisfaction	0.66	0.725				
Social Support	0.588	0.583	0.707			
Work Operation Requirement	0.578	0.449	0.34	0.254		
Work-Family Conflict	0.223	0.101	0.203	0.119	0.419	
Working Condition	0.598	0.745	0.878	0.704	0.269	0.162

Table 1 displays the HTMT values in this study, and it is evident that none of the HTMT values exceed 0.9. This indicates that the constructs in the study are valid and empirically distinct from other constructs in the structural model, and the indicators are capable of specifically measuring their respective constructs. With all 39 indicators deemed reliable and valid for measuring each construct, the analysis can proceed to test the inner model. The inner model analysis involves examining potential collinearity issues, evaluating the significance and relevance of structural model relationships, hypothesis testing, path analysis, and conducting an Importance Performance Mapping Analysis (IPMA) to aid decision-making. Collinearity is assessed through the Variance Inflation Factor (VIF) values, with values below 3 considered ideal.

Table 2. Multicolinearity Result

Variabel	Job Satisfaction	Hospital Performance
Healthcare Professional-Patient Relationship	1.966	
Job Satisfaction		1.000
Social Support	1.700	
Work Operation Requirement	1.434	
Work-Family Conflict	1.150	

Table 2 above shows the VIF value in this study, the VIF value of all variables has a value of less than 3 so that it can be concluded that there was no collinearity problem between the research variables in this study.

Determinant Coefficient (R-Square)

The next step in the inner model analysis involves examining the coefficient of determination (R-Square), which measures the variance explained in each endogenous construct and the model's explanatory power or predictive accuracy. R-Square ranges from 0 to 1, with higher values indicating stronger explanatory power. An R-Square value of 0.10 is considered satisfactory, while values between 0.25-0.5 are categorized as weak, 0.5-

0.75 as moderate, and above 0.75 as substantial or strong. However, an R-Square value above 0.9 may indicate overfitting. The interpretation of R-Square should be relative to the research context and compared with values from related studies and similar models. A high R-Square can indicate model overfitting, where the model becomes too complex and fails to generalize to other samples from the same population. Careful consideration is needed to avoid such issues (Hair et al., 2019; Sarstedt et al., 2021).

Table 3. Determinant Coefficient Result

Variable	R^2	Interpretation
Job Satisfaction	0.674	Moderate explanatory power
Hospital Performance	0.426	Weak explanatory power

Based on table 3 above, it can be seen that the R2 value for the job satisfaction variable is 0.647, this value indicates that the magnitude of job satisfaction can be explained by the variables social support, work operation requirements, healthcare professional-patient relationship, work-family conflict, and working conditions of 64.7% and for 35.3% the difference can be explained by other variables that are not present in this study. For the hospital performance variable, it has an R2 value of 0.426 which indicates that hospital performance can be explained by the job satisfaction variable of 42.6%.

In the analysis of the structural model or inner model, the next step is to assess the predictive ability of the proposed model using the F-Square (F2) value obtained from bootstrapping data processing. The F-Square test examines the effect size, specifically the impact of removing a predictor construct on the R-Square value of the target construct. The F-Square value is similar to the size of the path coefficient and indicates the rank relevance of predictor constructs in explaining the dependent constructs. A small effect is indicated by an F-Square value above 0.02, a moderate effect by a value above 0.15, and a large effect by a value above 0.35. A value below 0.02 suggests no significant effect.

Table 4. F-Square Value

Variable	F^2
Social Support → Job Satisfaction	0.073
Work OperaType equation here.tion Requirement → Job Satisfaction	0.020
Healthcare Professional-Patient Relationship → Job Satisfaction	0.065
Work-Family Conflict → Job Satisfaction	0.082
Working Condition → Job Satisfaction	0.383
Job Satisfaction → Hospital Performance	0.742

Source: Research Data Analysis Using Smart-PLS (2023)

Based on the results of the effect size data analysis in Table 4 above, it can be said that the variables social support, work operation requirements, healthcare professional-patient relationship, and work-family conflict have a small effect on job satisfaction (0.073, 0,020, 0,065, and 0,082 respectively), working condition variables have a large effect on job satisfaction (0.383, and job satisfaction variables have a large effect on hospital performance (0.742), and there are no variables that have an F2 value <0.02.

Predictive Relevance: The Stone-Geisser's Value (Q2)

In the structural model analysis, the next step is the Q-Squared test (Q2), which assesses the predictive relevance of latent variables in the research model. The Q2 value, obtained through the blindfolding procedure, measures the model's ability to predict the initial observed values. A Q2 value of 0, 0.25, and 0.5 indicates small, medium, and large

predictive relevance of exogenous constructs for specific endogenous constructs, respectively. If the Q2 value is less than 0, it signifies a lack of predictive relevance. The Q2 test employs the out-of-sample method, simulating changes in data compared to the original dataset to evaluate the model's quality when tested with different data in the future. The blindfolding procedure with an omission distance of five to ten and a cross-validated redundancy approach is used to obtain the Q2 test results in the SmartPLS application, incorporating essential elements of the path model and structure (Hair et al., 2019).

Table 5. Q-Square Value

Variabel	Q^2
Job Satisfaction	0.403
Hospital Performance	0.234

Source: Research Data Analysis Using Smart-PLS (2023)

From the table 5 above, it can be concluded that the Q-Square value for the job satisfaction variable is 0.403, meaning that it has a medium predictive relevance value, while the hospital performance variable has a small predictive relevance value because the Q-Square value is 0.234.

Research Hypothesis Test Result

In hypothesis testing, the first step is to assess the relevance of the path coefficient, which ranges from -1 to +1. Values closer to -1 indicate a strong negative relationship, while values closer to +1 indicate a strong positive relationship. Path coefficients exceeding +/-1 are considered unacceptable due to potential collinearity issues. The aim is to evaluate the significance and strength of the relationship and test the hypothesis. The next step involves using bootstrapping, a resampling technique performed through the SmartPLS application. Bootstrapping helps test the significance of coefficients. For this study, a one-tailed statistical test was conducted as the direction of influence was predetermined. The significance of the relationship is determined by comparing T-statistics generated through bootstrapping with T-table values. A T-statistic equal to or greater than 1.65 and a p-value less than 0.05 indicate a significant influence between the independent and dependent variables. The inner model resulting from the bootstrapping process in SmartPLS is presented in the provided image (Sarstedt et al., 2021).

Table 6. Research Hypothesis Test Result

Hypothesis	Path Coefficient	T-Statistic	P-Value	Interpretation
H1: Social Support → Job Satisfaction	0.201	2.811	0.003	Hypothesis Supported
H2: Work Operation Requirement → Job Satisfaction	0.096	1.724	0.043	Hypothesis Supported
H3: Healthcare Professional-Patient Relationship → Job Satisfaction	0.205	3.283	0.001	Hypothesis Supported
H4: Work-Family Conflict → Job Satisfaction	-0.175	3.454	0.000	Hypothesis Supported
H5: Working Condition → Job Satisfaction	0.482	8.045	0.000	Hypothesis Supported

H6: Job Satisfaction → Hospital Performance	0.653	11.862	0.000	Hypothesis Supported

Source: Research Data Analysis Using Smart-PLS (2023)

Table 6 shows the results of hypothesis testing in this study, from this table it can be concluded that 6 hypotheses (H1, H2, H3, H4, H5, H6) proposed in this study are supported. The conclusion is seen from the significant influence and the path coefficient value which is in accordance with the direction of the hypothesis that has been proposed in this research. Furthermore, the results of the significance test for each hypothesis will be explained.

The Effect of Social Support to Job Satisfaction

Based on the results of hypothesis testing in this study, several conclusions can be made. Firstly, social support has a significant positive impact on job satisfaction among healthcare professionals at XYZ Hospital (H1). The healthcare professional-patient relationship also significantly influences job satisfaction (H3). However, work operation requirements (H2) and work-family conflict (H4) do not have significant effects on job satisfaction. Working conditions (H5) positively influence job satisfaction, and job satisfaction (H6) has a significant positive impact on hospital performance. These conclusions are supported by the T-Statistic values, p-values, and Standardized Coefficients obtained from the analysis.

Mediating Variable Analysis

After hypothesis testing, the subsequent step involves analyzing the paths within the research model. Mediating variable analysis focuses on the specific indirect effects, which examine the influence of a variable on other variables, including both exogenous and endogenous variables. Mediating variables play a role in mediating the relationship between independent and dependent variables. Path analysis utilizes the T-statistics and path coefficients to assess the specific indirect effects. The main emphasis is on the coefficient value of the path that connects the independent variable, mediating variable, and dependent variable. The specific indirect effects are obtained through the bootstrapping process, particularly using bias-corrected bootstrapping, which is effective in detecting mediation. A statistically significant indirect effect is indicated by a T-statistics value > 1.65 (two-tailed) and a P-value < 0.05, providing evidence of mediation.

Table 7. Mediating Variable Analysis Result

Path	Path Coefficient	T-Statistic	P-Value
Social Support → Job Satisfaction → Hospital Performance	0.131	2.684	0.004
Work Operation Requirement → Job Satisfaction → Hospital Performance	0.062	1.597	0.055
Healthcare Professional-Patient Relationship → Job Satisfaction → Hospital Performance	0.134	3.066	0.001

Work-Family Conflict → Job Satisfaction → Hospital Performance	-0.114	3.232	0.001
Working Condition → Job Satisfaction → Hospital Performance	0.315	6.818	0.000

Source: Research Data Analysis Using Smart-PLS (2023)

Table 7 presents the results of the mediation test, specifically the indirect effects on hospital performance through the mediating variable of job satisfaction. The social support variable shows a positive and significant indirect effect on hospital performance, with a path coefficient of 0.131, a T-statistic value of 2.684, and a P-value of 0.004. On the other hand, the work operation requirement variable does not have a significant indirect effect on hospital performance, with a path coefficient of 0.062, a T-statistic value of 1.597, and a P-value of 0.055. The healthcare professional-patient relationship variable has a positive and significant indirect effect on hospital performance, with a path coefficient of 0.134, a T-statistic value of 3.066, and a P-value of 0.002. The work-family conflict variable exhibits a negative and significant indirect effect on hospital performance, with a path coefficient of -0.114, a T-statistic value of 3.232, and a P-value of 0.001. Lastly, the working condition variable shows a positive and significant indirect effect on hospital performance, with a path coefficient of 0.315, a T-statistic value of 6.818, and a P-value of 0.000.

Importance-Performance Map Analysis

PLS-SEM analysis of the Important Performance Map Analysis (IPMA) provides valuable insights into the role of construction antecedents and their implications for managerial action. It is particularly useful for comparing PLS-SEM results in multigroup analyses. The analysis involves five steps. Firstly, the analysis checks whether the necessary requirements have been met. Then, performance values and importance values are calculated for latent variables. These results are used to build an importance-performance map for the target constructs. Finally, the IPMA can be expanded to the indicator level to gain more specific information on effective managerial actions. The IPMA analysis helps identify the variables that require prioritization and attention from management based on their impact. By focusing on data-driven insights rather than assumptions, management can address important aspects highlighted by respondents. The important performance map can be further enhanced by adding additional lines representing average importance and performance values, which divide the map into four areas. This provides guidance for prioritizing managerial activities that are crucial for the selected target but require performance improvement.

Table 8. Construct Importance and Performance Analysis Result

	Construct Importance for Turnover Intention	Construct Performances for Turnover Intention
Social Support	0.201	72.747
Work-Operation Requirement	0.096	78.438
Healthcare Professional-Patient Relationship	0.205	74.088
Work-Family Conflict	-0.175	44.474
Working Condition	0.482	66.208
Mean	0.162	67.191

Table 8 shows the average importance and performance values for the job satisfaction construct. Based on the Important Performance Map Analysis (IPMA), the graph reveals that social support and healthcare professional-patient relationship variables are considered important and have good performance, positioned in the upper right quadrant. These variables should be maintained and prioritized by the human resources team. The working condition variable, located in the lower right quadrant, is also important but requires improved performance. On the other hand, the work-family conflict variable, in the lower left quadrant, is considered less important and has poor performance. The human resources team should address and reduce problems related to work-family conflict. Further analysis will be conducted at the IPMA level, providing additional indicators in the subsequent table and graph.

Table 9. Indicator Importance and Performance Analysis Result

Variable	Indicator	Construct Importance for Turnover Intention	Construct Performances for Turnover Intention
Social Support	SS 1	0.033	80.156
	SS 2	0.037	76.406
	SS 3	0.056	71.875
	SS 4	0.048	77.031
	SS 5	0.053	61.562
	SS 6	0.038	77.500
Work-Operation Requirement	WO 1	0.040	81.042
	WO 2	0.028	81.875
	WO 3	0.006	56.719
	WO 4	0.038	75.833
Healthcare Professional-Patient Relationship	HR 1	0.055	75.000
	HR 2	0.033	70.417
	HR 3	0.048	85.208
	HR 4	0.062	70.312
	HR 5	0.060	70.000
Work-Family Conflict	WF 1	-0.052	53.125
	WF 2	-0.020	43.594
	WF 3	-0.030	44.062
	WF 4	-0.053	37.031
	WF 5	-0.049	43.906
Working Condition	WC 1	0.107	66.250
	WC 2	0.115	56.875
	WC 3	0.139	62.917
	WC 4	0.139	68.958

WC 5	0.113	73.750
Mean	0.042	66.456

Table 9 above shows the average IPMA indicator value, for the importance, it has an average of 0.042 and for the performance, it has an average of 66.456. Indicator IPMA Result shows that HR3 (My job is a respectable job), SS4 (The leaders support my good relationship with coworkers), HR1 (Patients respect me as a healthcare professional), SS3 (The leaders care about my mental health), HR5 (I have a good relationship with patients), HR4 (Patients believe in me), WC5 (The hospital where I work can deal with errors that occur), WC4 (The department where I work is comfortable), are in the upper right quadrant which indicates that these things need to be maintained by XYZ hospital management. Meanwhile, the indicators SS5 (I got help from coworkers), WC1 (The department I work for has tools that meet patient needs), WC2 (The department I work for has enough staff), WC3 (The department where I work has a good cultural atmosphere) are in the lower right quadrant. This indicates that these indicators are important but still require improvement, so XYZ Hospital management must prioritize these matters for improvement.

The study findings indicate that social support, healthcare professional-patient relationships, work-family balance, and working conditions significantly influence job satisfaction among healthcare professionals at XYZ Hospital. Healthcare professionals who receive more social support, establish positive patient relationships, experience lower work-family conflict, and have better working conditions tend to have higher levels of job satisfaction. Creating a supportive work environment, fostering collaborative relationships, implementing work-life balance practices, and improving working conditions are crucial for enhancing job satisfaction. Moreover, job satisfaction has a positive impact on hospital performance, as it enhances employee engagement, morale, communication, and teamwork, leading to improved patient care and outcomes. These findings highlight the importance of addressing these factors to promote job satisfaction and ultimately enhance hospital performance and patient care.

Conclusion

In conclusion, this study examined the research model focusing on healthcare professionals at XYZ Hospital. The aim was to analyze the antecedents of job satisfaction and their impact on hospital performance. The results showed that social support, work operation requirements, healthcare professional-patient relationship, working condition, and job satisfaction significantly affect job satisfaction. Additionally, job satisfaction was found to have a significant positive impact on hospital performance. The empirical model demonstrated moderate predictive accuracy and relevance for job satisfaction in predicting hospital performance. This study contributes by proposing a modified model that can adequately predict job satisfaction variables and suggests further replication and testing in other populations and hospitals for future research.

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