

Analyzing the Drivers of Clinical Teaching Doctors Performance and Quality of Medical Graduates

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ABSTRACT

This study uses descriptive verificative approach to determine, analyze, and examine the influence of competence, organizational commitment, and motivation on clinical teaching doctor performance and its implication for quality of medical graduates at the Faculty of Medicine of Association of Indonesian Medical Education Institutions (AIPKI) Region III. This study is carried out using causal explanatory survey to examine the causal relationship between independent, intervening, and dependent variables using path analysis. The research sample is 185 clinical teaching doctors, which is chosen using proportional random sampling. The data obtained is first analyzed for validity and reliability, and is then tested for the hypothesis using path analysis. The findings indicate that competence, organizational commitment, and motivation partially has a positive and significant influence on clinical teaching doctor performance. Furthermore, it is also found that competence, organizational commitment, and motivation simultaneously have positive and significant influence on clinical teaching doctor performance. This implies that when the competence, organizational commitment, and motivation of clinical teaching doctor increase, this will lead to higher performance. In addition, this study found that clinical teaching doctor performance has a positive and significant influence on quality of graduates.

Keywords: Competence, Motivation, Organizational Commitment, Performance, Quality of Graduates



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INTRODUCTION

Medical education plays a pivotal role in shaping competent, ethical, and compassionate healthcare professionals. Therefore, the quality of medical education is the cornerstone of a robust healthcare system, with far reaching implications for the national well-being. In Indonesia, where healthcare demands continue to evolve alongside socioeconomic shifts and demographic changes, the significance of producing competent and compassionate healthcare professionals cannot be ignored. However, the landscape of medical education in Indonesia faces its own set of challenges. From limited resources and infrastructure to disparities in access to clinical training (Lantara, 2023), the

current phenomenon underscores the pressing need for concerted efforts to strengthen medical education practices. As the nation strives to address emerging health concerns and bridge gaps in healthcare delivery (Revo, 2023), ensuring the quality and relevance of medical education remains paramount.

Medical education aims to produce doctors who are virtuous, dignified, qualified, competent, have a culture of helping, are ethical, highly dedicated, professional, oriented towards patient safety, responsible, moral, humanistic, in accordance with the needs of society, able to adapt to the social environment, and have high social spirit (Lisiswanti, 2019). Basic medical education consists of 2 stages, namely the medical undergraduate stage (pre-clinical phase) and the medical professional stage (clinical phase) (Indonesia Medical Council, 2012). Medical education at the pre-clinical stage is more structured, where students follow the same program, study the same material, and complete the same exams. Apart from that, pre-clinical education is also dominated by theoretical learning, in which the participants study basic medical sciences such as biochemistry, physiology, anatomy, and others (Catur, Rahmatika, & Oktaria, 2018).

In the clinical phase, students are given the opportunity to be involved in health services with the guidance and supervision of a clinical teaching doctors (Law of the Republic of Indonesia Number 20 of 2013 concerning Medical Education, 2013). Clinical educators have a positive impact on patient health and the development of medical students' knowledge at the clinical stage (Gibson et al., 2019; Lim et al., 2020).. To avoid poor performance and competence, clinical supervision is also carried out within this phase (Puspitasari et al., 2018; Rayuna, Suwarsa, Farisa, & Arya, 2017). The involvement of clinical teaching doctors is very necessary to educate, facilitate, and supervise medical students during their clinical education.

However, the lack of control and monitoring of the quality of education and clinical supervision provided by clinical teaching doctors makes it difficult for professional medical education institutions to guarantee the implementation of quality clinical education and supervision (Rahmawatie DA, 2011). Thus, medical education institutions, which in fact also belongs to higher education institutions such as faculty of medicine, need to make strong efforts to always maintain the quality of graduates in accordance with the competency standards for medical professional education graduates that aligns with regulations set by the government.

Therefore, the government attempts to ensure the quality of medical graduates by implementing Student Competency Test for the Medical Professional Program (UKMPPD) through Law of the Republic of Indonesia Number 20 of 2013 concerning Medical Education, and Regulation of the Minister of Research, Technology, and Higher Education of the Republic of Indonesia Number 18 of 2015 concerning procedures for carrying out competency tests for students in professional doctor or dentist programs.

Table 1. Medical Student Graduation Rates of UKMPPD in 2017-2019 in the Faculty of Medicine of AIPKI Region III

No.	Year	Graduation Target (%)	Number of Participant	Number of Passed Participants	Percentage of Graduates
1.	2017	100	224	163	72.77
2.	2018	100	224	166	74.11
3.	2019	100	189	134	70.90
Average			212	154	72,5

Source: Faculty of Medicine of AIPKI Region III

Table 1 above indicate that the percentage of graduates of UKMPPD in 72.77% in 2018 and 74.11% in 2017. In 2019, the percentage of graduates is 70.90% out of 100%, which is the lowest percentage in three years compared to in 2017 and 2018. This indicate that the maximum pass rate of UKMPPD

is still below 100%. There are several factors that cause the low achievement target for UKMPPD participant graduates, which includes competence, organizational commitment, motivation, and clinical teaching doctor performance (Budiman et al., 2020; Istadi et al., 2021).

The optimal performance of clinical teaching doctors contributes to producing medical education graduates who can be used to become medical professionals. However, until now there are still problems regarding the UKMPPD pass percentage. Based on data from the UKMPPD National Committee, from August 2014 to May 2018, UKMPPD has graduated around 39,000 doctors, leaving around 2400 cadets (< 8% of the total participants who have taken part in UKMPPD). This could be due to the nonoptimal performance of pre-clinical lecturers and clinical teaching doctors, the inadequate curriculum and management of medical education, and the ineffective clinical education process. Apart from these aspects, other problems that are often found in clinical education are unclear goals and expectations, lack of focus on developing problem-solving skills and attitudes, variations in student readiness and student ability levels, passive students, supervision, inadequate feedback, inappropriate assessment methods, and lack of time for guidance. One of the phenomena that occurs is that students lack readiness to join and take the test. As they have not yet mastered enough learning materials and have readiness, this affects the small passing rate (Nasrudin, 2021).

Clinical teaching doctors have various roles, such as manager, counselor, instructor, observer, feedback giver, and evaluator (FK UGM, 2014). If all these roles are optimally carried out, the performance of clinical supervising doctors will be effective, thus the clinical education process can achieve its goals and ultimately improve the quality of medical education graduates. Therefore, improving the quality of clinical education can be achieved by improving the performance of clinical teaching doctors. Furthermore, the performance of clinical teaching doctors is influenced by motivation which can encourage their behavior in the clinical education process. Motivation is also necessary for clinical educators in carrying out activities to educate students.

The results of the study from Rita et al. (2018) indicate that organizational commitment, transformational leadership, and motivation have a significant influence on employee performance in Regency Secretariat in Papua Province. In the context of this research, when the medical students are committed and motivated to their study, they will have more willingness to perform better and have a good quality as medical graduates. In addition, Pahnwar et al. (2014) conducted a study on hospital (LUMHS) and found that motivation is the main driving factors for better employee performance, and motivation itself is influenced by compensation, job security, bonuses, training and development, physical work environment, rewards, retirement benefits, and awards. Furthermore, the study from Lambrou et al. (2010) explained that it is necessary to motivate professional health nurse, which are more motivated by intrinsic factor, thus this should be the target of effective employee motivation. Similarly, Chahar (2020) mentioned that performance appraisal systems have a direct impact on employee work performance, which is moderated by employee motivation. The study from Nijhof, Andre HJ Jeurissen (2017) verified the relationship between motivation, commitment, performance, and rewards. Another study has also pointed out significant influence between work motivation and job performance of hotel workers (Jayaweera, 2015). The findings emphasized the importance of working conditions and work motivation in explaining the work performance of hotel workers in the framework of work environment conditions and performance. Motivation, both intrinsic and extrinsic, holds several aspects that enable individuals to carry out certain action. When the medical students are motivated for their study, they will put extra effort to perform better in their study and have better quality as graduates.

Based on this explanation and phenomena, this study is carried out to understand how competence, organizational commitment, and motivation can affect clinical teaching doctors' performance and quality of graduates. The existing study on these variables is often carried out on employees in organization or firm (Chahar, 2020; Nijhof, 2017), and rarely explore how it can also be applied within the context of education. Thus, the present study is carried out to fill this research gap and practical gap of the small passing rates of clinical teaching doctors in joining UKMPPD in Indonesia.

Based on these explanations, the researchers are interested in carrying out a study on “The Influence of Competence, Organizational Commitment, and Motivation on Clinical Teaching Doctors Performance and Its Implication on Quality of Medical Graduates”.

LITERATURE REVIEW

Competence

Competence is required for individuals to understand what the direction and order given by their leader. With this understanding, when the individual wants to carry out the tasks, it can be ensured that they will carry it out correctly. Training and development in for individuals in organization is directed at improving quality, efficiency, and effectiveness, while also increasing capacity and creativity, service, exemplary actions, and welfare. In facing the era of globalization with increasingly fierce competition and rapidly developing technology, organizations must ensure that their employees have the ability and skills to carry out work. Employees are a very important factor for achieving organization goals effectively and efficiently. Therefore, there needs to be an encouragement for employees to make them enthusiastic in carrying out their job.

Competencies have been present in HRM practice and theory for more than 40 years. As a professional's general ability, competence consists of a person's integrated set of knowledge, skills, and attitudes (Mulder, 2007). Competencies are a part of behaviors that play an important role in delivering desired outcomes. It also consists of the capabilities, activities, processes, and responses available that enable various job demands to be met more effectively by some people than others. Furthermore, Campion et al. (2011) defined competence as a group of knowledge, skills, abilities, and other characteristics required for performing effectively at work. On the other hand, Soderquist et al. (2010) stated that competence is the knowledge, skills, and abilities that underlie effective work or successful performance, which can be observed, measured, and distinguished from average performance by superiors. Competence is also defined as individual characteristics which is related to the job, such as skills, knowledge, attitude, beliefs, motives, and traits that enable successful performance (Chen & Naquin, 2006). It is the basic characteristics owned by individuals which consists of knowledge, skills, and personality that can influence performance. Competence itself is causally related to fulfill the required criteria to occupy a position (Rhodes & Spencer, 2010).

Therefore, competence shows skills or knowledge that are characterized by professionalism in a particular field as the most important thing, as superior in that field. Competency also shows the characteristics of knowledge and skills possessed or needed by each individual that enable them to carry out their duties and responsibilities effectively and improve professional quality standards in their work. Employee competencies is predicted to have an impact on employee performance which will help the organization to face competition and other external environmental disturbances. The dimensions of employee competence is stated by Sabuhari et al. (2020), adopted by the study from Rhodes & Spencer (2010) consists of intellectual competence, emotional competence, and social competence.

Organizational Commitment

To obtain superior individual performance, organizational commitment is required from individual in the organization. Schermerhorn (2011: 63) stated that organizational commitment is “*the degree of loyalty an individual feels to ward the organization*”. In addition, Wibowo (2015) explained that organizational commitment is the employees’ desire to remain a member of the organization. According to Sutrisno (2013), organizational can also be understood as the attitude of employee loyalty towards their organization and is also a process of expressing their attention and participation to the organization. On the other hand, Triatna (2015) explains that what is meant by organizational commitment is a situation where an employee sides with an organization and its goals and continues to maintain its membership in the organization. Based on the definition above, commitment is a form of determination for something that is believed in from a response to what one knows. Thus, it can be stated that the concepts and principles that form the outline and basis of plans in carrying out a job are born from a commitment.

Wibowo (2016) defined organizational commitment as the feelings, attitudes, and behavior of individuals in identifying themselves as part of the organization, involved in the process, and have loyalty for achieving organizational goals. Organizational commitment is an activity carried out in completing real tasks based on desire, willingness, sacrifices, and obedience to remain in the organization and accept the characteristics in the organization to achieve mutual goals. Based on the description above, organizational commitment is the establishment and belief towards the organization shown by desire, willingness to sacrifice (energy, time, and thoughts), loyalty, and trust to remain a member of the organization, while also establishing identity by accepting things for the goals and interests of the organization.

According to McShane (2018), organizational leaders can build the commitment from their employees through justice and support, shared values, trust, organizational comprehension, and employee involvement.

1. Justice and support: Leaders who provide additional compensation to employees who excel and give sanctions to employees who do not comply with the provisions will generate affective commitment. Leaders who support and fulfill employees' needs for resources to improve performance will also increase employees' affective commitment.
2. Shared value: If the values within the organization are the same as the values held and adhered by employees, their affective commitment will increase.
3. Trust: Employees who believe that their leaders can be trusted will increase their obligations to work for their organization.
4. Organizational comprehension/understanding: Employees who understand the vision, mission, and strategic direction of the organization have higher affective commitment.
5. Employee involvement: Involving employees in completing organizational work will increase their affective commitment, because employees are valued and feel that they are part of the organization.

Meyer discussed about types of organizational commitment, which is also alluded to by Wibowo (2015), and mentioned that there are three types of organizational commitment, namely affective, normative, and continuance commitment. Differed from Meyer et al. (2020), Mc Shane in Wibowo (2015) stated that organizational commitment is similar to affective commitment. Another scholar, Schermerhorn in Wibowo (2015) stated that organizational commitment consists of rational and emotional commitment. according to Wibowo (2015) rational commitment is the commitment owned by employees due to the work they carried out in the organization itself which provides financial interests, individual development, and professionalism. On the other hand, emotional commitment is a commitment that employees have related to the employee's feelings that what the employee is doing is important, valuable and provides real benefits for other people.

Motivation

Motivation is a psychological process that provides stimulation and leads to purposeful behavior (Kreitner & Kinicki, 2014). On the other hand, Robbins & Judge (2013) explained that motivation is a process that explains the intensity, direction and persistence of an individual to achieve their goals. Different factors including job satisfaction, employee engagement, salary, training, workplace environment and motivation can influence employee performance (Setiyani et al., 2019). The level of employee performance depends not only on the employee's actual skills, but also on the level of motivation they show. Therefore, employee productivity and retention are considered as functions of employee motivation (Tsvangirai & Chinyamurindi, 2019). Larsson et al. (2018) defined work motivation as a process that contributes to the initiation and maintenance of performance directed at achieving goals. Based on the above definition, it can be understood that motivation is the encouragement of individual, or a person's desire to fulfill a need in order to obtain satisfaction within himself.

According to Cetin in Tamara et al. (2020), the components of job motivation are divided into three aspects, namely:

1. Needs, which are reflected in employees' goals to work for fulfilling their needs. Employee needs are dominated by the need for money.
2. Different characteristics of each employee which can be seen from gender, age, highest level of education, status, and income or salary.
3. Level of education and work experience of the majority of employees in an organization.

Performance

Employee performance is assessed by management/appraising supervisors by comparing performance with job descriptions in a certain period, usually at the end of each year (Sastrohadiwiryono, 2003). Performance is defined as the quality and quantity of work results achieved by an employee in carrying out his duties in accordance with the responsibilities given to him. Apart from that, performance can also be interpreted as a result and a person's efforts that are achieved through abilities and actions in certain situations (Mangkunegara, 2005). Employee performance is influenced by organizational goals, and an organization can achieve its goals only if its employees provide good performance (Girdwichai & Sriviboon, 2020).

Based on this understanding, it can be said that performance is work achievement since it is defined as the result of carrying out work in a certain period, namely the achievement achieved by the employee against targets or goals that have been determined with various requirements imposed on the employee. To find out the results that have been achieved by these employees, a performance assessment must be carried out by comparing actual performance with the standards that have been set.

In terms of organization, employee performance becomes very important because the employee's work process and the results that have been carried out will have an impact on the organization itself. Aderibigbe & Dunmade (2019) explained that employee performance is defined as an employee's ability to complete his mission based on organizational expectations, namely a measure of the extent to which work tasks are carried out. Similarly, Kartono et al. (2017) stated that performance is the result achieved by an employee or organization based on the criteria that apply to the job within a predetermined period of time. This means that if a person's or organization's activities can achieve results according to applicable standards, then it can be said to be performing well, and vice versa. From this explanation, it can be concluded that employee performance is the work outcome obtained using knowledge, skills, and abilities of employees to achieve goals.

Doctor's performance is a doctor's effort to cure patients with the abilities and skills he has within a certain period with existing conditions or requirements. Doctors' performance can be assessed from various sources including medical records, patient surveys, hospital performance reports, and administrative data (Samodra, 2020). It should be assessed to understand the shortcomings of the performance that has been carried out so that it can open up space for improvements to the quality and efficiency of the hospital, for the purposes of providing incentives and reward programs as well as value-based purchasing strategies. The Council of Medical Specialty Societies stated that assessing doctors' performance is useful for providing information and changing incentive payments which will ultimately improve the health services, as their involvement can be the main key to success (Yuarsa et al., 2021).

The process of evaluating the performance of doctors as professionals must be carried out realistically, objectively, evidence-based, and specifically according to specialization and/or specific procedures. In this case, performance assessment includes three main activities, namely selecting indicators, setting standards, and collecting data for analysis. Dybowski et al. (2017) stated that the performance of clinical teaching doctors can have an impact on both the student and institution performance. From this understanding, it can be concluded that the performance of clinical teaching doctors is an achievement in carrying out their duties, which include carrying out health/medical

service activities, community service, educating doctors and specialist doctors in teaching hospitals, as well as conducting research for the purpose of development of medical science.

Quality of Graduates

The issue of quality rapidly develops in the educational environment at the end of the 20th century, especially in Indonesia as a developing country. One of the reasons is due to the lack of job opportunities for high school and university graduates as a workforce. This condition is addressed to the low quality of graduates, in the sense that the knowledge, skills, and expertise they have mastered are not in accordance with the qualifications required by existing jobs, or their ability to be independent at work is still very low (Sarnoto, 2018). A good quality of graduates does not just happen, but it must be planned systematically using a management process to improve the expected quality of graduates. This quality improvement management includes preparing quality improvement plans, organizing, implementing quality improvement management, as well as monitoring and evaluating the quality improvement of graduates. This should be done by looking objectively, sharply, and realistically at external and internal conditions, thus the environmental changes that will occur can be anticipated (Tarsiman, 2018).

One important aspect of higher education is the quality of the graduates. Higher education adds value by developing work-related skills and competencies that prepare students for the workplace. Today, the adequacy of university graduates continues to be debated, and it becomes a question of particular concern to graduates seeking employment and employers considering hiring them. This situation is very worrying, especially when hundreds of unemployed university graduates demand that the government provide jobs for them (Abate, 2019). The quality of graduates is also related to stakeholders, especially parents of students and the community as users of educational services.

According to Ansari & Yamin (2012), quality of graduates refer to Bloom taxonomy, which is related to Graduate Competence Standard consists of three dimensions, namely:

1. Dimensions of attitude (affective),
2. Dimensions of knowledge (cognitive), and
3. Dimensions of skills (psychomotor), thus graduates are able to compete to enter schools or universities, as well as obtain a job with the skills acquired during their education.

Hypothesis Development

Based on the background and framework previously explained, the following are the hypotheses proposed in this study:

1. Competence influences the performance of clinical teaching doctors.
2. Organizational commitment influences the performance of clinical teaching doctors.
3. Motivation influences the performance of clinical teaching doctors.
4. Competence, organizational commitment, and motivation influence the performance of clinical teaching doctors.
5. The performance of clinical teaching doctors influences the quality of medical graduates.

METHODS

The research method used in this study is causal explanatory with survey approach. According to Schindler (2019), this approach is used to explain the relationship between variables and determine how a variable can make change to other variables. This study focuses on identifying the causal relationship between the independent, intervening, and dependent variable. The population in this study is clinical teaching doctors in private universities in West Java, mainly the Faculty of Medicine of Association of Indonesian Medical Education Institutions (AIPKI) Region III, which consists of Faculty of Medicine in Universitas Swadaya Gunung Jati (UGJ), Universitas Jenderal Ahmad Yani (UNJANI), Universitas Islam Bandung (UNISBA), and Universitas Kristen Maranatha (UKM). The Faculty of Medicine at public university is not used as a research locus as it has better condition in

terms of facilities and accreditation status than private universities. From this population, the research sample is 185 clinical teaching doctors, which is chosen using proportional random sampling, with the details shown in Table 2 below:

Table 2. Sample Determination Based on Cluster

No	Faculty of Medicine	Number of Doctor	Sample Distribution	Number of Sample
1	FK UGJ	46	(46: 357) x 185	24
2	FK UNISBA	180	(180: 357) x 185	93
3	FK UNJANI	71	(71: 357) x 185	37
4	FK UKM	60	(60: 357) x 185	31
		357		185

Source: AIPKI Region III

Data Analysis and Hypothesis Test

After the questionnaire data is obtained, the data is analyzed to see whether the questionnaire data is accurate (valid), reliable, and have internal consistency). Therefore, validity and reliability test of the instrument is carried out. The validity test is carried out using the Pearson Correlation formula (Sugiono, 2014). The instrument is declared valid if the correlation coefficient is >0.3 (Cooper & Schindler, 2011). Meanwhile, reliability testing is carried out using the *Cronbach's Alpha*. Based on the research paradigm and hypothesis that have been explained, the data analysis method used to test the hypothesis is path analysis. In path analysis, the step that must be taken is to translate the hypothesis into a path diagram.

The data analysis with path analysis is carried out to look at the influence partially or simultaneously. Considerations for using the path analysis method are as follows:

1. This method is able to provide clarity on the relationships and magnitudes between research variables which is very useful for researchers to find out more deeply about the various variables being studied.
2. Path analysis is suitable for analyzing cause and effect relationships, both knowing the direct and indirect influence of a number of causal variables on effect variables, either partially or simultaneously.
3. Path analysis is suitable for sample sizes of more than 100 respondents and the data is processed in an exploratory manner and can be observed directly in the field.

This path analysis follows a structural pattern or is called a structural model. The general structural model can be described with the following equation:

$$Y_1 = f(X_1, X_2, \dots X_i)$$

$$Y_k = f(X_1, X_2, \dots X_i)$$

The path diagram and structural equations of this research are as shown in Figure 1 below:

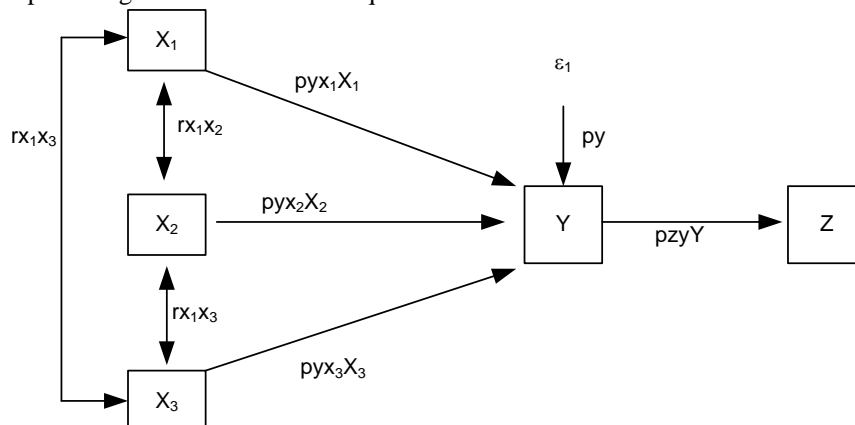


Figure 1. Path Analysis Equation Model

Source: Path Analysis Equation Model Image

Detail:

X₁ = Competence

X₂ = Organizational Commitment

X₃ = Motivation

Y = Clinical Teaching Doctor Performance

Z = Quality of Graduates

py_{X_1} = Path coefficient of X₁ (competence) on Y (clinical teaching doctor performance)

py_{X_2} = Path coefficient of X₂ (organizational commitment) on Y (clinical teaching doctor performance)

py_{X_3} = Path coefficient of X₃ (motivation) on Y (clinical teaching doctor performance)

$r_{X_1X_2}$ = Correlation coefficient between competence and organizational commitment

$r_{X_1X_3}$ = Correlation coefficient between competence and motivation

$r_{X_2X_3}$ = Correlation coefficient between organizational commitment and motivation

pzy = Path coefficient of Y (clinical teaching doctor performance) on quality of graduates (Z)

ϵ = The Residual Factor which is equal to 1 minus the coefficient of determination. The meaning of residual factors is that there are still other variables besides exogenous variables that contribute to influencing endogenous variables, but these other variables are not examined in this study.

RESULTS AND DISCUSSION

To determine the calculation of the correlation coefficient, Pearson Product Moment correlation analysis is used with the aim of finding out the strength of relationship between several independent variables studied. Calculation of the correlation coefficient is carried out using the SPSS 24 program, with the results as shown in Table 3 below:

Table 3. Results of Correlation Coefficient

		Competence	Organizational Commitment	Motivation
Kompetensi	Pearson Correlation	1	.323**	.212**
	Sig. (2-tailed)		.000	.004
	N	185	185	185
Komitmen Organisasi	Pearson Correlation	.323**	1	.307**
	Sig. (2-tailed)	.000		.000
	N	185	185	185

Motivasi	Pearson Correlation	.212**	.307**	1
	Sig. (2-tailed)	.004	.000	
	N	185	185	185

Correlation is significant at the 0.01 level (2-tailed).

Source: Output of SPSS 24.0 for windows

Based on table 3 above, there is a positive relationship between the independent variables in the research. For clarity, the coefficient magnitude can be seen in Figure 2 as follows:

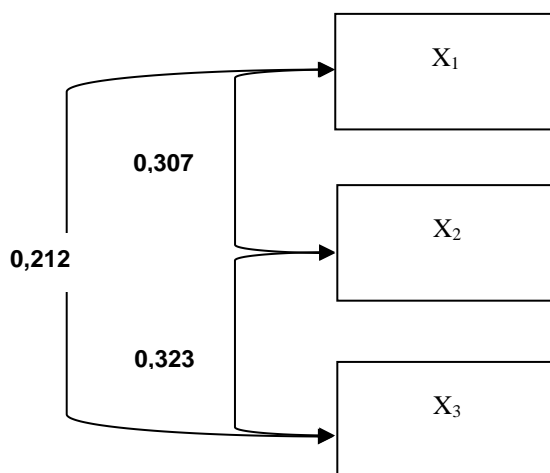


Figure 2. Relationship between Competence, Organizational Commitment, and Motivation

Source: Output of SPSS 24.0 for windows

The criteria for the close relationship between variables refer to the opinion expressed by Sevilla et al. (1997) which stated that “High or low correlation depends generally on the nature of variables being studied”. In more details, the criteria for correlation between variables is as follows:

Correlation Coefficient	Level of Relationship
0,00 – 0.199	Very Low
0.20 – 0.399	Low
0.40 – 0.599	Moderate
0.60 – 0.799	Strong
0.80 – 1.000	Very Strong

Source: Sugiyono (2009)

From Table 4, it can be explained that:

1. The relationship between the competence (X1) and organizational commitment (X2) has a value of 0.323. Thus, based on the interpretation table, the r (correlation) value has a low level of relationship and is in the same direction because the value is positive. The statement above can be interpreted that if competence (X1) increases by one unit, then organizational commitment (X2) will also increase by 0.323 units.
2. The relationship between Organizational Commitment (X2) and Motivation (X3) has a value of 0.307. Thus, based on the interpretation table, the r (correlation) value has a low level of relationship and is in the same direction because the value is positive. The statement above can be interpreted that if organizational commitment (X2) increases by one unit, then motivation (X3) will also increase by 0.307 units.

3. The relationship between competence (X1) and motivation (X3) has a value of 0.212. Thus, based on the interpretation table, the r (correlation) value has a low level of relationship and is in the same direction because the value is positive. The statement above can be interpreted that if competence (X1) increases by one unit, then motivation (X3) will also increase by 0.212 units.

Based on the results of calculations using the SPSS version 24 program, the path coefficient values are obtained as explained in the Table 5 below:

Table 5. Path Coefficient Value

		Coefficients ^a				
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-1.439	4.226		-.341	.734
	Competence	.445	.034	.534	13.020	.000
	Organizational Commitment	.438	.061	.301	7.150	.000
	Motivation	.594	.072	.335	8.216	.000

a. Dependent Variable: Clinical teaching doctor performance

		Coefficients ^a				
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-6.964	2.178		-3.197	.002
	Clinical teaching doctor performance	.702	.028	.881	25.232	.000

a. Dependent Variable: Quality of graduates

Source: Output of SPSS 24.0 for windows

Based on Table 5, the magnitude of the path coefficient shows that variable X1 has a path coefficient of 0.534, Variable X2 has a path coefficient of 0.301 and Variable X3 has a path coefficient of 0.335. While the coefficient value of Y to Z is 0.881.

Based on the results of the path coefficient for the variables competence, organizational commitment, and motivation on clinical doctor performance, the path analysis calculation can be explained as follows:

The influence of independent variable (X) to dependent variable (Y)

The results of the path analysis for the variables competence, organizational commitment, and motivation on clinical doctor performance is presented in Figure 3 below.

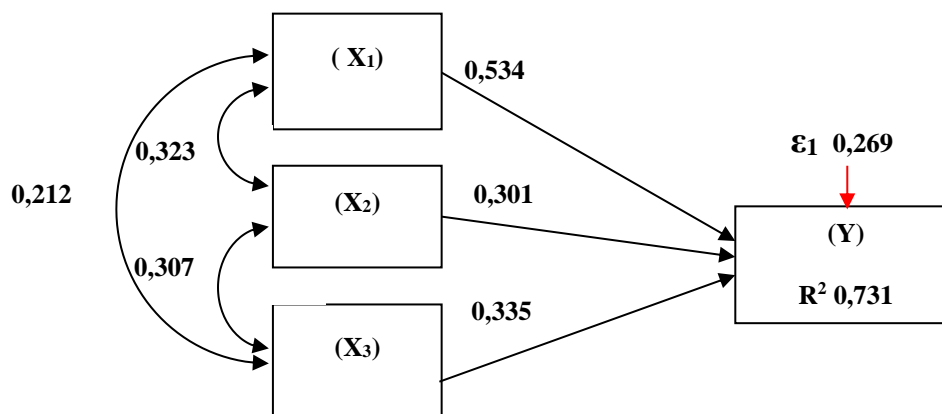


Figure 3. The Influence of Competence, Organizational Commitment, and Motivation on Clinical Teaching Doctor Performance

Source: Output of SPSS 24.0 for windows

Based on the image above, the following path equation is obtained;

$$Y = 0,534X_1 + 0,301X_2 + 0,335X_3 + \epsilon_1$$

Details:

Y = Clinical teaching doctor performance

X₁ = Competence

X₂ = Organizational commitment

X₃ = Motivation

The magnitude of the influence of each independent variable on the dependent variable, both direct effect and indirect effect can be seen in Table 6:

Table 6. Direct and Indirect Influence of Independent Variable to Dependent Variable

Variable	Direct Effect	Indirect Effect			Total	Total Effect
		X ₁	X ₂	X ₃		
Competence	28.52%		5.21%	3.83%	9.04%	37.55%
Organizational Commitment	9.06%	5.21%		3.11%	8.31%	17.37%
Motivation	11.22%	3.83%	3.11%		6.93%	18.16%
Total Effect of X to Y						73,1%

Source: Output of SPSS 24.0 for windows

Based on the table above, it can be seen that competence (X₁) has a direct influence of 28.52, an indirect influence through organizational commitment (X₂) of 5.21%, and an indirect influence through motivation (X₃) of 3.83%, thus the total influence is 37.55%. Organizational commitment (X₂) has a direct influence of 9.06%, an indirect influence through competence (X₁) of 5.21%, and an indirect influence through the motivation (X₃) of 3.11%, thus the total influence is 17.37%. Motivation (X₃) has a direct influence of 11.22%, while the indirect influence through competence (X₁) is 3.83%, and the indirect influence through organizational commitment (X₂) is 3.11%, thus the total influence is 18.16%. The results of the calculation of the coefficient of determination (R squared) expressed in percentage show the large contribution of all independent variables, namely competence (X₁), organizational commitment (X₂), and motivation (X₃) in determining variations

in clinical teaching doctor performance (Y) which is 73.1%. Furthermore, other factors that are not included in this study influenced clinical teaching doctor performance by 26.9%.

The Influence of Independent Variable (Y) to dependent variable (Z)

The results of the path analysis for clinical teaching doctor performance on quality of graduates is presented in Figure 4 below:

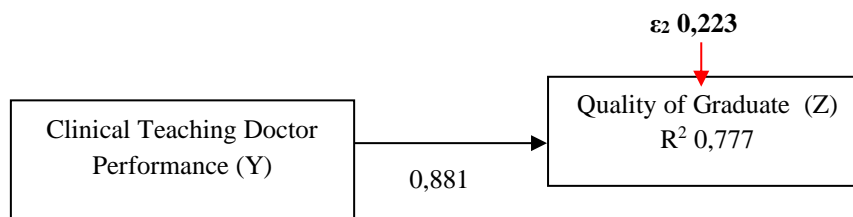


Figure 4. The Influence of Clinical Teaching Doctor Performance on Quality of Graduates

Source: Output of SPSS 24.0 for windows

Based on the image above, the following path equation is obtained:

$$Z = 0,881Y + \epsilon_2$$

Detail:

Y = Clinical teaching doctor performance

Z = Quality of graduates

The results of the calculation of the coefficient of determination (R squared) expressed as a percentage show that the contribution of clinical teaching doctor performance (Y) to quality of graduate is 77.7%. Meanwhile, other factors that are not researched influenced the quality of graduates by 22.3%.

Discussion

This study seeks to investigate the factors influencing clinical doctors' performance and quality of medical graduates, with a particular focus on competence, motivation, and commitment. From the data analysis that has been carried out, it can be inferred that all hypotheses proposed in this study is accepted. The findings revealed significant associations between these factors and the performance outcomes observed in clinical settings. First, the findings indicate that competence plays a pivotal role in shaping clinical doctors' performance. This finding is in line with previous studies (Widyatmojo et al., 2023; Rohendi et al., 2023). Doctors who demonstrated a high level of competence, as evidenced by their depth of knowledge, clinical skills, and diagnostic accuracy, consistently delivered superior patient care. Competence not only instilled confidence in doctors' abilities but also facilitated effective decision-making and problem-solving, leading to better clinical outcomes and patient satisfaction.

Furthermore, it is also confirmed that motivation emerged as another critical determinant of clinical performance. This finding is in line with previous studies (Widyatmojo et al., 2023; Rohendi et al., 2023), who found that competence and motivation affects doctors' performance. Doctors who exhibited high levels of intrinsic motivation, driven by a genuine passion for healthcare and a desire to make a meaningful difference in patients' lives, exhibited greater dedication and engagement in their duties. This intrinsic motivation translated into increased initiative, productivity, and resilience, even in the face of challenging clinical scenarios. Conversely, doctors lacking intrinsic motivation were more prone to burnout, diminished job satisfaction, and suboptimal performance.

The study findings also underscored the importance of commitment in shaping doctors' performance. Doctors who demonstrated a strong commitment to their profession and patients exhibited higher levels of accountability, reliability, and professionalism. This commitment was manifested through their willingness to go above and beyond their duties, prioritize patient needs, and maintain ethical

standards even under pressure. Conversely, a lack of commitment was associated with complacency, absenteeism, and lapses in quality of care, highlighting the detrimental impact on clinical doctors' performance. Furthermore, our analysis revealed intricate interactions between competence, motivation, and commitment, suggesting a synergistic effect on clinical performance. Doctors who possessed a balance of these attributes demonstrated the highest levels of performance, characterized by proficiency, enthusiasm, and dedication to excellence

Finally, it is found that the quality of medical graduates is intricately linked to the performance of clinical teaching doctors during the clinical phase of medical education. The performance of clinical teaching doctors directly influences the preparedness, competence, and professionalism of medical graduates. This finding implies that ensuring the quality of clinical teaching is imperative for medical education institutions seeking to produce competent and compassionate medical graduates.

CONCLUSION

Based on the results of data analysis regarding the influence of competence, organizational commitment, and motivation on the performance of clinical teaching doctors and its implications for the quality of medical graduates by testing five variables, several conclusions can be drawn. First, competence has a positive and significant influence on the performance of clinical teaching doctors. Furthermore, organizational commitment has a positive and significant influence on the performance of clinical teaching doctors. Motivation is also found to have a positive and significant influence on the performance of clinical teaching doctors. Competence, organizational commitment, and motivation simultaneously have a positive and significant influence on the performance of clinical teaching doctors. Finally, clinical teaching doctor performance is proven to have a positive and significant influence on quality of graduates.

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