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by

Submission date: 16-Nov-2022 12:59PM (UTC+0700)

Submission ID: 1955572842

File name: oamjms-10e-933.pdf (281.55K)

Word count: 3251

Character count: 17905

Factors Affecting the Performance of Public Health Efforts Program Officers at Community Health Centers

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Abstract

Citation: Nusi SA, Pallutturi S, Razak A, Darmawansyah, Mallongi A, Saleh LM. Factors Affecting the Performance of Public Health Efforts Program Officers at Community Health Centers. Open Access Maced J Med Sci. 2022 May 21;10(E):933-936. <https://doi.org/10.3889/oamjms.2022.9189>

Keywords: Non organizational factors; Job autonomy; Proactive officers; Performance and public health efforts

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Received: 02-Mar-2022

Revised: 17-Mar-2022

Accepted: 11-May-2022

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Funding: This research did not receive any financial support

Competing Interests: The authors have declared that no competing interests exist

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BACKGROUND: Changes in the duties and functions of public health centers by the national health insurance policy have an impact on the declining performance of public health efforts. The 2015 performance evaluation showed that the MDGs targets were not in line with expectations, especially the increase in the maternal mortality rate, and other indicators.

AIM: This study aims to determine the factors that affect the performance of public health efforts program officers in Tolitoli Regency, consisting of health promotion, maternal and child health, environmental health, nutrition, tuberculosis, and HIV/AIDS.

METHODS: This research was conducted throughout the Public Health Center in Tolitoli Regency. This research design was quantitative with survey methods. Data were analyzed using Chi-square. The sample in this study was a total of 84 respondents, with each health center having six respondents.

RESULTS: The results of the analysis showed that factors outside the organization and job autonomy were not significantly affecting the performance of public health efforts officers with a p-value sequentially as 0.195 and 0.130, and proactive officers significantly affected performance with a p = 0.017.

Introduction

Performance appraisal is a process to ensure an organization that is running according to its objectives by optimizing the performance of officers, teams, and organizational resources. Performance appraisal is a process that always adjusts to the situation, is structured with all elements of the organization and focuses on the end result of organizational achievements. Performance appraisal is one of the biggest factors that play a role in organizational effectiveness and are a concern for organizations. Human resource management related to performance appraisal, for example, training and compensation [1].

The health sector as one of the sectors that influence national development is required so that its performance can reach the target optimally. The National Health System is a health effort that is carried out continuously, organized, right on target, and coordinated with all sub-systems in health services.

Health efforts are carried out by all health facilities, including community health centers [2].

Based on data from the Tolitoli District Health Office in 2021, it shows the achievement of the essential public health program. First, the achievement of the TB program in 2021 was not achieved. The achievements of the findings of suspects were only 452 in June 2021, while the achievements in 2020 were 1272 suspects. Second, the achievement of the HIV program in 2021 was not achieved. The findings were only 15 cases, while in 2020, there were 36 cases and one person died in 2021 with HIV. Third, the nutrition and maternal health program has a low birth weight percentage of 3.5% in 2021, an increase from 3.4% in 2020. Fourth, the achievement of the environmental health program in access to clean water is only 31.24%, access to latrines is 62.7%, and healthy latrines are 24.13%. The five numbers of active integrated service posts in 2021 have not been updated, while in 2020, only 44.4% of the 266 posyandu in Tolitoli Regency.

Materials and Methods

The type of research used in this study was quantitative research with survey methods to obtain data from the field based on existing populations. The study was conducted from November to December 2021. The sample in this study was the total population and the population in this study was all public health efforts program officers in 14 health centers in Tolitoli Regency. The number of officers in each health center was 6, for 84 officers. The dependent variables of this study were the performance of public health efforts officers, and the independent variables were that factors outside the organization are policies for implementing the national health insurance program that affect the performance of public health programs. The instrument used to measure the variables of environmental factors, factors related to work, and factors related to officers was developed by researchers using a questionnaire that has been tested for validity and reliability. The analysis of this study used Chi-square tests to assess logical relationships. The research was approved by the Health Research Ethics Commission, Faculty of Public Health, Hasanuddin University No: 10421/UN4.14.1/TP.01.02/2021.

Results

Table 1 describes the number of respondents, as many as 84 people, based on the age group of the most respondents in the age category of 15–30 years, 41 respondents, or 48.8%. The distribution of respondents by gender is mostly female, with 60 respondents, or 71.4%. The respondent's distribution was based on the most education level in D3 with 54 respondents or 64.3%. The respondent's distribution is based on the most working period in the working period of 1–10 years, with 51 respondents, or 60.7%.

Table 2 of statistical test results using Chi-square obtained $p = 0.195$. With the conclusion of factors outside the organization, there is no significant

Table 1: Distribution of characteristics of respondents of public health efforts officers in Tolitoli Regency

Characteristics of respondents	n = 84	%
Age group		
15–30 Years	41	48.8
31–45 Years	31	36.9
46–60 Years	12	14.3
Gender		
Man	24	28.6
Woman	60	71.4
Level of education		
3-year diploma	54	64.3
4-year diploma	5	6.0
Bachelor	25	29.8
Working time		
1–10 Years	51	60.7
11–20 Years	20	23.8
More than 20 years	13	15.5

Source: Primary Data, 2021.

Table 2: Relationship of factors outside the organization with the performance of public health efforts officers in Tolitoli Regency

Factors outside the organization	Performance of public health efforts Officers		Total	p-value			
	Good	%			Less good	%	
Good	16	42.1	22	57.9	38	100	0.195
Less good	27	58.7	19	41.3	46	100	
Total	43	51.2	41	48.8	84	100	

relationship to the performance of public health efforts officers in the Tolitoli Regency.

Table 3 shows that statistical test results using Chi-square obtained $p = 0.130$. With the conclusion of job autonomy, there is no significant relationship to the performance of public health efforts officers in Tolitoli Regency.

Table 3: Relationship of job autonomy with the performance of public health efforts officers in Tolitoli Regency

Job autonomy	Performance of public health efforts officers		Total	p-value			
	Good	%			Less good	%	
Good	15	40.5	22	59.5	37	100	0.130
Less Good	28	59.6	19	40.4	47	100	
Total	43	51.2	41	48.8	84	100	

Table 4 shows that the results of statistical tests using Chi-square obtained $p = 0.017$. With the proactive conclusion of officers, there is a significant relationship to the performance of public health efforts officers in the Tolitoli Regency.

Table 4: Proactive relationship of officers with the performance of public health efforts officers in Tolitoli Regency

Proactive officer	Performance of public health efforts officers		Total	p-value			
	Good	%			Less good	%	
Good	16	76.2	5	23.8	21	100	0.017
Less good	27	42.9	36	51.7	63	100	
Total	43	51.2	41	48.8	84	100	

Discussion

Influence of factors outside organization on the performance of public health efforts officers

Statistic tests found an insignificant relationship between factors outside the organization and the performance of public health efforts officers in the Tolitoli Regency, where the $p = 0.195$ was >0.05 . Based on this, the hypothesis in this study is that there is an influence of factors outside the organization on the performance of public health efforts program officers in Tolitoli Regency, which is not true. It is in line with research conducted by Darmawan [3] which found that human resources funds do not affect the performance of non-communicable disease program officers.

The results of this study are not in line with Indrasari's theory [4], which states that factors outside the organization affect performance. According to the research conducted by Breidenbach and Tse [5], they find that the scope of health center activities is affected. Based on the Regulation of the Minister of Health of

the Republic of Indonesia Number 19 of 2014 [6], National Health Insurance (starting now referred to as National health insurance) is a form of National Health Insurance that guarantees protection against basic health needs and health benefits provided to everyone who pays insurance premiums from the state. National Health Insurance funds provided by the health center will be fully used to pay for services and support the operational costs of medical services.

Ghani [7], in his book on health sector studies, Health Finance and National health insurance, identifies six strategic issues in health financing in the era National Health Insurance: First, the challenges of health development and the escalation of health cost needs; second, "underspending for health," and third, what needs to have cost; Fourth, ordinary individual health efforts financing; fifth, comprehensive health financing; sixth, individual health efforts financing; and the seventh, government responsibilities in individual health efforts financing and public health efforts.

5 Effect of job autonomy on the performance of public health efforts officers

The statistical test results explain no relationship between job autonomy and the performance of public health efforts officers. The significant value of 0.130 was >0.05 , so it can be concluded that there is no effect of job autonomy on the performance of public health efforts officers.

The study hypothesized an effect of occupational autonomy on the performance of public health efforts program officers in the Tolitoli Regency. That is not proven. It is following the results of research written by Kirana [8], the results showing that autonomy variables do not affect employee performance, with a $t = 0.503$.

The results did not match the theory described by Diamantidis and Chatzoglou [9] and Ramadhanty's research [10] with the influence of experience, autonomy, professionalism, and role ambiguity on auditor performance on public accounting firm. Studies show that work autonomy has a positive and significant effect on auditor performance, with an R-squared value of 0.615. Job autonomy affects employee self-satisfaction when officers feel they are also considered professionals. Experts can interpret the opinion that officers are always hardworking, on-the-go, disciplined, honest, loyal, and full of self-interest in the success of their work. It is similar to what Sihombing [11] mentioned in his research on the Effect of Employee Satisfaction on Turnover Intentions.

The authors claim that the difference between theory and study results is that most respondents are workers who have worked for 1–10 years. Three aspects of job autonomy: It is necessary to comprehend the scope of work in terms of human resource management. Workforce planning, recruiting, workforce selection and

placement, training and development, performance evaluation, compensation, retention, and dismissal are all things that organizations undertake. Psychologically, everyone has problems with confidence. Some people feel a loss of confidence in almost every area of life. It may be due to a self-crisis, depression, loss of control, or an inability to see the bright side of the future [12].

Some people do not know what they are doing. When faced with certain situations or circumstances, some persons lack self-confidence. In a person's life, self-confidence is one of the most significant parts of their personality. Confident people trust in their skills, set reasonable goals, and accept themselves even if they do not meet those goals. They are less precise about their powers and rely on their abilities. As a result, self-confidence significantly impacts job flexibility and autonomy. The third step is to improve a person's employability and professional abilities. In addition to self-confidence, vocational skills development is critical to workplace success. People who are good at their jobs frequently advance swiftly in their careers.

2 Effect of proactive officers on the performance of public health efforts officers

In the results of the statistical test, it was found that there is a relationship between proactive officers and the performance of public health efforts officers where the $p = 0.017$ was smaller than 0.05, and in the regression test, the obtained value of 0.011 that there is a proactive influence of officers in terms of factors related to the performance of public health efforts officers in Tolitoli Regency.

This study hypothesizes a proactive effect of officers in the performance of public health efforts program officers in the Tolitoli Regency. It is in line with Diamantidis and Chatzoglou [9] theory, which states that proactive officers affect officers' performance. According to Amaliah *et al.* [13], there is a relationship between proactive and performance. However, this is not following the research presented by Zhao *et al.* [14] which shows a highly proactive personality with high political skills and causing weak relationships that reduce performance.

Proactive management is described as taking control of the environment before a problem arises, or in other words, anticipating issues, requirements, and changes. It occurs if the officer feels at ease in his workplace. If the officer encounters social situations in which they are rejected from their workplace because of a lack of social skills, proactive conduct will not emerge. Hitlan (2006) cites exclusion in two forms: Covert and active, as described by O'Reilly and Robinson 2009 in Zhao *et al.* [14], where exclusion will endanger officers' performance.

Covey (2001) in Emadwian [15] mentions that what affects a person's proactiveness is internal factors,

namely, beliefs, motivations, habits, and attitudes, and external factors, namely, friends, family, money goods, and places of worship. In this study, proactive officers affected performance. According to the author, because the program that is the object of research by the author is the main program of the health center, being proactive will be done by officers because of the demands of the work environment where friends and habits become the main things that require officers to be proactive in carrying out their work.

Patel (2003) in Ikhrum [16] defines proactive behavior as taking the initiative in improving new ideas and creativity and changing the status quo rather than just acting passively in the face of current conditions. Proactive theory, as presented by Fee *et al.* (2013), mentioned in Lukito's research [17], says that proactive officers are officers who take the initiative for change in their organization by finding solutions to problems, improving abilities and looking for new things, without feeling burdened and always focused. Yang and Chau, 2016 said that officers who have strong individual qualities are confident, loyal, respectful, and share all resources with all officers in their organization.

Conclusion

There is a proactive effect of officers on the performance of officers of the essential public health program in Tolitoli District. Proactive officers are officers who take the initiative for change in their organization by finding solutions to problems, increasing abilities and looking for new things, not feeling burdened and always focused. Proactive officers in Community Health Efforts are decisive in terms of public health in Tolitoli.

Acknowledgment

We are grateful to the everyone who contributed to this research.

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