

# Factors\_Affecting\_the\_Performance\_of\_Members\_Team.pdf

*by*

---

**Submission date:** 04-Apr-2022 10:50AM (UTC+0700)

**Submission ID:** 1800954995

**File name:** Factors\_Affecting\_the\_Performance\_of\_Members\_Team.pdf (311.59K)

**Word count:** 3010

**Character count:** 16853

# Factors Affecting the Performance of Members Team Preparation Accreditation of Public Health Center

(Study at Public Health Center in Kotawaringin Timur District)

Nurul Fatimah Apriliani<sup>1</sup>, Edi Har toyo<sup>2</sup>, Lenie Marlinae<sup>3</sup>, Husaini<sup>2</sup>, Bahrul Ilmi<sup>4</sup>

<sup>1</sup>Student of Public Health Magister Program, <sup>2</sup>Magister Public Health Science Program Medical Faculty,

<sup>3</sup>Environment Health Department Public Health Program Medical Faculty,

<sup>4</sup>Health Polytechnic Ministry of Health Banjarmasin

## ABSTRACT

**Background:** Accreditation of Public Health Center as a quality assurance requires high performing teams. 2017 is scheduled 7 health centers in East Kotawaringin carry out accreditation assessment. Report of self assessment from Accompanying Team of Public Health Center Accreditation of Health Office of Kotim July 2017 period describes Public Health Center Baamang I with target of preparation of accreditation supporting document as much as 60% result realized is 30%, Public Health Center Ketapang I 30%, Public Health Center Pasir Putih 45%, Public Health Center Parenggean II 75%, Public Health Center Samuda 50%, Public Health Center Mentaya Seberang 45% and Public Health Center Kota Besi 50%. The performance of members of the Public Health Center accreditation preparation team has not met the agreed targets.

**Objectives:** Analyzing the influence of leadership of Public Health Center head, organizational culture and motivation on the performance of the preparation team members of Public Health Center accreditation.

**Method:** Survey research using crosssectional design. Proportional random sampling technique was applied to recruit 110 respondents from 4 selected Public Health Centers. Questionnaires were used to collect data on the independent variables (leadership, organizational culture and motivation) and dependent variables (performance).

**Results:** Fisher Exact test showed no influence of leadership on performance (p-value 1,000), no influence of organizational culture on performance (p-value 0.373), no effect of motivation on performance (p-value 1,000). Age, employment, education, gender and employment status seem to contribute to the results of the study.

**Conclusion:** There is no statistically significant influence from the leadership of the Head of Public Health Center, organizational culture and motivation to the performance of members of the preparation team for accreditation of Public Health Center. Therefore it is necessary to analyze other factors that affect the performance of the preparation team members of the Public Health Center accreditation.

**Keywords:** Leadership, Organizational Culture, Motivation, Performance.

## INTRODUCTION

Public Health Center accreditation is an external assessment process by the Accreditation Commission

### Correspondence :

Nurul Fatimah Apriliani,  
aprilianinurul81@gmail.com

and representatives in the province against the Public Health Center to assess the quality management system and service delivery system as well as the principal efforts with conformance to the established standards. The Public Health Center accreditation assessment standard consists of 9 Chapters, namely: Chapter I. The Implementation of Public Health Center Services, Chapter II. Leadership and Management Public Health

Center, Chapter III. Improving the Quality of Public Health Center, Chapter IV. Target-oriented Public Health Center Program, Chapter V. Leadership and Management of Public Health Center Program, Chapter VI. MDG's Performance Targets, Chapter VII. Patient-Oriented Clinical Services, Chapter VIII. Clinical Support Service Management, and Chapter. IX. Improved Clinical and Patient Safety. The accreditation decision is Not Accredited; Basic Accredited, Accredited Madya, Accredited Primary and Accredited Plenary<sup>1</sup>.

The accreditation preparation team established in each Public Health Center is divided into 3 (three) working groups namely the administrative and management, the individual health work group and the public health work group with the task of carrying out the self assessment and the preparation of the required documents, carry out the implementation and then performed pre-accreditation assessment and ending the preparation with the submission of a request for survey. In general the task of the team is: 1) to prove that the quality assurance system has been standardized; 2) prove the quality assurance system is running; 3) to prove that the running of the system has been in accordance with the procedure; 4) to prove the success of the quality assurance system undertaken; and 5) proves that system weaknesses have been fixed through a standardized quality cycle. All five of the above shall be proved by documents (papers) and other evidence<sup>1</sup>.

Directorate General of Health Services (DG Yankes) Ministry of Health Republic of Indonesia (Kemenkes RI) reports that coverage of Public Health Center accreditation in Indonesia in 2016 is as many as 1,479 Public Health Center spread in 1,308 districts, 320 districts and 34 provinces. Realization in 2016 only reached 23.4% compared to the target of 2019. The problems that prevented the preparation of Public Health Center accreditation were human resources, fund, time and infrastructure. These factors include the unwillingness of working from health workers at the Public Health Center, the lack of competent human resources, the low level of regional commitment, and the availability of facilities for health service facilities (fasyankes) that have not met the standard<sup>2</sup>.

Kotawaringin Timur Regency, Central Kalimantan Province consists of 17 districts with 182 villages. The parent health center in Kotim in 2016 amounted to 22, consisting of 5 health centers and 17 non-treatment

Public Health Center. Public Health Center accreditation was implemented in 2016. From 22 Public Health Center, there are 2 (two) Public Health Center which in 2016 are ready to be accredited and get Basic Accredited status. Based on the results of monitoring and evaluation at Kotim District Health Office on April 22, 2017 that the achievement of accredited status is not in accordance with the target set. 2017 is scheduled 7 health centers again to implement the accreditation of Public Health Center Samuda, Kota Besi, Mentaya Seberang, Parenggean II, Pasir Putih, Baamang I and Ketapang I. The accreditation preparation team from each Public Health Center has conducted appeal and benchmarking to other public health centers has a status of Accredited Madya in West Kotawaringin Regency (Kobar) with facilitated by DHO Kotim<sup>3</sup>.

Public Health Center Baamang I with the target of preparation of accreditation supporting documents as much as 60% of the realized result is 30%. Public Health Center Ketapang I with target of preparation of accreditation supporting document as much as 65% result realized is 30%. Public Health Center Pasir Putih with target of preparation of supporting document of accreditation as much as 60% result realized is 45%. Public Health Center Parenggean II with the target of preparation of accreditation supporting documents as much as 80% of the realized result is 75%. Public Health Center of Samuda with target of preparation of supporting document of accreditation as much as 60% result realized is 50%. Public Health Center Mentaya Seberang with the target of preparation of accreditation supporting documents as much as 60% of realized result is 45%. Public Health Center Kota Besi with target of preparation of accreditation supporting document as much as 60% result realized is 50%<sup>3</sup>.

The result of monitoring of accreditation accompaniment team above shows that in general performance achievement in each Public Health Center is still low. The average achievement of performance is 30% -50% and only 1 health center that can achieve the realization of 75% of the 80% agreed targets. Accreditation requires the provision of the implementation of all service activities through documentation and tracing, because on the principle of accreditation, all activities must be written and what is written must be done accordingly. The results of the preliminary study indicate that in general in the preparation of documents and other physical evidence,

Public Health Center Parenggean II has the highest performance while the Baamang I and Ketapang I Public Health Center have the lowest performance. Based on the above data review, it is necessary to know what factors affect the performance of the preparation team of Public Health Center accreditation in East Kotawaringin regency.

**MATERIALS AND METHOD**

This research use cross sectional design, this research data is collected by quantitative approach to analyze the influence factor of leadership, organizational culture and motivation to the performance of member of preparation team of accreditation of Public Health Center in Kotawaringin Timur area. The study was conducted in 4 health centers from 7 health centers that were included in the road map of Kotawaringin Timur District Health Office in 2017, Baamang Unit I, Pasir Putih Public Health Center, Public Health Center Parenggean II and Public Health Center Samuda. Public Health Center Baamang I and Public Health Center Pasir Putih were chosen to represent Public Health Center in the capital of East Kotawaringin District while Public Health Center Parenggean II and Public Health Center of Samuda were chosen to represent Public Health Center outside the capital of Kotawaringin Timur Regency. The study was conducted from September to December 2017.

The population in this study are all members of the accreditation preparation team in 4 Public Health Center divided into 3 working groups (Pokja), namely Pokja Admen (Administration and Management), Pokja UKP (Individual Health Efforts) and Pokja UKM (Public Health Efforts). The sample was determined using Lameshow formula with 110 respondents which then divided based on the proportion to the number of samples consisting of 39 respondents from the Baamang I health center accreditation team, 18 respondents from

the accreditation team of Pasir Putih Public Health Center, 18 respondents from the accreditation team of Parenggean and 35 respondents from the Samuda Public Health Center accreditation team.

**FINDINGS**

**Table 1 Results of univariat analysis**

No	Variable	Category	Frequency	%
1	Leadership	Strong	108	98,2
		Weak	2	1,8
2	Organizational culture	Very strong	41	37,3
		Strong	69	62,7
3	Motivation	Strong	99	90
		Weak	11	10
4	Performance	Good	109	
		Less	1	17,1

Based on table 1 it is known that respondents' assessment on the leadership of the Head of Public Health Center is strong at 108 (98.2%). While the respondents' assessment of the leadership of the Public Health Center Head is weak by 2 (1.8%). Based on table 1 it is found that respondent motivation shows most of the motivation of members of the preparation team for accreditation of East Kotawaringin Public Health Center is strong (99%) compared to the weak motivation of 11 (10%). Based on table 1 it is known that the performance of respondents shows that most of the performance of members of the preparation team for accreditation of Public Health Center in Kotawaringin Timur Regency is good 109 (99.1%) compared to the performance of less than 1 (0.9%).

**Table 2 Analysis Bivariate**

Variable	Kinerja Anggota Tim				p-value
	Baik		Kurang		
Leadership	n	%	n	%	1,000
Strong	107	99,1	1	0,9	
Weak	2	100	0	0	



Cont... Table 2: Analysis Bivariate

Variable	Kinerja Anggota Tim				p-value
	Baik		Kurang		
Organizational culture					0,373
Very strong	40	97,6	1	2,4	
Strong	69	100	0	0	
Motivation					0,632
Strong	98	99	1	1	
Weak	11	100	0	0	

Based on table 2 of Fisher Exact test result with level of trust ( $\alpha$ ) 95% (0,05) got significant value (p-value = 1,000). This means the value of  $P > \alpha$ , it can be concluded that there is no influence of leadership with the performance of members of the preparation team of accreditation of Public Health Center. Based on table 4:12 using Fisher Exact test with level of trust ( $\alpha$ ) 95% (0,05) to see the existence of influence between organizational culture with performance level of accreditation team member got value (p-value = 0,373). This means p-value  $> \alpha$ , it can be concluded that there is no influence between organizational culture with the performance of Public Health Center accreditation team members. Based on table 4.13 Using Fisher Exact test with 95% (0,05) confidence level ( $\alpha$ ) to see the influence between motivation and level of performance of accreditation team member got significant value (p-value = 1,000). This means p-value  $> \alpha$ , so it can be concluded that there is no influence of motivation with the performance of Public Health Center accreditation team members.

## DISCUSSION

There is no significant correlation between head of Public Health Center leadership and performance in this research is in line with the research done by Tampubolon (2017) which shows no influence of leadership of Head of Public Health Center with the performance of officer at Public Health Center Bitung Barat Kota with p-value = 0,620. Endro and Sujiono (2012) also concluded that there was a meaningless influence between leadership on performance. As the relationship of leadership and performance, then in the relationship between organizational culture and performance there is also anomaly perspective. About a third of Baamang I health

center employees and Public Health Center Parenggean consider their organization to have a very strong organizational culture and in the leadership perspective they have a good performing team. But in reality, the achievement of the accreditation obtained by the two is different. Anomaly is also seen in the White Pasir Public Health Center and Public Health Center of Samuda<sup>4</sup>.

The results of this study indicate that organizations that have good performance do not always have to have a strong organizational culture. According to Kotter and Heskett (1997) a strong organizational culture can produce effects that greatly affect performance. Strong organizational culture will assist the organization in providing assurance to all employees to grow together, grow and develop agencies. In other words, whatever organizational culture prevails throughout the culture is well managed according to the key elements of the culture then the goal will surely be achieved<sup>5</sup>.

During the research, the accreditation companion team has always been involved since providing early debriefing, conducting technical guidance for accreditation, providing assistance and participating in preparing the required documents. Intervention from outside this organization increases the rhythm of activity compared to everyday. But since the beginning of this change is not accompanied by clear targets, eventually the organization does not have a code of conduct in harmony with these target indicators.

The questionnaire analysis shows that the accreditation team always coordinates with colleagues and supervisors (71.85%), if there is any problem in completing the accreditation document then the team coordinates with colleagues and leaders (70.95%),

the accreditation team always issued (70.35%), the accreditation team is always looking for ways to overcome ignorance of accreditation documents as per the working group (68.85%), and the accreditation team always discuss with other working groups to correlate if there is a difference of (68.7%). The results of the questionnaire analysis show that the Public Health Center actually has a conducive climate to manage change and become a learning organization.

Motivation is an incentive from within man to act or behave. Understanding motivation is inseparable from the word needs or needs. Needs are a "potential" in man that needs to be responded to or responded to. The response to that need is manifested in the form of action to meet those needs, and the result is that the person concerned feels or becomes satisfied. According to the hierarchy of needs theory there are 5 levels of needs that did not show any relationship between motivation on employee performance<sup>6</sup>.

The results of the questionnaire analysis showed that the accreditation team was determined to complete the preparation task of accreditation with the best result (67.65%), when the accreditation team was given the task of preparing the accreditation of the Public Health Center by the Head of the Public Health Center, the team felt challenged to finish it well (67.2 %), Public Health Center accreditation activities make team more friends because work in team equal to (68,85%), if Public Health Center accreditation succeed, hence it is achievement for team equal to (66.6%). and team feel very excited when went to Public Health Center because besides implementing fungsi also have to finish task of preparation of accreditation of Public Health Center equal to (65,25%). Only 10% of respondents are generally weakly motivated.

### CONCLUSION

1. There is no influence of leadership on the performance of members of the preparation team of Public Health Center accreditation (p-value = 1,000).

2. There is no influence of organizational culture on the performance of the preparation team members of the Public Health Center accreditation (p-value = 0.373).

3. There is no influence of motivation on the performance of members of the preparation team of Public Health Center accreditation (p-value = 1,000).

**Ethical Clearance:** This study approved and received ethical clearance from the Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia. In this study we followed the guidelines from the Committee of Public Health Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia for ethical clearance and informed consent. The informed consent included the research title, purpose, participant right, confidentiality and signature.

**Source Funding:** This study done by self funding from the authors.

**Conflict of Interest:** The authors declare that they have no conflict interest.

### REFERENCES

1. Peraturan menteri kesehatan No.46 Tahun 2015 tentang akreditasi Puskesmas
2. Laporan Akuntabilitas Kinerja Direktorat Mutu dan Akreditasi Pelayanan Kesehatan, Dinas Kesehatan Kotawaringin Timur, 2016
3. Laporan Tim Pendamping Akreditasi Puskesmas Dinkes Kotim periode Juli 2017. Dinas Kesehatan Kotawaringin Timur, 2017
4. Tampubolon, B. D. Analisis Faktor Gaya Kepemimpinan dan Faktor Etos Kerja Terhadap Kinerja Pegawai Pada Organisasi Yang Telah Menerapkan SNI 19-9001-2001. Jurnal Standarisasi, 2017. 9(3), 106–115.
5. Kotter and Heskett Corporate Culture and Performance. New York: The Free Press, 1992
6. Robbins, Stephen. Perilaku Organisasi, Prentice Hall, edisi kesepuluh Sabardini, 2006, Peningkatan Kinerja Melalui Perilaku Kerja Berdasarkan Kecerdasan Emosional, Telaah Bisnis, 2006: 7(1).



# Factors\_Affecting\_the\_Performance\_of\_Members\_Team.pdf

---

## ORIGINALITY REPORT

---

9%

SIMILARITY INDEX

9%

INTERNET SOURCES

4%

PUBLICATIONS

3%

STUDENT PAPERS

---

## MATCH ALL SOURCES (ONLY SELECTED SOURCE PRINTED)

---

8%

★ eprints.ulm.ac.id

Internet Source

---

Exclude quotes  On

Exclude matches  < 2%

Exclude bibliography  On