

The Effect of Remuneration and Burnout on the Performance of Human Resources in Community Health Centers with Job Satisfaction as a Mediating Variable (Case Study of Community Health Center Doctors in Blora)

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Abstract. *This study aims to analyze the effect of remuneration and burnout on the performance of public health center doctors in Blora Regency, as well as to examine the mediating role of job satisfaction in this relationship. This research employed a quantitative approach with an explanatory survey design. Data were collected through questionnaires distributed to doctors working at public health centers in Blora Regency. The data were analyzed using Structural Equation Modeling– Partial Least Squares (SEM-PLS) to examine the relationships among variables and the mediating role of job satisfaction. The results indicate that remuneration has a positive and significant effect on job satisfaction, while burnout has a negative and significant effect on job satisfaction. However, both remuneration and burnout do not have a significant effect on doctors' performance. Meanwhile, job satisfaction was found to have a significant effect on doctors' performance. Furthermore, the indirect effect test reveals that job satisfaction does not mediate the relationship between remuneration and burnout on doctors' performance. This study highlights that a fair and adequate remuneration system can improve job satisfaction and performance of public health center doctors, while high levels of burnout may reduce job satisfaction and service performance. Therefore, effective compensation management and burnout prevention strategies are essential to enhance the performance of medical personnel in primary healthcare services.*

Keywords: *Burnout; Jobs; Performance; Remuneration; Satisfaction.*

1. Introduction

The performance of doctors in Community Health Centers (Puskesmas) is a key factor in determining the overall quality of public health services. In the era of bureaucratic reform and public service improvements promoted by the government, Indonesia has consistently implemented various comprehensive policies to improve the performance of healthcare workers, including doctors in Community Health Centers. One strategic policy that has been seriously implemented is the remuneration system, specifically designed to improve financial well-being and, ultimately, significantly motivate the performance of healthcare workers

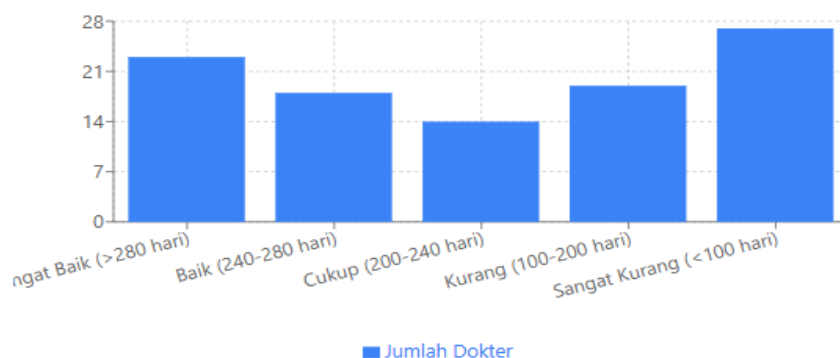
(Ratmono, 2024). This policy is expected to attract and retain the best medical talent in primary healthcare facilities, thus ensuring more optimal and equitable service delivery to the community.

Blora Regency, as a region in Central Java, faces unique challenges in managing human resources for health services at the Community Health Center (Puskesmas) level. Data obtained from Blora Regency specifically shows that in 2024, there will be a total of 26 Community Health Centers responsible for serving a population of 925,642 people spread across an area of 1,804.59 km². These figures clearly indicate a significant and challenging health service burden for each Community Health Center. On average, each Community Health Center is estimated to serve approximately 30,855 residents, demonstrating the need for resource optimization and efficiency in services to ensure equitable accessibility and quality for all Blora residents.

Data on doctor attendance at Blora Regency Community Health Centers (Puskesmas) in 2025 revealed significant issues related to the discipline and commitment of medical personnel. Of the 93 doctors recorded, there was significant variation in attendance rates. Data analysis showed that out of a total of 297 working days throughout 2025, the average doctor attendance rate ranged from 0 to 298 days, with some doctors exhibiting alarming levels of absenteeism and tardiness.

Figure Doctor Attendance Record

Distribusi Dokter Berdasarkan Kategori Kehadiran



Specifically, it was found that some doctors had very low attendance rates, such as those who were completely absent (297 days absent), indicating possible inactive status or special assignments. On the other hand, some doctors demonstrated excellent attendance discipline, with 298 days of attendance and no recorded absences, and 296 days of attendance and only one day of absence.

However, there was a concerning pattern of lateness among a number of doctors. For

example, one doctor was recorded as being late 273 out of 297 days of work, despite only being on time for 16 of those days. Similar patterns were also observed among several other doctors, including (273 days late), (257 days late), and (270 days late). This chronic lateness phenomenon indicates underlying problems with time management, work motivation, or systemic conditions affecting the discipline of medical personnel.

These attendance and discipline issues have serious implications for the quality of public health services. High absenteeism and tardiness rates have the potential to disrupt community health center operations, reduce service accessibility for the community, and undermine public trust in the primary healthcare system. This underscores the urgency of conducting an in-depth analysis of factors influencing doctor performance, including motivation, remuneration systems, working conditions, and oversight mechanisms in Blora Regency.

Remuneration, as a form of compensation received by doctors, not only directly impacts their performance in providing medical services but also significantly influences their overall level of job satisfaction. Research conducted by Hartati et al. (2019) clearly shows that remuneration and the work environment have a significant influence on the performance of specialist doctors, with work motivation serving as an important mediating variable. This clearly indicates that the relationship between remuneration and doctor performance is not a simple and direct relationship, but is mediated by complex psychological factors such as the level of job satisfaction that influences their intrinsic drive to provide the best service.

Doctors' job satisfaction is a very important and crucial aspect that needs to be seriously considered in managing human resources in healthcare. Deni Fakhruddin et al., (2023) have shown that remuneration and job satisfaction influence organizational citizenship behavior (OCB), with job satisfaction as a major intervening variable. Similarly, research by Sudarmono et al. (2017) demonstrated a significant and strong relationship between compensation, motivation, and job satisfaction with physician performance. This confirms that physicians who are satisfied with their work tend to be more motivated, committed, and demonstrate better performance, ultimately improving the quality of Puskesmas services.

In addition to financial factors such as remuneration, psychological aspects also play a significant role in the performance of medical personnel. One issue frequently encountered by doctors at community health centers (Puskesmas) is burnout, or work exhaustion. Burnout is a state of emotional, mental, and physical exhaustion that arises from prolonged work pressure (Sanya Diandra Praniti, Purwadhi, 2024). This phenomenon is particularly relevant for healthcare workers in primary care facilities such as community health centers, who face high workloads, limited resources, and increasing public service demands. Burnout in doctors can decrease motivation, reduce job satisfaction, and negatively impact performance and the quality of medical services. According to the WHO (2019), burnout is categorized as an occupational phenomenon characterized by three main dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Minda et al., 2021).

In the context of Blora Regency, community health centers serving a high patient volume and limited physicians pose a significant risk of burnout. Administrative pressures, clinical responsibilities, and limited facilities can lead to ongoing work stress. Therefore, in addition to considering remuneration, it is also important to analyze the extent to which burnout affects physician job satisfaction and performance.

Recent research conducted by Adi (2025) on improving nurse performance at Dr. R. Soetijono Blora Regional General Hospital through remuneration, work motivation, and work discipline further demonstrates that remuneration issues in the Blora region remain a major concern in health human resource management. This is reinforced by the findings of Rusdiana et al. (2025) who successfully.

This study identifies the determinants of doctors' work motivation in community health centers (Puskesmas) in Indonesia. This situation is highly relevant to the current national context, where there is a serious doctor shortage in remote community health centers. As a result, community health center managers are often forced to rely on nurses and midwives as the mainstay of health services, which can impact the quality and coverage of services and lead to an unbalanced workload.

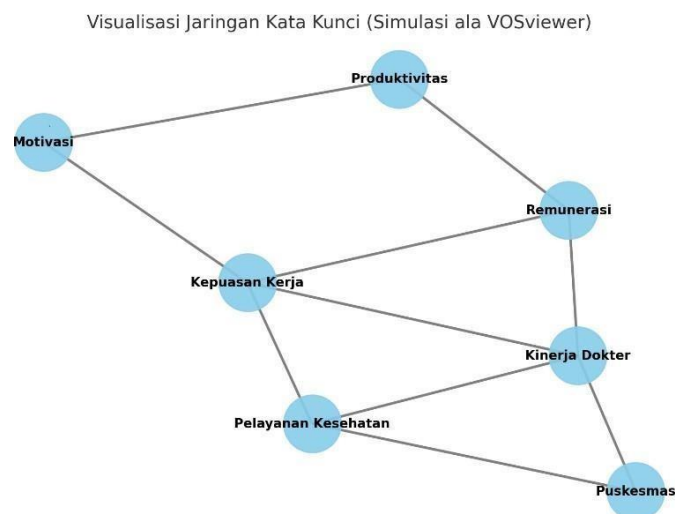


Figure Mapping of keyword networks resulting from bibliometric analysis

A bibliometric analysis using VOSviewer of the literature related to remuneration, physician performance, and job satisfaction shows that research trends in this field have developed rapidly over the past decade. This is clearly evident in the publication trend graph, which shows an increase in the number of studies from year to year. Furthermore, bibliometric mapping through keyword network visualization illustrates a close relationship between the topics of remuneration, job satisfaction, physician performance, motivation, productivity, and healthcare. These relationships indicate that the majority of studies highlight remuneration as a significant factor influencing job satisfaction and motivation, which in turn influence

physician performance.

However, this mapping also highlights a research gap. In-depth studies on the relationship between remuneration and burnout, job satisfaction, and doctor performance in district-level community health centers (Puskesmas) are still rare. Therefore, further research with a specific local focus is needed is very necessary to complement existing knowledge and at the same time provide practical contributions to improving the quality of basic health services.

The level of attendance and discipline of doctors at Community Health Centers (Puskesmas) has not yet met the expected performance standards, thus directly impacting the productivity of health services and the level of doctor absenteeism. In Blora Regency, this condition is further exacerbated by differences in the implementation of remuneration policies based on the applicable Regent's Regulation (PERBUB), which actually creates inequality and has the potential to reduce doctor performance and job satisfaction. Meanwhile, the results of bibliometric analysis indicate that research on the relationship between remuneration, job satisfaction, and doctor performance has indeed continued to grow rapidly in the last decade, but studies specifically highlighting the context of Community Health Centers at the district level are still very limited.

2. Research Methods

This study uses a quantitative approach with an explanatory survey research method. Explanatory research aims to test the formulated hypotheses and explain the causal relationships between research variables. This study was designed to analyze the effect of remuneration on physician performance at the Blora Regency Community Health Center, with job satisfaction as a mediating variable. The research design used was a cross-sectional study, where data collection was conducted at a specific point in time. This method was chosen because it is efficient in terms of time and cost, and is appropriate for examining the relationship between variables in the context of the current research. This study is non-experimental because the researcher did not manipulate the independent variable, but rather measured variables that already exist naturally in real-world conditions. This approach allows the researcher to obtain a realistic picture of the actual conditions of remuneration, job satisfaction, and physician performance at the Blora Regency Community Health Center.

3. Results and Discussion

3.1. Research Results

The results of this study are data obtained from doctors working at the Blora Regency Community Health Center. Primary data were obtained through the distribution of questionnaires compiled in the form of Google Forms to gather information related to perceptions of remuneration, job satisfaction, and doctor performance. Data on the personnel of Puskesmas doctors were obtained from the Blora Regency Regional Personnel Agency, data on doctor attendance were obtained from the Blora Regency Health Office and

the Puskesmas where the doctors work, while policies related to remuneration refer to official documents in the form of the Blora Regency Regent Regulation (Perbub) concerning Puskesmas Remuneration. This secondary data is used as a complement and comparison to strengthen the results of the analysis of the primary data.

1) Description of Respondent Characteristics

Table Respondent Characteristics

No	Characteristics	Frequency	Percentage
1	Age: 25 – 30 years	14	16%
	31 – 40 years old	45	55%
	41 – 50 years old	13	15%
	51 – 60 years old	12	14%
	Total	84	100%
2	Gender: Man	58	69%
	Woman	26	31%
	Total	84	100%
3	Working Period at the Community Health Center: < 1 year	7	8%
	1-4 years	13	16%
	> 4 years	64	76%
	Total	84	100%

Source: processed primary data, 2026

Based on Table the total number of respondents in this study was 84 doctors working at community health centers. In terms of age, the majority of respondents were in the 31–40 age range (45 people) (55%), followed by the 25–30 age group (14 people).

(16%), 13 (15%) in the 41–50 age group, and 12 (14%) in the 51–60 age group. This indicates that most respondents are in their productive age, which is the peak period of professional contribution. Based on gender, 58 respondents were male (69%), while 26 (31%) were female, indicating that the medical profession at the research location is still dominated by male medical personnel. Furthermore, in terms of length of service at the Community Health Center, the majority of respondents had worked for more than 4 years (64%) followed by 13 (16%) respondents with 1–4 years of service, and 7 (8%) respondents with less than 1 year of service. The dominance of respondents with more than 4 years of service indicates that most doctors have sufficient work experience, so the data obtained is expected to describe working conditions, burnout levels, job satisfaction, and doctor performance representatively.

2) Variable Description

Based on the results of the responses of 45 respondents regarding the burdenwork,

remuneration, work motivation and performance can be formed in the following descriptive statistics:

- a. High category, $X \geq \text{Mean} + \text{SD}$
- b. Medium category, $(\text{Mean} - \text{SD}) < X < (\text{Mean} + \text{SD})$
- c. Low category. $X \leq \text{Mean} - \text{SD}$ Class Interval = 5

Mean = 3

SD (Standard Deviation) = $\frac{4}{6} = 0.67$

Table Variable Index Values

No	Index Value	Category
1	$X \geq 3.67$	Tall
2	$2.33 < X < 3.67$	Currently
3	$X \leq 2.33$	Low

The PLS R-Square structural model is applied to the dependent variable and coefficient values for the independent variables, then the significance of each path is determined using the t-statistic value. We can examine the t-statistic relationship between the dependent and independent variables for the path coefficients in the SmartPLS 4 output (shown below) to determine the relevance of the model predictions to the context of the structural model.

Table Path Coefficienton Model Testing

Hypothesis	Influence	Original Sample	tstatistic s	P-values	Information
H1	Remuneration toJob satisfaction	0.208	2,284	0.023	Influential
H2	Burnout against Job satisfaction	-0.548	7,336	0,000	Influential
H3	Remuneration on Doctor Performance	-0.092	0.685	0.493	No effect
H4	Burnout against Doctor Performance	-0.008	0.038	0.969	No Influential
H5	Satisfaction Workon Performance Doctor	0.361	2,458	0.014	Influential

Source: processed data, 2026

First Hypothesis

H1: Remuneration has a significant effect on Job Satisfaction. Table shows that the relationship between Remuneration and Job Satisfaction has a path coefficient value of 0.208, which is positive and close to +1, meaning that there is a positive relationship between remuneration and job satisfaction. Furthermore, the relationship between remuneration and job satisfaction has a t-statistic value of $2.284 > 1.96$ and a p-value of $0.023 < 0.05$, meaning that the relationship between the remuneration and job satisfaction variables has a significant effect. Based on the results of the study and the previous explanation, it can be concluded that the first hypothesis states that remuneration has a significant effect positive and significant impact on job satisfaction in this study was accepted.

Second Hypothesis

H2: Burnout and job satisfaction have a path coefficient value of -0.548, this value is negative which means there is a negative relationship between burnout and doctor performance. Furthermore, it can be seen that the relationship between burnout and job satisfaction has a t-statistic value of 7.336 that the value is > 1.96 and has a p value of $0.000 < 0.05$ which means that the relationship between the burnout variable and job satisfaction is significant. Based on the results of the study and the previous explanation, it can be concluded that the second hypothesis which states that burnout has a negative and significant effect on job satisfaction in this study is accepted.

Third Hypothesis

H3: The Effect of Remuneration on Doctor Performance. It can be seen in table that the relationship between remuneration and doctor performance has a path coefficient value of -0.092, this value is negative which means there is a negative relationship between remuneration and doctor performance. Furthermore, it can be seen that the relationship between remuneration and doctor performance has a t-statistic value of 0.685 that the value is < 1.96 and has a p value of $0.493 > 0.05$ which means that the relationship between remuneration variables does not have a significant effect on doctor performance.

Fourth Hypothesis

H4: The effect of burnout on physician performance. Can be seen in the table.

4.14 that the relationship between burnout and doctor performance has a path coefficient value of -0.008, this value is negative which means there is a negative relationship between burnout and doctor performance. Furthermore, it can be seen that the relationship between Burnout and Doctor Performance has a t-statistic value of 0.038 that the value is < 1.96 and has a p value of $0.969 > 0.05$ which means that the relationship between burnout variables does not have a significant effect on doctor performance.

Fifth Hypothesis

H5: The influence of job satisfaction on doctor performance. It can be seen in table that the relationship between Job Satisfaction and Doctor Performance has a path coefficient value of 0.361, this value is positive which means there is a positive relationship between job satisfaction and doctor performance. Furthermore, it can be seen that the relationship between Job Satisfaction and Doctor Performance has a t-statistic value of 2.458 that the value is < 1.96 and has a p value of $0.014 < 0.05$ which means that the relationship between job satisfaction variables has a significant effect on doctor performance.

Indirect Effect Testing

Indirect influence testing to determine the indirect influence of burnout variables on doctor performance through job satisfaction, and the indirect influence of remuneration variables on physician performance through job satisfaction. The criteria for indirect testing are: if the p-value is < 0.05 (5%) and the t-statistic is > 1.96 , the effect is significant, meaning the effect is indirect. The results of the research analysis can be seen from the specific indirect effect table using the bootstrapping technique, which is presented in Table.

Table Specific Indirect Effect Test Results

	<i>Original Sample</i>	<i>t-statistic</i>	<i>p-value</i>
Burnout → Job Satisfaction → Doctor Performance	-0.198	2,156	0.032
Remuneration → Job Satisfaction → Doctor Performance	0.075	1,693	0.091

Source: Processed data, 2025.

Sixth Hypothesis

H6: Burnout has a significant effect on physician performance with job satisfaction as a mediating variable. It can be seen in table that the relationship between Burnout on Physician Performance with Job Satisfaction as a mediating variable has a t-statistic value of 2.156 that the value is > 1.96 and has a p-value of $0.032 > 0.05$ which means that the relationship between the Burnout variable on Physician Performance and Job Satisfaction as a mediating variable is significantly influential.

Seventh Hypothesis

H7: Remuneration has a significant effect on physician performance, with job satisfaction as a mediating variable. This can be seen in

Table shows that the relationship between remuneration on doctor performance and job satisfaction as a mediating variable has a t-statistic value of 1.693, that value is < 1.96 and has a p-value of $0.091 < 0.05$, which means that the relationship between the remuneration variable on doctor performance and job satisfaction as a mediating variable does not have a

significant effect.

3.2. Discussion

1) The Effect of Burnout on Job Satisfaction

The results of the study showed that burnout had a negative and significant effect on job satisfaction with a path coefficient of -0.493, a t-statistic of 7.320 (>1.96), and a p-value of 0.000 (<0.05). The large value of this path coefficient (-0.493) indicates that burnout is a dominant predictor that substantially suppresses job satisfaction among Community Health Center doctors in Blora Regency. Burnout, measured through three main dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment, has been shown to negatively influence job satisfaction through mutually reinforcing psychological mechanisms.

The accumulated emotional exhaustion resulting from the high intensity of patient care drains physicians' psychological resources, reducing their ability to feel meaning and pride in their work. The depersonalization that develops as a defense mechanism against emotional exhaustion causes physicians to withdraw emotionally from both patients and colleagues, which in turn weakens their sense of engagement and satisfaction with their work job. Meanwhile, a decreased perception of self-achievement erodes doctors' self-confidence and sense of competence, thus decreasing intrinsic job satisfaction. Thus, the three dimensions of burnout synergistically and directly reduce doctors' positive perceptions of their jobs.

These findings align with Hobfoll's Conservation of Resources Theory (COR), which states that individuals experience psychological distress when their resources are threatened, lost, or inadequate to meet work demands. In the context of community health center doctors, high workloads, administrative demands, and the stress of dealing with patients with varying degrees of disease complexity consistently drain emotional and cognitive resources. This accelerates the onset of burnout, which then directly impacts decreased job satisfaction.

The results of this study also support the findings of Fajri et al. (2025) and Alfajar et al. (2022), who found that burnout was significantly negatively correlated with job satisfaction among healthcare workers. The situation of Community Health Center doctors facing high patient volumes and limited primary healthcare facility resources provides an empirical context that strengthens the relevance of these findings. Therefore, Community Health Center management needs to implement a systemic burnout prevention program, including proportional workload management, psychosocial support for medical personnel, and improving the quality of the work environment as a strategic effort to maintain job satisfaction.

doctor.

2) The Effect of Burnout on Doctors' Performance

The results of the study indicate that burnout does not have a direct, significant effect on physician performance. The path coefficient of -0.071 does indicate a negative direction, consistent with theoretical predictions. However, the t-statistic of only 0.294 (<1.96) with a p-value of 0.769 (>0.05) confirms that the effect is not statistically significant. These findings indicate that although physicians experience emotional exhaustion, depersonalization, and a decreased sense of accomplishment, their performance indicators, including service quality, quantity, timeliness, effectiveness, and independence, remain at acceptable levels. This can be explained by the mechanisms of professionalism deeply embedded in the medical profession. Medical competency standards, codes of medical ethics, and clinical accountability systems in healthcare facilities act as both external controls and internalized values, compelling physicians to maintain minimum performance standards, even under conditions of high psychological stress.

Theoretically, these results reflect a phenomenon known in the healthcare management literature as “performance resilience under burnout,” where medical personnel maintain their external performance standards despite experiencing a decline in internal psychological well-being. The medical profession, with its binding oath and professional ethics, instills a strong moral responsibility in every physician to without compromising the quality of patient care, regardless of their personal circumstances. Research by Zhang et al. (2023) on healthcare workers in rural China showed that burnout was more reflected in psychological dimensions such as personal stress and job satisfaction than in operational performance indicators. These findings suggest that in professions with highly regulated standards such as healthcare, workers' psychological well-being and professional performance do not always decline simultaneously, but can experience differences or dissociation over time. However, it is important to be aware that in the long term, untreated burnout can lead to more serious performance declines and potentially compromise patient safety.

3) The Influence of Job Satisfaction on Doctors' Performance

The results of the study indicate that job satisfaction has a positive and significant effect on physician performance. The path coefficient value of 0.304, t-statistic of 1.978 (>1.96), and p-value of 0.049 (<0.05) confirm the significance of this influence. Job satisfaction has been shown to be a real driver of physician performance because physicians who are generally satisfied with their jobs demonstrate more optimal performance in terms of service quality, service quantity, timeliness, work effectiveness, and independence in clinical decision-making. Physicians with high job satisfaction tend to have stronger intrinsic motivation to provide the best service to patients.

Patients, not merely due to procedural obligations, but also due to emotional commitment to the profession and institution. Satisfaction indicators such as low turnover intentions and willingness to recommend the profession to others reflect a deep commitment to the job, which directly contributes to the consistency and quality of performance.

Theoretically, the relationship between job satisfaction and performance has long been debated in the organizational behavior literature. The classic view by Robbins (2003) asserts that job satisfaction contributes to increased productivity through increased motivation, organizational commitment, and extra-role behavior. In the context of medical personnel, job satisfaction increases accuracy in clinical procedures, responsiveness to patient needs, and initiative in completing service tasks. This finding is also consistent with research by Tjiong and Siagian (2018), which demonstrated that job satisfaction has a significant positive effect on performance through strengthening work motivation. The results of this study confirm that job satisfaction is a key and proximal variable that most directly determines physician performance in community health centers. Consequently, efforts to improve physician performance must be prioritized by actively creating working conditions that foster satisfaction, ranging from superior support, a collaborative work climate, professional recognition, and career clarity.

4) The Influence of Remuneration on Job Satisfaction

The test results show that remuneration has a positive and significant effect on job satisfaction. A path coefficient of 0.208 indicates that any improvement in the remuneration system will be followed by a measurable increase in physician job satisfaction. A t-statistic of 2.092 (>1.96) and a p-value of 0.037 (<0.05) confirm that this effect is statistically significant. Remuneration, which includes a basic salary, professional allowance, performance allowance, functional allowance, and additional incentives, has been shown to increase physician job satisfaction when there is a perception of appropriateness between the rewards received and the workload, responsibilities, professional standards, and service performance achievements. More specifically, the appropriateness of the basic salary to the service load at the Community Health Center fosters a sense of distributive justice; professional and functional allowances strengthen institutional recognition of physician competence and position; and performance allowances and achievement-based incentives strengthen the perception that individual contributions are proportionally valued by the organization. These three reinforcement mechanisms cumulatively increase physician job satisfaction from an extrinsic, instrumental perspective.

Theoretically, this finding aligns with Herzberg's Two-Factor Theory, where financial compensation is a hygiene factor that plays a role in preventing job dissatisfaction when met fairly. Furthermore, within Adams' Equity Theory framework, physicians tend to compare the ratio between the inputs provided (work hours, clinical risks, (competence, dedication) with the output received (salary, benefits, awards). When the perception of balance in this ratio is maintained, job satisfaction increases. The findings of this study are consistent with the results of studies by Hartati et al. (2019) and Bambang Sancoko (2020), which concluded that fair and proportional remuneration has a positive effect on the satisfaction and performance of medical personnel. In the context of implementing a performance-based remuneration policy at Community Health Centers (Puskesmas) regulated by the Ministry of Health, the results of this study confirm that a structured remuneration system that integrates fixed and

variable components has been proven effective in increasing doctor job satisfaction. Thus, a remuneration policy designed in a transparent, fair, and competitive manner is a strategic instrument that cannot be ignored in the management of health human resources at Puskesmas.

5) The Influence of Remuneration on Doctors' Performance

The test results indicate that remuneration does not have a direct, significant effect on physician performance. Although the path coefficient value of 0.042 indicates a positive relationship, the t-statistic value of 0.200 (<1.96) and p-value of 0.841 (>0.05) clearly indicate that the direct effect of remuneration on performance was not proven significant in this study. This finding indicates that providing adequate salaries, benefits, and incentives does not automatically and directly improve the dimensions of physician performance, namely work quality, service quantity, timeliness, and effectiveness resource utilization, and clinical independence. This means that doctors who receive higher remuneration do not necessarily demonstrate better performance in the technical aspects of healthcare. Doctors' performance appears to be driven more by internal factors such as professionalism, clinical competence, medical ethics, and a moral commitment to patient safety, rather than by extrinsic financial incentives.

These findings can be explained through the perspective of Self-Determination Theory (SDT), which distinguishes between extrinsic and intrinsic motivation. In the medical profession, intrinsic motivation, rooted in altruistic values, professional calling, and satisfaction in serving patients, tends to be the primary driver of performance compared to financial incentives. This is reinforced by the medical profession's regulatory system, which establishes minimum performance standards that must be met regardless of compensation.

Hartati et al.'s (2019) study of specialist doctors found that the effect of remuneration on performance was indirect and mediated by work motivation, confirming that financial compensation functions more as an enabler of satisfaction and motivation, rather than as a direct driver of performance. This finding has important implications for policymakers: strategies to improve physician performance cannot simply rely on increased financial compensation, but must be integrated with strengthening non-financial aspects such as competency development and recognition for achievements professionalism, supportive leadership, and an organizational culture oriented towards service quality.

6) The Effect of Burnout on Doctors' Performance with Job Satisfaction as a Mediating Variable

The results of the specific indirect effect test in Table 4.15 show that burnout influences physician performance through job satisfaction as a mediating variable with a path coefficient value (original sample) of -0.198, a t-statistic of 2.156, and a p-value of 0.032. The t-statistic value is greater than the t-table at a significance level of 5% (1.96), and the p-value is smaller than 0.05. Thus, the hypothesis that job satisfaction mediates the effect of burnout on

physician performance is accepted.

The negative path coefficient of -0.198 indicates that burnout negatively impacts physician performance through job satisfaction. This means that the higher the level of burnout experienced by physicians, the lower their perceived job satisfaction, ultimately reducing their professional performance. Conversely, when burnout is suppressed, job satisfaction increases, positively impacting performance.

These findings indicate that job satisfaction acts as a psychological bridge explaining the mechanism by which burnout can reduce physician performance. Burnout, characterized by emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment, will erode physician job satisfaction. Work decreases, intrinsic motivation and work engagement also decrease, thus impacting on the decline in the quality of service, productivity, and professional commitment of doctors.

The results of this study align with the Job Demands-Resources (JD-R) theory proposed by Bakker and Demerouti, which states that excessive work demands without adequate resources will trigger burnout, reduce job satisfaction, and ultimately lead to decreased work performance. These findings also support previous studies that found job satisfaction to be a significant mediator in the relationship between work stress and burnout on employee performance, particularly in professions with high emotional demands such as medical personnel.

The practical implication of these findings is that hospital management needs to pay special attention to preventing burnout and improving physician job satisfaction, given that both are important determinants of performance. Possible interventions include proportional workload management, adequate organizational support, and appropriate rewards commensurate with physician contributions.

7) The Effect of Remuneration on Doctors' Performance with Job Satisfaction as a Mediating Variable

The test results show that remuneration does not significantly influence physician performance through job satisfaction as a mediating variable. The t-statistic value is 1.258 (<1.96) and the p-value is 0.001.

A value of 0.209 (>0.05) consistently confirms that the mediating effect of job satisfaction in the remuneration-performance relationship is not significant. Although remuneration is shown to increase job satisfaction (path coefficient 0.208, $p=0.037$) and job satisfaction is shown to increase performance (path coefficient 0.304, $p=0.049$), the combination of these two indirect influences does not produce a mediating effect large enough to achieve statistical significance. This indicates that the transmission path from remuneration → job satisfaction → physician performance is too weak to operate effectively as a performance improvement mechanism.

The small indirect effect size (0.063) indicates that even when remuneration increases satisfaction, this increase in satisfaction only has a marginal impact on performance that is neither practically nor statistically significant. Thus, physician performance in the context of primary healthcare is largely determined by factors beyond the financial sphere, such as clinical competence, a culture of quality care, institutional oversight systems, and standard operating procedures. This finding confirms that strategies to improve physician performance cannot rely solely on financial incentive mechanisms, but rather require a more comprehensive and multidimensional approach that includes ongoing professional development, improved work environments, strengthened clinical leadership, and meaningful non-financial rewards.

4. Conclusion

Burnout has a negative and significant effect on job satisfaction the higher the level of emotional exhaustion, depersonalization, and decreased self-accomplishment experienced by doctors, the lower the perceived level of job satisfaction. Burnout has been shown to be a strong factor that reduces doctors' positive perceptions of their work. Burnout does not significantly affect doctors' performance. Although burnout can theoretically reduce work performance, in this study doctors' performance was maintained through professionalism, medical ethics, and operational standards of health services. Job satisfaction has a positive and significant effect on doctors' performance. Doctors who are satisfied with their jobs tend to demonstrate better work quality, quantity of services, timeliness, effectiveness, and independence. Remuneration has a positive and significant effect on job satisfaction. The appropriateness of basic salary, professional allowance, performance allowance, functional allowance, and additional incentives can increase perceptions of fairness and appreciation, thereby increasing doctors' job satisfaction.

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