

Hospital Autonomy Survey in Structural and Functional Official of Hospital in East Java, Indonesia

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Abstract :- Hospital has a tendency to use large amounts of resources, making it difficult for the government to meet all the needs of the hospital. This difficulty is then led to a new management concept for hospital by giving autonomy to hospital. The given autonomy then called as Badan Layanan Umum Daerah (BLUD) in which hospitals have the right and authority to manage its resources. In managing these resources, it is required a good knowledge and understanding of the relevant hospital autonomy. This survey aims to determine the extent of stakeholder understanding of the hospital autonomy and hospital autonomy-related training needs. The study design was a survey conducted by using the tool "Balanced Score Card Diagnosis" that was used to measure the respondents' knowledge. The initial amount of the respondents in this survey of 113 respondents was drawn from one hospital in East Java. However, only 68 of the total respondents participated in the survey. The participation rate was assessed by comparing the number of questionnaires returned with the number questionnaire distributed. Respondents in this study are a major stakeholder of BLUD Hospital, including head of Functional Medical Staff, Committee, Internal Board, head of the installation, and structural officials. The participation rate in the survey as much as 60.18% with the majority of participants came from the head of the installation. A total of 55.88% of participants have a lack of understanding. Most respondents said that they need training about the hospital autonomy which is as much as 41 respondents (60.3%) Nevertheless, there are still respondents who have lack of understanding stated that they do not require training. Therefore, it is necessary that knowledge management is done thoroughly.

Keywords: *Hospital, Hospital Autonomy, Knowledge Management*

I. INTRODUCTION

In some developing countries, such as Africa, India and Indonesia, General Hospital consumes large amounts of resources, which the government was no longer able to fulfil (Chawla, 1995). Facing these difficulties, the government guarantees the provision of extension of autonomy to the General Hospital to improve service quality, increase revenue and lower costs (Collins, 1996). Abdullah et al. (1985) in Collins (1996) mentioned the reasons for granting autonomy for hospital are; (1) The public hospitals are too large and complex to be reorganized, (2) Overcrowded/the length of queue/very difficult to organize admission and too many patients, (3) limited resources, (4) Lack of medical equipment, drugs and materials consumables (5) Lack of commitment and competent staff. In early 1987, at the Kenya National Hospital after decentralization there was devolution of some powers from the Ministry of Health to the public hospitals. There was change in the status of public hospitals; the main change is the transfer of autonomy or authority of the Ministry of Health to the public hospitals. But in fact, at the beginning of the passage of autonomy, there were still many obstacles due to the lack of preparations in the transfer of authority (Collins, 1996). On Law Number 44 Year 2009 concerning the Hospital of article 7, Paragraph 3, it is written that "Hospital which was established by the Government and Local Government as referred to in paragraph (2) shall take the form of Technical Implementation Unit of the agency in charge of health, particular Agencies, or the Regional Technical Institute with the Public Service Autonomy or the Regional Public Service in accordance with the provisions of the legislation. Hospital founded by the private sector, as it mentioned in paragraph (2) must be a legal entity whose business activities are merely work in hospitalization." (Law of the Republic of Indonesia Number 44 of 2009 on hospital article 7 point 4). According to the Law above, hospitals must change its status to public service autonomy which then called as hospital autonomy (BLUD). Based on Government Regulation Number 74 Year 2012 regarding Amendment to Government Regulation Number 23 Year 2005 Article 33 paragraph (2): "Officials managers and employees of Public Service Autonomy derived from professionals of non-civil professionals who can permanently employed or under contract." Hospital Autonomy management officers contained in Article 33 paragraph (2) are technical and administrative personnel. Therefore, every employee

who works at the hospital, especially its officials must understand how to work with the system of Hospital Autonomy. But what happens in the field is the performance of hospitals with autonomy on it is not optimal. It is caused by there are many internal stakeholders (employees and officials Hospital) who do not understand how to run hospital with system of hospital autonomy. The lack of knowledge about the hospital autonomy shows that employees need training. It is consistent with that contained in the Regulation of the Minister of Health Number 20 Year 2014 on the Management of Non-civil employees in Public Service Autonomy Article 22 paragraph (2) which stated: "The development of human resources as it is mentioned in paragraph (1) may be carried out through the following activities: (a) education; and /or (b) training. "Thus, we conducted a survey in order to determine the distribution of knowledge and training needs about the Public Service Autonomy in Hospital called Hospital autonomy on structural and functional officials in Hospital. In accordance with Article 1 paragraph (23) of Law Number 1 of 2004 on State Treasury stated: "Public Service Agencies are Government environmental agencies set up to provide services to the society in form of supply of goods or services sold without prioritizing profits and in conducting its activities based on the principles of efficiency and productivity" (Law Number 1/2004 of the State Treasury, the general provisions point 23).Hospital autonomy aims to improve services to the public in order to promote the general welfare and life, by providing flexibility in financial management based on the principles of economy and productivity, and the application of sound business practice (Government Regulation Number 23 of 2005 on Financial Management and Public Services Autonomy, article 2, paragraph 1).Public service autonomy was established to improve service to the public in order to promote the general welfare and educating the nation. "Public service autonomy expenditure management held flexibly based on the equality between the volumes of service activities with the amount of expenditure, following the sound business practices. The flexibility of expenditure management as it is mentioned in paragraph (2) is applicable threshold specified in accordance with the budget and business plan (Law Number 23 Year 2005 on the Financial Administration of the Public Service Autonomy, Article 15, paragraph 2 and 3).Flexibility in the hospital autonomy is that expenditure can be increased or decreased from the budgeted along with the associated income increases or decreases, at least proportionally (flexible budget). (The explanation of Government Regulation Number 23 Year 2005). Government agencies that implement management pattern of Autonomy can provide goods and services that are sold without prioritizing profits and in conducting its activities based on the principles of efficiency and productivity (Law Number 1 Year 2004 on State Treasury, Articles 68 and 69).

II. METHODOLOGY

The survey was conducted by using the tool "Balanced Score Card Diagnosis" as the measure of respondents' knowledge. The amount of the initial respondents in this survey of 113 respondents was drawn from one hospital in East Java. However, only 68 of the total respondents participated in the survey. The participation rate was assessed by comparing the number of questionnaires returned by the number of questionnaire distributed. Respondents in this study are a major stakeholder of Hospital, including Functional Medical Staff chairman, Committee, Internal Board, head of the installation, and structural officials.

III. RESULT AND DISCUSSION

The respondents in this study are including the structural and functional officials of Hospital. The distribution of respondents by job/positions and levels of participation presented in the following table:

Table 1. Level of Participation in Survey Respondents

Main Stakeholder	The Number of Questionnaires		Participation rate
	Total Respondent	Participate	
Functional Medical Staff chairman, Committee, and Internal Board	41	19	46.34%
Head of Installation	35	28	80.00%
Structural officials	37	21	56.75%
The number of Respondents	113	68	60.18%

Source: Primary Data Evaluation Questionnaire BSC Functional Strategies

Table 1 shows that the stakeholder group consisting of Functional Medical Staff chairman, Committee, and Internal Board has the lowest participation rate as many as 19 out of 41 respondents (46.34%). The highest level of participation was made by stakeholders, including heads of the installation of as many as 28 out of 35 respondents (80%).

Table 2. Level of understanding of Respondents

Level of understanding of Respondents	The number of Respondents	%
Understand	30	44.12
Do not understand	38	55.88
Total	68	100

Source: Primary Data Evaluation Questionnaire BSC Functional Strategies

Most respondents have a lack of understanding as many as 38 out of 68 respondents (55.88%). Based on Government Regulation Number 74 of 2012 article 33 paragraph (2) that explained about hospital autonomy, so that every employee who works in BLUD must possess the proper understanding about Public Service Autonomy in hospital (hospital autonomy) and how to run it.

Table 3. Training Needs

Level of Understanding	Training need		Total (%)
	Need (%)	Do not need (%)	
Understand	5 (16.67)	25 (83.33)	30 (100)
Do not Understand	36 (94.7)	2 (5.3)	38 (100)
Total	41 (60.3)	27 (39.7)	68 (100)

Source: Primary Data Evaluation Questionnaire BSC Functional Strategies

Most respondents participated in the survey stated that they need to be trained regarding the hospital autonomy, as many as 41 respondents (60.3%). Minister of Health Regulation Number 20 Year 2014 Article 22 paragraph (2) explains that human resource development can be done through education and training. However, as many as 5.3% respondents with the lack of understanding stated that they do not require training on hospital autonomy.

IV. CONCLUSION

Based on survey results, it can be concluded that: (1) there are some staff who did not actively participate in the survey. (2) The majority of respondents have a lack of understanding. (3) There were respondents who stated that they do not need education and training despite not having an understanding of the hospital autonomy.

V. RECOMMENDATION

The structural and functional officials' poor understanding about hospital autonomy requires special intervention. In this case the intervention recommended is doing knowledge management by pouring down all knowledge thoroughly. This process is called the integration of knowledge management-organizational learning (KM-OL).

REFERENCES

- [1] Chawla, G. (1996). Recent Experiences with Hospital Autonomy in Developing Countries, What Can We Learn? *Hospital Autonomy Journal*, 5-8.
- [2] Collins, David. (1996). Hospital Autonomy in Kenya: The Experience of Kenyatta National Hospital. *Hospital Autonomy*, 8-10.
- [3] Ministry of Health. Minister of Health Regulation Number 20 of 2014 on the Management of Non civil servants Unit on the Health Ministry Applying Financial Management Pattern Public Service Autonomy. Jakarta: 2014.
- [4] President of the Republic of Indonesia. Indonesian Government Regulation Number 23 Year 2005 on the Financial Administration of the Public Service. Jakarta: 2005.
- [5] President of the Republic of Indonesia. Law of the Republic of Indonesia Number 44 Year 2009 about the Hospital. Jakarta: 2009.
- [6] President of the Republic of Indonesia. Indonesian Government Regulation Number 74 of 2012 concerning Amendment to Government Regulation Number 23 Year 2005 on financial management of the Public Service Autonomy. Jakarta: 2012
- [7] President of the Republic of Indonesia. Law of the Republic of Indonesia Number 1 Year 2004 concerning State Treasury. Jakarta: 2004.