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The Effects of Psychological Factors, Career Level, and External Clinical Workload on Physician Performance: A Cross-Sectional Study of Dual-Practice Physicians at Mitra Plumbon Hospital, Indonesia

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ABSTRACT

Physician performance is a critical determinant of hospital service quality because it directly influences the effectiveness, professionalism, and quality of patient care. Both individual and work-related factors contribute to physician performance, including psychological factors, career development, and workload arising from clinical practice outside the primary hospital. This study aimed to examine the effects of psychological factors, career level, and external clinical practice workload on physician performance among dual-practice physicians at Mitra Plumbon Hospital, Majalengka, Indonesia. A quantitative study employing descriptive and explanatory approaches was conducted using a structured questionnaire administered to physicians who met the study criteria. The collected data were analyzed using descriptive statistics and multiple linear regression to evaluate the relationships among the study variables. The results indicated that psychological factors, career level, external clinical practice workload, and physician performance were generally perceived to be at a very high level. Psychological factors, reflected in work motivation, personal satisfaction, organizational commitment, and self-efficacy, had a significant positive effect on physician performance. Career level, represented by opportunities for promotion, professional recognition, and competency development, also demonstrated a significant positive influence on physician performance. In contrast, external clinical practice workload had a significant negative effect on physician performance. Greater involvement in clinical practice outside the hospital increased the likelihood of fatigue, reduced concentration, and limited time available for hospital responsibilities, thereby adversely affecting physician performance. Overall, psychological factors and career level positively influenced physician performance, whereas external clinical practice workload negatively influenced physician performance. These findings suggest that strengthening physicians' psychological well-being, implementing transparent career development systems, and effectively managing external clinical practice workload are essential strategies for improving physician performance and enhancing the quality of hospital services.

Keywords: *Psychological Factors, Career Advancement, Workload, Physician Performance, Hospital*

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INTRODUCTION

Physician performance is a key determinant of healthcare quality because it directly affects clinical effectiveness, patient safety, service efficiency, and organizational performance. Hospitals rely on competent physicians to deliver safe and high-quality care, making physician performance a strategic priority for achieving sustainable healthcare outcomes. High-quality human resources improve productivity, service quality, employee motivation, and organizational effectiveness (Olyvia et al., 2025). Physicians occupy a central role in hospitals through clinical decision-making, diagnosis, treatment, and adherence to professional and ethical standards, making their performance an important indicator of healthcare quality and hospital performance (Setyaji et al., 2024; Kacaribu et al., 2021). Optimal physician performance also supports broader public health goals by improving healthcare accessibility and effectiveness (Lina et al., 2024).

In Indonesia, physician performance is evaluated through clinical competence, professional practice, quality of care, professional behavior, and compliance with clinical standards under PERMENKES No. 755/MENKES/PER/IV/2011. Despite these standards, physician performance remains suboptimal in several hospitals. Kacaribu et al. (2021) reported that 46.7% of physicians at Bhayangkara Hospital Tebing Tinggi demonstrated unsatisfactory performance, while Sudiadnyani et al. (2022) found inadequate performance among 42% of healthcare workers at Pertamina Bintang Amin Hospital. These findings indicate that improving physician performance remains a significant organizational challenge.

Previous studies suggest that physician performance is influenced by psychological factors, career development, and workload. Psychological well-being shapes motivation, commitment, and resilience, and is recognized in Law No. 17 of 2023 concerning Health as an important component of a supportive work environment. Job satisfaction, work motivation, organizational commitment, and self-efficacy contribute positively to employee performance (Raza & Fatima, 2022). Kacaribu et al. (2021) found psychological factors significantly influenced performance, whereas Norawati et al. (2021) reported that workload and the work environment exerted stronger effects, indicating inconsistent evidence.

Career development is another important organizational factor because opportunities for competency development, promotion, continuing education, and professional recognition encourage higher performance. PERMENKES No. 40 of 2017 emphasizes career development as an integral component of healthcare workforce management. Previous studies generally report positive effects of career development on employee performance (Rosalina et al., 2025; Andayani et al., 2024). However, Ardian (2022) found no significant relationship, while Andayani et al. (2024) reported only limited statistical significance, suggesting that further investigation remains necessary.

Workload also substantially influences physician performance. Excessive workload contributes to fatigue, burnout, reduced concentration, and lower productivity (D. Sari & Utami, 2023). Burnout has been associated with poorer job satisfaction, increased medical errors, and compromised patient safety. Lucas et al. (2022) found that physicians

experiencing burnout were approximately twice as likely to be involved in adverse patient safety incidents, while Krisdarmanto et al. (2025) reported that excessive workload negatively affected physician performance. Conversely, Hermawan (2022) concluded that work stress and organizational conflict had stronger effects than workload, highlighting inconsistent findings.

An additional workload-related issue is physician dual practice, whereby physicians provide services at multiple healthcare facilities. In Indonesia, dual practice is permitted under Law No. 29 of 2004 concerning Medical Practice. Although it may improve physician income and healthcare accessibility, dual practice may also reduce physician availability, continuity of care, and organizational commitment because professional responsibilities are divided across institutions. Previous studies reported that dual practice could reduce service quality and operational efficiency (Muruga & Vasiljeva, 2023; Olbara et al., 2023). González et al. (2025) also found negative effects on hospital service delivery, whereas Muruga and Iveta (2024) reported no significant differences in service quality, indicating that the influence of dual practice remains inconclusive.

This study was conducted at Mitra Plumbon Hospital, a private Type C hospital in Majalengka, West Java, providing comprehensive healthcare services with approximately 87 physicians and 514 inpatient beds, serving around 615 patients daily. Despite its accredited status, internal evaluations in 2025 indicated that physician performance had not fully met institutional expectations, particularly regarding punctuality, attendance, and patient waiting times.

Interviews with the Head of Medical Services and the Head of Human Resources in January 2026 identified three major organizational challenges. Physicians reported suboptimal psychological well-being related to recognition, motivation, and organizational support. Career development opportunities were perceived as limited because of the absence of structured promotion and competency development systems. In addition, hospital management reported that many physicians practiced at multiple healthcare facilities, increasing workload and potentially reducing commitment to the hospital. Administrative records showed that 71 of 87 physicians (81.6%) engaged in external clinical practice, suggesting that dual practice constitutes a substantial component of physicians' workload and may influence attendance, productivity, and overall performance.

Although many studies have examined healthcare worker performance, several research gaps remain. Existing studies largely focus on nurses or healthcare workers generally rather than physicians, while findings regarding psychological factors, career development, and workload remain inconsistent. Furthermore, research on physician dual practice has primarily addressed workforce distribution and healthcare access instead of examining dual practice as an external workload affecting physician performance. Few studies have simultaneously investigated psychological factors, career development, and external clinical practice workload within a single analytical framework, particularly in Indonesian private hospitals.

Therefore, this study examined the effects of psychological factors, career level, and external clinical practice workload on physician performance among dual-practice

physicians at Mitra Plumbon Hospital, Majalengka. By integrating these three determinants into a single model, the study provides empirical evidence to support hospital policies related to physician well-being, career development, workload management, and continuous improvement of healthcare service quality.

METHOD

A cross-sectional quantitative study with an explanatory design was conducted to investigate the relationships between psychological factors, career level, external clinical practice workload, and physician performance. The research was carried out at Mitra Plumbon Hospital, a private Type C hospital in Majalengka, West Java, Indonesia, which provides comprehensive medical services, including outpatient, inpatient, emergency, and specialist care. The study focused on physicians because they play a central role in healthcare delivery, and many of them simultaneously practice in more than one healthcare facility.

The study population comprised all physicians actively practicing at Mitra Plumbon Hospital during the study period. Hospital administrative records indicated that the physician workforce consisted of 87 general practitioners and specialists. Given the relatively small population size, a census approach (total sampling) was adopted, allowing every eligible physician to participate. This approach was selected to maximize representativeness and eliminate sampling error associated with selecting only a subset of the physician population.

Data collection was conducted from January to February 2026 using a structured questionnaire. Eligible physicians were approached during the study period and invited to participate voluntarily after receiving information regarding the purpose and procedures of the research. Participation was anonymous, and respondents were assured that all information would remain confidential and be used solely for research purposes.

The research instrument consisted of five sections. The first section collected respondents' demographic and professional characteristics. The remaining sections measured the four study variables: psychological factors, career level, external clinical practice workload, and physician performance. Psychological factors were assessed through indicators reflecting work motivation, job satisfaction, organizational commitment, and self-efficacy. Career level was evaluated based on physicians' perceptions of career advancement opportunities, competency development, professional recognition, and promotion systems within the hospital. External clinical practice workload represented physicians' professional responsibilities outside Mitra Plumbon Hospital and included indicators related to workload intensity, working hours, and the perceived demands of additional clinical practice. Physician performance was evaluated using indicators reflecting work quality, productivity, responsibility, timeliness, and effectiveness in delivering healthcare services. Responses to all questionnaire items were recorded using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Before the main survey was administered, the questionnaire underwent psychometric evaluation through a pilot study involving 30 physicians. Construct validity

was assessed using Pearson's product-moment correlation analysis, and all questionnaire items satisfied the required validity criteria. Internal consistency reliability was evaluated using Cronbach's alpha, with all variables demonstrating reliability coefficients above the recommended threshold of 0.70, indicating satisfactory reliability. Because Likert-scale responses represent ordinal measurements, the collected data were transformed into interval-scale values using the Method of Successive Intervals (MSI) before inferential statistical analysis.

Data analysis was performed in two stages. Descriptive statistics were first used to summarize respondents' characteristics and describe the distribution of each study variable. Subsequently, multiple linear regression analysis was employed to examine the influence of psychological factors, career level, and external clinical practice workload on physician performance. Prior to model estimation, the assumptions underlying linear regression were evaluated through normality, multicollinearity, and heteroscedasticity tests to ensure the suitability of the regression model. Statistical significance was assessed using partial (t) tests for individual regression coefficients and an overall (F) test for the regression model. The coefficient of determination (R^2) was also calculated to estimate the proportion of variance in physician performance explained by the independent variables. All statistical analyses were performed using IBM SPSS.

RESULTS

A total of 71 physicians from Mitra Plumbon Hospital participated in the study, representing both general practitioners and medical specialists. Descriptive analysis was conducted to examine physicians' perceptions of psychological factors, career level, external clinical practice workload, and physician performance. The analysis provides an overview of the current condition of each study variable before examining their relationships through inferential analysis.

Psychological factors were assessed using eight indicators reflecting physicians' work engagement, initiative in patient management, workplace comfort, intention to leave, fulfillment of working hours, organizational participation, perceived clinical competence, and confidence in managing clinical cases independently. Overall, psychological factors were perceived positively, with a mean score of 3.51, placing this variable in the very good category (Table 1). These findings indicate that physicians generally demonstrated strong work motivation, organizational commitment, and confidence in carrying out their professional responsibilities.

Among the psychological indicators, the highest mean score was observed for the ability to manage clinical cases independently (mean = 3.62), suggesting that respondents perceived themselves as clinically competent and capable of making professional decisions within their respective areas of expertise. High scores were also reported for work initiative (mean = 3.55), work engagement (mean = 3.54), workplace comfort (mean = 3.52), fulfillment of working hours (mean = 3.52), and intention to remain employed at the hospital (mean = 3.51). Organizational participation received a slightly lower score (mean = 3.46), while confidence in handling cases independently recorded the lowest score among

all psychological indicators (mean = 3.37), although it remained within the good category. This pattern suggests that although physicians generally perceived themselves as psychologically prepared to perform their duties, some remained cautious when managing complex clinical situations independently, reflecting the collaborative nature of modern medical practice.

Table 1. Descriptive Statistics of Psychological Factors

Item	Mean	Category
Work engagement	3.54	Very Good
Initiative in managing patients	3.55	Very Good
Workplace comfort	3.52	Very Good
Intention to remain employed	3.51	Very Good
Fulfillment of working hours	3.52	Very Good
Organizational participation	3.46	Very Good
Ability to manage clinical cases independently	3.62	Very Good
Confidence in managing clinical cases independently	3.37	Good
Overall Psychological Factors	3.51	Very Good

Career level was measured through physicians' perceptions of career pathway clarity, promotion opportunities, professional recognition, training opportunities, and overall career satisfaction. The overall mean score for this variable was 3.51, indicating a very good perception of career development within the hospital (Table 2). Respondents generally considered the hospital to provide a clear direction for professional advancement and acknowledged organizational efforts to recognize physicians' contributions.

Table 2. Descriptive Statistics of Career Level

Item	Mean	Category
Clarity of career pathway	3.58	Very Good
Promotion opportunities	3.49	Very Good
Professional recognition	3.56	Very Good
Opportunities for professional training	3.39	Good
Career satisfaction	3.52	Very Good
Overall Career Level	3.51	Very Good

The highest-rated aspect of career level was the clarity of career pathways (mean = 3.58), followed by professional recognition (mean = 3.56) and career satisfaction (mean = 3.52). Perceived promotion opportunities also received a favorable evaluation (mean = 3.49). In contrast, participation in professional training obtained the lowest mean score (3.39), representing the only indicator classified within the good category. This finding suggests that although physicians were generally satisfied with their career prospects,

opportunities for structured professional development and continuing education were perceived as comparatively less accessible.

External clinical practice workload was evaluated using four indicators, including the number of practice days outside the hospital, weekly working hours devoted to external practice, perceived fatigue, and job boredom. Because the questionnaire items were reverse coded, higher scores reflected better workload management or lower perceived workload. The overall mean score for this variable was 3.46, indicating that physicians generally perceived their external practice workload as manageable (Table 3).

Table 3. Descriptive Statistics of External Clinical Practice Workload

Item	Mean	Category
Number of external practice days	3.46	Very Good
Weekly working hours in external practice	3.42	Very Good
Perceived fatigue after external practice	3.44	Very Good
Job boredom	3.46	Very Good
Overall External Clinical Practice Workload	3.46	Very Good

The number of external practice days and perceived job boredom both obtained mean scores of 3.46, while perceived fatigue after practice reached a mean score of 3.44. Weekly working hours outside the hospital received the lowest mean score (3.42), suggesting that the amount of time devoted to external clinical practice represented the most demanding component of physicians' additional professional responsibilities. Nevertheless, all indicators remained within the very good category, indicating that respondents generally believed they could balance responsibilities across multiple healthcare facilities without substantial difficulty.

Table 4. Descriptive Statistics of Physician Performance

Item	Mean	Category
Number of patients treated	3.48	Very Good
Punctuality	3.52	Very Good
Patient satisfaction	3.59	Very Good
Communication with patients	3.55	Very Good
Compliance with standard operating procedures (SOPs)	3.52	Very Good
Overall Physician Performance	3.52	Very Good

Physician performance, the dependent variable in this study, was measured using five indicators reflecting productivity, punctuality, patient satisfaction, communication, and adherence to standard operating procedures. Overall physician performance achieved the highest mean score among all study variables (mean = 3.52), indicating a very good level of perceived performance (Table 4). These findings demonstrate that physicians generally

considered themselves capable of delivering healthcare services effectively while maintaining professional standards.

Patient satisfaction received the highest mean score (3.59), indicating that physicians perceived patients to be highly satisfied with the services they provided. Communication with patients also received a favorable evaluation (mean = 3.55), highlighting physicians' confidence in explaining diagnoses, treatment plans, and medical information effectively. Punctuality and compliance with standard operating procedures each recorded mean scores of 3.52, suggesting strong adherence to professional responsibilities and hospital regulations. The number of patients managed per day obtained the lowest score (mean = 3.48), although it remained within the very good category.

Although all four variables were evaluated positively by respondents, slight differences emerged across individual indicators. Psychological competence and career pathway clarity consistently received the highest evaluations within their respective constructs, whereas confidence in independently managing clinical cases and opportunities for professional training received comparatively lower ratings. Similarly, among the workload indicators, weekly working hours devoted to external clinical practice represented the aspect perceived as the greatest challenge, while patient satisfaction emerged as the strongest dimension of physician performance.

Overall, the descriptive findings indicate that physicians at Mitra Plumbon Hospital reported favorable psychological conditions, positive perceptions of career development, manageable external clinical practice workloads, and high levels of professional performance. However, several indicators, including participation in professional training, confidence in independently managing complex clinical cases, and the intensity of external practice hours, demonstrated relatively lower scores than other dimensions, suggesting areas that may warrant further managerial attention. These descriptive findings provide the empirical basis for the subsequent inferential analyses examining the effects of psychological factors, career level, and external clinical practice workload on physician performance.

Multiple linear regression analysis was performed to examine the effects of psychological factors, career level, and external clinical practice workload on physician performance. The regression model was statistically significant, indicating that the three independent variables jointly explained variations in physician performance.

Partial hypothesis testing demonstrated that all three predictors significantly influenced physician performance. Psychological factors showed a significant positive association with physician performance ($t = 3.340$, $p < 0.001$), indicating that physicians with more favorable psychological conditions tended to report higher levels of performance. Career level also exhibited a significant positive effect ($t = 4.080$, $p < 0.001$) and emerged as the strongest predictor in the model (standardized $\beta = 0.412$). In contrast, external clinical practice workload showed a significant negative relationship with physician performance ($t = -2.740$, $p = 0.008$; standardized $\beta = -0.267$), suggesting that greater workload associated with practice outside the hospital was related to lower physician performance.

The regression model produced a multiple correlation coefficient of R = 0.612, indicating a moderately strong relationship between the independent variables and physician performance. The coefficient of determination showed that the model explained approximately 34.8% of the variance in physician performance (Adjusted R^2 = 0.348), while the remaining 65.2% was attributable to factors not included in the model. The standard error of the estimate was 1.054, indicating satisfactory predictive accuracy.

Analysis of the standardized regression coefficients further demonstrated that career level contributed the largest relative effect on physician performance (β = 0.412), followed by psychological factors (β = 0.301), whereas external clinical practice workload contributed negatively (β = −0.267). Consistent with these findings, the partial coefficients of determination indicated that career level accounted for the largest unique proportion of explained variance (18.5%), followed by psychological factors (9.9%) and external clinical practice workload (6.4%).

DISCUSSION

Simultaneous Effects of Psychological Factors, Career Level, and External Clinical Practice Workload on Physician Performance

The present study demonstrates that psychological factors, career level, and external clinical practice workload collectively exert a significant influence on physician performance. The regression model explained 37.5% of the variance in physician performance, indicating that these three variables represent important determinants of physicians' work outcomes while also suggesting that physician performance is influenced by additional organizational and individual factors beyond the scope of this study. This finding highlights the multidimensional nature of physician performance, which is shaped not only by clinical competence but also by psychological well-being, organizational support, and workload management.

The simultaneous significance of the three predictors suggests that physician performance should be understood as the result of interactions between individual and organizational factors rather than the consequence of a single determinant. Psychological factors provide the internal motivation necessary for physicians to maintain engagement, resilience, and confidence in delivering healthcare services. Career development represents an organizational mechanism that encourages professional growth through promotion opportunities, competency development, and professional recognition. Meanwhile, external clinical practice workload reflects the competing professional demands faced by physicians who practice in multiple healthcare facilities, potentially influencing the amount of time, energy, and attention available for their primary hospital responsibilities.

Although respondents reported very positive perceptions of psychological factors, career development, external clinical practice workload, and physician performance, these findings should be interpreted alongside the hospital's internal performance evaluation. Self-reported assessments primarily capture physicians' perceptions of their professional experiences, whereas organizational performance evaluations are based on objective operational indicators, including punctuality, attendance, compliance with clinical

procedures, and service delivery standards. Internal performance records at Mitra Plumbon Hospital indicated that physician performance generally remained at a good rather than excellent level, with persistent operational challenges such as delays in service delivery, prolonged patient waiting times, and inconsistent physician attendance. Considering both subjective and organizational data provides a more comprehensive understanding of physician performance while reducing the possibility of common method bias associated with self-reported questionnaires.

The findings further indicate that improvements in physician performance require more than strengthening clinical competencies alone. Hospitals must also address physicians' psychological well-being, establish transparent and structured career development systems, and effectively manage the consequences of dual practice. Physicians may possess strong motivation and professional commitment, but organizational conditions that fail to support career advancement or excessive workload associated with external practice may limit their ability to translate these positive attributes into optimal performance.

The present findings are consistent with those reported by Kacaribu et al. (2021), who found that psychological factors, particularly job satisfaction, significantly influenced physician performance at Bhayangkara Tebing Tinggi Hospital. Their study emphasized the importance of compensation, career opportunities, and the work environment in shaping physicians' job satisfaction. The current study extends these findings by simultaneously incorporating psychological factors, career level, and external clinical practice workload into a single analytical model, thereby providing a broader explanation of physician performance within the context of Indonesian private hospitals.

Similarly, the results support the findings of Cahyani and Parela (2023), who reported that career development positively contributes to employee performance in hospital settings. Career advancement opportunities, professional recognition, and continuing education enhance employees' motivation and commitment to organizational goals. The present study confirms that career-related factors remain important contributors to physician performance when examined together with psychological conditions and workload arising from external clinical practice.

The significant contribution of external clinical practice workload also supports previous evidence regarding the consequences of excessive workload among healthcare professionals. Widiastuti et al. (2022) demonstrated that workload significantly affects healthcare productivity. While their study examined workload in a general sense, the present research specifically focused on workload generated by physicians' practice outside their primary hospital. This distinction is particularly relevant in Indonesia, where dual practice is common among physicians and represents a unique organizational challenge for hospital management.

The findings are also consistent with Hoogland et al. (2022), who argued that practicing in multiple healthcare facilities offers professional and financial benefits but may compromise service quality when physicians experience difficulties balancing competing responsibilities. Likewise, González et al. (2025) reported that multiple practice

arrangements may reduce physicians' effective working hours, divide professional attention, and decrease operational efficiency within their primary workplace. These observations are consistent with the empirical conditions identified at Mitra Plumbon Hospital, where delays in service delivery, longer patient waiting times, and inconsistent physician attendance were reported despite generally positive self-assessments.

The model explained approximately one-third of the variation in physician performance, indicating that a substantial proportion of performance remains influenced by other determinants that were not included in this study. Organizational leadership, remuneration systems, organizational culture, professional competence, communication, work environment, and institutional support are among the factors that may further explain physician performance and should be considered in future research.

Overall, the findings demonstrate that physician performance is influenced by the combined effects of psychological well-being, career development, and external clinical practice workload. These results emphasize the need for integrated human resource management strategies that simultaneously strengthen physicians' psychological support, provide transparent career development pathways, and monitor the impact of dual practice. Such an integrated approach may help hospitals improve not only physicians' perceived performance but also objective service indicators, including punctuality, attendance, patient waiting times, and the overall quality of healthcare delivery.

Partial Effect of Psychological Factors on Doctors' Performance

The multiple linear regression analysis demonstrated that psychological factors exerted a positive and statistically significant influence on doctors' performance at Mitra Plumbon Hospital, Majalengka. This finding was supported by a regression coefficient of 0.337, a *t*-value of 3.340, which exceeded the critical *t*-value of 1.996, and a significance level of 0.000, which was below the 0.05 threshold. These results indicate that improvements in doctors' psychological conditions are associated with higher levels of performance after controlling for career development and external practice workload. The standardized regression coefficient ($\beta = 0.301$) further indicates that psychological factors represent one of the key determinants of doctors' performance, although their relative contribution is lower than that of career development. In addition, the partial correlation coefficient of 0.378 suggests that psychological factors maintain a moderately strong relationship with performance even after the effects of the other independent variables are statistically controlled.

The regression findings are consistent with the descriptive analysis, which showed that psychological factors achieved a mean score of 3.51, categorized as very good. Overall, respondents reported high levels of work engagement, initiative in managing patients, workplace comfort, organizational commitment, professional independence, and confidence in carrying out their clinical responsibilities. These findings indicate that most doctors possess favorable psychological resources that support the delivery of healthcare services. Nevertheless, the indicator measuring confidence in managing clinical cases independently obtained the lowest mean score (3.37), although it remained within the good

category. This suggests that some doctors still prefer to seek consultation or collaborate with colleagues when dealing with certain clinical situations. Rather than reflecting inadequate competence, this tendency may represent professional prudence and adherence to multidisciplinary collaboration, both of which are essential principles of contemporary healthcare practice.

Although doctors perceived their psychological condition positively, these perceptions were not entirely reflected in the hospital's operational performance indicators. Preliminary observations and interviews with the Head of Medical Services and the Human Resources Department revealed several organizational challenges, including delays in service delivery, inconsistencies in doctors' attendance according to scheduled practice hours, and occasional inefficiencies in patient services. Furthermore, the hospital's internal performance appraisal indicated that doctors' overall performance remained within the good category rather than achieving the very good level expected by the organization. This discrepancy suggests that positive psychological perceptions alone are insufficient to ensure optimal organizational performance because doctors' performance is also shaped by operational, managerial, and organizational conditions beyond individual psychological characteristics. For this reason, the present study incorporated internal performance evaluation data as a form of triangulation, allowing the interpretation of findings to extend beyond self-reported perceptions and include objective organizational performance indicators.

From a theoretical perspective, these findings reinforce organizational behavior theory, which emphasizes the importance of psychological characteristics in shaping employee performance. According to Robbins and Judge (2019), motivation, job satisfaction, organizational commitment, and positive work attitudes constitute essential psychological determinants of individual performance because they influence employees' willingness to exert effort and achieve organizational objectives. Similarly, Gibson et al. (2012) argued that psychological characteristics affect how effectively individuals utilize their knowledge, competencies, and professional skills when performing their work. Consequently, high professional competence alone may not translate into superior performance unless it is supported by positive psychological conditions that encourage engagement, persistence, and commitment to organizational goals.

Within healthcare organizations, psychological factors have broader implications because they directly influence clinical decision-making, patient communication, and the overall quality and safety of healthcare services. Doctors who are psychologically engaged, motivated, and committed to their organization are more likely to maintain concentration under demanding working conditions, communicate effectively with patients and colleagues, comply with clinical standards, and consistently provide high-quality medical care. Conversely, deteriorating psychological well-being resulting from prolonged occupational stress, declining job satisfaction, or reduced organizational commitment may adversely affect service quality and ultimately compromise patient outcomes.

The present findings are consistent with those reported by Kacaribu et al. (2021), who found that psychological factors, particularly job satisfaction, significantly influenced

doctors' performance at Bhayangkara Hospital Tebing Tinggi. Their study demonstrated that improvements in job satisfaction resulting from better compensation, supportive working conditions, and career development opportunities contributed to enhanced medical performance. The present research extends these findings by conceptualizing psychological factors more comprehensively, encompassing work engagement, initiative, workplace comfort, organizational loyalty, fulfillment of working hours, participation in hospital activities, professional capability, and clinical self-confidence. This broader conceptualization provides a more holistic understanding of how multiple psychological dimensions collectively contribute to doctors' performance.

The partial contribution of psychological factors accounted for approximately 9.9% of the explained variance in doctors' performance, indicating that although this variable significantly influences performance, it is not the strongest predictor within the regression model. These findings suggest that improving doctors' performance requires more than strengthening clinical competencies alone. Hospital management should also prioritize strategies that enhance doctors' psychological well-being through supportive leadership, effective organizational communication, recognition of professional achievements, stress management initiatives, and continuous professional development opportunities. Strengthening these psychological resources is expected to improve doctors' motivation, engagement, and commitment while simultaneously contributing to better service quality and helping Mitra Plumbon Hospital achieve its organizational performance objectives.

Partial Effect of Career Development on Doctors' Performance

The results of the multiple linear regression analysis indicate that career development has a positive and statistically significant effect on doctors' performance at Mitra Plumbon Hospital, Majalengka. This relationship is evidenced by a regression coefficient of 0.481, a *t*-value of 4.080, which exceeds the critical *t*-value of 1.996, and a significance value of 0.000, which is below the 0.05 threshold. Therefore, the hypothesis stating that career development significantly influences doctors' performance is accepted. The positive regression coefficient indicates that the more favorable doctors perceive the hospital's career development system, the higher their performance in delivering healthcare services, assuming the other variables remain constant.

Among all independent variables included in the regression model, career development produced the highest standardized regression coefficient ($\beta = 0.412$), indicating that it is the strongest predictor of doctors' performance in this study. Furthermore, the partial correlation coefficient of 0.447 demonstrates that career development maintains a relatively strong positive relationship with performance even after controlling for psychological factors and external practice workload. These findings suggest that opportunities for professional growth constitute one of the most influential organizational factors affecting doctors' work performance.

The regression findings are supported by the descriptive analysis, which showed that career development achieved a mean score of 3.51 and was classified as very good. Overall, respondents perceived the clarity of career pathways, promotion opportunities,

professional recognition, and career satisfaction positively. Nevertheless, participation in professional training received the lowest mean score (3.39), although it remained within the good category. This finding indicates that opportunities for continuing education and competency development have not yet been experienced equally by all doctors. Although the overall perception of career development is favorable, the relatively lower evaluation of training opportunities suggests that structured professional development remains an area requiring further attention.

These findings are consistent with the empirical conditions identified during the preliminary stage of the study. Interviews with the Head of Medical Services and the Human Resources Department revealed that limitations still exist in the hospital's career development system, particularly regarding promotion opportunities, structured continuing professional education, and formal recognition of professional achievements. These organizational issues had previously been identified as factors potentially influencing doctors' motivation and performance. Consequently, while doctors generally perceive career development positively, there remains considerable opportunity to improve the fairness, accessibility, and consistency of career advancement programs so that their benefits can be experienced more broadly across the medical staff.

The findings should also be interpreted alongside the hospital's internal performance evaluation. Although respondents rated career development as very good, the internal performance appraisal continued to classify overall doctors' performance as good rather than very good. This discrepancy suggests that favorable perceptions of career development alone have not yet translated into consistently optimal performance across all operational indicators. Therefore, career development should extend beyond positive perceptions and be supported by tangible organizational initiatives, including structured competency development programs, equitable access to continuing education, objective performance-based recognition, and transparent promotion systems. Such initiatives are likely to strengthen the relationship between career development and actual improvements in organizational performance.

From a theoretical perspective, these findings are consistent with the human capital perspective proposed by Gibson et al. (2012), which emphasizes that organizations improve performance by continuously developing employees' knowledge, skills, and competencies through education, training, supervision, and feedback. Career development enhances not only professional competence but also employees' motivation, organizational commitment, and willingness to contribute to organizational goals. Similarly, Robbins and Judge (2019) argue that opportunities for career advancement satisfy individuals' higher-order needs for achievement and self-development, thereby strengthening intrinsic motivation and encouraging higher levels of job performance.

The present findings are also consistent with the study conducted by Cahyani and Parela (2023), which reported that career development positively and significantly influenced hospital employees' performance. Their research demonstrated that opportunities for professional training, promotion, and career advancement improved healthcare workers' competencies and professionalism, ultimately contributing to better

organizational performance. The current study reinforces these findings while further demonstrating that career development is the most influential predictor among all variables examined, surpassing both psychological factors and external practice workload in explaining variations in doctors' performance at Mitra Plumbon Hospital.

Unlike many previous studies that examined career development as an isolated determinant of performance, the present research incorporated career development together with psychological factors and external medical practice workload within a single analytical model. This integrated approach provides a broader understanding of doctors' performance by recognizing that professional performance is simultaneously influenced by organizational support, individual psychological resources, and work-related demands beyond the primary workplace. Such an approach reflects the multifaceted nature of physicians' professional responsibilities, particularly in healthcare systems where many doctors practice across multiple healthcare facilities.

The dominant influence of career development observed in this study indicates that physicians place considerable importance on opportunities for professional advancement, competency enhancement, and recognition of their expertise. Clear career pathways, access to continuing medical education, participation in specialized training, and objective recognition of professional accomplishments encourage doctors to maintain and improve the quality of healthcare services they provide. Conversely, limited opportunities for career progression may gradually reduce motivation to enhance competencies and professional performance, particularly over extended periods of employment.

The partial contribution analysis further demonstrated that career development accounted for approximately 18.5% of the explained variance in doctors' performance, representing the largest individual contribution among the three independent variables. This finding underscores the strategic importance of career development as a human resource management instrument for improving organizational performance. Accordingly, hospital management should prioritize the establishment of transparent career pathways, expand access to continuing professional education and training, implement objective performance-based reward systems, and ensure fair promotion mechanisms. Strengthening these components is expected not only to enhance doctors' motivation and professional competence but also to improve healthcare quality, organizational effectiveness, and the long-term achievement of Mitra Plumbon Hospital's performance objectives.

Partial Effect of External Medical Practice Workload on Doctors' Performance

The results of the multiple linear regression analysis indicate that external medical practice workload has a statistically significant effect on doctors' performance at Mitra Plumbon Hospital, Majalengka. This relationship is supported by a regression coefficient of -0.354, a *t*-value of -2.740, and a significance value of 0.008, which is below the 0.05 significance threshold. Accordingly, the hypothesis stating that external medical practice workload significantly affects doctors' performance is accepted.

It is important to note that the external medical practice workload variable was measured using reverse-coded questionnaire items. Consequently, higher scores represent a lower or more manageable level of workload from medical practice outside the hospital, whereas lower scores indicate a heavier external practice workload. This coding approach requires careful interpretation of the regression coefficient. The negative coefficient suggests that an increase in doctors' workload from external medical practice is associated with a decline in their performance at Mitra Plumbon Hospital. Conversely, when external practice commitments remain proportionate and are effectively managed, doctors tend to demonstrate better performance in their primary hospital duties.

The standardized regression coefficient (β = -0.267) indicates that external medical practice workload significantly contributes to doctors' performance, although its relative influence is smaller than that of psychological factors (β = 0.301) and career development (β = 0.412). Likewise, the partial correlation coefficient (-0.318) confirms that the negative relationship persists even after controlling for psychological factors and career development in the regression model. These findings suggest that while workload associated with external practice is not the strongest determinant of performance, it remains an important factor that should not be overlooked in human resource management within hospitals.

The regression findings should be interpreted together with the descriptive results. The descriptive analysis showed that external medical practice workload obtained a mean score of 3.48, which falls within the very good category. This indicates that most respondents perceived their workload outside the hospital as manageable and believed that it did not result in excessive fatigue or job burnout. However, the regression analysis demonstrates that variations in external practice workload still significantly affect doctors' performance. In other words, although physicians generally perceive themselves as capable of managing multiple practice locations, increasing the intensity of external practice may nevertheless reduce work performance if it is not accompanied by effective time management and adequate recovery. This finding highlights the difference between perceived workload management and the measurable impact of workload on performance outcomes.

These results are consistent with the empirical conditions identified during the preliminary phase of the study. Interviews with the Head of Medical Services and the Human Resources Department revealed that most doctors at Mitra Plumbon Hospital also provide medical services in other healthcare facilities. This practice was considered one of the contributing factors to several operational issues observed before the study, including delays in service delivery, relatively long patient waiting times, and inconsistencies in doctors' attendance according to scheduled practice hours. Furthermore, the hospital's internal performance evaluation indicated that doctors' overall performance remained within the good category rather than reaching the very good standard expected by the organization. These findings suggest that multiple practice commitments, when not appropriately managed, may reduce the consistency of service delivery in the primary workplace despite doctors' positive perceptions of their own workload management.

From a theoretical perspective, these findings are consistent with workload theory, which proposes that excessive job demands exceeding an individual's physical or psychological capacity may result in fatigue, reduced concentration, and lower work effectiveness. Within healthcare settings, physicians who divide their working time, attention, and professional responsibilities across multiple healthcare institutions face greater risks of physical exhaustion and cognitive overload, potentially reducing the quality and consistency of care delivered in their primary hospital. Consequently, effective workload management represents an essential component of healthcare human resource management to ensure service quality, patient safety, and sustainable physician performance.

The present findings are consistent with those reported by Widiastuti et al. (2022), who found that workload significantly influenced healthcare workers' productivity. Although their study examined overall workload rather than workload arising specifically from external medical practice, both studies demonstrate that effective workload management is fundamental to maintaining healthcare professionals' performance. The current study extends this evidence by focusing specifically on physicians' practice across multiple healthcare facilities, an increasingly common employment pattern in many healthcare systems.

The findings also reinforce the work of Hoogland et al. (2022), who argued that physicians practicing in multiple healthcare institutions may benefit from broader professional experience and increased income, while simultaneously facing greater challenges in maintaining service quality if workload and time allocation are not carefully managed. Similarly, González et al. (2025) reported that practicing across several healthcare facilities may reduce effective working hours, divide physicians' attention, and decrease operational efficiency in their primary workplace. The present study supports these conclusions by demonstrating that greater external medical practice workload is associated with lower levels of doctors' performance at Mitra Plumbon Hospital.

Despite its significant influence, the standardized regression coefficient indicates that external medical practice workload contributes less to doctors' performance than career development and psychological factors. This finding suggests that multiple practice commitments should not be viewed as the sole explanation for variations in physician performance. Rather, doctors' performance reflects the interaction of individual characteristics and organizational support, while external practice workload functions as a contextual factor that may either strengthen or weaken performance depending on how effectively it is managed. The relatively smaller contribution of this variable also implies that interventions aimed solely at reducing external practice workload are unlikely to produce substantial improvements unless accompanied by broader organizational strategies.

The partial contribution analysis further showed that external medical practice workload accounted for approximately 6.4% of the explained variance in doctors' performance. Although this represents the smallest contribution among the three independent variables, it remains statistically meaningful and practically relevant. Therefore, hospital management should adopt a more integrated approach to managing

physicians who practice across multiple healthcare facilities by improving scheduling coordination, monitoring attendance discipline, and maintaining effective communication regarding external practice commitments. Such strategies would help balance doctors' opportunities for professional development and additional clinical experience with their responsibilities to provide consistent, high-quality care at Mitra Plumbon Hospital, thereby supporting both organizational performance and patient safety.

CONCLUSION

This study examined the influence of psychological factors, career development, and external medical practice workload on physician performance at RS Mitra Plumbon Majalengka. The findings indicate that all study variables were perceived positively by respondents, with psychological factors, career development, external practice workload, and physician performance all achieving very high descriptive scores. Despite these favorable self-assessments, triangulation with the hospital's internal performance evaluation and preliminary field observations revealed several operational issues, including delays in service delivery, prolonged patient waiting times, and inconsistent physician attendance according to scheduled practice hours. These findings suggest that positive perceptions of individual and organizational conditions do not necessarily translate into optimal operational performance, highlighting the importance of incorporating both subjective and objective performance indicators in healthcare performance assessment.

The multiple regression analysis demonstrated that psychological factors, career development, and external medical practice workload jointly exerted a significant influence on physician performance. The regression model explained 37.5% of the variance in physician performance, indicating that physician performance is shaped by a combination of individual psychological resources, organizational career management, and work-related demands, while a substantial proportion of the variance remains attributable to other organizational and contextual factors not included in the present model.

At the individual level, psychological factors had a positive and significant effect on physician performance, indicating that physicians with higher motivation, stronger organizational commitment, greater work engagement, higher professional confidence, and more positive work attitudes tend to demonstrate better performance. Career development also showed a positive and significant effect and emerged as the strongest predictor of physician performance among all independent variables. This finding emphasizes the importance of transparent career pathways, professional recognition, opportunities for continuing education, and competency development in enhancing physician performance. Conversely, external medical practice workload exhibited a significant negative association with physician performance. Considering that this variable was measured using reverse coding, the results indicate that physicians with more manageable external practice commitments tend to demonstrate higher performance in their primary hospital, whereas excessive workload across multiple healthcare facilities may reduce the time, energy, and attention available for patient care.

Overall, these findings underscore that improving physician performance requires an integrated human resource management approach that simultaneously addresses physicians' psychological well-being, structured career development, and appropriate management of external practice commitments. Such a comprehensive strategy is essential for enhancing both physician performance and the quality of healthcare services delivered within hospital settings.

The findings suggest several practical implications for hospital management. First, maintaining physicians' psychological well-being through supportive work environments, effective organizational communication, recognition systems, and continuous professional support may contribute to sustained performance improvement. Second, strengthening career development systems by providing transparent promotion pathways, equitable access to continuing medical education, competency-based training, and performance-based recognition is likely to yield the greatest improvement in physician performance, given that career development emerged as the most influential predictor. Third, hospitals should implement more effective scheduling and monitoring mechanisms for physicians engaged in multiple practice settings to minimize conflicts between external practice commitments and responsibilities at the primary hospital. Finally, performance evaluation systems should integrate physicians' self-assessments with objective organizational performance indicators to obtain a more comprehensive and balanced assessment of physician performance.

Several limitations should be acknowledged. First, all study variables were measured using self-administered questionnaires completed by the same respondents, creating the possibility of common method bias despite triangulation with hospital performance data. Second, physician performance was primarily assessed through self-ratings, which may be subject to self-enhancement or self-report bias. Third, the cross-sectional design limits the ability to establish causal relationships between the study variables.

Future studies should incorporate additional organizational variables, such as leadership style, organizational culture, remuneration systems, job satisfaction, organizational commitment, work environment, and administrative workload, to improve the explanatory power of the model. Longitudinal designs and multi-source performance assessments involving supervisors, peers, objective hospital performance indicators, and patient satisfaction measures are also recommended to strengthen causal inference and enhance the validity of physician performance research.

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