



Analyzed the Workload and Reward on Performance *Self-Assessment* and Its Implications on Clinical Educator Physician Retention in Teaching Hospitals

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Abstract

Retention of clinical teaching doctors at the Teaching Hospital is a condition that could decline and affect the service performance and guidance of young doctors who carry out stations at the teaching hospital. Many factors influence the retention of doctors in teaching hospitals, including internal and external factors. A workload that does not exceed the doctor's capacity, accompanied by good rewards, will influence positive self-recognition, thereby increasing the retention of doctors in teaching hospitals. Interestingly, the workload of doctors in teaching hospitals is not only services, but also education and research. This thesis aims to analyze the influence of workload and rewards on performance self-assessment and the implications for retaining clinical teaching doctors at the Teaching Hospital. The research method used was quantitative analysis with a sample of 62 clinical educators at the Teaching Hospital. Data collection uses g-forms and questionnaires filled in directly by respondents. Research data was tested using SEM-PLS by assessing validity and direct and indirect effects between variables. The research results show that the questionnaire items are valid. The hypothesis testing indicates no significant influence of workload on doctor retention through performance self-assessment, with a path coefficient of -0.094 and a p-value of 0.568 (> 0.005). However, there is a significant influence of reward on doctor retention through performance self-assessment, with a path coefficient of 0.596 and a p-value of 0.000 (< 0.005). This is a consideration in managing the reward system and regulating the workload of clinical teaching doctors to maintain the performance and retention of clinical teaching doctors at the Teaching Hospital.

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Introduction

A teaching hospital is a hospital that has a function as a place for integrated health services, education, and research in the fields of medical and/or dental education, continuing education, and other health education in a multiprofessional manner. Teaching hospitals collaborate with one or more medical faculties to fulfill all or most of the curriculum to achieve competence in the field of medicine or dentistry, so that teaching hospitals have an additional burden compared to hospitals in general. (PMK-312022, n.d.) (22520-ID-Organizational-Relationship-Between-Medical-Faculty-With-Hospital-Education, n.d.)

The increasing number of medical faculties and other health institutions in Indonesia has caused the need for teaching hospitals to increase and increase the need for clinical educators as student supervisors in the practice setting. This condition provides a great opportunity for hospitals to develop doctors' knowledge and provide better services to patients, but this can lead to several problems such as the organizational relationship between the hospital and the faculty, financial problems and human resource management. Doctors at Education hospitals are generally clinical educators at the hospital, so their main task is not only to provide services, but also to provide guidance and supervision to students in providing clinical services in accordance with the provisions of laws and regulations.

(22520-ID-Organizational-Relationship-Between-Medical-Faculty-With-Hospital-Education, n.d.; Minor *et al.*, 2019a)

^[38] Recruiting and retaining an adequate number of clinical educators is one of the great challenges today because many factors will affect it. Several factors such as a large service workload, supported by an increase in the number of patients who require services in a shorter period of time, and increasing demands for administration, can be factors that result in a decrease in teaching enthusiasm and a decrease in teaching time for clinical educators. This can be exacerbated by the increase in the number of students in the medical faculty, a fairly dense teaching schedule and the demands for the implementation of lecturer performance that is quite high. This, of course, can cause the workload of doctors to increase and become a snowball that can get bigger and bigger and in the end it is feared that it can have a negative impact on the quality of teaching and the quality of services provided in hospitals. These demands contribute to (Minor *et al.*, 2019a)

^[38] Burnout physicians, leading to early retirement or career change and impacting a decrease in clinical personnel and physician retention. (Minor *et al.*, 2019b) ^[39]

Previous research at Qazvin University showed that doctors are 1.2 times more likely to retain doctors if they are allowed to work in the private sector, 2.2 times higher if they have time to be close to family, and retention is also increased if adequate educational facilities are provided and accommodation is provided.. (Asefzadeh *et al.*, 2020a) ^[10]

This shows that many factors can affect physician retention in hospitals. Being aware of these factors and analyzing and considering them very carefully will help hospital managers and related educational institutions in making effective policies in the field of physician retention. (Asefzadeh *et al.*, 2020b) ^[11]

Retention is a process that refers to an organization's ability to retain its employees for a maximum period of time. Retention has 5 (four) main things or dimensions, namely the dimensions of job support and recognition, compensation and career growth, organizational culture, work compatibility factors, and autonomy and freedom. Retention is a process and the retention *rate* is an outcome. Looking at the dimensions associated with retention, it will appear that the problem of physician retention is actually a complex one. These issues can raise concerns about the quality of patient care, the difficulty of recruiting new clinical educators and can also increase the cost of onboarding or preparing new staff. High turnover can cause other problems that can have a bigger impact. (Ekawati & Ardani, 2018a) ^[25] (Efendi & Kurniati, 2012)

Clinical educators, like any other profession, are a job in which most people spend one-third of each working day for two-thirds of their lives. The work that a person has represents an important component of how individuals define themselves, and it is a high priority in an individual's life. A good work pattern will lead a person to job success which can be judged from various factors including a person's ability to develop himself, his ability to adapt in the work environment, interprofessional communication, show initiative and show pride in one's work. A pattern like this will encourage a person to be more successful in his job. . (Brady *et al.*, 2008a) ^[16] (Fahad *et al.*, 2021) ^[27]

A worker, in this case a clinical educator, can also conduct a *self-assessment* for the performance that has been carried out so far. The opportunity to assess oneself is an important part of one's planning and self-development process. *Self-*

assessment of performance can see a very wide range of aspects in a worker not only about his work but also assess the interpersonal values that exist in him, adaptability, self-efficacy, self-management, and other values that can be monitored in a worker, Good self-assessment of self-performance will have an impact on the output of the work undertaken and will ultimately increase worker retention in the the work he is undertaking. (Brady *et al.*, 2008a) ^[16] (Asefzadeh *et al.*, 2020b) ^[11]

Performance can be influenced by various factors, including work motivation, work competence, stress and also rewards or compensation. Rewards and *punishments* will affect how doctors work so that they can affect their performance. Excessive workload can affect the performance of doctors. Some of the factors that are suspected to be the cause of the increase in the workload of doctors include the increasing number of patients, uneven distribution of doctors, the complexity of patients' diseases and the increasing number of research projects. The lack of respect for the medical profession is suspected to be a trigger for regulating the excessive number of doctors' workloads. Receipt of medical services (compensation) will also affect the performance of doctors, but doctors' assessments of the provision of medical services are often not entirely objective, meaning that no human being is very satisfied in terms of income, because the needs of each individual differ depending on their lifestyle, the number of dependents in the family and personal goals in the future. (Agustinah *et al.*, 2020) ^[5]

The Faculty of Medicine plays an active role in supporting the goals of health development in Indonesia. Medical education in Indonesia consists of two main stages: the pre-clinical (bachelor's) stage and the clinical stage. The Faculty of Medicine collaborates with teaching hospitals to implement learning, research, and community service activities. Clinical educators in teaching hospitals are numerous and diverse in their characteristics. In light of ongoing changes in educational regulations, healthcare services, and other health-related policies, effective synchronization between educational institutions and hospital services is essential to ensure that clinical educators can perform their roles effectively. This study was conducted across several educational institutions in the city of Bandung, a key educational hub in West Java. To date, no prior research has examined the determinants and correlations of various factors influencing the working conditions of clinical educators and their impact on doctor retention at teaching hospitals.. (Book-Guidelines-PSPD-FK-Unisba-FY-2024-2025, n.d.)

Based on the background, the researcher is interested in analyzing how the workload affects the self-assessment of the performance of clinical educators at the Teaching Hospital, how the effect of rewards on the self-assessment of the performance of clinical educators at the Teaching Hospital, how the effect of self-assessment of the performance of clinical educators at the Teaching Hospital performance on the retention of clinical educators at the teaching hospital and how the workload affects the retention of doctors mediated by the *self-assessment* of the performance of clinical educators at the teaching hospital, as well as looking at the effect of rewards on the retention of doctors mediated by the *self-assessment* of the performance of clinical educators at the teaching hospital.

Theoretical and hypothesis studies

Workload

Human resources are one of the most crucial assets in the operation of an organization or hospital and play a key role in its overall success. In practice, various factors can influence a doctor's performance in the hospital, including workload, burnout, job satisfaction, and employee retention. Doctors who experience high levels of job satisfaction are more likely to remain in the hospital and contribute positively to the hospital's performance. (Fahad *et al.*, 2021) ^[27]

Workload can be defined as the process of analyzing the time spent by a person or group of people completing a task (position) or a group of functions (work units), which is performed normally. Work in humans can be divided into two, namely physical work (more dominant use of muscles) and mental work (more dominant use of the brain). Mental and physical work are intertwined because they are strongly connected. Both of these things can cause their workload. A worker's ability that is higher than his job target can cause boredom in the worker, while a worker's ability that is lower than his job target can cause excessive fatigue. (Nina Saparina Yuliani *et al.*, 2021) ^[41]

A mismatch between employees and their assigned job responsibilities can lead to imbalances, including excessive workload and misalignment in task execution timing. Previous research has shown that excessive workload tends to have a negative and significant impact on employee performance—meaning that as workload increases, performance tends to decline, and conversely, lighter workloads may result in better performance. However, other studies have reported differing results, indicating that workload, when combined with a strong work ethic, can have a positive and significant effect on employee performance.. (Ashar *et al.*, 2021) ^[12]

Workload arises from the interaction between the demands imposed by a task, and a person's ability to perform the task and this will be related to the abilities, skills, behaviors, and perceptions of the person performing the task. This can lead to an imbalance, or even an imbalance, between what is desired by the external and the internal capabilities. Employee workload needs to be monitored periodically in order to anticipate negative conditions that can occur due to excessive workload. (Bolton *et al.*, 2023; Hertzum, 2022) ^[15, 30]

Reward

Employee performance and work comfort will be influenced by various factors, and one of them is reward. Rewards for employees refer to awards given to employees in exchange for their contributions or performance in an organization. This reward aims to increase employee motivation, job satisfaction, and loyalty. Rewards can encourage performance positively and motivate workers to achieve optimal results in their performance targets. Rewards can come from intrinsic or extrinsic and will directly correlate with employee performance. (Agustinah *et al.*, 2020) ^[5]

The reward system is a vital management component that motivates individuals to achieve organizational goals. An effective system not only attracts and retains the right employees but also drives optimal performance. Leaders must design engaging reward programs aligned with organizational culture and philosophy to enhance productivity. Compensation—both intrinsic and extrinsic, financial or non-financial—is essential for meeting employee

expectations and encouraging contributions. A well-structured reward system helps attract, retain, and motivate employees, ultimately improving organizational performance. When properly managed and communicated, such systems foster a motivated, high-performing workforce.. (Berenson & Rice, 2015; Egbe, n.d.) ^[14]

Organizations need to apply the principle of fairness in the implementation of the reward system because it is a unique attraction and is able to maintain the retention of high-performing and talented workers to the organization. The reward system has a huge impact on the organization to retain and motivate employees to deliver high levels of performance. (Stirin Tzur *et al.*, 2016) ^[56]

This reward system can be an important solution for institutions to overcome the low productivity or performance of an organization or institution and will be able to influence and motivate employees to achieve goals and objectives. Some studies have been conducted around the world to examine the extrinsic and intrinsic impacts on employee motivation and output. The results of the study show that a work environment that supports effective reward will increase effectiveness and productivity. (Egbe, n.d.)

Performance Self-Assessment

Performance refers to the outcomes of an individual's work in fulfilling organizational tasks and responsibilities. For physician educators, performance encompasses success in teaching, clinical services, and other contributions within teaching hospitals. Clinically, doctors bear significant responsibility for patient care, making their role critical to hospital operations. Hospital management must ensure that physicians are well-supported to perform effectively and contribute to institutional progress. Doctor performance is a key indicator of service quality, reflecting professionalism and the accuracy of care, documentation, and decision-making. Factors such as hospital facilities, management quality, and teamwork also significantly influence physician performance. (Kirana & Nugraheny, 2023) ^[34]

Many factors will affect a doctor's performance, and one previous study showed that physician satisfaction has a significant effect on physician performance and organizational culture factors. Low job satisfaction that affects the performance of specialist doctors and organizational culture that does not support doctors also have a significant influence on it.

The decline in the performance of specialist doctors at Putri Hijau Hospital. This shows the importance of organizational values in influencing individual behavior and attitudes at work. Job satisfaction and high commitment to the organization have an important role in performance and retention in an organization or institution. (Butar *et al.*, 2022; Rosdiana & Johanes, 2024a) ^[21, 47]

Clinical educators have additional duties in addition to providing services and also have the obligation to carry out the tridharma of higher education, namely educating, research, and community service. The implementation of this task can experience various difficulties and will ultimately affect the performance concerned. (Kirana & Nugraheny, 2023; Sari Lina & Ismainar, n.d.) ^[34]

Physician Retention

Employee retention in hospitals is an effort by hospitals to retain employees who have good qualifications and competencies for as long as possible because this is a

company asset. Retention can be interpreted as an effort to keep employees able to survive in the organization in order to achieve goals, especially to retain employees who have good potential so that they can survive and be loyal to the organization or company, in this case in hospitals. In a study, it was shown that *turnover* at Sri Dewi Karawang Hospital was relatively high with a score of 13.57% per year with a tolerance value for *turnover intention* of around 10%, and this illustrates low retention. Many factors affect this; 43.75% of employees are not satisfied with working in hospitals, with a large workload that involves their capacity as employees. This causes retention to be low as well. There is considerable overlap in work and digitalization in the medical record system that is not perfect so that the administration is carried out manually. (Fahad *et al.*, 2021) ^[27]

High turnover in a company not only has an impact on low socio-economic conditions but also social conditions in the organization. Turnover occurs for four reasons, namely job satisfaction or other conditions. Job satisfaction will be very much related to the poor relationship between superiors and subordinates, low income, discomfort, health risks faced, inadequate time, low competence or knowledge of employees, lack of recognition and other employee transfer problems such as the desire to work in other sectors. (Silva *et al.*, 2019) ^[53]

In a study, it was identified that there are 13 factors from the company and 8 factors from workers that will affect employee turnover. Some of the factors that come from organizational or company policies include policies for employee training or competency development, policies for promotions, salaries, additional benefits, appreciating good ideas, conditioning balanced employee conditions, employee qualifications, open internal communication and continuous education. (Fahad *et al.*, 2021) ^[27]

The results of this study also illustrate that it will be more effective if the company focuses on policies that can have an impact on the above variables that can affect employee retention than asking employees to adjust their conditions according to the company's variables. In the end, employees or employees will calculate the risks and benefits that will be obtained gradually in an organization or company (Silva *et al.*, 2019) ^[53]

Frame of Mind

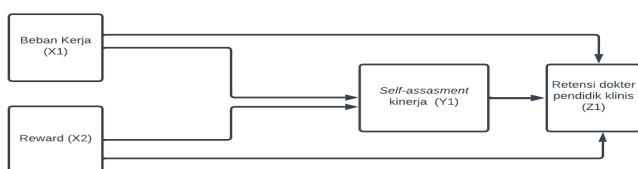


Fig 1: Research Framework of Thought

Research Methodology

Research Methods

- **Research Design:** This type of research uses a quantitative research method with a cross-sectional design case study approach.
- **Data Type:** The type of data needed comes from primary data.

Population and Sample

Population and Sample The subjects of this study are all

clinical educators at teaching hospitals in the Bandung Region, Indonesia, in 2023 who meet the inclusion and exclusion criteria.

1. The inclusion criteria in this study are Clinical Educator Lecturers at Teaching Hospitals in the Bandung Region of Indonesia, recorded in the personnel data of the Faculty of Medicine, actively teaching and willing to be research respondents
2. The Exclusion Criteria are not filling out the research questionnaire completely and Clinical Educators who no longer have a practice license at the Teaching Hospital, Faculty of Medicine, Unisba

Sample Drawing Technique

The determination of the minimum sample size required in this study is calculated using the following formula:

$$N = (SD/SE)^2$$

Information:

N = Required sample size

SD = Standard deviation

SE = Standard error of value: with a confidence level of 95%, then for MRE (*margin for random error*) with 1.96 to calculate SE, then SE is $5 : 1.96 = 2.55$

Based on the diats formula, then:

$$N = (SD/SE)^2$$

$$N = (20/2.55)^2 = (7.84)^2 = 61.4 = 61 \text{ (average score)}$$

Based on the calculation above, the minimum number of samples needed is 61 people. (Kaur, 2017)

Research Variables

In this study, there are 4 latent variables to be tested, consisting of two independent variables, one mediator or intermediate variable, and one *dependent variable*.

The Independent Variables are:

1. The workload in this study was measured using the NASA-Task Load Index (TLX), namely all respondents to assess 5 components that affect workload, namely Physical Demand (PD), Mental Demand (MD), Temporal Demand (TD), Performance (OP), Frustration (FR), and Effort (EF). Each respondent assigns weights and ratings for each component that is assessed, so that in the assessment workload assessment, what can be seen is the final assessment that has been calculated with the workload weight (weight x rating), and the results are converted to the Likert scale. V (Dharmayuda & Wulandari, 2015; Nina Saparina Yuliani *et al.*, 2021) ^[41]
2. Rewards are all employee income in return for their services to the company, which can be in the form of salaries, bonuses, and other income. The measurement indicators include the reward structure set, the type of reward received, transparency in the calculation and awarding of rewards, fairness in determining the amount of rewards, the timing of rewards, the impact of rewards on performance motivation, the suitability of the size of rewards with the performance performed, the suitability of rewards with employee needs, increased organizational commitment, and encouragement to improve skills and abilities. This variable is also measured on an ordinal scale. (Noorazem *et al.*, 2021; Wynia, 2009) ^[42, 61]

3. Performance Self-Assessment refers to an employee's self-evaluation of their work performance within an organization. In the context of physicians, this can be measured using tools such as the Job Observation Behavior Scale (JOBS-OSD), a standardized questionnaire designed to assess job performance and employee needs within a work environment (Brady *et al.*, 2008b) ^[17]. The JOBS-OSD is used by professionals, including employers, educators, and rehabilitation counselors, particularly in transitional work training and rehabilitation contexts. It allows individuals to reflect on their own performance, assess their perceived effectiveness, and identify the support needed to maintain or improve their work. As a norm-referenced tool, it also enables comparison across individuals to evaluate levels of self-determination in the workplace. (Brady *et al.*, 2008a) ^[16]
There are at least five things that will be valuable with JOBS-OSD, namely the perception of the quality of employee performance, the perception of the type of support needed by employees, the perception of the need to adapt current job support to maintain their job, change their job duties, obtain a raise, or receive a promotion; the perception of employees' strengths and their need for additional development of work skills from time to time; and an opportunity to provide input to institutions. (Brady *et al.*, 2008a) ^[16]
4. Dependent Variables: Employee Retention Employee retention refers to a company's ability to retain potential employees through ongoing work commitments, work planning, love of work, proper placement, job offers, and the importance of assigned tasks. Its dimensions include compensation and appreciation for the work done, the provision of challenging work, opportunities for promotion and learning, a comfortable working atmosphere within the organization, positive relationships with colleagues, a balance between professional and personal life, and good communication.

Measurement indicators include a desire to stay with the company for the next three years, a work plan at another company, a love for the current job, the flexibility of job placement, a willingness to turn down a more attractive job offer, and the importance of the work currently being done. These variables are measured by the ordinal scale. (Kyndt *et al.*, 2009; Silva *et al.*, 2019) ^[53]

Data Collection and Analysis Techniques

This research includes quantitative data collection techniques using questionnaires for workload variables, rewards, *self-assessment* of performance, and physician retention. The data analysis was then processed descriptively and analyzed to test the research hypothesis. In tabulation of variable data, the determination of the Likert scale score is determined, namely, the highest score is a weight of 5 and the lowest score is 1. In the workload variable, there is a different understanding from other variables. Respondents who give a weight of 5 are respondents who feel that the workload is very high and weight 1 is a respondent with a very low workload. This is in contrast to other variables.

Variable hypothesis test using Structural Equation Modeling (SEM) with Partial Least Squares (PLS), SmartPLS 3.0. (Memon & Shaikh, n.d.; Shafinah & Ahmad, n.d.) ^[6] Outer Model Analysis in the SEM-PLS approach aims to evaluate the relationship between latent variables and their indicators through validity and reliability tests. Inner Model Analysis in SEM-PLS aims to evaluate the relationships between latent variables (constructs) in structural models. This process helps assess the strength and significance of the relationship between independent, mediating, and dependent variables. This test is to determine the path coefficient of the structural model. The goal is to test the significance of all relationships or hypothesis testing. Hypothesis testing in this study is divided into direct and indirect influences. Here is a structural model formed from the formulation of the problem:

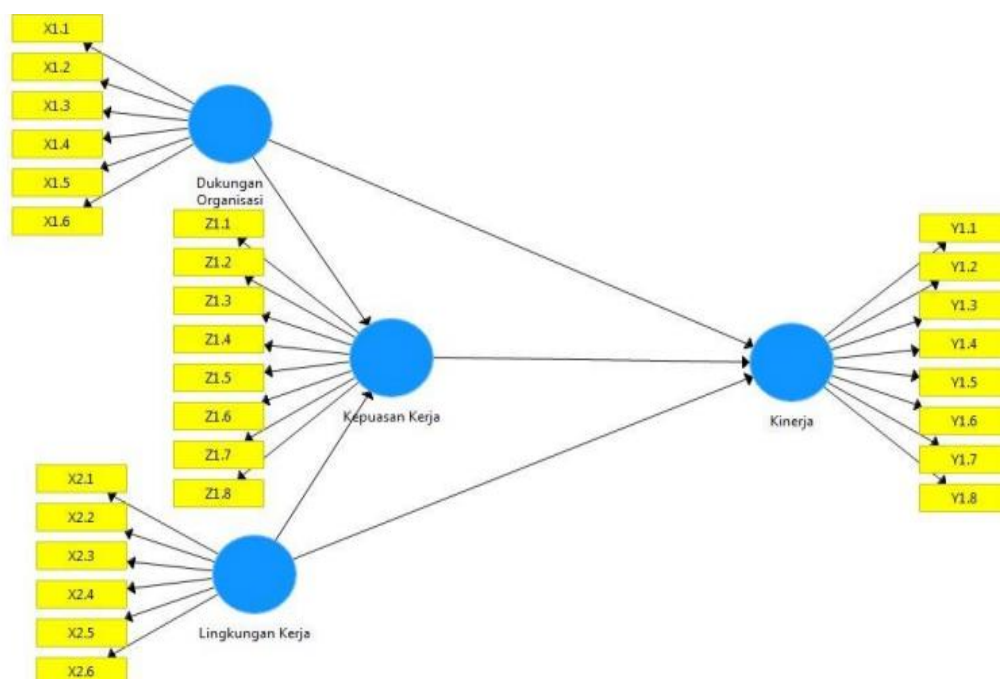


Fig 2: PLS Structural Model

Research Results and Analysis

This study involved 62 respondents who matched the inclusion and exclusion criteria, with distribution tabulation to determine the percentage level based on gender, and age. The tabulation of data shows that the respondents are mostly male (59.68%) and are in the dominant age range between 40-60 (70.64%). Several studies emphasize the importance of gender factors in influencing employee retention and their intention to change jobs voluntarily. The results of the study show that respondents are generally of productive age, so this condition will affect a person's fitness and stability both physically and psychologically. This does not rule out the possibility that it will affect the results of the hypothesis assessment of the previous variables. A productive age with excellent physical condition will greatly affect the physical and mental endurance of the worker so that they can carry out various tasks well.

Workload Variable Assessment Results

The workload in this study was measured using the NASA-Task Load Index (TLX). Each respondent assigns weights and ratings for each component that is assessed, so that in the assessment workload assessment, what can be seen is the final assessment that has been calculated with the workload weight (weight x rating), and the results are converted to the Likert scale. The results showed that in all components or dimensions of the assessment for workloads, almost all of them were assessed at weights 3 and 2, more than 80%, indicating that almost all respondents assessed that all dimensions had a weight that was neither too large and also

not too small.

Of all the existing workload assessment dimensions, the somewhat different dimension is in the *frustration assessment* (FR), the dominant respondent considers that *the weight of frustration* is relatively small for the workload assessment aspect, so generally, respondents assess that this dimension will not affect the overall workload assessment. This weight assessment will of course, ultimately be influenced by the rating assessment, until finally the weight workload is obtained. (Bolton *et al.*, 2023) ^[15] The final assessment results of the workload are then converted to a likert scale, and the following results are obtained.

Table 1: Workload Questionnaire Answer Results with NASA-TLX

Rating Scale	Workload Interpretation	Respondent's Answer	
		Agree	
		F	100%
1	Very Low	0	0%
2	Low	0	0%
3	Moderate/Fair	3	5%
4	Tall	51	82%
5	Very High	8	13%
		62	

From the results of table 1. It can be seen that more than 80 percent of respondents consider the workload to be high and 13 percent say the workload is very high, while 5 percent consider the workload to be moderate. None of the respondents rated their workload low or very low.

Questionnaire Answer Results for Reward Variables

Table 2: Reward Questionnaire Results

NO	Reward Answer											
	Strongly agree		Agree		Disagree		Disagree		Strongly Disagree		Sum	
	F	100%	F	100%	F	100%	F	100%	F	100%	F	100%
1	3	4,84	36	58,06	9	14,52	13	20,97	1	1,61	62	100
2	3	4,84	38	61,29	11	17,74	9	14,52	1	1,61	62	100
3	4	6,45	39	62,9	13	1	4	6,45	2	3,23	62	100
4	8	12,9	42	67,74	7	11,29	4	6,45	1	1,61	62	100
5	8	12,9	38	61,29	11	17,74	5	8,06	0	0	62	100
6	7	11,29	41	66,13	9	14,52	4	6,45	1	1,61	62	100
7	6	9,68	36	58,06	15	24,19	5	8,06	0	0	62	100
8	5	8,06	45	72,58	10	16,13	2	3,23	0	0	62	100
9	3	4,84	39	62,9	14	22,58	6	9,68	0	0	62	100
10	8	12,9	41	66,13	11	17,74	1	1,61	1	1,61	62	100
Average	5,5	8,87	39,5	63,71	11	15,75	5,3	8,55	0,7	1,128	62	100

The results of the study showed that most of the respondents assessed that the reward system was good as seen from the reward assessment with an average of more than 60 percent or 63.71% to be precise, while the remaining 36.19% were

spread across other answer options. 8.87% stated that it was very good and the rest rated it as disagreeing and disagreeing with the rewards carried out. Very few respondents disagreed with the statements in the question items in the questionnaire.

Performance Self-assessment Questionnaire Assessment Results

Table 3: Performance Self-assessment Answer Results

NO	Self-assessment of performance answers using the Self-Assessment scale of job performance (SASoJP)											
	Strongly agree		Agree		Disagree		Disagree		Strongly Disagree		Sum	
	F	100%	F	100%	F	100%	F	100%	F	100%	F	100%
1	10	16%	50	81%	2	3%	0	0%	0	0%	62	100%
2	13	21%	49	79%	0	0%	0	0%	0	0%	62	100%
3	10	16%	46	74%	5	8%	1	2%	0	0%	62	100%
4	2	3%	25	40%	15	24%	13	21%	6	10%	61	98%
5	8	13%	37	60%	10	16%	3	5%	3	5%	61	98%
6	4	6%	33	53%	13	21%	6	10%	5	8%	61	98%
7	17	27%	44	71%	0	0%	0	0%	1	2%	62	100%
8	13	21%	47	76%	2	3%	0	0%	0	0%	62	100%
9	14	23%	46	74%	1	2%	0	0%	1	2%	62	100%
10	13	21%	46	74%	1	2%	1	2%	0	0%	61	98%
11	14	23%	45	73%	2	3%	0	0%	0	0%	61	98%
12	15	24%	44	71%	2	3%	0	0%	0	0%	61	98%
13	15	24%	44	71%	2	3%	0	0%	0	0%	61	98%
14	15	24%	45	73%	1	2%	0	0%	0	0%	61	98%
15	6	10%	48	77%	5	8%	2	3%	0	0%	61	98%
Average	11,27	18,17	43,27	69,78	4,07	6,56	1,73	2,80	1,07	1,72	61,40	99,03

In Table 3, it can be seen that there are respondents who do not fill out the questionnaire items completely, so that the total number of respondents' answers is only 61. Most of the respondents on almost all question items gave yes and strongly agreed with the statements conveyed in the questionnaire; only about 11.08% of the respondents

answered disagree, or strongly disagree. This figure, if you look at the number, is not too large, still below 15%, but it is necessary to do a deeper analysis related to the question item. Items 3, 5, and 6 are items whose responses to respondents who strongly disagree are higher than others.

Results of the Physician Retention Assessment

Table 4: Results of the Physician Retention Questionnaire

NO	Doctor Retention Questionnaire Answers											
	Strongly agree		Agree		Disagree		Disagree		Strongly Disagree		Sum	
	F	100%	F	100%	F	100%	F	100%	F	100%	F	100%
1	22	22%	40	40%	0	0%	0	0%	0	0%	62	100%
2	15	15%	33	33%	6	6%	6	6%	1	1%	61	98%
3	19	19%	40	40%	2	2%	0	0%	1	1%	62	100%
4	18	18%	40	40%	4	4%	0	0%	0	0%	62	100%
5	13	13%	45	45%	1	1%	1	1%	1	1%	61	98%
6	13	13%	39	39%	8	8%	1	1%	1	1%	62	100%
7	10	10%	39	39%	4	4%	9	9%	0	0%	62	100%
8	0	0%	5	5%	7	7%	25	25%	24	24%	61	98%
9	21	21%	38	38%	3	3%	0	0%	0	0%	62	100%
10	30	30%	32	32%	0	0%	0	0%	0	0%	62	100%
Average	16,10	26,10	35,10	45,10	3,50	13,50	4,20	14,20	2,80	12,80	61,70	99,52

In table 4. It can be seen that there are respondents who do not fill out the questionnaire completely, so there are incomplete question items. Overall, almost all of the respondents' question items expressed their agreement with the statements made in the questionnaire. There is an interesting thing about the results of filling out this questionnaire, the number of respondents who filled out was inappropriate, inappropriate and very inappropriate in the number of more than 30 percent. This is a special analyst related to the results of the assessed questionnaire. Question number 1 and number 10 all state agree or strongly agree, no one fills in disagreement, disagree or strongly disagree.

Hypothesis Test Results

Variable hypothesis tests using Structural Equation Modeling (SEM) with *Partial Least Squares* (PLS) which is a popular method for analyzing relationships between latent variables

in quantitative research. The SEM-PLS analysis uses *external model* and *in-depth model* analysis.

Outer Model Analysis

The analysis of the outer model in the SEM-PLS approach aims to evaluate the relationship between latent variables and their indicators through validity and reliability tests. Convergent validity is assessed from the outer loading value, with a minimum limit of 0.5 as a eligibility requirement. The ideal value is above 0.7, but values between 0.5–0.7 are still tolerable if the indicator remains theoretically supportive. In this study, the initial assessment of most of the indicators met the validity criteria, except for three indicators on the *performance self-assessment* variables (SAK4, SAK7, and SAK14) and three indicators on the *physician retention variables* (RD2, RD5, and RD8), which had an outer loading value below 0.5. SAK4 was removed because it showed a

different response pattern than other indicators and was consistently on a lower answer scale. SAK7 and SAK14 were deleted due to concerns about differences in respondents' perceptions even though the patterns were not too deviant. RD2 and RD8 were removed due to uneven distribution of responses, while RD5 was removed due to potentially causing perceptual variations. The removal of the indicator was carried out to improve the model structure and maintain the validity of the measurements. After the ineligible indicator is issued, a retest of the model is performed. The results show a change in the value of outer loading so that all

remaining question items in the workload variables, performance self-assessment, rewards, and physician retention are valid and ready to be used in the hypothesis test.

Inner Model Analysis

Hypothesis testing in the Inner analysis of this research model is divided into direct influence and indirect influence. Based on the data processing that has been carried out using the smartPLS 3.0 program, the table and images of the results of the hypothesis test of direct and indirect influence can be seen in the following table and *image of the path coefficient*

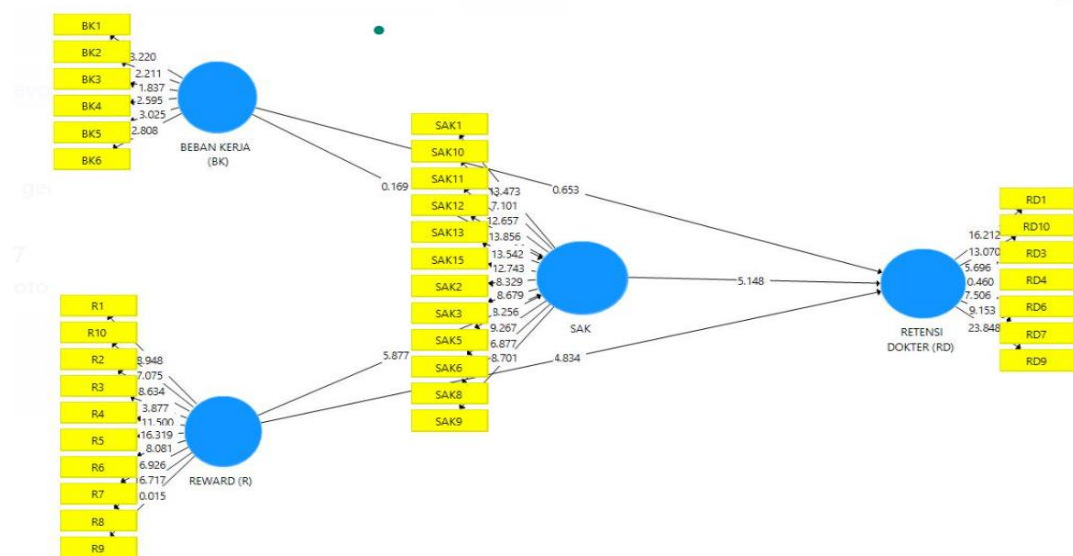


Fig 3: Structural model SEM_PLS with the relationship path between latent variables in the study of the correlation of workload and reward to assessment self-assessment Performance and Its Implications on Clinical Educator Physician Retention at Unisba Teaching Hospital

Testing the Direct Influence Hypothesis

Table 5: Path Coefficient

Research Variables	Original Sample (O)	Sample mean (m)	Standard Error (STERR)	T Statistics (O/Sterr)	p values
1 Workload (BK) -> Physician Retention (RD)	-0,103	-0,045	0,158	0,653	0,514
2 Workload (BK) -> SAK	0,024	-0,018	0,139	0,169	0,866
3 Reward (R) -> Physician Retention (rd)	0,386	0,388	0,080	4,834	0,000
4 Reward (r) -> SAK	0,509	0,526	0,087	5,877	0,000
5 SAK -> Physician Retention (RD)	0,412	0,406	0,080	5,148	0,000

Based on Table 5, it can be stated that the hypothesis testing is as follows:

1. The effect of workload on physician retention has a path coefficient of -0.103. This effect has a probability value (p-values) of 0.514 > 0.05, meaning that the workload does not have a significant effect on the retention of clinical educators at Unisba teaching hospitals.
2. The effect of workload on self-assessment of performance has a path coefficient of 0.024. This effect has a probability value (p-value) of 0.866 > 0.05, meaning that the workload does not have a significant effect on the self-assessment of the performance of clinical educators at Unisba teaching hospitals.
3. The effect of reward on physician retention has a path coefficient of 0.386. This influence has a probability

value (p-value) of 0.000 < 0.05, meaning that rewards have a significant effect on physician retention in clinical educators at Unisba teaching hospitals.

4. The effect of reward on self-assessment of performance has a path coefficient of 0.509. This effect has a probability value (p-value) of 0.000 < 0.05, meaning that rewards have a significant effect on self-assessment of performance in clinical educators at Unisba Teaching Hospital.
5. The effect of performance self-assessment on physician retention has a path coefficient of 0.412. This effect has a probability value (p-values) of 0.000 < 0.05, meaning that self-assessment of performance has a significant effect on the retention of clinical educators at Unisba Teaching Hospital.

Testing the Specific Indirect Influence Hypothesis

Table 6: Specific Indirect Influence Table

	Research Variables	Original Sample (O)	Sample Mean (M)	Standard Error (STERR)	T Statistics (O/STERR)	P Values
1	Workload (BK) -> SAK -> Physician Retention (RD)	0,010	-0,007	0,056	0,172	0,864
2	Reward (R) -> SAK -> Physician Retention (RD)	0,210	0,214	0,055	3,784	0,000

Based on Table 6., it can be stated that the hypothesis testing is as follows:

1. The effect of workload on physician retention through variable mediation between self-assessment performance has a path coefficient of 0.010. This effect has a probability value (p-values) of 0.864>0.05, meaning that the workload does not have a significant effect on physician retention through variables between self-assessment of the performance of clinical educator

doctors at Unisba teaching hospitals.

2. The effect of reward on physician retention through the mediation of the self-assessment variable of performance has a path coefficient of 0.210. This effect has a probability value (p-values) of 0.000<0.05, meaning that rewards have a significant effect on physician retention through the mediation of self-assessment variables of the performance of clinical educators at Unisba teaching hospitals.

Total Indirect Effect Hypothesis Testing**Table 7:** Total Indirect Effect

	Research Variables	Original Sample (O)	Sample Mean (M)	Standard Error (STERR)	T Statistics (O/STERR)	P Values
1	Workload (BK) -> Physician Retention (RD)	0,010	-0,007	0,056	0,172	0,864
3	Reward (R) -> Physician Retention (RD)	0,210	0,214	0,055	3,784	0,000

Based on Table 7., it can be stated that the hypothesis testing is as follows:

1. The effect of workload on physician retention, which was assessed directly or indirectly, had a path coefficient of 0.010. This effect has a probability value (p-value) of 0.864>0.05, meaning that the workload does not have a significant effect on the retention of clinical educators at Unisba teaching hospitals, which are assessed either directly or indirectly.
2. The effect of reward on physician retention, which was assessed directly or indirectly, had a path coefficient of 0.210. This influence has a probability value (p-value) of 0.000<0.05, meaning that the reward does not have a significant effect on the retention of clinical educators at Unisba teaching hospitals which are assessed either directly or indirectly.

Discussion

The results of this study are about the findings in this study on the suitability of existing theories, opinions, and previous research that have been presented as a result of previous research on various aspects related to the variables studied.

Several studies emphasize the importance of gender factors in influencing employee retention and their intention to change jobs voluntarily. One study showed that female workers tend to do turnover more often than men. This may be true in the Asian context, particularly in Pakistan, as women there generally consider their income to be secondary, relying on financial support from their partners. Therefore, employee retention policies may not have a major impact on women in Pakistan. However, other research suggests that women's reactions to retention policies can be more intense than men's; They usually welcome any retention initiatives taken by the company. Other research shows that retention initiatives are more valued by male employees. Male employees tend to be more concerned about policies

regarding pay, promotion opportunities, and employee well-being. (Nasir *et al.*, 2019) ^[40]

One study confirmed that female employees often feel gender bias, even in companies that claim to provide equal opportunities. As a result, their loyalty to the organization tends to decline. The issue of the gender wage gap has been a concern for academics and business practitioners in recent decades. Various theories and empirical evidence have been documented regarding this wage gap and its effect on retention. Some studies indicate that female workers are paid less than their male counterparts, even in executive positions. One of the other factors seen in this study is related to the age of the respondents. Age is one of the factors that will affect the productivity of a worker. Age is generally one of the indicators of an agency in recruiting its employees, generally the productive age that will be recruited to fill the required positions. Age can indicate the level of maturity and strength a person will be more mature in thinking. The age factor that workers have is very influential in carrying out their work activities. In one of the studies, it was seen that age will correlate with a person's productivity so this will of course affect other aspects, one of which is influenced by the physical condition of a worker. (Garmini, 2023) ^[28]

The productive age ranges from 15-64 years which is the ideal age for workers. In the productive period, in general, the older you get, the more income you get, which also depends on the type of work done. A person's physical strength to carry out activities is very closely related to age because if a person's age has passed the productive period, then his physical strength decreases so that his productivity decreases and becomes unproductive. (Garmini, 2023) ^[28]

The results of the study show that respondents are generally in productive age, so this condition will affect a person's fitness and stability both physically and psychologically. This does not rule out the possibility that it will affect the results of the hypothesis assessment of the previous variables. A

productive age with excellent physical condition will greatly affect the physical and mental endurance of the worker so that they can carry out various tasks well.

Overall, there are 4 variables assessed in this study, which consist of 2 independent variables, namely lecturer workload and reward, 1 mediated variable, which is self-assessment of performance, and 1 dependent variable, namely the retention of clinical educator doctors at the Unisba educator hospital. The discussion in this study includes various aspects of the relationship between these latent variables, directly or indirectly. The following are topics that will be discussed related to the variables studied in the research, as follows:

The Effect of Workload on Self-Assessment of the Performance of Clinical Educators at Unisba Teaching Hospital

From the results of the hypothesis testing analysis, it is known that the workload does not have a significant effect on the self-assessment of the performance of clinical educators who are assessed with a path coefficient of 0.024. The probability value obtained is 0.866 so that H₀ is rejected (H₁ is accepted). In the descriptive results, it can be seen that most of the respondents lift have a high and very high workload, but they also assess that their performance based on the results of self-assessment is also in the high and very high range. This is interesting because it illustrates that the high workload does not significantly affect the performance of the teachers. Determination of factors that can affect workload include the number of available staff, the number of patients handled, available holidays, working hours, set working hours, available equipment and environmental conditions around the workplace. The short-term effects of the high workload of these doctors are at risk of causing burnout, misdiagnosis, increased anxiety, fatigue and increased emotions, although it will also improve the experience. The long-term effects that can arise from this high workload on doctors can also cause mental and physical disturbances for the doctors themselves, uncomfortable family life, mistakes in decision-making and can even increase the desire to leave. From the results of the above research, it can be seen that excessive workload has a negative impact on workers and risks reducing performance performance. (Ahmad *et al.*, 2019)^[6]

Another study in Indonesia shows that the high workload of doctors in Indonesia can ultimately reduce the quality of health services in the community, so there is a need for a regulation that regulates the workload of doctors better. This is largely related to the regulation of the implementation of practice licenses in 3 places, the high administrative burden and the number of JKN patients that must be served, so that the results of this study show that there is an inverse relationship between workload and doctor performance. (Pratama & Yufika, 2023)^[45]

In a study that examines the workload of doctors with the obligation to supervise or supervise the academic activities of medical students, this study assesses that the workload of doctors does not have a significant effect on supervision and the number of medical or non-medical activities of final year students supervised. One of the factors that is considered to affect this is the motivation of doctors to educate their students and high students, so a large burden is likely not to affect their duties. (Celebi *et al.*, 2012)^[22] One of the studies at the Dumai City Hospital shows data that many factors that are determined will affect the performance of doctors,

including motivation, the influence of competence, and a supportive work environment. By providing comprehensive support, hospitals can ensure that medical personnel remain motivated, competent, and committed to providing the best health services for the community. (Sari Lina & Ismainar, n.d.) If this condition is related to the results of this study, the analysis is that there may be many factors that affect a doctor in his performance, not only the workload faced, if only the workload is a consideration or will affect the performance of the doctor, then the influence is not sufficiently signified.

The Effect of Reward on Self-Assessment of the Performance of Clinical Educators at Unisba Teaching Hospital

From the results of the hypothesis testing analysis, it is known that the reward has a significant effect on self-assessment of performance which is assessed with a path coefficient of 0.509. The probability value obtained is 0.000 so that H₀ is rejected (H_a is accepted). This means that rewards have a significant effect on the self-assessment of the performance of Clinical Educators at Unisba Hospital. This shows that the better the reward received, the better the self-assessment of good performance for clinical educators at Unisba Hospital. One of these studies previously investigated the influence of the reward system on the performance of selected employees of manufacturing companies in the Littoral Region of Cameroon. The study concluded that there is a positive relationship between the reward system and employee performance. This link creates an opportunity for employers to use the reward system as a motivational factor to improve their employees' behavior toward efficiency and effectiveness. Based on the findings, it is recommended, among other things, that the reward system for manufacturing companies should be designed in such a way that employees are entitled to a percentage of profits earned by the company as a means of promoting productivity and group cohesiveness among employees. (Agbaeze *et al.*, 2019)^[4] This reward system is one of the critical things in a company, because this is what will be attractive to the right employees, become a factor in employee retention and constantly becomes one of the motivations for employees to continue to improve their performance. This is in line with the results of the study which showed significant results affecting the relationship between reward and (Agbaeze *et al.*, 2019)^[4] self-assessment of performance.

In general, there are two types of incentives that employees receive, namely: direct incentives that include workers' rights, and indirect incentives that include awards and punishments. The characteristics of a good reward include will have a positive impact on the worker, this should be determined before a job starts, individual decisions related to certain people for a certain job, fixed/unchanged so that after the rate is set the rate should not be cut. And it is guaranteed by the organization so that employees believe that: the reward will be paid and should be given immediately after the work is completed. (Agbaeze *et al.*, 2019)^[4]

In one of the studies at Exspert Jaya Groups, several factors that can affect employee performance, the results turned out that performance assessment has a significant effect on employee performance and satisfaction, but it turns out that rewards do not affect employee performance, but rewards will have a significant effect on employee job satisfaction, and employee job satisfaction has a significant effect on

employee performance. This research is in contrast to the results of this study which shows a significant influence between reward and self-assessment of performance. Previous research shows that one of the factors that affect employee performance is the assessment system and also the employee sanctioning system, in addition to incentives, rewards and employee satisfaction. (Rosdiana & Johanes, 2024b) ^[48] Rewards can be interpreted as appreciation or recognition of employees given by the company for work achievements that have been carried out. Rewards serve as a means of motivation that can encourage work morale and foster a sense of job satisfaction, usually given in the form of money or other forms of reward. Rewards can also be thought of as rewards to motivate employees to improve performance, which are generally given in the form of financial (individual) or non-financial (group), such as vacations, travels, or outbound. From the above understanding, it can be concluded that rewards are a form of reward, both financial and non-financial, that companies give to employees for work achievements that have been achieved within a certain period of time. (Agustinah *et al.*, 2020; Rizkya Permata *et al.*, 2016; Rosdiana & Johanes, 2024b) ^[5, 48]

The Effect of Performance Self-Assessment on the Retention of Clinical Educators at Teaching Hospitals

From the results of the hypothesis test analysis, it is known that self-assessment of performance has a significant effect on performance which is assessed with a path coefficient of 0.406 with a probability value obtained of 0.000 so that H₀ is rejected (H_a is accepted). This means that self-assessment of performance has a significant effect on the retention of clinical educators at Unisba Teaching Hospital.

Employee performance is an important variable for organizational psychology. It is characterized by a dynamic process, which receives constant influence from the environment, the individual himself, and the working group. Without individual performance, there is no team performance, no unit performance, no organizational performance, no performance economic sector. Although important, defining individual performance is not something easy, a summary from some experts defines individual job performance as things that people do, actions that individuals take to achieve desired goals or targets in the organization. (1695-2294-*Ap-36-03-542* (2). *Pd(SOJ)*, n.d.) There must be an agreement between the performance performed by the worker as an individual in the company and the organization with the performance of the company or company or organization. Previous research has shown that job satisfaction and support from leaders that affect the work climate will greatly affect a person's performance, but the engagement or involvement of the employee itself will also determine how his or her work behavior will be in the future. (1695-2294-*Ap-36-03-542* (2). *Pd(SOJ)*, n.d.; Rosdiana & Johanes, 2024b) ^[48]

Performance or performance appraisals independently will awaken work awareness, individual proactivity and other forms of strategic action and improve work behavior in the end. (1695-2294-*Ap-36-03-542* (2). *Pd(SOJ)*, n.d.) One of the studies that analyzed the relationship between the employee retention component and the performance of non-civil servant nurses at Balung Hospital in 2018 showed that there was no relationship between the retention component consisting of organizational and management components ($\rho = 0.134 > \alpha$), employment relations ($\rho = 0.701 > \alpha$), training

and development ($\rho = 0.126 > \alpha$), and organizational policies and practices ($\rho = 0.207 > \alpha$) and the performance of non-civil servant nurses at Balung Hospital. Meanwhile, the analysis of the work design and sustainability components ($\rho = 0.022 < \alpha$) and the award component ($\rho = 0.001 < \alpha$) showed a relationship with the performance of non-civil servant nurses at Balung Hospital. This is somewhat in contrast to the results of this study where there is a significant influence of self-assessment of performance with the retention of clinical educators at the Unisba Teaching Hospital. In this study, the performance self-assessment indicators are assessed related to task performance and context performance which are assessed in the indicators of task completion, self-development, problem solving, time management and adaptability and cooperation as well as income, and this indicator is significantly correlated with the desire to continue working for this company for the next 3 years, loving the work done at this time, It does not matter which is for the work of the employee and the importance of the task of the employee. Placed to work in any position, will not receive a more attractive job offer and the work done at the moment feels very important.

In the article, it is said that employee retention efforts will be more effective if they focus on the reasons why employees stay in an organization so that the social impact is significant. When organizations invest in gaining an understanding of what motivates employees to want to stay in their jobs, they are better able to build a positive work environment that tends to support employee well-being and job satisfaction. This can result in improved work performance, increased productivity and higher employee retention rates, all of which benefit the organization and its employees. (Seathu Raman *et al.*, 2024) ^[51] Unisba teaching hospitals must focus further on the reasons why doctors remain on duty even though there may be many doctors who have the desire to move.

The Effect of Workload on the Retention of Clinical Educators at Teaching Hospital.

From the results of the hypothesis testing analysis, it is known that workload does not have a significant effect on physician retention which is assessed with a path coefficient of -0.094. With a probability value of 0.568 so that H₀ is accepted. This means that the high workload does not have a significant effect on the retention of clinical doctors in hospitals. In several previous literature and research, various factors that can affect physician retention have been identified, including management components, organizational policies, training and development, internal problems or conflicts that can trigger employees' desire to leave, internal targets, psychological conjectures of the work environment, employee satisfaction or dissatisfaction and organizational commitment. (Nurullaili *et al.*, 2019; Seathu Raman *et al.*, 2024) ^[51, 43]

The results of the study to assess the retention of health care workers in Tanzania show that three main indicators will affect retention: age (age group 31-40 shows higher retention than other groups ($p=0.003$)), origin of the doctor (growing up in rural rather than urban ($p<0.001$)), and duration of employment (11 to 15 years of service has longer retention compared to less than 10 or more than 15 ($p=0.03$)). In this study, Tanzanian health workers who were in rural areas and participants from rural areas were more likely to stay longer, regardless of whether they were placed in rural or urban facilities. The perspective on the factors that affect healthcare

workers primarily focuses on two conditions: the condition of the individual and the condition of the organization or company. (Mdegela, 2020; Nurullaili *et al.*, 2019)^[36, 43]

In this study, only one factor was assessed, namely workload through self-assessment mediation, the results may not be significant because there are still many factors that are not assessed in this study so the results may not have a far-reaching impact. The interesting thing in this study is that the high workload does not turn out to be a trigger for doctors to resign, this may be because currently with various conditions the working time of a doctor is relatively long in areas where the number of doctors is still lacking so that doctors have a high workload, and this condition is considered commonplace. (Adisa & Abdulraheem, 2017) In a study, respondents assessed that long working hours as a doctor is a professional culture, so this may not affect the doctor's perspective to stay or leave a hospital or health facility. (Adisa & Abdulraheem, 2017)^[3]

The Effect of Reward on Retention of Clinical Educators at Teaching Hospitals

From the results of the hypothesis testing analysis, it is known that rewards have a significant effect on the retention of clinical educators at the Unsiba Teaching Hospital which is assessed with a path coefficient of 0.596. The probability value obtained is $0.000 < 0.05$ so that H_0 is rejected (H_a is accepted). This means that the reward has a significant effect on the retention of doctors as clinical educators at the Unisba Teaching Hospital. Related to the previous discussion, many factors can affect doctor retention, ranging from individual factors and also environmental or organizational factors. Previously, the workload did not affect physician retention, but the reward aspect turned out to have a significant effect on physician retention.

In a study, it was seen that reward is one of the important factors that will motivate doctors to perform at their best. Payment for performance refers to a variable portion of the salary, which is given to an individual or group, according to the performance achieved. It can help improve employee performance when implemented correctly and encourage individual motivation, to recognize effort and achievement and reward it in a concrete way. Performance rewards can be used as a driver to: (a) introduce more flexible work methods; (b) encourage teamwork; (c) strengthen the focus of information and communication; (d) focus on training policy. Its effectiveness depends on the quality and transparency of the evaluation process and trust in the program. (Appearance of Avelar Ferreira *et al.*, n.d.) This is in line with the results of a study that shows the significance of the effect of reward on physician retention through the mediation of performance self-assessment.

Payment policies should help reduce the current "more is better" notion of doctors and provider organizations. Incentive neutrality will better support the intrinsic motivation of healthcare professionals to act in the best interests of their patients to improve overall quality compared to a pay-for-performance plan that targets specific areas of clinical care. Public policy can support physicians' intrinsic motivation through approaches that support systematic feedback to physicians and provide real opportunities to collaborate to improve services. Decent rewards for doctors must still prioritize the quality of service to patients and education for students, although it is undeniable that finance is one of the keys that will motivate behavior change in any

sector Currently, many reward systems have been developed in the form of appropriate remuneration for doctors that can cover all aspects of performance carried out, not just services. but also other tasks such as education, research and other support. Indonesia currently has a National Health Insurance system that will affect the rewards that will be received by doctors at Teaching Hospitals, this also requires a good and balanced implementation by considering the performance that has been carried out both in terms of service and education, This poses a challenge for research hospitals to consider the services of the reward system that is applied to increase the retention of existing doctors. (Berenson & Rice, 2015)^[14] (Buchan *et al.*, 2000)^[19] (Anjayani *et al.*, 2022)^[7]

Conclusion

Based on the results of the research conducted, it is concluded that workload does not have a significant effect on the self-assessment of the performance of clinical educators in teaching hospitals, Rewards have a significant effect on the self-assessment of performance in clinical educators in teaching hospitals, Self-assessment performance has a significant effect on the retention of clinical educators at the Teaching Hospital, Workload does not have a significant effect on the retention of clinical educators at the Unisba Teaching Hospital which is assessed either directly or indirectly through the performance self-assessment mediator variables , and Reward has a significant effect on the retention of clinical educators at the Unisba Teaching Hospital which is assessed either directly or indirectly through variable mediator self-assessment of performance.

Suggestion

Based on the findings of this study, it is recommended that hospitals conduct regular evaluations of the doctor's workload to ensure that the work schedule given is balanced and not too burdensome. The use of time management technology and a more efficient scheduling system can help reduce the administrative burden faced by doctors, so that they can focus more on their primary task, which is to provide services to patients. In addition, hospitals may consider adding clinical educators for equitable distribution of workload according to the normal workload provided. Based on this research, it is important for management to strengthen a performance-based reward system so that doctors feel valued and motivated. In addition to financial incentives, non-financial rewards such as official recognition, monthly awards, or the opportunity to pursue advanced training can increase physician motivation and job satisfaction. Hospitals may also consider providing work flexibility, for example with more flexible working hours options for senior physicians, to increase their loyalty to the organization.

Given the importance of retaining experienced doctors, it is recommended that hospitals develop stronger retention programs with a focus on improving occupational well-being. This can include providing long-term incentives, such as competitive retirement benefits, or additional health facilities for doctors and their families. Hospitals can also develop clear career paths and provide opportunities for physicians to develop, both through job promotions and training opportunities, which can increase their loyalty and lower turnover rates.

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