The Service Compensation of National Health Insurance and The Performance of Health Workers

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ABSTRACT

Public health center is primary facilities service which owned by a government. Complains which occurs in society, such as the procedures of National Healthcare Insurance (JKN) that more complicated, start from gradual administration, participants data validation that need much time was though more convoluted and customer services that given by health workers wasn't done in a good standard and unsatisfied, so the patients will not willingly come back in public health center. The result data of performance measurement of public health in 2016 showed was less; under 80%. The aim of this research was to analyze the influence of service compensation of JKN on health worker performance. This research was quantitative with observational analytical approach. Sample of this research were 36 health workers in Kalisat, 32 health workers in Jelbuk, and 32 health workers in Andongsari public health center who taken by simple random sampling. Partial Least Square (PLS) using smart PLS software was used as method to analyze data. Based on the test result there was positive influence of service compensation on performance, T statistic was 7.730 (t statistic > t table significant 1.96) it meant that the higher an expected performance, it will produce optimal health care service for society. Health workers can do some efforts in improving performance, so it can improve service compensation that given for society. Government need to review about performance assessment that is currently used, such as SKP so the performance assessments were more effective in evaluating.

Keywords: National Health Insurance, Service compensation, Performance, Public Health Center

INTRODUCTION

National Health Insurance (JKN) is health protection for participants or member to get advantage of health maintenance and protection to fulfill health basic needs which given for every person who has paid premium or their premium is paid by a government nationally organized manner based on principle of social insurance and equity. Organization which is responsible for the provision of Health Insurance Scheme known as Jaminan Kesehatan Nasional (JKN) is Social Security Management Agency (BPJS). Participants of National Health Insurance will get health care service on existed health facilities[1].

Public health center is primary facilities service which owned by a government that used capitation payment system. Capitation system refers to a form of pre-arranged monthly payment paid by insurer (BPJS) for primary health facilities. Number of capitation that given is based on the number of registered participants without take into kind of account and number of health care service which given. Capitation system is completely regulated by Minister of Health Number 21 Year 2016 about Utilization of Capitation Fund JKN for health care service and operational relief fund on FKTP as government property. Capitation funds of JKN which achieved by FKTP from BPJS embraced entirely for health care service payment was average less than 60% from capitation fund reception and operational relief fund for healthcare service were the difference of capitation fund minus the allocation for payment of health care service[2].

Service compensation of JKN was one of financial compensation which is given for employers in public health service. The purpose of giving compensation was to stimulate workers in improving their work performances, efficiency, and affectivity in their work productivities. Health workers work productivity in public health service produce performances in form of curative healthcare service (treatment), preventive, promotive (health improvement), and rehabilitative.

A research by Aziz (2015) which was conducted in Mojowarno public health center in Jombang district on 43 workers, with 38 respondents who taken by accidental sampling has purpose to know the correlation between

service compensation of BPJS and work satisfaction level in giving health care service. The result of the research shown that 76.3% respondent who achieve service order > 1.000.000 most of them (82.8%) were satisfied. Therefore, 21.1% respondent who achieve service order 500.000-1.000000 half of them (50.0%) were satisfied and 2.6% respondent who achieve service order < 500.000 all of them (100%) were not satisfied in working. The result of spearman rank test showed that ρ value 0.000, correlation coefficient was 0.567; it means that there was correlation in medium categories. It was hoped that by satisfaction achieved, it will improve the workers knowledge and awareness about work satisfaction, increasingly it could improve performance and quality in giving health care service[3].

The purpose of this research was to analyze the influence of service compensation JKN on health workers performance in Kalisat, Jelbuk, and Andongsari public health center.

METHODS

This research was quantitative with observational analytic method. This research referred for hypothesis test and to interpret deeply about correlations[4]. Cross sectional research design is learning about dynamic correlations or correlation between risk factors and its influence which is done in the same time. Population of this research were 60 health workers of public health service in Kalisat, 47 health workers in Jelbuk, and 47 health workers in Andongsari. Sample unit in this research used Lemeshow, et.al (1997) formulas[5] as follow:

$$n = \frac{N . Z_{\alpha}^2 . P . q}{d^2 . (N-1) + Z_{\alpha}^2 . P . q}$$

Note:
n	= Sample Size
N	= Population Size
$Z_{\alpha2}$	= Default Normal Distribution Value on confidence interval 95% such 0.05 was1.96
P	= Price Proportion for Population; it was taken highest proportion was 50% (0.5)
q	= $1 - P = 1 - 0.5 = 0.5$
d	= Sampling errors but close to tolerable was 10%

Sample who will be tested in this research were 36 health workers of public health service in Kalisat who has high capitation fund, 32 health workers in Jelbuk who have low capitation fund, and 32 health workers in Andongsari who have low capitation fund. Sample in this research was taken by multiple stage random sampling. Observation and documentation used in this research as technique to collect data. Partial Least Square (PLS) was used in this research as analyzes data method.

RESULTS

The research result that was done on 36 health workers of public health center in Kalisat, 32 health workers in Jelbuk, and 32 health workers in Andongsari.

Outer Model

Table 1. Result of convergent validity test

Construct	Indicator	Value	Note
Service (X1)	Service compensation	1.000	Significant
Performance (Y1)	Quantity	**0.298**	Not Significant
	Quality	**-0.069**	Not Significant
	Time	0.859	Significant
	Service Orientation	0.867	Significant
	Integrity	0.773	Significant
	Commitment	0.708	Significant
	Discipline	0.838	Significant
	Cooperation	0.894	Significant
SKP (Y1.1)	Quantity	**0.343**	Not Significant
	Quality	**-0.314**	Not Significant
	Time	0.968	Significant
Work Behavior (Y1.2)	Service Orientation	0.867	Significant
	Integrity	0.811	Significant
	Commitment	0.708	Significant
	Discipline	0.825	Significant
	Cooperation	0.915	Significant

Indicator was reliable if has correlation value >0.7. But in scale development research, loading was 0.5-0.6 could be achieved (Gozali, Imam 2014). Based on the loading outer above, quantity indicators will be moved because it doesn't have loading < 0.5 and it was not significant, so the model will meet convergent validity because all the loading factors >0.5. 2.

Validity and Reliability

Construct Validity test could be seen on the value of Average Variance Extracted (AVE), good model if the value of AVE in every construct > 0.5. The result of AVE output showed that construct value of service compensation and performance construct has AVE > 0.5, it meant that it was good model. Reliability test from construct was measured from 2 criterion were Composite realibility and Croncbach Alpha. Construct was realible if the value of Composite alibility and Croncbach Alpha > 0.7.
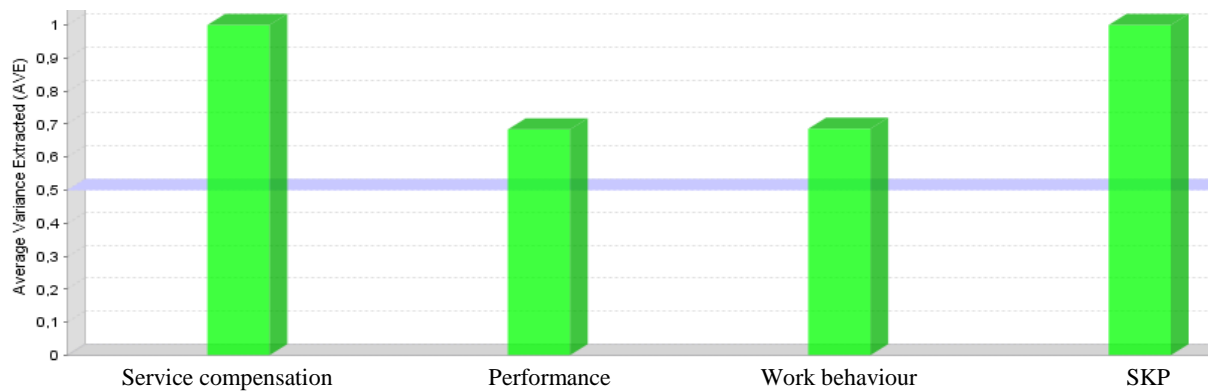

Figure 1. The Output AVE

Figure 1 showed the output result of AVE that construct value of service compensation and performance construct have value of AVE > 0.5 it meant those model was good and valid in measuring its latent variable.
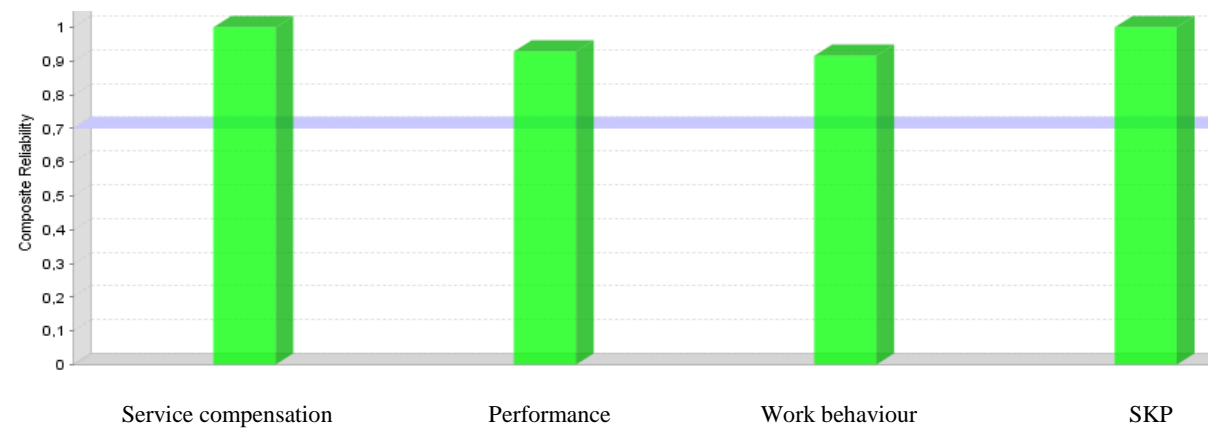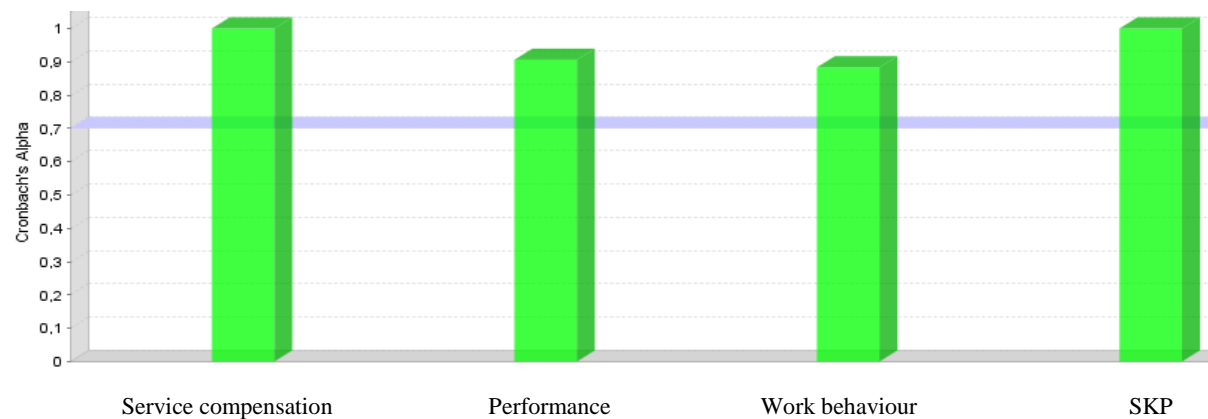

Figure 2. Output of composite realibility test

Figure 3. Output of Cronbach's alpha test

Figure 2 and Figure 3 showed that Composite Realibility and Croncbach Alpha have value > 0.7 it mean that all variables were considered reliable as research instrument.

Inner Model

Inner Model Test was measured used goodnes-fit model, it could be seen from the value of R-Square. Table 2 Output R Square R Square Performance (Y1) 1.000 Based on table 4 showed that the influence value of service compensation on performance gave R-square value 1.000, it meant that performance construct variability was influenced by construct variability of service compensation 100%.

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Table 2. Output R square

	R Square
Performance (Y1)	1.000

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Hypothesis Test

Table 3. *Path Coefficients*

	Original sample	Mean	SD	T-statistics
Service compensation (X1) → Performance (Y1)	0.356	0.389	0.042	7.730
Service compensation (X1) → Work Behavior(Y1.2)	0.436	0.435	0.054	8.114
Service compensation (X1) → SKP (Y1.1)	0.617	0.614	0.047	13.093
Work Behavior (Y1.2) → Performance (Y1)	0.832	0.833	0.011	76.115
SKP (Y1.1) → Performance (Y1)	0.204	0.203	0.012	16.600

Based on path coefficients were obtained value as follow:
1. There was positive impact of service compensation on performance, the higher service compensation achieved will increase performance (t statistic > t table 1.96).
2. There was positive impact of service compensation on work behavior, the higher service compensation achieved, work behavior will increase.
3. There was positive impact of service compensation on SKP, the higher service compensation achieved, SKP will increase.
4. There was positive impact of work behavior on performance, the higher work behavior, performance will increase.
5. There was positive impact of SKP on performance, the higher SKP, performance will increase.

DISCUSSION

The result of this research that there was positive influence of service compensation on performance, the higher service compensation achieved will increase performance (t statistic > t table 1.96). Health workers performance in this research is defined by Job Performance Target or well-known SKP (employee performance goals) and work behavior, the result noted that there was positive influence service compensation on work behavior, and there was positive influence of service compensation on SKP, it means that the higher service compensation given, the performance will increase that shown by SKP and work behavior that is obtained by health workers.

This result in line with Martoyo (2007) that compensation as whole management of giving remuneration, financial and non-financial, thus definition could be realized that compensation can increase or decrease work performance, work satisfaction, worker performance, and worker motivation.

Government has organized on service compensation that is arranged on capitation system in Ministry of Health Regulation No. 21, 2016 about Utilizations of Capitation Fund JKN for Health Care Service and Operational Fund Support on FKTP of Government Property that is intended of satisfaction health care service provision, such as workers can be formed suitable with service that given according to calculation based on variable as follow: a. kind of position or man power and presence is regulated in act 1[2].

Health care service system is hoped able to motivate work behavior of health workers that have service orientation indicator, integrity, commitment, discipline, corporation, and leadership that is needed in forming organization characteristics. Work behavior of employers is important for health public center as an organization.

Government that concern in health who produce health care service for society, so it can maximize professional human resources which become strategy needs for government organization. Worker ability to work depend on their human resources, therefore, some efforts that is done by government to increase performance harder and more effective by dividing service compensation. Abdullah (2014) stated that behavior dimension as competition behind of performance which showed how person behave when they do their role well[7].

Service compensation system also influence on SKP that has quantity indicator, quality, and time. Health workers in public health center who achieve higher service compensation motivate on the higher SKP value those quantity indicators such as how many health workers who doing their job and health care service for society. Quality indicator is how work quality that is produced by health workers, and time indicators is time in finishing their jobs. This research based on table 1, quality indicator and quantity were moved from model and they are not reliable to investigated because they have outer loading value < 0.5 with value of quantity loading outer 0.343 and quality loading outer -0.314, it means that service compensation only influenced on time indicator in SKP. Health workers in public health center in Kalisat, Jelbuk, and Andongsari who get higher service compensation will influence time significantly in finishing their work. In line with research that conducted by Haristryanto (2012) about the influence of compensation on worker performance in Perumnas Regional VII Makasar such as compensation through salary 0.000, side dishes allowance 0.017, and accommodation allowance 0.043 were significant influence on improving work performance. Bonus 0.206, incentive 0.150 were not significant influence on improving work performance[8].

This research is hoped become suggestion for health workers in improving their performance and position holders of health. Health position holders can make dividing service compensation system which suitable with health workers that will influence on health workers performance. This research was done in public health center which has higher capitation fund such as in Kalisat, Jelbuk which middle capitation fund, and Andongsari which lower capitation fund. The result showed that there was optimum limitation in giving service compensation, because health workers who get higher service compensation did not produce best performance, while middle service compensation produced same with performance that is produced by higher service compensation, but for low service compensation the performance decreased.

CONCLUSION

Based on the research result it showed that there was positive influence of service compensation on performance which showed by employee work performance and health workers behavior in public health center of Kalisat, Jelbuk, and Andongsari. Here was optimal limitation in giving service compensation, because health workers who get too high of service compensation was not produce best performance

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