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Determinants Factors Affecting the Availability of Data

Districts in Papua)

Set Priorities in the Department of Health (Study in Four

Aaron Rumainum^a*, A. L. Rantetampang^b, A. Zainuri^c

^aMaster postgraduate program, School of Public Health, Cenderawasih University, Jayapura ^{b,c}Postgraduate Program, Faculty of Public Health, Cenderawasih University, Papua

Abstract

Data and information to be important in the era of good governance, in which the performance-based budgeting requires that the money that is required to produce a certain performance targets. The performance evaluation of its success cannot be measured when there is no data, or data that is incomplete or incorrect, or not on time thus impeding progress in terms of health services. The inability to create profiles through the provision of data sets priority districts / cities is a picture of the ignorance of the district / city against environmental conditions. The objective of this study is to know the determinants that affect the availability of Data Set Priority on the district health department / town in the province of Papua. This descriptive research type with chi square analysis techniques. The study was conducted in October 2016-January 2017 in four District Health Office (Merauke, Paniai, Sarmi, Biak Noemfoor). The population of as many as 78 people with a sample of 55 people who have met the inclusion and exclusion criteria. The study shows the factors that do not affect the availability of data sets priorities, namely the means (ρ -value = 0.710; RP = 1.625; CI95% = 0.303 to 8.704), rewards (ρ -value = 0.703; RP = 7.555; CI95% = 0.166 - 3.430), and SOP (ρ -value = 0.661; RP = 1,357; CI95% = 0.237 to 7.784). Factors that affect the availability of data sets priorities, namely supervision (ρ -value = 0.000; RP = 2,000; CI95% = 1.467 to 6.137).

Keywords:	Determinants;	Availability	Data Set	Priority.

^{*} Corresponding author.

I. Introduction

Health is a human right and one of the elements of well-being that must be realized in accordance with the ideals of the Indonesian nation. The success of health development is largely determined by the quality of the planning and budgeting of good health, well-targeted and efficient [11]. In terms of development planning is based on data that is accurate and reliable contained in Act 25 of 2004. Data and information to be important in the era of good governance, in which the performance-based budgeting requires that the money that is required to produce a certain performance targets. Head SKPD performance evaluation development plan implementation Working Unit area prior periods. In this case the performance evaluation of its success cannot be measured when there is no data, or data that is incomplete or incorrect, or not on time thus impeding progress in terms of health services.

Though the Special Autonomy granted to Papua Provincial Government mandates that the Provincial Government is obliged set quality standards and provide health services to the population. The health information system in the era of regional autonomy have problems where data and information obtained is still fragmented to describe a health problem as a whole. Health development plan has not been as expected because there is still disparity ability of planners across the region, while science and technology government has grown rapidly but yet can be utilized optimally for the low quality of human resources have not been fully able to organize the development of effective health, efficient, and quality in accordance with the principles of good governance (good governance) [2,3].

Health Act No. 36 concerning health (Article 168) mandates that to conduct health efforts required efficient and effective health information and health information is done through an information system. Health information that must be made is the District Health Profile and the Province reported annually, Data Communication Applications must be reported monthly, quarterly and annual reports as well as reports Application Minimum Service Standards (SPM) Health Sector must be reported each year. The inability to create a health profile of the district / city is a picture of the ignorance of the district / city against environmental conditions. According to the Center for Data and Information Ministry of Health in 2015, Papua Province rank 34 out of 34 provinces in Indonesia with data completeness of 34.4% while the province that occupies the top ranking is the second-youngest province namely Bangka Belitung province with 84 data completeness, 2%. Of the 511 districts / cities throughout Indonesia only 9 (nine) districts / cities (33%) in the province of Papua to report data on Data Communication. There are 20 (twenty) districts in Papua value of 0 for failing to report, as a result of 20 (twenty) occupies 20 counties rank bottom among 511 districts / cities in Indonesia, namely rank 492 to rank 511. Among the 20 (twenty) These districts are districts with a rich parent health resources such as Merauke, Sarmi, Paniai, and Biak Noemfoor [4].

2. Materials and Methods

The method used is descriptive analytical method. The design study using a quantitative approach with a correlation method. This study is a cross-sectional study. This research was conducted in the District Health Office / City in the province of Papua, in particular in the four counties (Merauke, Paniai, Sarmi, and Biak) in

October 2016-January 2017.

Table 1

N	F 314	11101	rities Data ability	a Set		Num	ıber
No Facility		Less		Good		_	
		n	%	N	%	n	%
1	Less	13	86,7	2	13,3	15	100
2	Good	32	80,0	8	20,0	40	100
Total	1	45	81,8	10	18,2	61	100
p-vai	lue = 0,710;	RP = 1	,625; CI9	95%= (0	0,303-8,7	(04)	

In Table 1 Chi square test results Influence means the availability of data obtained value $\rho = 0.710 > 0.05$, then Ho is accepted, so it can be concluded that there is no influence between the means of the availability of data sets priorities. According to the definition based on the Regulation of the Minister of the Interior No. 7 of 2006 on Standards Infrastructures Work Regional Government, the workaround is a facility that directly serves as supporting the process of regional administration in achieving the objectives set, including office space, equipment and service vehicles. However, from the results of research, it means that should be used in the management and provision of data, cannot be utilized optimally, is seen from the above table where 80% of respondents answered facilities provided are good.

A. Influence Rewards Against Availability Data Set Priorities

Table 2: Chi Square Test Results of Influence Rewards Availability Datap-value = 0,703; RP = 0,755; CI95% = (0,166-3,430)

. Rewardi			Priorities avail:	Data S ability	Set		Number
No	ng	I	ess	G	ood		
	_	n	%	n	%	n	%
1	Less	11	78,6	3	21,4	14	100
2	Good	34	82,9	7	17,1	41	100
	Total	45	81,8	10	18,2	55	100

In Table 2 Results of the chi square test the effect of rewarding the availability of data obtained value $\rho = 0.000$ <0.05, then Ho is accepted, so it can be concluded that there is no influence between the means of the availability of data sets priorities.

According to research Theriault, job satisfaction is a function of the absolute amount of salary received, the degree of the extent to which wages meet the expectations of the workforce, and how salaries are given. Wages and salaries recognized is a significant factor to job satisfaction. The employees want the wage system and the policies they perceive as fair, no doubt, and in line with their expectations. If the wage is seen as the result of which is based on the demands of the job, the skill level of the individual and remuneration standards of communication are likely to be generated satisfaction [5].

In Decree No. 92 of 2014 on the Implementation of the Data Communications Integrated Health Information System, Government and Local Government is responsible for funding the implementation of Data Communications. Allocation of funds for the Provision of Communication Data used for the construction, development, operation, and maintenance of Data Communications. The allocation of development funds and development Communications Data includes funding for the preparation of a system, device procurement, personnel development managers, and other related activities. The allocation of operational funds Health Information System includes operational funds for the collection, processing, data analysis, presentation and dissemination of data and information, and operational costs for Data Communications. Data Communications is allocated to maintenance includes funding for data maintenance, equipment maintenance, and other maintenance related activities.

This shows that the actual funds and remuneration has been provided by the government to be able to manage and present data set priorities. However, in fact rewards or the funding can not make the Department of Health are motivated to provide the data set the priority should be submitted regularly to the Media Centre.

C. Effect of Supervision against Availability Data Set Priorities

 Table 3: Chi Square Test Results Supervision Effect against Availability Data Set Priorities

Super-			Priorities availa		Set		Number
No	visi	I	ess	G	ood		
		n	%	n	%	n	%
1	Less	35	100	0	0	35	100
2	Good	10	50	10	50	20	100
	Total	45	81,8	10	18,2	55	100

In Table 3 Results of the chi square test the effect of supervision of the availability of data value $\rho = 0.000$ <0.05, then Ho is rejected, so it can be concluded that there is influence between the supervision of the availability of data sets priorities. Supervisor (supervisor) was the most prominent and directly related to an individual's work, because it is the most possible to represent the organizational culture or climate Zaigham, [6], and has a direct influence on the behavior of subordinates. From the questions asked in the questionnaire, supervision is done by direct supervisor, in this case the head of the section related to direct action to inquire whether the employee has the required data agency, or ask the employee regarding the transmission of monthly

data to the Media Centre is not done so influential on the motivation of the employee to carry out its responsibilities to fill the data set these priorities. Coupled with the absence of sanctions (penalties) for employees who are not disciplined in reporting data. This resulted in the employee feel not supervised by the employer and tend to feel responsible for doing the charging data.

D. Effect of SOP Against Availability Data Set Priorities

Table 4: Chi Square Test Results Effect of SOP Against Availability Data

N.	COD		rities Dat ability	a Set		Num	lber
No SOP		Less		Good			
		n	%	n	%	n	%
1	Less	38	82,6	8	17,4	46	100
2	Good	7	77,8	2	22,2	9	100
Total		45	81,8	10	18,2	55	100
	ue = 0,661;						11

In Table 4 Results of chi-square test SOP influence the availability of data obtained value $\rho = 0.661 > 0.05$, then Ho is accepted, so it can be concluded that there is no influence between the SOP on the availability of data sets priorities. Basically, the main purpose of the SOP is to facilitate the preparation of each work process and minimize errors in the process. SOP is made to make each job can work effectively and efficiently. While the benefits of SOP can affect whether or not a company survive. In the management of health information systems required data collection is done in accordance with Decree No. 92 of 2014 on the Implementation of the Data Communications Integrated Health Information System. Health Data Collection priorities conducted by the district health bureau / city. Similarly, filling and submission of data to the Health priority Data Communications Applications made by the district health department / town. From the research, it is known that the questions in the questionnaire, relating to the presence or absence of SOPs regarding the transmission of the data to Pusdatin Ministry of Health and associated with the specified date filling and submission of data such as the slowest collected the 10th for the next month to report monthly data, as 82.6% answered less. This is most likely the cause of employees in charge of filling the data is not performing its duties properly. In fact, the application of SOP in each work unit in the Department of Health has a strategic role is very superior. This is because it will lead to increased efficiency in every working process in each working unit agency. So most likely the socialization of the Minister of Health does not do.

E. Effect Against Bosses Support Availability Data Set Priorities

In Table 5 Results of the chi square test supervisor support influence the availability of data obtained value $\rho = 0.000 < 0.05$, then Ho is rejected, so it can be concluded that there is influence between supervisor support, in this case the Chief Medical Officer of the availability of data sets priorities. Support boss interpreted as manager

involvement in the progress of the project and provide the necessary resources [7]. Support boss also affect the successful implementation of new systems and the development of innovative power subordinates. According Shield [8] top management support (boss) in a very important innovation for their power associated with the resource manager. User participation and support of superiors affect the performance of the organization in general and information systems in particular. Support boss refers to employee perceptions of their relationship with their boss and how well employees can rely on the boss to care about the interests of individuals [9].

Table 5: Results of the Chi Square Effect Against Bosses Support Availability Data

		Prio	rities Dat	a Set			
No	Chief	avail	ability			Nun	ıber
110	support	Less		_			
		n	%	n	%	n	%
1	Less	40	100	0	0	40	100
2	Good	5	33,3	10	66,7	15	100
Total		45	81,8	10	18,2	55	100
p-val	ue = 0,000;	RP = 3	,000; CI9	95%=(1,467-6,1	37)	

Support boss by Likert (in Jing-Liang and Hai-Zhen [10] is considered to be an important factor in influencing the work of employees. Support superiors can enhance employee performance to ensure that employees understand the company's goals and encourage employees who have difficulty in achieving its objectives rather than resorting to punishment. Based on some of the above opinion can be concluded that the support boss (top Leader) is an employee perceptions of how well their bosses and their bosses care about the interests and welfare of the employees thereby affecting the results of the employee. The support given by superiors can enhance employee performance by ensuring that employees understand the company's goals and encourage employees who have difficulty in achieving its objectives rather than resorting to punishment. In Permenkes 92 2014 Article 20 paragraph (1), stated that the organizers of Data Communication in the district / city is the district health department / town. In respect of the Data Communications, Chief Medical Officer / City Data Communications formed a management team at the district / city. Data Communications management team at the district / city consists of: person in charge is Chief Medical Officer / City; coordinator is secretary / chief / head of department of health districts / cities that have the duty and the function of data and information management; and secretary.

From the description above it is clear that the support of the Head of Department as a responsible organizer of Data Communication is very important in ensuring the availability of data. From the results of research conducted on 55 respondents, found that support supervisor in this case the Head of Health Department, either in the form of instructions for the formation of a team of Data Communications, allocating budget funds to support the activities of a team of data communications, as well as the role and direct the Head of Department of

Health, namely by conducting regular meetings to discuss the results of the data set of priorities that have been collected, assessed on a regular basis to the data obtained, as well as support verbally committed by the Head of Department to improve the ranking of national charging data, it has a direct relationship with the availability of data sets priorities which can be measured through chi square analysis. Heads of agencies that do not support the availability of complete data sets priorities will lead to an employee who is responsible for the data entry becomes not doing a good job. This is presumably because the employee feels the leadership did not make it so that charging data is considered to be things that are not a top priority to work with.

4. Conclusion

The results of research that's been done to 55 respondents, concluded that:

- a) There is no means of influence on the availability of Data Set Priority on the district health department / town in the province of Papua (ρ -value = 0.710; RP = 1.625; CI95% = 0.303 to 8.704).
- b) There is no effect rewarding the availability of Data Set Priority on the district health department / town in the province of Papua (ρ -value = 0.703; RP = 7.555; CI95% = 0.166 to 3.430).
- c) There is the effect of supervision of the availability of Data Set Priority on the district health department / town in the province of Papua (ρ -value = 0.000; RP = 2,000; CI95% = 1.290 to 3.100).
- d) There is no effect on the availability of Standard Operating Procedures Data Set Priority on the district health department / town in the province (ρ -value = 0.661; RP = 1,357; CI95% = 0.237 to 7.784).
- e) There is an effect on the availability of employer support for Data Set Priority on the district health department / town in the province of Papua (ρ -value = 0.000; RP = 3,000;

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