

Influence of Accreditation and Position Through Sectors on Officer Efficiency By Quality of Health Services (Puskesmas) at Binanga Health Center Mamuju Regency

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Abstract

This analysis aims to examine the effect of accreditation, cross-sector, and efficiency of health services on health workers' output at the Mamuju Regency Binanga Health Centre, both directly and indirectly. This study was carried out at the MamujuRegency Binanga Health Centre. Determination of the number of samples using the Slovin formula as many as 100 respondents. Sample methods are used for unintended screening. The tools used to gather data are observation, interviews, questionnaires, and documentation. Data processing is conducted using route analysis or path analysis. The findings of the study revealed that the accreditation of Puskesmas Binanga Mamuju (1) has a positive and significant effect on the efficiency of health services; (2) cross-sectors have a positive and significant impact on the quality of health services; (3) accreditation has a positive and significant effect on the output of health workers; (4) cross-sectors have a positive and significant impact on the quality of health services

Keywords: Accreditation, Cross-Sector, Service Quality, and Officer Performance.

1. Introduction

Puskesmas, as one of the first-level health care facilities (FKTPs), has an essential role in the national health development programme, so it is deemed appropriate for the government to have coordinated its operation to meet national development goals. In the age of JKN (National Health Insurance), Puskesmas is a pioneer in the first stage of health care that can deliver quality health services in line with the requirements of first-level health services and competency standards Puskesmas. The strategy of introducing the ARAAN Puskesmas has been laid down in Regulation No 75 of Health 2014 on Puskesmas to increase accessibility, availability, and standard of service to improve the level of public health.

To solve these problems, the Ministry of Health set out policies and strategies for healthy growth in 2015-2019 to ensure fair access and quality of health services, especially in health centers, namely through the introduction of accreditation (Kemenkes, 2015). The 2014 Regulation of the Minister of Health No. 75 (Article 39) on Puskesmas specifies that 'Puskesmas must be accredited and carried out periodically at least once every three years.' While the Law of the Minister of Health No. 46 of 2015 on Accreditation of Puskesmas, Pratama Clinic, Doctor's Independent Practice Position, and Independent Dentist Practice Place is also specified, Practice Place must be accredited, and Puskesmas and Klinik Pratama must be accredited.

Based on studies by Saiful Batubara et al. (2019), the connection of accreditation status to quality of care based on the quality of service is substantially related to accreditation status. Furthermore, this study's findings indicate that there is a correlation between the position of health workers with public involvement and the most influential factor influencing community participation.

As well as the fact that the Binanga Health Center has received a cumulative number of patients from January to December 2019 based on the findings of the medical record data in the Binanga Health Center is as large as 28,490. There are so many patient concerns linked to patient waiting times. There is a very long diloket registry and physicians/agents who have been registered with Binanga Health Center.

Efforts to enforce accreditation policies Puskesmas in the Mamuju district have numerous challenges in the 11 Puskesmas. One of Puskesmas Binanga Mamuju Regency is lack of engagement and cooperation for stakeholders/cross-sectors inside and outside the Department, inadequate human capital for some health in compliance with their competencies, limited financial resources to fulfill the accreditation.

2. Literature Review

2.1. Accreditation of Puskesmas

Regulation of the Minister of Health No. 75 of 2014 on the public health center specified that the accreditation of Puskesmas is a certification of Puskesmas. It granted by independent accrediting providers, as decided by the Minister. After assessing, Puskesmas met the requirements of service Puskesmas developed by the Minister to enhance Puskesmas servants' efficiency on a continuous b. Thus, accreditation Puskesmas attempts to improve and provide care by developing a quality control framework, coordinating public health efforts. Clinical delivery structures to conform with the accreditation requirements set out in the Invitation Legislation. Relevant guidance facilitates the application of accreditation policy Puskesmas.

2.2. Cross-Sector Roles

Cross-Sector is an initiative that includes an organization or similar organizations, like Camat, Lurah, Village, and Community Officials, to optimize health resources. Cross-sectoral coordination between the health sector and other relevant industries is interconnected, both formal and non-formal. (Widdya Naralita et al., 2017).

The benefit of the cross-sector is a). (b) Health care programs, (c) equipment, facilities, and data may lead to effective design practices. The cross-sectoral goals are inter-sectoral collaboration to engage in the society in the right way, to increase health quality by partnerships with the government and the community (Wahyuningsih et al., 2019). It means to know each other and to know the initiative to encourage the involvement of each relevant sector, learn each other's position, and help each other promote community participation in the field of health.

2.3. Quality of Health Services

In general, recognizing the quality of health care is the degree to which health services are perfected according to professional practices and service standards through allowing the use of the capacity of resources available in hospitals or health centers. Such as are in a fair, reliable, and productive way and provided healthily and satisfactorily by norms, ethics, law, and socio-cultural values by paying for them. According to Wijono (in Safruddin 2012), quality health care utilizing the company's core competition approach is customer satisfaction-oriented would succeed in the face of too intense global competition. According to Ziethaml and Bitner, 2013), to know the definition of service quality applies to the reality that customers' quality of service is reflected in terms of the magnitude of the difference between standards and preferences experience of the service to be provided. The service quality is interpreted in terms of the discrepancy between service quality and the demands that users will get.

2.4. Health Officer Performance

The success of health workers can be defined as the outcomes of the work done by health workers within the Organisation, in compliance with the authority and duty provided by the Department, to achieve the goal, purpose, and goals of the organization covered by the statute, not in breach of the law and accordance with morality and ethics (Maulizar: 2012). According to Mangkuprawita and Hubeis (2007), Kineja is the product of a particular work phase scheduled at the officer's time and location and the institution concerned. Performance levels are minimum performance criteria that must be reached by officers independently or in groups on all performance metrics, indicating that if the performance of officers falls below the minimum performance norm (Rinantanti et al., 2019), the result is insufficient and graded as low or extremely bad (Ayu, 2011; Kanto et al.; Nuraini et al., 2019). A high standard of education encourages officers' efficiency since low education allows it more challenging for officers to learn diverse knowledge relevant to their operations, better education for officers, and the more influential the officer at work (Sedarmayanti, 2010).

3. Method

This research uses a survey design to observe the phenomena that occur and collect data or information needed to support communication, support research discussion, answer the proposed research problems, and solve them. This research approach is quantitative.

This research was conducted in Binanga Health Center Mamuju Regency. The study will run from July to August 20. The population in this study was all patients who visited the Binanga Health Center Mamuju regency. Aumlah sample in this study as many as 100 respondents. Accidental sampling techniques determine the method of deciding respondents. This study conducted data collection through live interviews and using questionnaires. Data analysis techniques used in research using path *analysis*. Line analysis is used to determine the effect of Accreditation (X_1), Cross-Sector (X_2), and Service Quality (Y_1) on Health Officer Performance (Y_2) as follows:

4. Results

4.1. Track Analysis Results

4.1.1 The Effect of Accreditation and Cross-Sector on Service Quality

Based on the results of data processing with the help of the SPSS 23.0 program can be seen the summary of empirical results of research as follows:

Table 1. Output Influence of Accreditation and Cross-Sector on Service Quality
Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	sig
1	(Constant)	1.809	.625		2.895	.005
	Accreditation (x1)	.617	.065	.689	9.561	.000
	Cross-Sector (x2)	.305	.076	.290	4.003	.000

a. Dependent Variable: Service Quality (Y_1)

Source: Primary data, processed 2020

The result of analysis using equation I, ie $Y1 = 0.689 X1 + 0.290 X2 + 0.266$. Obtained results that the influence of accreditation and cross-sector on the quality of service is positive where when accreditation and cross-sector improvement will improve the quality of service. This indicates that when accreditation and cross-sector increase, it will be followed by improved service quality.

Based on Table 1. obtained interpretation of equation model I as follows:

Model, I Path Coefficient: referring to the output of the Model I equation in the coefficient table, the significance value of both variables is Accreditation (X1) = 0.000, and Cross-Sector (X2) = 0.000 is less than 0.05. This result gives the meaning that the equation of Model I, namely accreditation variable (X1) and cross-sector (X2), has a significant effect on service quality (Y1).

Table 2. Determination Coefficient Test Results

Model Summary

Model	R	R Square	Adjusted R Square	Std. An error of the Estimate
1	.964 ^a	.929	.928	.605

a. Predictors: (Constant), TOTALX2, TOTALX1

Source: Processed Primary Data, 2020

The amount of R² or R Square value contained in table 2 of Model Summary is 0.929. These results showed that the contribution or contribution of credit influence (X1) and cross-sector (X2) to the quality of service Y1 was 92.9%. In comparison, the remaining 7.1% contributed to other variables not included in the study. Meanwhile, for result e1 can be searched with the formula $e1 = \sqrt{1-0.929} = 0.266$.

4.1.2 The Influence of accreditation, Cross-Sector, and Quality of service on The Performance of Health Workers

Based on the results of data processing with the SPSS 23.0 program can be seen the results of empirical research as follows:

Table 3. Output Influence Accreditation, Cross-Sector and Service Quality performance of health workers

Model	Unstandardized Coefficients		Standardized Coefficients	t	It's getting you out of here
	B	Std. Error	Beta		
1 (Constant)	.931	.466		1,999	.048
TOTALX1	.576	.064	.632	8,934	.000
TOTALX2	.206	.059	.192	3,503	.001
TOTALY1	.178	.073	.175	2,447	.016

a. Dependent Variable: TOTALY2

Source: Primary data processed 2020

Equations obtained from the results of the Model II equation, namely:

$$Y2 = 0.632X1 + 0.192X2 + 0.175Y1 + 0.184$$

Equality means that the influence of accreditation, cross-sector, and service quality on officers' performance is positive. When accreditation, cross-sector and service quality improves, it will enhance the performance of health workers. This indicates that when accreditation, cross-sector, and service quality improvement, improved officer performance will be followed.

Based on Table 3. interpretation of model II as follows:

Model II Path Coefficient: It can be known that the significance value of the three variables, i.e., accreditation (X1) = 0.000 and cross-sector (X2) = 0.001 and service quality (Y1) = 0.016 is less than 0.05. These results give the meaning that The Equation of Model II, namely variable accreditation, cross-sector, and service quality, has a significant effect on health workers' performance.

Table 4. Koefisien Determinasi Test Results

Model summary				
Model	R	R Square	Adjusted R Square	Std. An error of the Estimate
1	.983 ^a	.966	.964	.432

a. Predictors: (Constant), TOTALY1, TOTALX2, TOTALX1

Source: Processed Primary Data, 2020

The amount of R Square value contained in the Model Summary table is 0.966. This result shows that the contribution or contribution of credit influence (X1) across sectors (X2) and service quality (Y1) to the performance of health workers (Y2) is 96.6%. In comparison, the remaining 3.4% is a contribution from other variables not included in the study. Meanwhile, for result e1 can be searched with the formula $e1 = \sqrt{1-0.966} = 0.184$.

Thus the **direct influence indicates** that:

1. The direct effect of accreditation on the quality of service
The beta coefficient of accreditation influence (X1) on service quality (Y1) of 0.689 was at a significance level of 0.000. The coefficient shows that accreditation (X1) positively and significantly affects service quality (Y1).
2. Direct influence across sectors on service quality
The beta coefficient of cross-sectoral influence (X2) on service quality (Y1) of 0.290 was at a significance level of 0.000. The coefficient shows that cross-sector (X2) has a positive and significant effect on service quality (Y1). This means that a good cross-sector (X2) will be followed by improved service quality (Y1),
3. The direct effect of accreditation on the performance of officers
The beta coefficient of accreditation influence (X1) on officer performance (Y2) of 0.632 was at a significance level of 0.000. The coefficient shows that accreditation (X1) has a positive and significant effect on officers' performance (Y2). This means that accreditation status (X1) will be followed by improved officer performance (Y2).
4. Direct influence across sectors on officer performance
The beta coefficient of cross-sectoral influence (X2) on officer performance (Y2) of 0.192 was at a significance level of 0.001. The coefficient shows that cross-sector (X2) has a positive and significant effect on officer performance (Y2). This means that a good cross-sector (X2) will be followed by improved officer performance (Y2).
5. The direct influence of service quality on officer performance
The beta coefficient of the effect of service quality (Y1) on officer performance (Y2) of 0.175 was at the significance level of 0.016. The coefficient shows that the quality of service (Y1) has a positive and significant effect on officers' performance (Y2). This means that improved service quality (Y1) will be followed by enhanced officer performance (Y2).

To find out the **significance of indirect influence**, a sobel test is used. $z\text{-value} = a*b/\text{SQRT}(b^2*s_a^2 + a^2*s_b^2)$. →

1. The indirect effect of accreditation on the performance of officers through the quality of service. Sobel test formula is as follows:

$$Sab = \sqrt{b^2Sa^2 + a^2Sb^2 + Sa^2Sb^2}$$

$$Sat s \sqrt{(0.175)^2 (0.065)^2 + (0.689)^2 (0.073)^2 + (0.065)^2 (0.073)^2}$$

$$Sat s \sqrt{0.00013 + 0.00253 + 0.00002}$$

$$Sat s \sqrt{0.00268}$$

$$Sat s 0.05177$$

To test the significance of indirect influences, we need to calculate the t-value of the coefficient with the following formula:

$$t \text{ value} = \frac{a \times b}{sab}$$

$$t = \frac{0.689 \times 0.175}{0.05177}$$

$$t = \frac{0.12058}{0.05177}$$

$$t \text{ count} = 2,329$$

$$t \text{ table} = 1,661$$

According to Ghazali (2011), if the value of t calculates this compared to the value of t table, if the value of t calculate is greater than the value of t table, then it can be concluded that mediation's influence occurs.

Based on the Sobel test, the t value calculated from the indirect effect of accreditation (X1) on officer performance (Y2) through service quality (Y1) is 2,329, and greater than t table = 1,661. Thus, the results of this study showed that the variable quality of service (Y1) as a variable intervening or mediation becomes very important in mediating between accreditation (X1) to the performance of officers (Y2).

2. Indirect influence across sectors on the performance of officers through the quality of service. Sobel test formula is as follows:

$$Sab = \sqrt{b^2Sa^2 + a^2Sb^2 + Sa^2Sb^2}$$

$$Sat s \sqrt{(0.175)^2(0.076)^2 + (0.290)^2(0.073)^2 + (0.076)^2(0.073)^2}$$

$$Sat s \sqrt{0.00018 + 0.00045 + 0.000031}$$

$$Sat s \sqrt{0.000656}$$

$$Sat s 0.02567$$

To test the significance of indirect influences, we need to calculate the t-value of the coefficient with the following formula:

$$t \text{ value} = \frac{a \times b}{sab}$$

$$t = \frac{0.290 \times 0.175}{0.02567}$$

$$t = \frac{0.05075}{0.02567}$$

$$t \text{ count} = 1,997$$

$$t \text{ table} = 1,661$$

According to Ghazali (2011), if the value of t calculates this compared to the value of t table, if the value of t calculate is greater than the value of t table, then it can be concluded that mediation's influence occurs.

Based on the Sobel test, t calculated value of indirect influence across sectors (X2) on officer performance (Y2) through service quality (Y1) is 1,997, and greater than t table = 1,661. Thus, the results of this study showed that service quality variables (Y1) as intervening or mediation variables become significant in mediating between cross-sector roles (X2) to officer performance (Y2).

5. Discussion

5.1 The Effect of Accreditation on Service Quality

Based on the research results, accreditation must positively and significantly affect the quality of service. As an implication of this research results, the Binanga Health Center is essential to improve the accreditation status so that the officers in providing health services to patients are more qualified. Success in achieving accreditation Binanga health center is strongly supported by the role of leadership and management of Puskesmas, namely the Head of Puskesmas conduct supervision, control, and performance assessment of officers, Puskesmas easily accessible by the community and meet the requirements of the location, as well as facilities, infrastructure, equipment Puskesmas, and power, then the implementation of public health efforts, namely carrying out public health efforts (SMEs) strongly contribute to the achievement of accreditation and the realization of guaranteed services expected by the Community in Binanga Mamuju Regency

5.2 The Influence of Cross-Sector Roles on Service Quality

Based on the research results, cross-sectors' role must positively and significantly affect the quality of service. As the implications of this research results, Puskesmas Binanga enhances the function of cross-sectors using establishing communication and coordination with health officers and the public related to the implementation of health service activities in the Binanga Health Center area. Then conducting cooperation in preparing the Puskesmas program is through mini-work centers across sectors and, most notably, the statement of attitude from across industries to provide support to health workers and the community related to the implementation of health activities quality of health services.

5.3 The Effect of Accreditation on Officer Performance

Based on the study results, accreditation must have a positive and significant influence on health workers' performance. As the implication of this research results, the certification Puskesmas Binanga should reflect the work results or quality of work. The health workers can achieve by their respective authorities and responsibilities to achieve the objectives of the organization concerned legally, not breaking the law and by morals and ethics that is by improving accreditation status.

5.4 Cross-Sector Impact on Officer Performance

Based on the study results, the role of cross-sectors must have a positive and significant effect on the performance of health workers as the implication of the results will be guaranteed by the commitment of cross-sector actors, namely the head of the village, community leaders, and religious leaders, through support to health officials and the community related to the implementation of health activities to improve the quality of work and the perfection of duties on the skills and abilities of health workers.

5.5 The Effect of Quality of Service on Officer Performance

Improving the performance of Binanga Health Center officers will be achieved through the quality of service. The higher the level of service provided by Puskesmas Binanga officers in serving patients, it will form a good working pattern. Having good performance will change bad habits in doing patients that impact the image of Binanga Health Center. If it can improve, Binanga Health Center's appearance should continue to be developed, including communication, looks attractive, can provide services that are promised immediately, accurately. Satisfactorily for patients, health workers can help patients and give the services responsiveness, manners, the ability to foster public trust to Puskesmas officers and always provide genuine attention to patients.

5.6 The Effect of Accreditation on Officer Performance through Quality of Service.

This study shows an indirect relationship so that the existence of quality of health services as a mediation function between Akreditasi Puskesmas Binanga in improving the performance of health workers becomes proven. This means that by improving the quality of service, especially about empathy or attention to patients, health workers always give sincere and individual or personal attention to patients by trying to understand patients' wishes to be a top priority that is very important in realizing.

5.7 The Influence of Cross-Sector Roles on Officer Performance through Quality of Service.

This study shows an indirect relationship so that the existence of quality of health services as a mediation function between the Role of Cross-Sector to the Binanga Health Center program in improving the performance of health workers becomes proven. This means improving service quality, especially about *empathy or attention* to patients, namely the actors across sectors (Camat, Lurah, village heads, community leaders, and religious leaders). Together with health workers, they always assure knowledge and foster public trust in the Binanga Health Center Mamuju Regency.

6. Conclusion

Accreditation and cross-sector affect officers' performance through the quality of services in the Binanga Health Center Mamuju Regency. Thus, the Puskesmas Binanga Mamuju Regency's quality of services is more excellent than patients' expectations, accreditation and cross-sector Binanga Health Center has made improvements in the performance of officers in work. Accreditation and cross-sector can affect the quality of services Binanga Puskesmas Mamuju regency. The results of work in quality and quantity achieved by officers in carrying out their duties by the responsibilities given to him.

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