

Analysis of the Effect of Implementation of Management Functions on Performance Achievements of Public Health Centers in Bengkulu Province

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ABSTRACT

Introduction: The Public Health Center (Puskesmas) is a health service facility that organizes the first level of Community Health Efforts and Individual Health Efforts by prioritizing promotive and preventive efforts and is a Regional Technical Implementation Unit (UPTD) of the District/City Health Office. In carrying out its functions, the Puskesmas implements the stages of the management functions of the Puskesmas.

Materials/Methods: The research was conducted using quantitative methods with a cross-sectional approach. The research population is the Head in charge of health efforts at Puskesmas throughout Bengkulu Province. The data was collected using a questionnaire and analyzed using the Multiple Linear Regression method with the help of the SPSS version 22 application.

Results: The study results showed that there were directions for planning implementation, Organizing Actuating, Supervision Control, and Assessment linear and multiple assessments of the health center's performance achievements. Puskesmas managers should start planning from the five-year plan to the monthly activity implementation plan. The planning must be based on evidence and involve the person in charge, implementer, community, and cross-sector.

Conclusion: Carry out monthly and quarterly mini-workshops effectively and efficiently. Carry out supervision in the form of supervision and control of performance achievements monthly through mini-workshops and other meetings. Conduct performance appraisals in an effort to assess achievements and identify problems and solutions for the implementation of future activities.

KEYWORDS: Planning, Organizing Actuating, Supervision Control Assessment, Puskesmas performance

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INTRODUCTION

Public Health Centers, known as Puskesmas, are health service facilities that carry out public health and first-level individual health efforts by prioritizing promotive and preventive efforts in their working areas. The principles of implementing the Puskesmas include a. healthy paradigm; b. regional accountability; c. community independence; d. availability of access to health services; e., appropriate technology; and f. cohesiveness and continuity.

The organizers of the Puskesmas function apply the management stages as stated in the Minister of Health Regulation number 44 of 2016 concerning Puskesmas management. Management is a series of processes consisting of planning, organizing, implementing, and controlling (Planning, Organizing, Actuating, Controlling) to achieve

goals/objectives effectively and efficiently. Effective means that the expected goals can be achieved through a proper and quality implementation process based on the results of a situation analysis supported by evidence-based data and information. While efficient means how Puskesmas utilize available resources to carry out health efforts according to standards properly and correctly, they can realize the performance targets that have been set (1).

Puskesmas is a Regional Technical Implementation Unit (UPTD) of the Regency/City Health Office. In carrying out its duties and functions, it must refer to the health development policy of the Regency/City Government. Puskesmas manage health efforts well and continuously to achieve goals and implement management functions optimally. It is starting to develop an activity plan for a 5 (five) year period, an annual

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plan, and a monthly plan based on the results of the current situation analysis. Movement and implementation of activities under the planned activity/program. Carrying out supervision and control followed by efforts to improve and improve (Corrective Action), and ended with the implementation of the assessment of the results of activities through the performance appraisal of the Puskesmas. The Puskesmas carry out the Puskesmas performance assessment (PKP) internally to know the performance level of the Puskesmas and the District/City Health Office to get an overview of the level of development of the Puskesmas achievement in its working area.

Puskesmas, as a first-level health facility (FKTP), provides promotive, preventive, and curative services, maximizing individual independence, collaboration, and partnerships with other sectors. Cooperation for health prevention and control, supporting health systems, referral systems, and health service efforts. Puskesmas management includes: a. Planning; b. Organizing Actuating; c. Supervision control assessment. To cover the widest possible target community that must be served, and given the limited availability of resources, health services must be implemented in an integrated manner across programs and sectors. The head of the Puskesmas must build cooperation and coordinate programs internally at the Puskesmas and externally with cross-sector partners.

To achieve performance, each Puskesmas must optimize the management functions of each program/activity. The problem is that applying management functions is not optimal for attaining performance. It is necessary to analyze the role of

management functions to achieve the performance of the Puskesmas.

METHODS

Quantitative research method with a cross-sectional approach to determine the effect of the implementation of management functions on performance achievement. Management functions as the independent variable and the performance achievement of the dependent variable. Collection data using an instrument that contains a list of planning implementation questions (P1), Organizing Actuating (P2), Supervision Control and Assessment (P3), and performance achievements. The population of this research is the manager of Puskesmas in Bengkulu Province, with the number of respondents. Data collection starts from July 28 to August 27, 2022.

Analysis of linear and multiple regression data used SPSS 22 to analyze management functions that affect performance achievement. The purpose of the analysis of the Multiple Linear Regression Test is to determine whether or not there is an effect of two or more independent variables (P1, P2, P3) on the dependent variable (Performance Achievement).

RESULTS

The results of the Multiple Linear Regression Test analysis aim to determine the independent variables of the influence of planning implementation (P1), Organizing Actuating (P2), Supervision Control Assessment (P3) on the dependent variable of Puskesmas performance achievement can be seen in Table 1 and Table 2.

Table 1. Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.311 ^a	.097	.094	.386
a. Predictors: (Constant), Implementation_P1				
2.	.304 ^a	.092	.089	.387
a. Predictors: (Constant), Implementation_P2				
3	.401 ^a	.161	.158	.372
a. Predictors: (Constant), Implementation_P3				
4	.412 ^a	.169	.161	.371
a. Predictors: (Constant), Implementation_P1,_P2,_P3				

From Table 1. Model 1: the results of data analysis show that the R square is 0.311, meaning that the contribution of the implementation variable P1 is 31.1% to performance achievement. Other factors influence the remaining 68.9%. Model 2: the results of data analysis show that the R square is 0.304, meaning that the contribution of the P2 implementation variable is 30.4% to performance achievement. Other factors influence the remaining 69.6%. Model 3: the results of data analysis show that the R square is 0.401, meaning that the contribution of the Implementing

P3 variable is 40.1% to performance achievement. Other factors influence the remaining 59.9%. Model 4: the results of multiple linear regression analysis show that R square is 0.401, meaning that the contribution of the implementation variables P1, P2, and P3 is 41.2% to performance achievement, and other factors influence the remaining 58.8%.

The F test (simultaneous test) is used to determine whether there is a joint influence between the independent variables on the dependent variable.

Table 2. Coefisien Determinant

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Model		Sum of Squares	Df	Mean Square	F	Sig.
1.	Regression	4.718	1	4.718	31.661	<.001 ^b
	Residual	43.956	295	.149		
	Total	48.673	296			
a. Dependent Variable: Capaian_Kinerja						
b. Predictors: (Constant), Implementation P1						
2.	Regression	4.484	1	4.484	29.936	<.001 ^b
	Residual	44.189	295	.150		
	Total	48.673	296			
a. Dependent Variable: Performance Achievement						
b. Predictors: (Constant), Implementation_P2						
3	Regression	7.834	1	7.834	56.586	<.001 ^b
	Residual	40.840	295	.138		
	Total	48.673	296			
a. Dependent Variable: Performance Achievement						
b. Predictors: (Constant), Impelentation_P3						
4	Regression	8.244	3	2.748	19.916	<.001 ^b
	Residual	40.429	293	.138		
	Total	48.673	296			
a. Dependent Variable: Performance Achievement						
b. Predictors: (Constant), Implementation P1, P2, P3						

Based on Table 2, Model 1: it can be seen that the F value is 31.661 with a significance level of 0.001, which is smaller than 0.05 or 5%, so the implementation of P1 has a significant influence on performance achievement. Model 2: it can be seen that the F value is 29.936 with a significance level of 0.001, which is smaller than 0.05 or 5%, so the implementation of P2 has a significant influence on performance achievement. Model 3: It can be seen that the calculated F value is 56.586 with a significance level of 0.001, which is smaller than 0.05 or 5%, so the implementation of P3 has a significant influence on performance achievement. Model 5: it can be seen that the calculated F value is 19,916 with a significance level of 0.001, which is smaller than 0.05 or 5%, so the implementation of P1, P2, and P3 has a significant effect on performance achievement.

DISCUSSION

Effect of Planning Implementation (P1)

Planning (P1) affects the performance of the Puskesmas. Compliance with the standard planning process affects the quality of planning results (2). The planning of the Puskesmas is prepared based on the results of the situational analysis in the form of program/activity achievements, introspective surveys, and village community consultations on health issues, national, provincial, and district program policies, achievements of the healthy Indonesia program with a family approach (PIS-PK). A comprehensive situation analysis results will lead to problems that must be resolved by arranging effective and efficient activities. The strengthening of the evaluation monitoring function needs to

be done consistently to ensure the quality of the Puskesmas planning process and the implementation of the work plan (2). One of the basic data sources for planning preparation is the results of monitoring and evaluating activities for the past year.

The Puskesmas prepares a five-year plan, annual activity implementation, and monthly activity implementation plan. Drawing up a strategic or five-year plan is a tool for achieving organizational goals. In many health care organizations in developed countries where strategic plans are associated with positive organizational performance, strategic planning is treated as a goal. A comprehensive model is needed to formulate and implement strategic plans to improve health service organizations' performance (3).

The results showed a relationship between planning (P1) and the performance value of the Puskesmas. The better the planning (P1), the better the performance value of the Puskesmas. It is in line with research on improving the performance of Puskesmas management, and it is necessary to plan a good Puskesmas level (4). Puskesmas Level Planning systematically prepares plans for activities at the Puskesmas level for the coming year to address public health problems in the Puskesmas working area. The preparation of the activity plan begins with the preparation of the proposed activity plan (RUK), which is planning the Puskesmas activities for the coming year (H+1). The Activity Implementation Plan is an activity plan according to a priority scale based on the allocation of funds available in the current year. Develop a monthly activity implementation plan to guide the implementation of activities.

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The Effect of Organizing Actuating (P2)

The implementation drive affects the performance of the Puskesmas. The routine mobilization is carried out by the Puskesmas every month in mini-workshops. Mini workshops carried out effectively will be able to mobilize all available resources such as health personnel, funds, methods/regulations, equipment, community resources, cadres, and community leaders, as well as cross-sectoral resources. Multiple models are needed to adapt to different environments. Improve the performance of health service organizations and interdependence of existing health service organizations in certain areas. Health system reform attempts to improve the internal capabilities of the organization and the environment to produce the intended outcomes (5).

The results of Rokhmad's research (2021), planning (P1), and Organizing Actuating (P2) are related to the performance value of the Puskesmas. The better the planning (P1) and the Organizing Actuating (P2), the better the performance value of the Puskesmas will be. In this regard, the Head of the Puskesmas optimizes the implementation of Puskesmas management, especially in terms of planning (P1) and of Organizing Actuating (P2) as an effort to improve the performance of the Puskesmas (6). The implementation plan of prepared activities is carried out by mobilizing all resources through monthly mini-workshops and cross-sectoral workshops. The mini-workshop discussed efforts to achieve the targets set in the activity implementation plan. Describe all resources, methods per program/activity, and socialization to get commitment from all elements to carry out activities properly, correctly, and with quality.

Community empowerment must be optimized to be involved from planning, and implementation to evaluation, so that the planned activities receive support. The Puskesmas socializes the activity plan and expects input for improvement. Puskesmas look for solutions to improve complaints based on suggestions from the community. The socialization of the plan can be done through internet media which has a wider range of information and effective communication ethics between health workers, staff, and leaders within the Puskesmas organization (7). The Head of the Public Health Center and the person in charge of health efforts are leaders who must be able to mobilize human resources. Leaders must develop leadership qualities and strategies based on a theory with empirical support and evidence about health care success. Health care organizations will confidently face the future to be able to provide high-quality services. Develop and implement leadership strategies that will provide the culture needed to meet the needs of public health services (8).

The Effect of Supervision, Control, and Assessment (P3)

Implementation of Supervision, Control, and Assessment (P3) affects the performance of the Puskesmas. Supervision is a process to improve the performance of public

health workers in providing quality health services. Effective and sustainable surveillance strategies help address the challenges faced by officers. It is essential to note in the delivery so that implementers pay attention to considering and perceiving supervision based on experience and integrating monitoring strategies into existing situations and values (9). The supervision of the Puskesmas is divided into two: 1) internal supervision carried out by the Puskesmas itself; 2) agencies from outside the Puskesmas carry out external supervision. The head of the Puskesmas or the person in charge of health efforts guiding officers is a form of supervision that must be carried out effectively and continuously for all implementing activities.

Evaluate the effects of a service management consulting program for primary health care centers in Nigeria by developing a detailed quality improvement plan whose ongoing monitoring and feedback improve the implementation of several standards and processes (10). Monitoring progress regularly is important to improve the organization's standards implementation continuously. Monitoring the performance of Puskesmas performance can be carried out periodically and constantly every month at mini-workshops, where the program leader and person in charge evaluate the achievements of each program or activity. The integral role of supervision in the health system provides oversight to optimize its influence on health care provider practices, health programs, and health outcomes (11). The results of monitoring evaluations, staffing, facilities, and organization affect the fulfillment of Puskesmas planning standards (2). The person in charge of the health effort and program coordinator at the Puskesmas must be able to carry out the function of a supervisor to oversee the implementation of the program or activity that is the responsibility. The implementation of effective and continuous supervision consistently by the coordinator or person in charge of health efforts towards the implementing activities will be able to monitor the achievement of performance.

Influence of Planning Implementation (P1), Organizing Actuating (P2), Monitoring Control Assessment (P3)

Implementing P1, P2, and P3 affects the performance of the Puskesmas. Puskesmas, as the person in charge of Puskesmas management, can optimize the implementation of Puskesmas management so that service quality can be improved, including human resource management, availability of funds, and methods/policies. Planning (P1), Organizing Actuating (P2), and Supervision, Control, and Assessment (P3) (Zulfahman, 2020). The Head of the Puskesmas as the person in charge of the management of the Puskesmas can optimize: 1) implementation of planning (P1), starting from the preparation of a five-year plan to preparing a monthly activity plan involving all persons in charge and implementers and across sectors; 2) implementation (P2) by conducting efficient and effective monthly and cross-sector

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mini-workshops, with the output of improvement plans and implementation next month; 3) implementation (P3) by conducting supervision through supervision of activity implementers by involving all persons in charge and implementers. Making the output of mini-workshops as an effort to monitor and control the achievement of activities every month. Conduct performance appraisals in an effort to identify problems and solutions to improve the implementation of future activities. The results of the Pythaloka research (2019) said that the quality of service and good health center management had a good performance. To the Puskesmas and related parties, it is necessary to prioritize indicators that have not been achieved according to the target (12).

CONCLUSION

Implementing P1, P2, and P3 affects the performance of the Puskesmas, and other factors hinder the performance of the Puskesmas. From the five-year plan to the monthly activity implementation plan, planning must be based on evidence and involve the person in charge, the implementer, the community, and across sectors. Carry out monthly and quarterly mini-workshops effectively and efficiently. Carry out supervision in the form of continuous supervision and control of performance achievements at every mini-workshop and other meetings. Conduct performance assessments in an effort to assess achievements and identify problems and solutions for the implementation of future activities.

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