



Factors Affecting Job Performance of Immunization Health Employee at Jayawijaya Regency, Papua Province

Yasman^{a*}, A. L. Rantetampang^b, Agus Zainuri^c

^aPostgraduate Master Study Program, Faculty of Public Health, Cenderawasih University, Papua

^bChief Postgraduate Study Program, Faculty of Public Health, Cenderawasih University, Papua

^cFaculty of Public Health, Cenderawasih University, Papua

Abstract

Vaccinating aims to evoke and increases someone invulnerability to infection disease and very important baby to increase healthy generation. So vaccinating attainment on expected baby gets to be reached accords target that need immniasi's officer performance optimal ala. It is caused on Jayawijaya Regency attainment immunises fledged basic on baby is still contemn. The aim of this research was to analyze factors that regard officer performance immunises at Jayawijaya Regency Papuan Province. This observasional research used a designs study of cross sectional. Research is done at Jayawijaya regency on four puskesmas, which is Puskesmas Jayawijaya is City, Hom Hom, Kurulu and Asologaim with population as much 43 person as sample. Data collection utilizes kuesioner and dianalisis utilizes chi square and regersi binari is logistics. Result revealed that no variable influence to officer performance immunises at Regency Jayawijaya is availability of vaccinating facility (*p value* 0,384; RP = 1,434; CI95%= 0,818 – 2,515) and leadership (*p value* 0,171; RP= 1,670; CI95%= 0,890 – 3,137). Meanwhile influential variable to officer performance immunises at Regency Jayawijaya is science (*p value* 0,009; RP = 2,285; CI95%= 1,564 – 122,584), attitude (*p value* 0,000; RP = 3,704; CI95%; 1,809 – 7,585), motivation (*p value* 0,000; RP = 3,910; CI95%= 1,762 – 8,676), work load (*p value* 0,020; RP = 2,211; CI95%= 1,182 – 4,135), *sweeping* vaccinating (*p value* 0,000; RP = 3,368; CI95%= 1,640 – 6,919) and activity finances immunises (*p value* = 0,000; RP = 2,211; CI95%= 1,182 – 4,135).

* Corresponding author.

Attitude and *sweeping* vaccinating as factor of dominant as factor of dominant to officer performance immunises at Jayawijaya Regency.

Key words: Performance; officer immunization; health staff.

1. Introduction

The immunization program is said to be effective or may impact the disease decrease when high coverage and quality of service maintained according to standards, including the handling cold chain. Operational strategies and the achievement of high coverage in the form of uneven achievement of UCI (Universal Child Immunization). Infants with incomplete immunization status in the village who did not reach the UCI may give rise to opportunities increasing incidence of two extraordinary a disease that can be prevented with imuniasi (PD3I) [1,2]. Supposedly immunization coverage targets in achieving this should be achieved as much as possible, due to not achieving the target's achievements in immunization coverage, it can improve jumlahangka infant mortality and children. WHO (2014) noted that as many as 4.5 million child deaths per year in Indonesia caused by infectious diseases, should an estimated 50% mortality can be prevented by immunization, while in Indonesia, including 10 countries with jumlahanak not immunized.

MoH RI [4] reported the complete basic immunization coverage in infants in Indonesia reached 89.86% of the target plan staretgis set at 85%. Fourteen provinces can not reach the target of fully immunized and terendahadalah Papua Province amounted to 55.84%. Other indicators were measured to assess the success of immunization is the Universal Child Immunization (UCI). UCI is an image of a village / sub-district where \geq 80% of infants (0-11 months) in the village / urban villages have got complete basic immunization abayi pad. Target UCI the Strategic Plan in 2013 was 95%. In 2015 there were nine provinces having UCI village percentage exceeds the target of 95%. The province of Papua has the lowest performance of 13.05%. Immunization Data in the province of Papua in 2013 that reached the UCI (universal child imunizaton) of approximately 21.3% and decreased in 2014 by 20.1% and in 2015 by 13.6%. While DPT immunization coverage in 2015 reached the average - average drop out rate of 15% and 12.3% measles. Jayawijaya District terakhi in two years (2014 - 2015) and the lowest pencapaianimunisai decreased to 13 from 29 regencies / municipalities [5,6].

The main cause is the low akseselayanan low pencapaianUCI and the gigh number of drop out. This is among other things due where immunization is far and difficult to reach, the service schedule is irregular and not sesuai dengan community activities, lack of energy, not availability of immunization books (books KIA), rendahnya kesadaran and knowledge society tentang manfaat, the time of immunization and immunization gejalaikutan. In addition to cultural factors dan pendidikan and socioeconomic conditions also affect rendahnya pencapaian UCI villages / wards [7,8]. Model performance theory Gibson who conducted an analysis of a number of variables that affect the behavior and performance of individuals. The first is the individual variables that are grouped in sub variable abilities and skills are the main factors that influence the behavior and performance of the individual, while the demographic variables have an indirect effect on the practices and performance of the individual. The second is a psychological variable, consisting of variable sub perception,

attitude, personality, learning and motivation. This variable according to Gibson heavily influenced by family, social level, previous work experience and demographic variables. The third variable is the organization indirect effect on behavior and performance of the individual, the variables are grouped in sub variable resources, leadership, rewards, structure and design work [9].

Research conducted by Kontesa & Mistuti [10] in Puskesmas Koto Tengah Cold Water District of the city of Padang in 2013, showed that there pengaruhantara education level cadres with the performance of cadres Posyandu. Research Arwina (2011) in Puskesmas Medan Sandpaper, showed that there pengaruhantara training with performance. Coaching as training provided will be improved knowledge of the activities, as well as its tasks so that it can run a good job, so if a good coaching can improve the performance of immunization workers. Implementation of immunization need for adequate funding. Based on the Ministry of Health of the Republic of Indonesia Number 42 Year 2013 that the local government district / city responsible for preparing the operational costs for the implementation of mandatory immunization services. The operational costs referred to in paragraph (1) shall include the cost of transport and accommodation officer, consumables, community mobilization and equipment maintenance and repair chain of vaccines, so that immunization is given for free to the public [7,8].

Work Area District Health Office Jayawijayamemiliki twelve Pukesmas scattered by the number of immunization workers 83 people. Transportation beberapa district can also be reached by road, but most of the district which is elapsed areas in the high mountains and difficult to reach by public transport, so as to achieve several health centers do by foot, so that immunization workers in every health center and with the help of Officer immunization stationed in the village - the village in order to provide immunization services. Of the 12 Puskesmas in Jayawijaya, there are three health centers that reach the village of UCI [6]. Low coverage imunisasidi Jayawijaya indicates less maximum performance immunization workers in achieving UCI village. Based on these problems, the researchers are interested in doing research with the title "factors - factors that affect the performance of immunization workers in Jayawijaya Papua province".

2. Materials and Methods

This study was an observational study with cross sectional study design. The study was a cross sectional study design epidemiological study variables - variables included risk factors and variabel - variables include the effect observed while at the same time (Swarjana, 2013) The design is intended to study the dynamics, and the variation of the variables contained in the title research "factors - factors that affect the low achievement of basic immunization in the District Jayawijayang incorporated in the independent variable is the knowledge, attitudes, motivation, workload, sweeping immunization, availability of immunization, immunization and kepemimpinan. Penelitian financing activities was conducted in Jayawijaya. The data collection was conducted in December 2016 by collecting secondary and primary data. The population in this study were all officers in the four villages in the district health center Jayawijayasebanyak 43 people. The sample in this study is total sampling, so the total sample of 43 people. The sampling technique is purposive sampling. The data were obtained using a questionnaire and analyzed using chi square and multivariate analysis using binary logistic regression.

3. Results

3.1. Knowledge, Attitude, Motivation, Workload, Sweeping immunization, availability of facilities, financing activities, leadership and performance

Table 1: Distribution of Knowledge, Workload, supervision, incentives, Sweeping Immunization Financing Activity and Performance

No	Variabel	Frekuensi (n)	Presentase (%)
1	Knowledge		
	Less	10	23,3
	Good	33	76,7
2	Attitude		
	Negative	18	41,9
	Positive	25	58,1
3	Motivation		
	Less	20	46,5
	High	23	53,5
4	Work load		
	High	19	44,2
	Low	24	55,8
5	Sweeping Imunisasi		
	No	19	44,2
	Yes	24	55,8
6	Imunisasi availability facility		
	Not sufficient	14	32,6
	Sufficient	29	67,4
7	Activity funding		
	Less	19	44,2
	Enough	24	55,8
8	Leadership		
	Less	22	51,2
	Good	21	48,8
9	Performance		
	Less	22	51,2
	Good	21	48,8
Total		43	100

Based on Table 1, showed that most respondents had a good knowledge of as many as 33 people (76.7%), a positive attitude as many as 25 people (58.1%), high motivation as many as 23 people (53.5%), low work load by 24 people (55.8%), the availability of adequate immunization facilities many as 29 people (67.4%), financing activities quite as many as 24 people (55.8%), lack of leadership many as 22 people (51.2%) and much less performance 22 (51.2%).

3.2. Analysis Bivariat

a. Influence of knowledge on the performance of immunization workers

Table 2: Effect of immunization workers knowledge to performance in Jayawijaya Papua Province.

No	Knowledge	performance of immunization staff				n	%
		Less		Good			
		n	%	n	%		
1	Less	9	90	1	10	10	100
2	Good	13	39,4	20	60,6	33	100
Total		22	51,2	21	48,8	43	100
<i>p-value</i> = 0,009; RP = 2,285; CI95% (1,564 – 122,584)							

Table 2 shows that immunization of 9 officers are knowledgeable about 9 people (90%) with less and better performance as much as 1 person (10%). While the immunization of 33 officers good knowledge there were 13 people (39.4%) with less and better performance as many as 20 people (60.6%). The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.009 or $p < \alpha$ (0.05). This means that there is influence performance pengetahuan terhadap immunization workers in Jayawijaya. When viewed from the RP = 2.285; CI95% (1.564 to 122.584) interpreted that immunization workers were knowledgeable less likely to have less performance 2,285 times greater than the immunization officers who are knowledgeable good.

a. Influence attitudes towards the performance of immunization workers

Table 3: Effect of immunization workers sikap terhadap performance in Jayawijaya Papua Province

No	Attitude	performance of immunization staff				n	%
		Less		Good			
		n	%	n	%		
1	Negative	16	88,9	2	11,1	18	100
2	Positive	6	24	19	76	25	100
Total		22	51,2	21	48,8	43	100
<i>p-value</i> = 0,000; RP = 3,704; CI95% (1,809 – 7,585)							

Table 3 shows that of the 18 immunization workers have a negative attitude, there are 16 people (88.9%) with less and better performance by 2 people (11.1%). While the immunization of 25 officers with a positive attitude, there are 6 people (24%) with less and better performance as many as 19 people (76%).

The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.000

or $p < \alpha$ (0.05). This means that there is influence attitudes towards the performance of immunization workers in Jayawijaya.

When viewed from the $RP = 3.704$; $CI95\%$ (1.809 to 7.585) which is interpreted that the immunization officers who had negative attitudes likely to have less performance 3.704 times greater than the immunization workers who have a positive attitude.

b. Motivational influence on the performance of immunization workers

Table 4: Effect of immunization workers motivasiterhadap performance in Jayawijaya Papua Province

No	Motivation	performance of immunization staff				n	%
		Less		Good			
		n	%	n	%		
1	Low	17	85	3	15	20	100
2	High	5	21,7	18	78,3	23	100
Total		22	51,2	21	48,8	43	100
<i>p-value = 0,000; RP = 3,910; CI95% (1,762 – 8,676)</i>							

Table 4 shows that 20 people have low motivation immunization workers there are 17 people (85%) with less and better performance as many as 3 people (15%).

While the immunization of 23 officers with high motivation are 5 people (21.7%) with less and better performance as many as 18 people (78.3%).

The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.000 or $p < \alpha$ (0.05). This means that there is the influence of motivation on the performance of immunization workers in Jayawijaya.

When viewed from the $RP = 3,910$; $CI95\%$ (1.762 to 8.676) which interpreted that immunization workers who have low motivation likely to have less performance 3,910 times greater than the immunization workers who have high motivation.

c. The influence of the workload on the performance of immunization workers

Table 5 shows that of the 19 officers have a high workload immunization there were 14 people (73.7%) with less and better performance as many as five people (26.3%). While the immunization of 24 officers with lower workloads are 8 (33.3%) with less and better performance as many as 16 people (66.7%). The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.020 or $p < \alpha$ (0.05). This

means that there is the effect of workload on the performance of immunization workers in Jayawijaya. When viewed from the $RP = 2.211$; $CI95\%$ (1.182 to 4.135) which interpreted that immunization workers who have a high workload likely to have less performance 2.211 times greater than the immunization workers who have a low work load.

Table 5: Effect kerjaterhadap load performance immunization workers in Jayawijaya Papua Province

No	Work load	performance of immunization staff				n	%
		Less		Good			
		n	%	n	%		
1	High	14	73,7	5	26,3	19	100
2	Low	8	33,3	16	66,7	24	100
Total		22	51,2	21	48,8	43	100
<i>p-value</i> = 0,020; $RP = 2,211$; $CI95\%$ (1,182 – 4,135)							

d. Immunization sweeping influence on the performance of immunization workers

Table 6: Effect of immunization against the sweeping performance of immunization workers in Jayawijaya Papua Province

No	Sweeping Imunisasi	performance of immunization staff				n	%
		Less		Good			
		n	%	n	%		
1	No	16	84,2	3	15,8	19	100
2	Yes	6	25	18	75	24	100
Total		22	51,2	21	48,8	43	100
<i>p-value</i> = 0,000; $RP = 3,368$; $CI95\%$ (1,640 – 6,919)							

Table 6 shows that of the 19 officers who do not make sweeping immunization immunization, there are 16 people (84.2%) with less and better performance as many as three people (15.8%). While the 24 officers who make sweeping immunization immunization, there are 6 people (25%) with less and better performance as many as 18 people (75%). The test results on the value of chi square statistic significance of $95\% = 0.05$ was obtained p -value of 0.000 or $p\alpha (<\alpha (0.05))$. This means that there is a sweeping effect imunisasi terhadap performance immunization workers in Jayawijaya. When viewed from the $RP = 3,368$; $CI95\%$ (1.640 to 6.919) which is interpreted that the officer did not make sweeping imunisasi berpeluang immunization have less performance 3,368 times greater than the immunization workers who make sweeping immunization.

e. The influence of the availability of immunization against the performance of immunization workers

Table 7: Effect of immunization facilities available on the performance of immunization workers in Jayawijaya Papua Province

No	Imunisasi facility	performance of immunization staff				n	%
		Less		Good			
		n	%	n	%		
1	Not sufficient	9	64,3	5	35,7	14	100
2	Sufficient	13	44,8	16	55,2	29	100
Total		22	51,2	21	48,8	43	100
<i>p-value</i> = 0,384; RP = 1,434; CI95% (0,818 – 2,515)							

Table 7 shows that of the 14 officers were immunized with the availability of adequate facilities imunisasi tidak there are 9 people (64.3%) with less and better performance as many as five people (35.7%). Meanwhile, from 29 officers to the availability of facilities imunisasi memadai immunization, there were 13 people (44.8%) with less and better performance as many as 16 people (55.2%). The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained *p-value* of 0.384 or $p > \alpha$ (0.05). This means that there is no effect on the performance of the availability of immunization immunization workers in Jayawijaya. When viewed from the RP = 1,434; CI95% (0.818 to 2.515), so it is not meaningful.

f. Financing activities influence on the performance of immunization workers

Table 8: Effect of the financing of the performance of immunization workers in Jayawijaya Papua Province

No	Activity fund	performance of immunization staff				n	%
		Less		Good			
		n	%	n	%		
1	Less	14	73,7	5	26,3	19	100
2	Enough	8	33,3	16	66,7	24	100
Total		22	51,2	21	48,8	43	100
<i>p-value</i> = 0,020; RP = 2,211; CI95% (1,182 – 4,135)							

Table 8 shows that of the 19 immunization workers with less financing immunization activities are 14 and (73.7%) with less and better performance as many as five people (26.3%). While the immunization of 24 officers with sufficient financing immunization activities are 8 orang (33.3%) with less and better performance as many as 16 people (66.7%). The test results on the value of chi square statistic significance of 95% = 0.05) was obtained *p-value* of 0.000 or $p < \alpha$ (0.05). This means that there is an influence on the performance of the

financing of immunization immunization workers in Jayawijaya. When viewed from the $RP = 2.211$; $CI95\%$ (1.182 to 4.135) which is interpreted that the financing of immunization activities kurangberpeluang underperforming 2.211 times greater compared with the financing of immunization activities less.

g. Leadership influence on the performance of immunization workers

Table 9: Effect of leadership activities on the performance of immunization workers in Jayawijaya Papua Province

No	Leadership	performance of immunization staff				n	%
		Less		Good			
		n	%	n	%		
1	Less	14	63,6	8	36,4	22	100
2	Good	8	38,1	13	61,9	21	100
Total		22	51,2	21	48,8	43	100
<i>p-value = 0,171; RP = 1,670; CI95% (0,890 – 3,137)</i>							

Table 9 shows that of the 22 immunization workers with less kepemimpinan there were 14 people (63.6%) with less and better performance of 8 people (36.4%). While 21 of the immunization workers with good leadership there were 8 (38.1%) with less and better performance as many as 13 people (61.9%).

The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p -value of 0.171 or $p\alpha(> \alpha (0.05))$.

This means that there is no effect leadership to performance immunization workers in Jayawijaya. When viewed from the value 1.670; $CI95\%$ (0.890 to 3.137) were not significant.

3.3. Multivariate Analysis

Multivariate analysis is used to obtain answers to the factors which affect the performance of immunization workers, it is necessary to proceed on the bivariate and multivariate analysis.

Modelling using bivariate logistic regression modeling begins with bivariate using backward method in which each - each independent variable on the dependent variable was tested in stages. From the results of multivariate analysis are shown in Table 10.

Table 10, the attitudes and sweeping immunization as the dominant factor as the dominant factor on the performance of immunization workers.

Tabel 10: Analisis Variabel Regresi Logistik Berganda

No	Variabel	B	p-value	OR	95% C. I. for Exp (B)	
					Lower	Upper
1	Attitude	3,914	0,002	50,084	4,254	589,711
2	Sweeping imunisasi	3,487	0,004	32,681	3,058	349,296
	Constant	-11,891	0,001	0,000		

4. Discussion

4.1. Effect of knowledge on the performance of immunization workers

The result showed that there pengetahuan terhadap influence the performance of immunization workers in Jayawijaya (p-value 0.009). Inisejalan research results with research Widiaswari [11] which states that there pengaruh antara knowledge with the performance of midwife Knowledge is the result out and perform sensing occurs after a person against a particular object through the human senses are vision, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears [12]. The results of the analysis found that most respondents have a good knowledge (76.7%), where less knowledgeable immunization workers (90%) with less performance and good (10%). While immunization workers good knowledge (39.4%) with less and better performance (60.6%). This indicates that respondents who have pengetahuan less likely to have less performance. Knowledge is less than imunisasi officer causing the officer did not know how to step - a necessary step in improving immunization coverage. This is consistent with the teori dikeemukakan by Notoatmodjo [13], the knowledge of a person is the initial trigger of behavior, including behavior in the work. Knowledge is needed in order to change patterns of thought and behavior. Good knowledge of a job will make someone master the job.

This is evident from the results of the $RP = 2.285$; $CI_{95\%} (1.564 \text{ to } 122.584)$ interpreted that immunization workers were knowledgeable less likely to have less performance 2,285 times greater than the immunization officers who are knowledgeable good. The importance of knowledge immunization workers are indispensable in improving the quality of immunization services, so that efforts pendiidkan and training needs to be improved for immunization workers. It ibni due to immunization workers often experience turnover or rotasoi work. In addition, the officer who previously served as an officer imuniasi, education and training should follow imuniasi who are certified, so that it becomes a benchmark of professionalism in supporting immunization officer in the performance of immunization services.

4.2. Effect of attitude towards the performance of immunization workers

The result showed that there is influence of attitude on the performance of immunization workers in Jayawijaya (p-value 0.000). The results are consistent with research conducted Ngadarodjatun [14] in Central Sulawesi SigiProvinsi District Health Center reveals that attitudes affect the performance of immunization workers. According Notoatmodjo (2011), the attitude is a reaction or response which was still closed from a person to a stimulus / object. Furthermore, Attitudes are feelings, thoughts, and the tendency of a person more or less permanently on certain aspects of the environment. Attitudes are evaluative biases to a stimulus or objects that have an impact on how one is dealing with the object. This means that attitudes show of agreement or disagreement, like or dislike someone against something.

The results of analysis showed that officers imuniasi more positive attitude (58.1%) and negative attitude (41.9%) where immunization workers who have less performance negatifmemiliki attitude (88.9%) and good (11.1%). While immunization workers with a positive attitude (24%) have less performance and good (76%). This suggests that immunization workers who have a positive attitude tend to have better performance. This is proven by the prevalence ratio values that immunization workers who have negative attitudes likely to have less performance 3.704 times greater than the immunization workers who have a positive attitude. This is in accordance with the opinion of [13], explains that the attitude has three main components, namely the belief (faith), the ideas and concepts to an object, the emotional life or evaluation emotionally to an object and tendency to act (growing niche to behave). These three components together form a unified stance (total attitude). Imuniasi positive attitude of the officer caused the officer imuniasi happy received awards and praise, because of achievement achieved, so that immunization workers always try to show willingness to work as well as possible in the achievement of immunization. Besides the attitude of officers imunisasi yang positif berangapan baha in the implementation of immunization is necessary to penunjang of ketesewdiaan tool - a means of supporting and clear working procedures performed in clinics. As well as to achieve the successful achievement of immunization perlu do sweepingimunisasi. While the negative attitude of immunization workers who thought that immunization workers should not have a high interest to improve their knowledge and skills through education and training in the achievement of immunization and although supervision / surveillance supervisor cause I will not do ppencapaian immunization. This leads to the achievement of immunization cause is not reached.

The result showed that immunization workers who have a positive attitude namuntidak can achieve good performance can be caused by the attitude of officials in conducting immunization service belumsepenuhnya the maximum in terms melakukankomunikasi good with the baby's mother khususnya in scheduling, sehinggamempengaruhi datangmembawa participation rate of immunizing their mother. While immunization workers who have less attitude might be associated with other factors that cause immunization workers as pembiaayaan activities which includes accommodation for officers in the implementation of immunization, especially in sweeping immunization, given the geographical conditions Jayawijaya district that is difficult to reach and cost tranpostasi are quite expensive and needs other accommodation, so it is a tendency to act low impact on performance. The results of this study are consistent with previous hasilpenelitian, such as research by Sackou [15] states that the better the effect prepare better level vaksin

4.3. Effects of motivation on the performance of immunization workers

The result showed that there was the influence of motivation on the performance of immunization workers in Jayawijaya (p-value 0.000). the results of this study are consistent with research conducted Rahmawati [16,17], in Blera that the motivation on the performance of immunization workers. According Notoatmodjo [13], motivation is the impulse that arises in a person either consciously or unconsciously to take specific actions to achieve specific goals; businesses that may cause a person or group of people be moved to do something because they want to achieve a certain goal or get satisfaction from the done thing. The result showed that immunization workers more motivated (53.5%). From these results, immunization workers who have high motivation to have good performance (78.3%) than less. While immunization workers who have less performance (85%) mostly have less performance. This shows that the higher the motivation, the better the performance of immunization workers. This is proven by the prevalence ratio values that immunization workers who have low motivation likely to have less performance 3,910 times greater than the immunization workers who have high motivation.

This is consistent with the theory expressed by Hasibuan[18] that human resources is the integrated capabilities of the intellect and physical of the individual. Behaviour and physical determined by heredity and environment. whereas work performance is motivated by the desire to fulfill the wishes of his satisfaction. This is reinforced that the ability to carry out the task is a key element in assessing the performance of a person. However, the task will not be completed properly without the support of a willingness and motivation. It is evident from the high motivation by immunization workers in Jayawijaya, where peteugas immunization with high motivation seeks to meet the needs of patients optimally through vaccines and immunization achievements. This is done in order to get positive attention to the assessment of advancement, remain to be addressed by the management of health centers as well as to achieve higher office. While immunization workers who have low motivation is less motivated by position or achievement made. This is likely disbebakan of perceptions about career or management issues where he served as a double or a double workload, so immunization workers do not work according to the schedule and guidelines that have been made and timely immunizations and no initiative themselves in at enhancing immunization coverage. This is consistent with the theory according to Robbins [19] states that the money may not be the only motivator, but it is difficult to argue that the money does not motivate. In order for money to motivate individual performance conditions must be met to be considered important that money olehindividu the money prepared as a direct reward from the performance, the amount of money offered for the performance of the prepared means olehindividu [19].

4.4. Effect of the workload on the performance of immunization workers

The result showed that there was the influence of the workload on the performance of immunization workers in Jayawijaya (p-value 0.020). The results are consistent with research studies Wati [20] in Pasuruan revealed that the difference in double duty for village midwives in the village of UCI and non UCI because at Desa non UCI village midwives holding more than one program at the health center, while in the village UCI village midwives only holding one program at the health center. A worker will be busy with his work, so sometimes will forget with his other responsibilities.

in Haryanti [21], which states the workload of the body's ability to accept the job. From the standpoint of

ergonomics every workload received by a person must be appropriate and balanced well against the physical ability, cognitive ability and the limitations of man that receives the load. A labor has its own capabilities in conjunction with the workload. They may be more suited to the work load of physical, mental or social, but as the equation, they are only able to carry loads up to a certain weight according to its capacity. The result showed that officers feel imuinisasi more low work load as many as 24 people (55.8%), where immunization workers who feel low workload 66.7% had a good performance and less 33.3%. While immunization workers who feel the intense workloads of high (73.7%) have less performance. This shows that a good performance is mostly done ole immunization workers who have a low work load which means that the higher workload imuniasi officer, the less performance imunisais officer. This is proven by the prevalence ratio values that immunization workers who have a high workload likely to have less performance 2.211 times greater than the immunization workers who have a low work load.

High workload perceived by immunization workers perceived causes of work is getting harder, because a lot of work to be done. In addition, the demands of the health center leaders, the demands of their families and other work to be done simultaneously causing immunization workers bored and tired, so it does not focus on immunization services. This will lead to low achievement of immunization, so it needs the attention of the management of health centers and district health offices Jayawijaya with the addition of human resources in order to avoid double workload is felt heavily by immunization workers.

4.5. Effect of immunization against the sweeping performance of immunization workers

The result showed that there was an effect on the performance of immunization sweeping immunization workers in Jayawijaya (p-value 0.000). The results are consistent with research conducted Rahmawati [17] on immunization workers puskesmasdi Blora that sweeping immunization berbpengaruh imunisai officers on the performance shown by the achievements of immunization target. Sweeping is derived from the English "sweep" which means broom or equalization [22]. In routine immunization activities are activities that aim to complement routine immunization of infants and women of childbearing age (WUS) such as sweeping activity in infants and accelerated activities Maternal Neonatal Tetanus Elimination (MNTE) on WUS. Sweeping is done so that the equalization of immunization on target or targets to those who have been immunized (MoH RI, 2014). Analisis results showed that immunization workers who do not make sweeping immunization (84.2%) have less performance and good (15.8%). While immunization workers who make sweeping immunization (25%) with less performance and good (75%). This indicates that the sweeping immunization achieve good performance. This is proven by the prevalence ratio values that immunization workers do not make sweeping imunisasiberpeluang have less performance 3,368 times greater than the immunization workers who make sweeping immunization.

4.6. Effect of the availability of immunization against the performance of immunization workers

The result showed that there was no effect on the performance of the availability of immunization immunization workers in Jayawijaya (p-value 0.384). The results are consistent with research Rahmawati [17] on immunization workers puskesmasdi Blora revealed that the availability of immunization does not affect the

performance of immunization workers. Environment and facilities / equipment are factors that support to carry out the action or activity. Environmental eligible, namely the availability of water that meets the physical, chemical and bacteriological, adequate lighting, adequate ventilation and assured keamananya. While the facilities of a tool or means to support implementation of the actions / activities, logistics management is good and easy to obtain as well as the recording and reporting of complete and consistent. Factors affecting the completeness of basic immunization of research by Fera [23] which is the availability of a vaccine. Availability of vaccines closely related to the procurement, storage and distribution of vaccines in health centers and neighborhood health center. Procurement of vaccines in the clinic conducted every month by taking to the Health Department. Storage of vaccines in health centers in special warehouses do not exceed the maximum stock to avoid buildup. Vaccine storage differentiated between heat sensitive vaccines (polio, measles, BCG) and vaccines sensitive to freezing (Hepatitis B, OPT, TT and OT). Distributing vaccine from health centers is done by taking the vaccine by midwives / nurses posyandu to the clinic every activity. Standard immunization logistics services derived from biological materials must be protected against the sun, heat, freezing temperatures as well as vaccines. For chain means a vaccine made specifically to maintain vaccine potency. Needs and durability of storage facilities and a carrier, such as cabinets Ice 1 piece 10 years, Vaccine Carrier 3-5 pieces of 4 years, thermos + 4 pieces Cold Pack A field team four years, cold Box 1 piece 5 years and freeze tag teams field.

4.7. Effect of the financing of the performance of immunization workers

The result showed that there was an effect on the performance of immunization financing of immunization workers in Jayawijaya (p-value 0.000). The results are consistent with research Arwina [24] in Puskesmas Medan Sandpaper, shows that there is influence of the financing of the activities, as well as its tasks so that it can run a good job. The source of financing for immunization can be derived from the government and donors. Funding from government sources vary at each level of administration that is central sourced from the state budget (APBN), the provincial level from the state budget (decon) and Regional Budget (APBD) provincial, district / municipal level from the State Budget (assistant task) and local district / city in the form of DAU (General Allocation Fund) and DAK (Special Allocation Fund). This funding is allocated by using a special formula based on population, among others, fiscal capacity, the number of poor people and others. Implementation of immunization need for adequate funding. Based on the Ministry of Health of the Republic of Indonesia Number 42 Year 2013 that the local government district / city responsible for preparing the operational costs for the implementation of mandatory immunization services. The operational costs referred to in paragraph (1) shall include the cost of transport and accommodation officer, consumables, community mobilization, maintenance and repair of equipment chain of vaccines, so that immunization is given for free to the public (Kemenekes RI, 2014).

Puskesmas as the spearhead of service expenses borne by local governments, except for some of the commodities supplied by the Centre. PHC is responsible to provide accountability reports to the district / city, provincial and national. Planning immunization activities need information that can describe the situation of the achievement of immunization and resources that exist today and also objectives to be achieved in the future set out in the Strategic Plan of the Ministry of Health. This planning should be followed by the preparation of the

dibutuhkan budgeting so as to integrate comprehensive planning.

Their financing immunization activities in the implementation of the analysis results obtained that immunization workers with less financing immunization activities (73.7%) with less and better performance (26.3%). While immunization workers with sufficient funding immunization activities (33.3%) with less and better performance (66.7%). This indicates that a considerable proportion of the financing activities either higher performance on immunization workers. This is evident from the values of $RP = 2.211$; $CI95\%$ (1.182 to 4.135) which is interpreted that the financing of immunization activities kurangberpeluang underperforming 2.211 times greater compared with the financing of immunization activities less. Financing activities expressed by immunization workers in achieving kiernaj good resulting in the implementation of immunization workers or sweeping immunization adalahadanya transport and accommodation costs as well as costs for the mobilization of society, whereas in pelaksanaam availability in Puskesmas adalahadanya cost of consumables to immunization and the cost of maintenance and repair tool - a tool used in the immunization. This has an impact on the performance of immunization workers. While immunization workers stating pembiaayaan activities more or less inclined in such personal transportation money and akomoasi or still less, considering the terrain geografi in sweeping immunization. So that the efforts of the health department in financing activities need to plan well, so that the financing of activities can be evenly and diraskaan satisfied by all immunization workers so as to increase immunization coverage.

4.8. The effect of leadership on the performance of immunization workers

The result showed that there was no influence of leadership on the performance of immunization workers in Jayawijaya (p-value 0.171). The results are consistent with research Ngadarojatun [14] in Central Sulawesi SigiProvinsi district health centers revealed no effect on the performance leadership through supervision imuniasi officer.

Kepempimuann or supervision in addition to the direct monitoring of which is the continued activity of training. Through supervision it can be seen how the trained workers to apply all their knowledge and skills. Besides supervision can be a process of continuing education and training in the form of on the job training. Supervision should be implemented at all levels and in all implementing, because wherever officers work will still need help to overcome the problems and difficulties that they find [25].

The results of analysis showed that immunization workers with kepemimpinan less (63.6%) with less and better performance as much (36.4%). While immunization workers with good leadership there (38.1%) with less and better performance (61.9%). This represents an opportunity of good performance and less on imunusasi officer on less and good leadership. This suggests that there are other factors that strongly influence worker performance bleak knowledge, attitudes and motivation of immunization workers. Leadership needs to be improved because it is an important factor in mengawasi and influencing subordinates, that require attention from Jayawijaya District Health Office in the provision of leadership training and provide support to immunization workers related to problems in the field or village in pmencari solving problems in achieving immunization coverage.

4.9. The dominant factor on the performance of immunization workers

Multivariate analysis showed that attitude and sweeping immunization as the dominant factor as the dominant factor on the performance of immunization workers.

According Notoatmodjo, [13], the determination of attitude utuhini, knowledge, thinking, beliefs, and emotions play an important role at various levels, namely receiving, responding to, respect and take responsibility for everything that has been chosen with all the risks is the attitude of the most high. The existence of a good attitude by immunization workers to duties and functions, so that the performance of immunization workers will be done through a sweeping immunization in infants who have not been immunized. Success in planning sweeping immunizations need to be accompanied by financing activities well planned such as transportation costs and the cost of accommodation for officers, so that the workers get the charges in accordance with the requirements needed in the implementation of immunization. So that the workers are motivated and able to change the negative attitudes that had occurred in the achievement of the success of immunization in Puskesmas Jayawijaya, due to the negative attitude of immunization workers and less of sweeping immunization.

5. Conclusions

Based on the results of research and discussion, we conclude as follows:

1. There pengetahuan terhadap influence the performance of immunization workers in Jayawijaya (p-value 0.009; RP = 2.285; CI95% = 1.564 to 122.584).
2. There is the influence attitudes towards the performance of immunization workers in Jayawijaya (p-value 0.000; RP = 3.704; CI95%; 1.809 to 7.585).
3. There is a motivational influence on the performance of immunization workers in Jayawijaya (p-value 0.000; RP = 3,910; CI95% = 1.762 to 8.676).
4. There is the effect of workload on the performance of immunization workers in Jayawijaya (p-value 0.020; RP = 2.211; CI95% = 1.182 to 4.135).
5. There is a sweeping effect on the performance of immunization immunization workers in Jayawijaya (p-value 0.000; RP = 3,368; CI95% = 1.640 to 6.919).
6. There is no impact on the performance of the availability of immunization immunization workers in Jayawijaya (p-value 0.384; RP = 1,434; CI95% = 0.818 to 2.515).
7. There is an effect on the performance of immunization financing of immunization workers in Jayawijaya (p-value = 0.000; RP = 2.211; CI95% = 1.182 to 4.135).
8. There is no leadership influence on the performance of immunization workers in Jayawijaya (p-value 0.171; RP = 1,670; CI95% = 0.890 to 3.137) were not significant.

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