

# Millennial Doctors' Work Engagement Seen from Self-Leadership and Work Satisfaction

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**Abstract:** So far, every effort to improve the level of health in Indonesia has included improving the performance of health facilities which is always linked to the performance of doctors because there are still many assumptions that the doctor's professional factor determines the success of health facilities, so one approach to managing doctors is using the concept of attachment. Millennial doctors are currently referred to as multilayer-oversight doctors, which refers to the two values of national resilience as characteristics of young doctors, namely national order and human collaboration. The aim of this research is to determine the relationship between self-leadership and work satisfaction with work engagement. The population of this study were doctors in Indonesia with the criteria of being employed and having STR, including millennials, working in hospitals and other health facilities. The sample was determined using a purposive sampling technique with a significance level of 5% or 0.05 with a sample size of 258. Data was obtained from a scale with a Likert scale type and analyzed using linear regression analysis. The results show that there is an influence of self-leadership and job satisfaction with work engagement. The F value is 66.724 ( $p < 0.01$ ), so the third hypothesis is accepted, namely that there is an influence of self-leadership and job satisfaction with work engagement. The effective contribution of self-leadership and job satisfaction in predicting work engagement is 54.1% while the remaining 45.9% is influenced by other factors not examined in this study.

**Keywords:** Work engagement, self-leadership, work satisfaction

## 1. Introduction

Current developments have made the world borderless, requiring adjustments to changes in all aspects of life, including in the industrial world of organizations. The challenges faced by industry and organizations in Indonesia are increasingly complex and competitive, the need for superior and quality human resources that are able to compete with other countries is increasing (Purboarum, 2016). Organizations in facing job competition in the era of globalization are required to always maintain the quality of human resources (HR) so that they can continue to innovate, excel and win the competition with various emerging competitors (Ramadhan & Sahrah, 2021).

The health sector is also keeping up with the times with the increasing number of new hospitals and other health facilities being established. This is happening because the need for health services is increasing in line with the government's goal of achieving a healthy Indonesia (Agustina et al., 2019). As medical personnel, especially doctors, who are at the forefront of health services, we are required to be agile, like challenges and be careful in carrying out their duties (Veronica et al., 2022).

The demands of modern progress have become a challenge for all of society to be able to adapt by improving their quality to suit the times, thereby giving birth to generations raised in an environment of technological convenience, called the millennial generation. The millennial generation was born between 1981 and 1996 (Bauman et al., 2014). There are many opinions from foreign and domestic experts regarding the birth year range for the millennial generation, but in essence the millennial generation is individuals who fall within the age range of 20 to 40 years (Pravita, 2020). This millennial generation is closely related to the use of information technology which can be used as a form of contribution in intervening and educating the public to improve health standards (Wahyuni et al., 2021).

The work behavior of the millennial generation tends to be ambitious, multitasking, likes challenges, fast and impatient, creative and likes to build their own business, enterprising and tenacious, and demanding, but easily bored so

that managing the millennial generation workforce has its own challenges in all professions (Namboozee & Parumasur, 2016). One interesting profession is a doctor, in this research it focuses on millennial doctors. Researchers chose millennial doctors because there has not been much research that has paid attention to doctors, especially the millennial generation, whereas Indonesia will be faced with a demographic bonus where the productive age, in this case millennials, will dominate the world of work, including in the health sector. This is in accordance with the opinion of Hermawati et al. (2021) that the highest population is dominated by the millennial generation.

Millennial doctors are currently referred to as multilayer-oversight doctors, which refers to the two values of national resilience as characteristics of young doctors, namely national order and human collaboration (Andriawan, 2023). National order refers to discipline and quality of work based on religion and nationalism. National order has as a reference the achievement of the foundations of personal strength (individual confidence) based on honesty, truth and justice. Human collaboration is a personality trait that maintains the value of effective struggle and provides benefits to the environment. An environment that includes peer interaction, competence and cooperation towards a common goal. The characteristic of human beings in their role in the field of health transformation is to unite the spirit of defending the country, simply protecting the healthy quality of life of all Indonesian people, as part of their fighting power, dedication and service to the country, which is contained in the six pillars of health transformation towards realizing a healthy Indonesia.

So far, every effort to improve the level of health in Indonesia has included improving the performance of health facilities which is always linked to the performance of doctors because there are still many assumptions that the doctor's professional factor determines the success of health facilities, so one approach to managing doctors is using the concept of engagement (Kusumawati, 2020). As a doctor who belongs to the millennial generation who has the characteristics of being persistent and agile but also has the disadvantage of being easily bored, it is hoped that these advantages and disadvantages will become a challenge so that health services can have a medical team that has the characteristics of superior human resources and is serious about carrying out their work because health workers are connected with lives. patients so that work engagement is also realized (Trisnawati et al., 2021).

It is important to realize work engagement because it can influence individual involvement in increasing organizational productivity optimally and with full seriousness (Ramadhan & Sahrah, 2021). Work engagement not only always contributes to productivity and loyalty, but also contributes to customer satisfaction, agency reputation and overall agency value (Lockwood, 2007). According to Schaufeli and Bakker (2004) work engagement is positive energy for employees to carry out work optimally without compulsion so that they have good productivity at work. The aspects of work engagement according to Schaufeli and Bakker (2004) are the aspects of vigor, dedication and absorption. Vigor is characterized by a high level of energy and mental endurance (resilience) when working, a willingness to make serious efforts at work, and persistence when facing obstacles at work. Dedication refers to fully involving oneself and feeling meaningful, feeling ownership, enthusiasm, pride, and feeling challenged towards work. Absorption is characterized by being completely concentrated, happy and engrossed in doing work, so that time seems to pass quickly.

Researchers found the phenomenon of work engagement in the field. Based on the results of interviews with 15 millennial generation doctors who work in Yogyakarta City health facilities on October 2 2023, it is known that in the first aspect of work engagement, namely the vigor aspect, it is suspected that according to 11 out of 15 informants they feel unenthusiastic in carrying out their duties and find it difficult to face obstacles. obstacles in work that requires strong mental and physical endurance. For example, doctors don't have the passion to be on duty so they seem to be lazing around and even take permission or swap shifts with colleagues. Apart from that, when they are on duty in the emergency room, it often happens suddenly that patients come in at the same time in serious conditions such as accidents, doctors find it difficult to deal with this situation. and feel hampered in carrying out their duties if their mood and physical condition are not ready.

The second aspect, namely dedication, 13 informants felt proud of their status as doctors, but on the other hand they also felt that they did not want to involve themselves fully in the agency, so that individuals only carried out their obligations as necessary. Doctors are aware that their profession in the agency is one of the most respected, but this does not make doctors fully involved with health facilities, for example taking part in discussions in trying to achieve excellent service, even though they are invited to a meeting, doctors often avoid attending for all kinds of reasons, what doctors do is only limited to Practice only as needed and other time can be used for personal interests or goals.

The absorption aspect was marked by statements from 10 informants that they did not enjoy carrying out their work which was very monotonous and took up a lot of time and felt that the service time took a very long time even though there were many patients to be treated. This can happen because doctors find it difficult to focus when on shift, carrying out their duties feeling overwhelmed because some of them say that the profession they are undertaking is the will of their parents, not themselves, but because it has already happened, doctors are forced to continue carrying it out so they are not happy and feel like they are working. boring walk.

The researcher also discussed with the head of the personnel division at one of the health facilities, he stated that millennial generation doctors (which he called modern doctors) are not fully involved or are not involved with the institution, so it seems like they are just passing through, meaning they come just to practice. Even then, they often change their schedules by changing shifts or even applying for lots of permits and leave. It could be said that out of 10 doctors, only 2 doctors really work very loyally, are enthusiastic about their work and participate in advancing the agency in

various ways. These millennial doctors have to do everything quickly and practically but are impatient, for example rushing through meetings, gatherings and other agendas, so it gives the impression that they have no sense of belonging to the agency, are reluctant to participate in discussions/get involved in how to advance the agency. From the 15 doctors, it was found that 10 doctors felt they did not have all three aspects of work engagement or it could be said that the results of the preliminary study concluded that there was a tendency for low work engagement in millennial generation doctors.

The significance of this research is that in the health industry doctors are one of the most important stakeholders, but unfortunately doctors have the lowest engagement among all health workers, so it is very important for agencies to pay attention to the level of engagement with doctors for the progress of health facilities (Paramita et al., 2022). The work engagement of millennial generation health workers should be high and they will avoid negative behaviors such as neglecting work so they leave work hours, playing truant, being late for work, submitting work reports late and so on, but in reality today's health workers have low work engagement (Trisnawati et al., 2021).

It is hoped that a hospital's health workers will have high work engagement, because apart from avoiding negative behavior towards work, these health workers must also be willing to work optimally. This engagement will create success for the hospital through matters related to the performance of health workers, patient satisfaction, productivity and profitability (Marwanto, 2022). Factors that influence work engagement according to Lockwood (2007) consist of internal factors and external factors. The internal factors consist of self-efficacy, leadership, spirituality, personality and work motivation, while the external factors consist of social support, organizational climate, job satisfaction, workload and organizational culture. The first factor that researchers chose was internal factors, namely leadership, more specifically self-leadership. The reason for choosing self-leadership is that this factor has not been found in many previous studies and leadership factors are usually closely related to the characteristics of the millennial generation.

Self-leadership is an individual's way of directing and motivating themselves to achieve a desired state/goal (Houghton & Neck, 2002). Aspects of Houghton and Neck's (2002) self-leadership are: a) Behavior-focused strategies shown to increase self-awareness, namely by directing and managing behavior so that the work process becomes more enjoyable; b) Natural rewards strategy emphasizes increasing motivation at work so that work becomes more enjoyable and individuals can focus their attention on the tasks they are doing; c) Constructive through pattern strategies involve the creation and maintenance of functional patterns of thought, through the process of self-analysis, individuals can identify encounters, and respond more rationally to things.)

The second factor that researchers chose was the job satisfaction factor. According to Luthans et al. (2021) job satisfaction is a feeling of satisfaction with one's work which can create positive feelings at work. Someone with a high level of job satisfaction has positive feelings about their job, while someone with low job satisfaction has negative feelings about their job. The aspects of job satisfaction according to Luthans et al. (2021) include satisfaction with salary/wages, work itself, promotions/opportunities, superiors/supervision and co-workers. Based on the description above, the formulation of the problem in this research is whether there is an influence of self-leadership and job satisfaction on work engagement in the millennial generation's medical profession?

## 2. Methodology

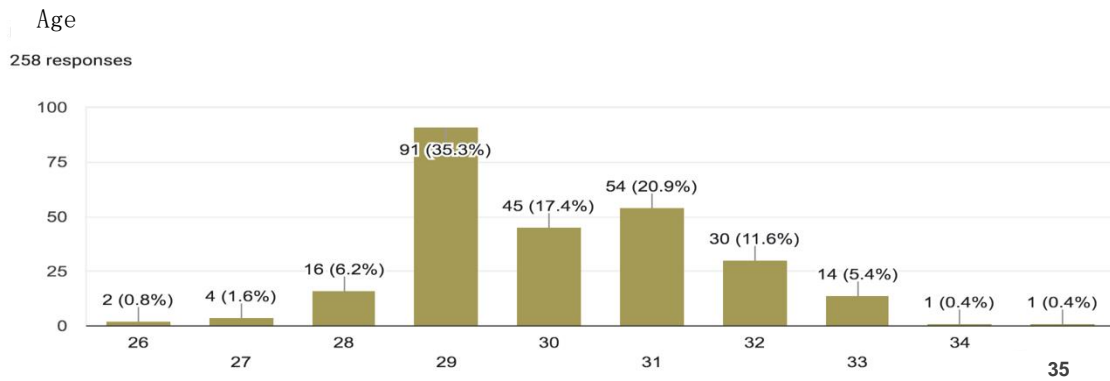
### 2.1 Population and Sample

The population in this study was 173,452 doctors in Indonesia, but only 153,389 doctors with STR were still active until 2023. Based on research conducted by RISKESDES data, there are 93% of doctors who have SIP. Currently there is no data on the number of doctors based on age. Currently, it is assumed that there are 1,000 doctors who meet the criteria. The inclusion criteria for this research sample are: 1) Already working and have STR; 2) Included in millennial age; and 3) Work in hospitals or other health facilities.

The sampling technique in this research used the Purposive Sampling technique. According to Sugiyono (2016), it is a technique for determining samples based on certain criteria that must be met. The number of samples taken as research subjects is determined using the principles in Isaac and Michele's table in Sugiyono (2016), it is known that with a sample size of 1.000 people according to the criteria, a significance level of 5% or 0.05 requires 258 people to be used. in research. Table 1 is a description show the subjects in this research.

**Table 1.** Description of research subjects

Gender	Male	Female
	s124	134
Total	258	



**Fig. 1.** Subject age chart

## 2.2 Instrument

The data collection method uses a Likert scale type consisting of 4 answer options. Some of these statements are favorable and unfavourable. Table 2 show score on the scale, the following norms for assessing answers are determined:

**Table 2.** Scoring system on a scale

Answer scale	Score item Favourable	Score item unfavourable
Very suitable	4	1
In accordance	3	2
It is not in accordance	2	3
Highly Unsuitable	1	4

## 2.3 Variable Work Engagement

Based on the results of trials on 50 subjects with a difference power value  $> 0.3$ , it is known that 17 items or all items achieved a correlation coefficient value  $\geq 0.30$  and were declared as valid items, while there were no items that had a correlation coefficient  $< 0.30$  which was declared invalid. Valid items start with the lowest correlation value, namely 0.402 on item number 5 and the highest correlation value, namely 0.783 on item number 8. The work engagement scale has a Cronbach's Alpha value of 0.932, so it can be concluded that the scale for the work engagement variable is very reliable. The blueprint for item distribution after the trial are shows in Table 3 and Table 4.

**Table 3.** Blueprint work engagement scale before trial

No	Aspect	Item
1	Vigor	1, 2, 3, 4, 5, 6
2	Dedication	7, 8, 9, 10, 11
3	Absorption	12, 13, 14, 15, 16, 17
Total		17

**Table 4.** Blueprint work engagement scale after trial

No	Aspect	Item
1	Vigor	1, 2, 3, 4, 5, 6
2	Dedication	7, 8, 9, 10, 11
3	Absorption	12, 13, 14, 15, 16, 17
Total		17

## 2.4 Variable Self-Leadership

Based on the results of trials on 50 subjects with a difference power value  $> 0.3$ , it is known that of the 28 items that achieved a correlation coefficient of 0.30, they were declared as valid items, while 2 items had a correlation coefficient of 0.30, which were declared as invalid items. The items that fell were item number 11 with a difference power value of 0.203 and item number 23 with a value of 0.196. Items that are valid or not invalid start with the lowest correlation value, namely 0.566 in item number 29 and the highest correlation value, namely 0.807 in item number 3. The self-leadership scale has a Cronbach's Alpha value of 0.961, so it can be concluded that the self-leadership scale is reliable. As for the distribution blueprint items after the trial are shows in Table 5 and Table 6.

**Table 5.** Blueprint self-leadership scale before trial

No	Aspect	Favorable	Unfavorable	Total
1	Behavior-focused strategi	1, 2, 3, 4, 5	16, 17, 18, 19, 20	10
2	Natural rewards strategi	6, 7, 8, 9, 10	21, 22, 23, 24, 25	10
3	Constructive throught pattern strategies	11, 12, 13, 14, 15	26, 27, 28, 29, 30	10
Total		15	15	30

**Table 6.** Blueprint self-leadership scale after trial

No	Aspect	Favorable	Unfavorable	Total
1	Behavior-focused strategi	1, 2, 3, 4, 5	15, 16, 17, 18, 19	10
2	Natural rewards strategi	6, 7, 8, 9, 10	20, 21, 22, 23	9
3	Constructive throught pattern strategies	11, 12, 13, 14	24, 25, 26, 27, 28	9
Total		14	14	28

## 2.5 Variable Work Satisfaction

After carrying out a validity test on the job satisfaction scale consisting of 30 items using 50 subjects, it was found that 28 items achieved a correlation coefficient value of 0.30, which was declared as valid items, while 3 items had a correlation coefficient of 0.30, which were declared as invalid items. The items that fell were item number 4 with a different power value of 0.215, item number 11 with a different power value of 0.230 and item number 23 with a value of 0.209. Items that are valid or not invalid start with the lowest correlation value, namely 0.553 on item number 10 and the highest correlation value, namely 0.749 on item number 30. Next, a reliability test is carried out. The job satisfaction scale has a Cronbach's Alpha value of 0.974, so it can be concluded that the job satisfaction scale is reliable. Based on this analysis, the research measuring instrument has met the criteria for use. As for the distribution blueprint items after the trial are shows in Table 7 and Table 8.

**Table 7.** Blueprint work satisfaction scale before trial

No	Aspect	Favorable	Unfavorable	Total
1	Wages	1, 2, 3	16, 17, 18	6
2	Work	4, 5, 6	19, 20, 21	6
3	Promotion	7, 8, 9	22, 23, 24	6
4	Supervision	10,11, 12	25, 26, 27	6
5	Workmate	13, 14, 15	29, 29, 30	6
Total		15	15	30

**Table 8.** Blueprint work satisfaction scale after trial

No	Aspect	Favorable	Unfavorable	Total
1	Wages	1, 2, 3	14, 15, 16	6
2	Work	4, 5	17, 18, 19	5
3	Promotion	6, 7, 8	20, 21	5
4	Supervision	9, 10	22, 23, 24	5
5	Workmate	11, 12, 13	5, 26, 27	6
Total		13	14	27

## 2.6 Research Implementation

The trial was carried out from 20 to 22 February 2024 on 50 millennial doctors. Trial data was taken using the scale loaded on Google Form at the link <https://forms.gle/TXJj4cdkot7btoRF8>. After the trial was carried out, research data was collected which was carried out from 14 to 19 March 2024 using the scale loaded on Google Form at the link <https://forms.gle/jKyoxAwejX8un5g2A> and data was collected for 258 people according to the required sample size.

All subjects filled out the scale completely, so that no test subjects were declared disqualified, then the data obtained was analyzed using the Ms computer program. Excel and SPSS then the data results are interpreted as research results.

## 3. Results and Discussion

### 3.1 Results

The results of the categorization of each variable are described as follows: 1) Categorization of work engagement. Work engagement in the low category was 109 (42.2%), in the medium category was 83 (32.1%) and in the high category was 66 (25.7%). It can be concluded that work engagement is in the low category; 2) Categorization of self-leadership. Self-leadership in the low category was 52 (20.3%), in the medium category was 121 (46.8%) and in the high category was 85 (32.9%). It can be concluded that self-leadership is in the medium category; and 3) Categorization of work satisfaction. Work satisfaction in the low category was 103 (39.9%), in the medium category was 91 (35.2%) and in the high category was 64 (24.9%). It can be concluded that work satisfaction among doctors is in the low category.

The results of the hypothesis test which were analyzed using linear regression analysis in this research were that there was an influence of self-leadership and work satisfaction with work engagement, an F value of 66.724 ( $p < 0.01$ ), so the third hypothesis was accepted, namely that there was an influence of self-leadership and work satisfaction. with work engagement. The effective contribution of self-leadership and work satisfaction in predicting work engagement is 54.1%, while the remaining 45.9% is influenced by other factors not examined in this research. A summary of hypothetical data and empirical data can be seen in the Table 9.

**Table 9.** Data hypothetical and empirical

Variable	Hypothetical				Empirical			
	Min	Max	Mean	SD	Min	Max	Mean	SD
Work engagement	17	68	42.5	8.5	27	56	4.8	41.5
Self-leadership	28	112	70	14	57	79	68	3.6
Work satisfaction	27	108	67.5	13.5	56	77	66.5	3.5

### 3.2 Discussion

The research hypothesis is that there is a joint influence between self-leadership and work satisfaction on work engagement in the millennial generation of medical profession. This is proven by the F value of 66.724 ( $p < 0.01$ ). Self-leadership makes individuals more engaged in their work. According to Ramadhan and Sahrah (2021), self-leadership is important to increase work engagement when an employee is in an organization. Facing increasingly complex organizational conditions requires an employee to be able to lead himself to complete and contribute optimally within the organization.

Job satisfaction will foster enthusiasm and dedication at work, which is one aspect of realizing work engagement among employees. Work satisfaction is an important element in achieving work engagement so that organizational goals can be realized optimally (Muharsih, 2017). Kristinanda and Priyatama (2023) stated that employees with a high level of job satisfaction will also have high work engagement. The relationship between these two variables has proven to be significant.

The findings in the hypothesis show alignment with the theory of Schaufeli and Bakker (2004) which states that the factors that influence work engagement consist of job resources factors and personal resources factors. The personal resources factor in this research is leadership, while the job resources factor is work satisfaction. These factors simultaneously tend to influence work engagement, work engagement can be achieved if the influencing factors simultaneously strengthen each other to form engagement.

Dynamically, it can be seen that when individuals have self-leadership, it will be easy to regulate themselves and their emotions at the same time, and individuals will feel satisfied with their work, both in terms of salary and relationships with co-workers. Both of these things can certainly foster individual work engagement because they feel the work is good. lived up to his expectations. However, on the other hand, if the situation is that the individual does not have good self-leadership skills, meaning it is difficult to control himself in carrying out all activities and at the same time the individual is dissatisfied with his work, then it is certain that the individual will find it difficult to engage with the institution because the work is felt to be incompatible with the individual. Alone.

According to Unsworth and Mason (2012) self-leadership provides a combination of behavioral, cognitive, and natural rewards or emotional self-regulation strategies that are effective in various environments, thereby providing individuals with psychological resources that strengthen positive energy. This positive energy can also be realized if at work the individual feels satisfied with his work (Gymfi, 2014). The positive energy resulting from self-leadership and work satisfaction is in line with the concept of work engagement which is referred to as a positive state of carrying out work in order to achieve the best performance. This is supported by the opinion of Dasaad (2015) that leadership and work satisfaction are two important factors in efforts to improve employee performance. This means that self-leadership and work satisfaction tend to have a significant relationship with work engagement.

When viewed from the perspective of Attribution Theory, a person's behavior is influenced by two forces, namely internal forces and external forces. In general, external factors referring to a person's environment are referred to in research as job resource factors, while internal causes or personal resource factors refer to individual behavior that originates from within the self (Malle, 2022). If an individual has good self-leadership, they will not give up easily and have high persistence and high work satisfaction, so together these two variables will form work engagement. Individuals who are able to lead themselves and feel satisfied with their work tend to be engaged in their work. The positive energy resulting from self-leadership and work satisfaction is in line with the concept of work engagement which is referred to

as a positive state in carrying out work in order to achieve the best performance. This is supported by the opinion of Dasaad (2015) that leadership and work satisfaction are two important factors in efforts to improve employee performance.

#### 4. Conclusion

Based on the research results and discussion, it can be concluded that the hypothesis in this study is accepted. As for the practical suggestions that researchers can give, it is hoped that the research results can be applied as a strategy in an effort to increase work engagement, for example by providing self-leadership training and paying attention to the level of work satisfaction so that doctors can have high engagement with the agency so that organizational goals can be achieved optimally. As front guard health workers, doctors can achieve work satisfaction and have good self-leadership so that work engagement can be formed so that doctors work with full positive energy.

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#### Conflict of Interest

The authors declare no conflicts of interest

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