

ANALYSIS OF THE INFLUENCE OF LEADERSHIP AND WORK MOTIVATION OF OFFICIALS ON THE QUALITY OF HEALTH SERVICES FOR HEALTHY INDONESIA CARD USERS IN DEPOK CITY

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ABSTRACT

This research is motivated by service problems for Healthy Indonesia Card users in Depok City. Service quality problems are thought to be caused by ineffective leadership and low employee motivation. This research only focused on the variables of leadership, work motivation and service quality. This study aims to determine the effect of leadership and work motivation on service quality for Healthy Indonesia Card users in Depok City, either partially or collectively. The sampling technique in this study was proportional stratified random sampling with a total sample of 286 respondents. This research method is a quantitative method with regression analysis. Data collection techniques using documentation, questionnaires and literature study. Research data collection tool is a questionnaire based on a Likert scale. The data analysis technique uses simple and multiple linear regression analysis. The results prove that leadership and work motivation are proven positive and significant to service quality partially or collectively.

Keywords: *Leadership, Work Motivation, Service Quality*

1. INTRODUCTION

Health development is essentially an effort carried out by all components of the Indonesian nation which aims to increase awareness, willingness, and ability to live a healthy life for everyone in order to realize the highest degree of public health, as an investment for the development of socially and economically productive human resources.

The Constitution strictly mandates health development, which is stated in Article 34 Paragraph 3 of the 1945 Constitution of the Republic of Indonesia, which states that the State is responsible for the provision of proper health care facilities and public service facilities. Therefore, on the basis of the mandate of the Constitution, the government issued Law Number 36 of 2009 concerning Health.

Based on Article 1 Paragraph 1 of Law Number 36 of 2009 concerning Health, which reads: "Health is a state of health, both physically, mentally, spiritually and socially that allows everyone to live a socially and economically productive life".

Efforts to achieve the highest degree of public health in Indonesia are included in the National Medium-Term Development Plan (RPJMN) 2015-2019, which is an elaboration of the Vision and Mission of the administrations of President Joko Widodo (Jokowi) and Vice President Jusuf Kalla.

One of the main targets of the 2015-2019 RPJMN in the health sector is to increase universal health service coverage through the Healthy Indonesia Card (KIS) and the quality of management of the Health SJSN.

The purpose of the formation of KIS was originally to accommodate marginalized people or referred to as The Management of Social Welfare Problems (PMKS). and the family card will not be a problem in KIS is the name for the SJSN Health Insurance Program (JKN) for the Indonesian population, especially the poor and poor, and the dues are paid by the government through the APBN/APBD. The Healthy Indonesia Card (KIS) is an identity card for participants of the National Health Insurance (JKN) managed by the Social Security

Organizing Agency (BPJS) Health or BPJS Kesehatan.

The procedure for KIS services is the same as other health insurance programs. The principle is the same, stick to a tiered referral system. For the first contact, participants obtain health services at the First Level Health Facility (FKTP) where the person concerned is registered. If you need to get further treatment, you can be referred to an Advanced Health Facility. In the event of a medical emergency, participants can immediately obtain health services at an Advanced Health Facility. Since the enactment of Law No. 32 of 2004 concerning Regional Government, there has been a paradigm shift in public services including health services organized by local governments based on the principles of equality, transparency, accountability and justice in accordance with Law of the Republic of Indonesia No. 25 of 2009 concerning Public Services and Law of the Republic of Indonesia No. 36 of 2009 concerning Health.

The local government of Depok City as one of the cities in West Java Province, carries out development by organizing health development as a form of responsibility for the implementation of health services, where the implementation of

health services must pay attention to social functions, values, and norms of religion, socio-culture, morals, and professional ethics.

The Depok City Government is committed to improving health development in accordance with the first mission of the Depok City Government Mission, namely "Improving the quality of Professional and Transparent Public Services".

Based on the data obtained, there are health facilities and infrastructure in Depok City consisting of 15 hospitals, 40 health centers, 164 birth control clinics, 25 main clinics, 77 primary clinics, 3 maternity homes, 655 doctors, 770 nurses, and 475 midwives, all spread across 11 districts in Depok City. (Source: Depok In Figures 2017) Meanwhile, based on data up to June 30, 2017, the number of participants of BPJS Kesehatan Depok City reached 1,078,802 people. This includes participants who are registered and integrated with the JKN-KIS Program by the Depok City Regional Government through the JAMKESDA program as many as 146,588 people, which are financed from the Depok City Regional Revenue and Expenditure Budget (APBD) with a premium fee of Rp. 23 thousand / month.

The local government of Depok City is

committed to the success of the JKN-KIS Program. In addition to commitments in the form of financing, as well as expanding access to services through the provision of health facilities, so that Universal Health Coverage or universal coverage is realized in 2019.

However, the implementation of health services for KIS users in Depok City still has several problems, broadly speaking, including referral problems also experienced by KIS users, because FKTP can only refer to type C hospitals first. In fact, not all type C hospitals have facilities and human resources that can serve participants according to referral diagnoses.

In addition, it is a matter of emergency criteria. So far, emergency criteria have been an obstacle to the implementation of health services in the field. There is no detailed regulation that classifies conditions that are classified as emergency or not. It is also a matter of procuring medicines, so many KIS users cannot meet their drug needs and have to buy outside.

Then the problem of the distribution of medical services in government-owned hospitals. So far, the regulation for the distribution of medical services in government-owned hospitals with the status of a public service agency (BLU) only lists

the maximum percentage. It is feared that this will be misused by hospital management and harm medical personnel. Meanwhile, hospitals or local government health facilities that have not BLUD the distribution of remuneration can be delayed and uncertain. It is clear that this condition decreases the motivation of implementing personnel, thus affecting the quality of service of JKN / KIS participants.

Another health care problem is that when patients who use KIS enter the Emergency Department often experience neglect of medical treatment, and it is even difficult to get an inpatient room/room for full reasons. For government hospitals, it may be understandable because of the large number of patients seeking treatment. However, in private hospitals, often patients who use KIS do not get an inpatient room / room, so the patient's family must find another hospital that is willing to accept it by themselves.

Because KIS users are incapacitated people, what often happens is a lack of respect, they are not underestimated by the officials / medical officers who serve. Sometimes they serve mere formalities, including in mendianogsa patients. They are considered poor people who are unworthy, just troublesome, financially unprofitable.

When seeking treatment, there is only a sense of compulsion by the officials/medical officers to serve poor KIS users. That is only a small part of the problems faced by KIS users in receiving health services so far.

Meanwhile, broadly speaking, the leadership problems that occur in the implementation of health services for KIS users in Depok City, among others, are examples of the lack of response to problems that often occur in service delivery. In addition, the lack of effective leadership is due to lack of commitment to organizational goals, the existing leadership is less able to arouse team spirit in working, so there is less enthusiasm to work better.

Not only that, but it is felt that the existing leadership lacks enthusiasm and optimism, and is less able to grow new ideas that make subordinates unsaturated, lack of providing solutions to subordinate problems and lack of motivation to subordinates so that the enthusiasm to work better, so that the quality of services provided becomes more quality as well. Also the lack of taking a new approach, so that there is a sense of reluctance not on the basis of, respect. All of these problems, of course, will affect the quality of services produced to be of poor quality according to organizational goals.

In addition to the influence of leadership

factors to realize better service quality in Depok City, it must also be balanced with the high work motivation of officials. The problem of work motivation of officials related to the quality of health services in Depok City is broadly marked by low motivation to improve service quality due to the unmet needs of a work environment that is free from all threats, not yet met the needs of work equipment security, not yet met the needs of interaction with colleagues, not yet met the needs of freedom of social activities, not yet met the needs of opportunity establishing relationships with others and the unmet needs of awarding needs, unmet needs and recognition of individual work, all of which affect the quality of service.

Motivation is important, because motivation will encourage someone to do something more enthusiastically, especially in this case regarding work motivation that plays a role in providing the service in question. Motivation is an activity that encourages, increases passion and invites officials to work more effectively and enthusiastically.

The quality of health services is basically formed after employees feel satisfaction, because their needs are met in other words, if the needs of employees are not met as they should be, job satisfaction will not be

achieved and in essence the quality of health services will be difficult to form. Everyone who works is moved by a motive. Motives are basically sourced first of all to the basic needs of the individual or it can be said that the strength that motivates a person to work hard in his work depends on the reciprocal relationship between what is wanted or needed from the results of the work and how much confidence the organization will give satisfaction to his desires in exchange for the effort he makes. In this case, the task of management in particular the leader is to direct such behavior in accordance with the goals of the organization.

With effective leadership and high work motivation of officials will support the quality of health services, so that with the support of effective leadership and high work motivation of the officers will provide satisfaction to the citizens of the community who use the Healthy Indonesia Card.

2. RESEARCH METHODS

This research uses a quantitative research method approach and based on its type this research is explanatory research, which is to explain why and how a relationship can occur in a situation through hypothesis testing. In this study, what will be studied is 1 (one) dependent variable, namely service

quality (Y) and 2 (two) independent variables, namely leadership (X1) and work motivation (X2). The population in this study were members of the public who understood the health services of Healthy Indonesia Card users in Depok City and who were directly related to it

3. RESULTS AND DISCUSSION

The Effect of Leadership on Service Quality

Healthy Indonesia card users in Depok City are due to the role of leadership support. As Bass and Bass (2011: 25) argue, leadership is the interaction between two people/more in a structured group or restructure the situation of members' perceptions and expectations.

That the quality of health services Healthy Indonesia card users in Depok City will be realized if there is leadership support in the form of interaction between two / more people in a structured group or structure that leadership expectations members.

Based on the results of the analysis, it can also be seen that the indicators that have a dominant influence on the effectiveness of leadership are fostering optimism, motivating subordinates and being willing to listen to subordinates.

The Effect of Work Motivation on Service Quality

Based on the results of the analysis, it is proven that the work motivation of the officials partially has a positive and significant influence on the quality of health services for Healthy Indonesia card users in Depok City. As stated by Kadarisman (2012: 278), that work motivation is a driver or impetus in a person to be willing to behave and work hard and well in accordance with the duties and obligations that have been given to him. Thus, the quality of health services for Healthy Indonesia card users in Depok City will be realized if there is a driver or encouragement in a person to be willing to behave and work vigorously and well in accordance with the duties and obligations that have been given to him in the Depok City health officer.

Based on the results of the analysis, it is known that the indicators that have a dominant influence on high work motivation are a safe and comfortable work environment, awarding, freedom to develop talents.

The Influence of Leadership and Motivation on Service Quality

Based on the results of the analysis, it is proven that the leadership and work

motivation of the officials together have a positive and significant influence on the quality of health services for Healthy Indonesia card users in Depok City. The realization of the quality of health services for Healthy Indonesia Card users in Depok City is determined by a focus on efforts to meet the needs and desires of consumers, as well as the support of effective leadership roles and high work motivation. As stated by Fandy Tjiptono (2014: 268), service quality is a focus on meeting consumer needs and desires, as well as the accuracy of delivery to offset consumer expectations. That the realization of the quality of health services for Healthy Indonesia card users in Depok City if there is support for meeting the needs and desires of consumers, as well as the accuracy of delivery to offset consumer expectations.

Based on the results of the analysis, it is known that the indicators that have a dominant influence on the quality of service are the speed of time during service, punctuality when resolving and responsibility for every community complaint.

4. CONCLUSION

The conclusions obtained based on the results of research and discussion in the

previous chapter are as follows:

1. There was a positive and significant influence on the quality of health services for Healthy Indonesia Card users in Depok City by 74.5%. However, the existing leadership is still not effectively carried out properly. This is due to the lack of optimism, motivating subordinates and being willing to listen to subordinates, so that all of them affect the quality of service.
2. There was a positive and significant influence of officials' work motivation on the quality of health services for Healthy Indonesia Card users in Depok City by 74.9%. However, the motivation for the work of the authorities was still low. This is due to the lack of fulfillment of a work environment that is free from all forms of threats, giving, freedom to develop their talents, so that all of them affect the quality of service.
3. There is a positive and significant influence of leadership and motivation of joint work of officials on the quality of health services for Healthy Indonesia Card users in Depok City which is good at 80.5%.

However, the quality of service provided was not satisfactory. The unsatisfactory quality of service is due to the lack of speed of time during service, punctuality when resolving and responsibility for every community complaint, all of which affect the quality of health services for Healthy Indonesia Card users in Depok City which is good. In addition, it is also caused by the lack of effective leadership and the low level of work motivation that some health workers have in Depok City.

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