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Factors Affecting the Performance of Non-Permanent Medical Health Employees in the Bintang Mountains, Papua

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Abstract

To meet the needs of physicians in large quantities in health care facilities (health centers), especially in remote and very remote areas, the government established a policy on the placement of doctors as temporary employees through the Health Minister Regulation No. 1540 of 2002 on doctors placement policy as temporary employees. Geographical conditions in Papua, mostly mountainous areas led to difficult transportation access resulting in high transportation costs and the cost of living in the area where the charge. Besides the lack of electric utilities, telecommunication and housing adequate cause some areas to experience isolation. It is impacting the health services in the province of Papua. The research objective was to determine the factors that affect the performance of non-permanent doctor in the clinic of Bintang mountain, Papua Province. This type of research is analytic with cross sectional study. The population is all non-permanent doctors and head of the health center as a direct supervisor non-permanent doctor in Bintang Mountains District with totaling 41 people, were obtained using the total population technique. Results of the study are the effect of payroll on the performance of non-permanent doctor in Bintang Mountains (p-value 0.001) with a correlation coefficient of 0.433 (enough), there is the effect of certainty career post on the performance of non-permanent doctors in Bintang Mountains (p-value 0.003) with coefficients correlation of 0.371 (low), there is the influence of the availability of facilities and infrastructure to the performance of non-permanent doctors in Bintang Mountains (p-value 0.004) with a correlation coefficient of 0.378 (low).

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There is the effect of supervision system on the performance of non-permanent doctors (p-value 0.017) with coefficients correlation of 0.301 (low), there is the influence of the security conditions on the performance of non-permanent doctors in Bintang Mountains Regency (p-value 0.008) with a correlation coefficient of 0.341 (low).

Keywords: Non-Permanent Doctor; Performance.

1. Introduction

Problem of availability of doctors remains a strategic issue in the equity of health services in remote rural areas and outer. Existing health problems related to the adequacy, accessibility, remuneration, comfort and safety is still a barrier for physicians to remain in areas of deployment. To meet the needs of physicians in large quantities in health care facilities such as health centers, especially in remote and very remote areas, the government established a policy on the placement of doctors as temporary employees through Health Minister Regulation No. 1540 of 2002 on doctors placement policy as temporary employees. (Minister of Health Decree No. 15 40 of 2002) [1].

Papua is one of the priority areas of the Ministry of Health for placement non-permanent doctors. Doctors working in health centers, especially in the area of Papua have not been able to provide optimal because of his devotion to the policy in physician recruitment mechanism that has not been in favor of the circumstances of isolated areas, particularly Papua. On the other hand, the absence of non-permanent doctor's placement system, including the monitoring and evaluation aspects, also be another cause is still weak management systems of health workers in Papua, as indicated by the Papua Provincial Health Office. Non-permanent doctor's placement policy by the government is a policy that is very important because it will provide a real contribution in the development of health in Indonesia in remote and very remote areas in underdeveloped regions, border regions, islands and regions health problems. The government has put the power non-permanent doctors in all health centers in the province of Papua, but doctors rarely are in place and the doctor delegated duties to nurses and midwives. While society generally less satisfied when only examined and treated by a nurse or midwife. As a result, access to the health ce nter will be decreased so that the impact on the health of people in their working area.

The contract system developed for non-permanent doctors refers to the rules that have been issued by the Ministry of Health Affairs. The latest regulation related to the doctor and midwife non-permanent is Health minister regulation No. 7 2013. The provisions concerning the term of office of non-permanent doctors extended to 2 years. Implementation of the contract system does not provide certainty will have a steady job (job security) in post- non-permanent staff. It regarded as one of the obstacles in encouraging physicians to more to be reputable. It is accordance with the results of a survey conducted by authors in reference [2] which states that the main complaint is the lack of adequate post non-permanent career information after the non-permanent (31.8%), difficulty getting an opportunity employee (77.3%) and difficulty in obtaining specialist opportunities as much as 50%.

External factors which can become a bottleneck in the implementation of non-permanent doctor's placement policy can be both physical and political. Doctors placement policy implementation in the form of placement non-permanent doctors is less acceptable to the prospective doctors who recently graduated from educational institutions. The reluctance of physicians to be appointed as a candidate for non-permanent doctors due to the lack of certainty of a job (job security) after running tenure as the non-permanent doctors [3]. Geographical conditions in Papua, mostly mountainous areas caused by transportation access can only be reached by plane with erratic flight frequency. This led to high transportation costs and the cost of living in the area where the charge. Thus the wages received by non-permanent doctors assigned in remote areas was instrumental in creating the motivation to do a job assigned to him optimally. Results of a survey by authors in reference [2] found that as many as 31.3% of respondents said that adequate transportation constraints affecting the performance of non-permanent doctors.

Salary structure fair and balanced according to the workload, the nature of work, and responsibility can cause a productivity is high. Instead salary structure that is perceived to be fair by employees, causing lower productivity and employee motivation. Besides the lack of electric utilities, telecommunication and housing adequate cause some areas to experience isolation. Under these conditions the development of Papua face a very complex issue, especially as a result of backwardness and isolation. It also gives the impact on health services in the province of Papua. Results of research conducted by authors in reference [2] stated that some of the problems that hinder the performance of non-permanent doctors among other housing facilities (25%). The same condition also occurs in the Star Mountains District. Non-permanent doctors serving in Bintang Mountains Regency were 34 people. Based on the report from the District Health Office Star Mountains there are still some non-permanent doctors is still lacking in terms of discipline. Therefore, it is necessary to analysis factors that affect the performance of non-permanent doctors in Puskesmas Bintang Mountains district.

2. Materials and Methods

2.1 Research design

This type of research is analytic with cross sectional study. Analytical research is research that attempts to explore how and why the health phenomenon occurs. This research was conducted at the District Health Office Star Mountains on the Moon in July 2015. The study population was all non-permanent doctors, Head of health centre as the direct supervisor non-permanent doctors in Bintang Mountains District with 41 people.

2.2 Data collection

Data collection techniques used in this research is a survey method. Data to be captured in this study consisted of primary data and secondary data. Primary data obtained from respondents by using questionnaire by distributing questionnaires to the respondents to answer filled according to the charging instructions. To sharpen the problem formulation and preparation of alternative problem solving required secondary data obtained from literature related to the research study includes books. magazines, research materials and other documents mainly relating to non-permanent doctors.

Secondary data is captured using an instrument guideline review of the document (document review) . Observation sheet is used to collect data about the performance of doctors in district health centers star Mountains. Non-permanent doctors assessment of the performance made by the head of the health center where the non-permanent doctors on duty. If the non-permanent doctors doubles as head of the health center performance assessment carried out by the Chief Medical Officer of Star Mountains district.

2.3 Data analysis

In this study the authors used ordinal scale therefore, each variable can be measured by explaining research in a range of scales. Based on respondents' answers, then rated / scores called scale used to assess the response or attitude of each respondent to any of the questions (items) in the study is a Likert scale. According to [4] Likert Scale is a scale containing five levels of preference answers with the following options:

1. SS: Strongly Agree = 5
2. S: Agree = 4
3. RR: Undecided = 3
4. TS: Disagree = 2
5. STS: Strongly disagree = 1

Data collected inspection / validation of data, then performed the analysis with the draft as follows:
1. Univariate Analysis

Conducted to describe the characteristics of respondents by analyzing the distribution of the variables age, sex, marital status, etc.

2.4 Analysis Bivariat

Conducted to find a significant relationship between the performance of non permanent doctors with contributing factors. Hypothesis test used was Kendall correlation test to determine the correlation between the payroll, career post- non permanent work, the availability of facilities and infrastructure, systems monitoring and security in the performance of doctors in district health centers of non permanent job of Bintang Mountains.

3. Results and Discussion

3.1 Univariate Analysis

a. Characteristics of Respondents

By sex most respondents in this study were male (53.7%) and female gender is only 46.3%. Based on the marital status of unmarried respondents by 73.2% and respondents who were married by 26.8%. Based on the working lives of most respondents have a working life of less than 12 months amounted to 48.8%, 12-24 months and 29.3% over 24 months only amounted to 22.0%.

Table 1: Distribution Characteristics of Respondents by Gender, Marital Status and Future Work in the Star Mountains District 2015

No	Characteristics	Total	Percentage
1	**Sex**		
	Male	22	53.7
	Female	19	46.3
	Total	**41**	**100.0**
2	**Marital status**		
	Marriage	11	26.8
	Un marriage	30	73.2
	Total	**41**	**100.0**
3	**Working period**		
	< 12 month	20	48.8
	12 - 24 month	12	29.3
	> 24 month	9	22.0
	Total	**41**	**100.0**

b. Health centre category

Table 2: Distribution Points Task Respondents by Category Health Center

No	PHC Category	Total	Percentage
1	health centers of urban areas	3	7.3
2	health centers of rural areas	12	29.3
3	health centers remote area	26	63.4
	Total	**41**	**100.0**

Under the category of community health centers, the majority of respondents were / are assigned in the remote region of 63.4%, 29.3% rural health centers and primary health centers in the category of urban areas amounted to only 7.3%.

c. Payroll System

Table 3: Distribution of Respondents Based Assessment System Payroll

No	**Category**	Total	Percentage
1	Not satisfy	9	22.0
2	Less satisfy	29	70.7
3	Fairly satisfy	3	7.3
	Total	**41**	**100.0**

Based on Table 3 the majority of respondents expressed less satisfied with existing payroll system, 70.7%, 22.0% dissatisfied, and only 7.3% said fairly satisfied.

d. PTT Post career

Table 4: Distribution of Respondents by PTT Post Assessment Career

No	Category	Total	Percentage
1	Not sure	27	65.9
2	Less sure	8	19.5
3	Fairly sure	6	14.6
	Total	**41**	**100.0**

Based on Table 4, most respondents stated not sure of the career post PTT form into the Civil Service, Soldier TNI / Police, brilliant career, practice a lot and the number of patients able to follow further education guarantee of 65.9, 19.5% less convinced, and only 14.6% said fairly certain.

e. Facilities and infrastructure

Table 5: Distribution of Respondents by Facility Condition Assessment and Infrastructure in PHC

No	Category	Total	Percentage
1	Not decent	22	53.7
2	Less decent	17	41.5
3	Fairly decent	2	4.9
	Total	**41**	**100.0**

Based on the availability of facilities and infrastructure at the location where the task, most of the respondents declared unfit (53.7%), lack of decent 41.5%, and only 4.9% said fairly decent.

f. System Monitoring

Table 6: Distribution of Respondents Based Assessment System Monitoring Conducted by the District Health Office

NO	Category	Total	Percentage
1	Not good	25	61.0
2	Unfavorable	13	31.7
3	Pretty good	3	7.3
	Total	**41**	**100.0**

System of supervision by the District Health Office Star Mountains, based on research results majority of respondents stated not good (61.0%), unfavorable 31.7%, and only 7.3% said pretty good.

g. Security conditions

Table 7: Distribution of Respondents Based Assessment Security Conditions Served place

NO	Category	Total	%
1	Not conducive	2	4.9
2	Less conducive	30	73.2
3	Quite conducive	8	19.5
4	Conducive	1	2.4
	Total	**41**	**100.0**

Based on the security conditions at the location of the clinic, the majority of respondents expressed less conducive (73.2%), is not conducive 4.9%, quite conducive 19.5% and only 2.4% said conducive.

h. Respondents Performance

Table 8: Distribution of Respondents by Performance

No	**Performance**	**Total**	**%**
1	Moderate	3	7.3
2	Enough	10	24.4
3	Good	26	63.4
4	Very good	2	4.9
	Total	**41**	**100.0**

Based on physician performance PTT, the majority of respondents have a good performance by 63.4%, 24.4% sufficient performance, the performance was 7.3% and only 4.9% of respondents who have a very good performance.

3.2. Analysis Bivariat

Bivariate analysis was conducted to determine the effect of payroll, career post-PTT, surveillance systems, the availability of infrastructure and safety conditions with PTT physician performance in the District Star Mountains. Hypothesis test used was Kendall's tau. Test results of hypothesis testing with correlation Kendall's tau as follows:

Table 9: Results of Kendall's tau

			Salary	Carrier	Facility	Control	Safety	Performance
Kendall's tau_b	Salary	Correlation Coefficient	1.000	.612**	.469**	.252	.522**	.433**
		Sig. (2-tailed)	.	.000	.002	.086	.000	.001
		N	41	41	41	41	41	41
	Carrier	Correlation Coefficient	.612**	1.000	.382**	.270	.467**	.371**
		Sig. (2-tailed)	.000	.	.009	.057	.001	.003
		N	41	41	41	41	41	41
	Facility	Correlation Coefficient	.469**	.382**	1.000	.320*	.277	.378**
		Sig. (2-tailed)	.002	.009	.	.030	.063	.004
		N	41	41	41	41	41	41
	Control	Correlation Coefficient	.252	.270	.320*	1.000	.223	.301*
		Sig. (2-tailed)	.086	.057	.030	.	.123	.017
		N	41	41	41	41	41	41
	Safety	Correlation Coefficient	.522**	.467**	.277	.223	1.000	.341**
		Sig. (2-tailed)	.000	.001	.063	.123	.	.008
		N	41	41	41	41	41	41
	Performance	Correlation Coefficient	.433**	.371**	.378**	.301*	.341**	1.000
		Sig. (2-tailed)	.001	.003	.004	.017	.008	.
		N	41	41	41	41	41	41

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

4. Discussion

4.1 Effect of Payroll System Performance Against Doctor

The result showed that there are significant payroll system on the performance of doctors PTT (p-value 0.001), with a correlation coefficient of 0.433 (low correlation). This shows that the payroll system to affect the performance of PTT doctor, although with low correlation.

Salaries / wages as one of the important functions in Human Resource Management and is essentially remuneration in the form of money received by doctors PTT contributed from his status as a doctor who contribute in the health service. Remuneration embodiment requires a basic regulatory mechanisms that have a logical, rational, and strong, if the salary given correctly, then the doctor will be motivated to achieve the goals of health care. Salary is very important for an individual because they reflect the size of the value of their work among the physicians themselves, family, and community.

Work motivation doctors can be influenced by paid / wages he received include the smooth payment of monthly salary, the suitability of the salary / incentive to the needs / grocery - today, the application of the payment of salary / incentive, the amount of incentives in pay, smoothness incentive payments, the fit between the load work with incentives in pay. This is in accordance with the opinion states that there are many factors that affect employee motivation, namely incentives and salary received [5]. According to authors in reference [6] the purpose of the reward are: 1) to motivate members of the organization, meaning that the reward system established by the organization to be able to spur job motivation of members of the organization in order to perform at a higher level. You do this by observing carefully that the benefits should have value in the eyes of employees. 2) Making the existing workers at home means to maintain order, especially qualified workers still loves her job and is not easy to move to the other organizations. 3) Attractive qualified personnel to enter the organization.

Of influence payroll system with the performance of doctors PTT in Bintang Mountains District caused by the geographical conditions in the Star Mountains District largely mountainous region is a cause of access to transport can only be reached by plane with erratic flight frequency. This led to high transportation costs and the cost of living in the area where the charge. Based on the results of the study largely PTT doctor who served in the Star Mountains District in place in the remote area health centers category (63.4%) as well as all doctors PTT come from other areas and nearly all have relatives who live in the area of origin. Transportation costs required to return home at the time of religious holidays off and very large. Coupled with the financial obligations of respondents who must help their families, it is almost difficult for doctors PTT to save as independent working capital in the future PTT Post.

Thus the wages received by doctors PTT assigned in remote areas was instrumental in creating the motivation to do a job assigned to him optimally. Results of this study are not consistent with studies conducted by [7] stating that the reward / salary received PTT physician and the severity of the job do not have a relationship with the motivation it certainly does not affect the performance of doctors PTT. This is likely caused by due at that time perform duties as a doctor PTT is mandatory for new doctors to be able to obtain STR (Registration Certificate) and SIP (Practice License), to be able to practice. But this time the opportunity to become a doctor PTT still open but no longer mandatory for every newly graduated doctors.

4.2 Career influence PTT Post Performance Against Doctor

The results of the analysis of the data shows that there are significant career after the PTT on the performance of doctors PTT (p-value 0.003 with a correlation coefficient of 0.371 (low correlation).

This shows that the career of Post PTT effect on the performance of doctors PTT although with low correlation. The results are The same was stated by [8] which states that motivation influence on the performance of midwife in the village of providing health care, especially in rural midwifery services being working area. Guarantee a good career after carrying out duties as a physician PTT is one of the motivations for physicians to participate doctor PTT program. Wahjosumidjo in reference [9] explains that the rise of motivation in oneself is an interaction between the various aspects, which stated that the motivation is a psychological process that reflects the interaction between the attitudes, needs, perceptions, and decisions that occur in a person, and the motivation as psychological processes arising caused by a factor in a person's own so-called intrinsic or external factors called extrinsic factors. Factor in a person can be personality, attitude, experience and education, or expectations, ideals which reach out into the future.

A civil servant is still a favorite of motivation for most of Indonesian people in general and doctors in particular. Referring to the organization which is the organization of government health centers, community health centers of employee status the most suitable personnel are civil servants. However, with the Presidential Decree 37/1991 is likely to be relatively minor civil servants. This results in low motivation of doctors PTT thus affect the future performance of PTT doctor.

In addition to the problems mentioned above, there are several other problems in the career development of physicians. Limited availability of higher structural positions in health care organizations and the difficulty of getting further education for specialization because of the limited capacity of postgraduate scholarships and medical fields. For that, more intensive efforts are needed to manage the career development of post-PTT PTT doctor to be optimally effective.

Authors in reference [10] delivering career development have relevance to the effectiveness of the organization. Authors in reference [11] Suggest a pattern of personnel career development should be based on the needs of current and future organization. In addition, a career as a leader must be prepared to challenge and respected so empowerment personel ability to optimally [12].

4.3 Availability influence Infrastructures Performance Against Doctor

The result showed that there are significant infrastructure availability physician performance PTT (p-value 0.004) with a correlation coefficient of 0.378 (moderate correlation). It shows that the availability of facilities and infrastructure affect the performance of PTT physicians with a low level of correlation.

One contributing factor to increase the motivation of employees is the completeness of infrastructure and facilities in the implementation of the ministry as well as the feasibility of the home office facilities and support facilities. Service facility in question here are all the tools, equipment and other facilities that serve as the main tool / auxiliary in the execution of the work [13]. A work environment that is not supported by facilities and infrastructure facilities, the condition of the home office that is uncomfortable, electricity, communications equipment and the provision of clean water is insufficient accompanied by heavy workload greatly decrease the motivation to work doctor.

In fact, it can have an impact on the reluctance of physicians to remain in place where assigned. The results of similar studies carried out by Lopez (2008) indicates that working conditions affect the work motivation. This can be explained that such performance can be affected by working conditions that cause discomfort when examining patients. For it is expected the Star Mountains District Health Office to prepare the necessary infrastructure doctors in performing their duties so as to be more motivated and able to produce a performance as expected.

4.4 Influence on Performance Monitoring System Doctor

The result showed that the system of supervision of an influence on the performance of doctors PTT (p-value 0.017) with a correlation coefficient of 0.301 (low correlation). This shows that the supervision system to affect the performance of PTT physicians with a low level of correlation.

Results of research conducted by authors in reference [14], states that the existence of a significant relationship between the frequency and performance benefits of supervision. That is, the more frequent supervision carried superiors, the doctor's performance PTT will increase. Furthermore, the more useful the supervision conducted tops the higher performance PTT doctor. Authors in reference [15] delivered one of the factors causing low performance of individuals in the organization is weak instruction and lack of support facilities in the implementation of the organization's activities. Thus, the employer's ability to effectively optimize the performance of subordinates is very important. Asbikanasy convey the internal control more effective than external controls. As for Oliver and Anderson suggests the supervision of the behavioral approach is more effective than the approach of the target or output. Christensen and Kargvist conducted a survey on job performance in Pucallva health educators, Peru. They also found that the supervision of the determinants of performance increase immunization coverage and the use of government health services [16].

PTT physician performance in difficult Bintang Mountains Regency monitored due to the lack of a monitoring system that is appropriate to the situation and condition of Papua. Geographical conditions that can only be reached by plane causes the transportation costs will be expensive if direct supervision. In addition the limitation of mobile phone networks led to the utilization of information and communication technology for monitoring the performance of doctors PTT difficult. Instead of monitoring the performance of doctors PTT, PTT efforts to monitor the presence of doctors at the site have been very difficult.

4.5. Effect of Physician Performance Against Security Conditions

The result showed that there was no influence of the security conditions on the performance of doctors PTT (p-value 0.008) with a correlation coefficient of 0.341 (low correlation). It shows that there are significant security conditions on the performance of PTT doctor. Papua Province in general and in particular Bintang Mountains Regency is one of the areas in Indonesia are still experiencing conflict. Security problems in some places still occur, but generally relatively favorable conditions in Papua, a safe and controlled because of security problems that occur are usually sporadic.

Based on the research results related to the security conditions at the location of the clinic, the majority of respondents expressed unfavorable (73.2%), is conducive 19.5%, is not conducive 4.9% and only 2.4% said favorable. Thus the security problems that occur in the working area of the Bintang Mountains district health centers by the majority of respondents felt less conducive. This will impact significantly on the implementation of health care in the working area health centers. Health care services at health centers not only in the building but also the service outside the building. The security conditions will have a major impact primarily on the implementation of health care outside the building [17, 18].

The conflict in Papua typically involves only civilian armed with military-police and does not involve health workers. Health workers in remote areas is a profession that is respected by the community so rare security breach of health workers. Community health workers assume interfere would only lead to the suffering of the people of Papua widespread. Under normal circumstances only the facilities and health services for the people of Papua is still minimal. There are still many Papuans who have not been able to reach the health service at the moment due to the limited number of health personnel [19. 20].

Security conditions occur, although not involving health workers but in psychology will affect the execution of work by health workers. Additionally disorder that often arise in the community is the activity of a drunken man. Disruption to the execution of work because most doctors have a duty PTT service life of <12 months in the Star Mountains and the rest of the PTT doctor comes from outside the district and even provincial. The doctors are not familiar PTT experience these conditions in a state far from the family [21, 22].

5. Conclusion

1. There is a payroll system influence on the performance of doctors PTT (p-value 0.001) with a correlation coefficient of 0.433 (enough).

2. There PTT post career certainty influence on the performance of doctors PTT (p-value 0.003) with a correlation coefficient of 0.371 (low).

3. There is the influence of the availability of facilities and infrastructure to the performance of doctors PTT (p-value 0.004) with a correlation coefficient of 0.378 (low).

4. There is a surveillance system influence on the performance of doctors PTT (p-value 0.017) with a correlation coefficient of 0.301 (low).

5. There is the influence of the security conditions on the performance of doctors PTT (p-value 0.008) with a correlation coefficient of 0.341 (low).

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