

Analysis Of The Influence Of Leader Behavior And Public Health Center Management Processes On Immunization Program Performance At Kuala Bali Public Health Center, Serdang Bedagai

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Abstract.

There are still deficiencies in the achievement of UCI (Universal Child Immunization) in villages/wards. This is due, among other things, to the lack of attention and support from various parties towards the immunization program. This study aims to analyze the influence of leader behavior and management of the health center on the performance of the immunization program at the Kuala Bali Health Center Serdang Bedagai. This type of research is a quantitative research with a cross sectional design. The location of this research was conducted in Kuala Bali Health Center, Serdang Bedagai. The research population is all 121 midwives in 17 sub-districts of the Kuala Bali Serdang Bedagai Health Center, and 1 person in charge of immunization services so that it consists of 122 people. The sample in the study amounted to 122 patients. Survey data were analyzed using the chi-square test and logistic regression. The results showed that there was an effect of decision making on performance, there was an effect of leadership style on performance, there was an effect of delegation of tasks on performance, there was an influence on how to communicate on performance, there was an influence on planning on performance, there was an effect on organizing on the performance of the immunization program, there was an influence on implementation on the performance of the immunization program, there is an influence of supervision on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center. The variable that has the most influence on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center is the organizing variable. The results of this study suggest that the results of this research are used as input for evaluating the implementation of the immunization program, in order to provide guidance to the leaders of the Public Health Center to improve their abilities in leader behavior and management processes, especially in organizing so that the performance of the midwives becomes even better.

Keywords: Leadership, Management, and Performance.

I. INTRODUCTION

Immunization is an effective essential public health effort to provide specific immunity against diseases that can be prevented by immunization (PD3I). In Indonesia, immunizations that have been required by the government as well as those that have been required by WHO include; BCG, DPT, Hepatitis, Measles and Polio immunizations (Ranuh, 2017). World Health Organization (WHO) data (2019) shows that there were 21.8 million children in 2013 who did not receive immunizations, in 2014 there were 18.7 million babies worldwide who did not receive routine DPT3 immunization, which is more than 60% of children. These children live in 10 countries namely the Democratic Republic of the Congo, Eutopia, India, Indonesia, Iraq, Nigeria, Pakistan, the Philippines, Uganda and South Africa. Based on data obtained from WHO in 2020 and UNICEF, it is stated that at least 80 million children aged less than 1 year are at risk of suffering from diphtheria, measles and polio due to disruption of routine immunization services. There are 64% of 107 countries experiencing interruptions or delays in the implementation of routine immunization services and 60 countries delaying the implementation of immunization campaigns, especially measles and polio. This is certainly a risk for an Extraordinary Event (KLB). According to the 2017 Indonesian Health Data, the coverage of complete basic immunization indicators in Indonesia was 86.5%. This figure has not reached the Strategic Plan target in 2015 of 91%. Then it increased in 2016 with an average coverage of complete basic immunization of 91.1% (HB 87.0%, BCG 92.7%, DPT-HB-HiB 93.0%, Polio 92.2%, and Measles 92.5%) this figure has also not reached the Strategic Plan target in 2016 which was 95% (Ministry of Health Republic of Indonesia, 2017).

Indonesia is still ranked 4th in the world after India, Nigeria, and the Democratic Republic of the Congo for under-vaccination of children in DPT3 immunization coverage. It is estimated that 1.5 million toddlers in Indonesia have not been reached by the basic immunization program or other vaccines. This has

resulted in Indonesia becoming one of the priority countries identified by WHO and UNICEF to carry out acceleration in achieving the target of 100% UCI in Villages/Kelurahan. (Yunizar, 2018). Based on the results of the 2019 Indonesian Demographic Health Survey (SDKI), the infant mortality rate (IMR) is 34/1000 live births and the under-five mortality rate (AKBA) is 44/1000 live births. The results of the 2013 Riskesdas survey obtained data on immunization coverage for HB-0 (79.1%), BCG (87.6%), DPT-HB-3 (75.6%), Polio-4 (77.0%), and immunization against measles (82.1%). This survey was conducted on children aged 12–23 months (Ministry of Health, 2019). Based on data from the North Sumatra Health Profile 2020, the coverage of another indicator that is measured to assess the success of immunization is Universal Child Immunization (UCI) for villages/sub-districts. The UCI village/kelurahan is a picture of a village/kelurahan, namely at least 80% of infants (0-11) in the village/kelurahan have received complete basic immunization (Ministry of Health RI, 2016) complete basic immunization of North Sumatra Province in 2015 as many as 79.9 % and in 2016 that is with an average coverage of 81.2% (North Sumatra Health Office, 2020). According to Law Number 36 of 2009 concerning Health, immunization is one of the efforts to prevent the occurrence of infectious diseases which is the priority activity of the Indonesian Ministry of Health.

Immunization is also a concrete form of the government's commitment to achieving the Sustainable Development Goals (SDGs), especially to reduce child mortality (Kemenkes RI, 2019). The immunization program is a government effort to improve the quality of public health, especially for toddlers and children. However, the coverage of complete basic immunization in Indonesia in the last five years has always been above 85%, but it still has not reached the target of the Ministry of Health's Strategic Plan set (Yunizar, Asriwati, & Hadi, 2018). In 2017 complete basic immunization in Indonesia was 91.12%. This figure is slightly below the 2017 Strategic Plan target of 92%. Complete basic immunization coverage in North Sumatra Province in 2016 was (100%) and had reached the target of 92%, but in 2017 it decreased by 87%, while the 2017 Strategic Plan target was 92% (Dayanti, 2020). Even though immunization services can be obtained in government-owned health service units, such as hospitals, health centers and even Posyandu which are spread throughout the country. The Public Health Center is the institution that has the most role in Community Health Empowerment efforts, because one of the functions of the Public Health Center is as a Community Health Empowerment Center through fostering UKBM. Occupational Health (UKK) and Islamic Boarding School Health Post (Poskestren). The development of UKBM fostered by the Public Health Center is an indicator of the successful function of the Public Health Center as a Center for Community Empowerment (Ginanzar, 2016). In achieving UCI (Universal Child Immunization) in villages/wards there are still deficiencies. This is due, among other things, to the lack of attention and support from various parties for the immunization program, the lack of operational funds for both routine and additional immunizations, and the unavailability of adequate facilities and infrastructure.

In addition, there is also a lack of cross-sectoral coordination including private health services, a lack of adequate resources and a lack of public knowledge about immunization programs and benefits. Many factors influence the non-implementation of immunization activities (a baby has not been immunized), including the behavior of the leadership and management of the Public Health Center itself. In other words, the success of leaders in streamlining the organization, very dependent on his behavior carrying out leadership functions in his leadership strategy. This style and behavior will be seen from how to make decisions, how to order (coordinate), delegate tasks, how to communicate, how to motivate subordinates and how to direct and guide subordinates. Based on a preliminary survey conducted in The Kuala Bali Serdang Bedagai Health Center obtained information from the data for 2021 that the immunization program did not reach the target. The Kuala Bali Serdang Bedagai Health Center consists of 10 villages with 46 implementing posyandu, namely: Kuala Bali, Multi-finished, Karang Tengah, Tanjung Harapan, Tambak Cekur, Gambar Island, Tagor Island, Bahsidua-dua, Kelapa Bajohom, Mangosteen Village. Then the researchers conducted interviews with 10 midwives who served in immunization services, as many as 7 midwives stated that the leadership lacked depth decision-making, a less assertive way of governing (coordinating), there is injustice in delegating tasks, and having an ineffective way of communicating so that

immunization program implementers do not understand the direction of the leader's talk, do not motivate subordinates and rarely give directions.

Then the management of the Public Health Center was also considered to be lacking in planning activities for the surveillance and immunization sections coordinating the implementation of the duties of the section head based on the agenda and schedule of activities, less formulate technical policies for the surveillance and immunization section, less prepare plans and determine the performance of the surveillance and immunization section, prepare materials for the implementation of norms, standards, guidelines and operational instructions for the surveillance and immunization section, carry out monitoring, evaluation and reporting of the activities of the surveillance and immunization section, report the results of the implementation of tasks to the leadership based on accountability documents for performance evaluation, Carry out other tasks given by the Head of Division according to their duties and functions. Public Health Center management system that regulates the performance of the immunization program as the executor of the immunization program in the village where he is assigned. Village midwives are midwives who are placed, are required to live and are tasked with serving the community in achieving the target of health status in their working area which covers one to two villages. The magnitude of the responsibilities of the village midwife as stated in the immunization implementation procedure is that each village midwife is responsible for carrying out: preparation of immunization in the village, inventory of immunization targets, preparation of vaccines, equipment and preparation of other immunization needs, so that the village midwife is the spearhead of implementing the immunization program by increasing the role and the community in implementing health services for infants and toddlers including immunization.

Performance is about the results obtained from work functions or activities over a certain period of time. Health performance is a very important element in efforts to maintain and improve national development in the health sector. The study of performance provides clarity that several factors are very supportive for individuals in achieving work performance, such as motivation, rewards, perceptions, abilities, skills and the availability of other resources that support the performance of midwives (Mangkunegara, 2018). Thus the performance of a midwife is something that is achieved by a midwife in carrying out her activities, both main tasks and other activities that can support the success of her duties according to their functions. So performance is an achievement shown by the midwife and in this case it certainly shows the work ability of the midwife which can be seen from the complete basic immunization coverage. Based on the background above, the researcher is interested in conducting research with the title "Analysis of the Influence of Leader Behavior and the Management Process of the Community Health Center on Immunization Program Performance at the Kuala Bali Serdang Bedagai Health Center".

II. METHODS

This research is a type of quantitative research with a cross-sectional study design which aims to analyze the influence of Leader Behaviors and the Public Health Center Management process on the Performance of the Immunization Program at the Kuala Bali Serdang Bedagai Health Center in the same period (Sugiyono, 2018). The population in this study were 121 midwives in 10 villages of the Kuala Bali Serdang Bedagai Health Center, and 1 person in charge of immunization services so that there were 122 people. From the total calculation, the number of samples is 121 people. Due to the relatively small number of population, the sampling technique in this study used total sampling where the entire population was used as the research sample, namely 122 people with the target of program implementers at the Public Health Center. Data collection is divided into three, namely:

1. Primary data collected through filling out a questionnaire.
2. Secondary data was conducted through a documentation study of several profile books of the Serdang Bedagai Kuala Bali Health Center and written data on the number of villages in the posyandu implementation in the Kuala Bali work environment, as well as conducting a survey to the Public Health Center.
3. Tertiary data was obtained through literature studies such as published books and journals.

III. RESULT AND DISCUSSION

Decision making is an action by the management of the Public Health Center in achieving the target. Decision making has the main elements in the form of a decision maker confronted on a particular problem that can be compared with each other, the goals, values or targets that guide decision makers are very clear and can be leveled according to the order of importance. Based on the results of research conducted in It is known that some village midwives state that the leadership has various alternatives to solve problems carefully before making decisions with the intention of minimizing the consequences arising from each carefully selected alternative. Each alternative and each of the accompanying consequences can be compared with other alternatives and the leader will choose the alternative and its consequences that enable the achievement of goals, values or targets. With so many alternatives that influence a decision, it is difficult to make a decision manually in implementing an immunization program. Based on the research results, it is known that of the 122 respondents studied, the majority of respondents stated that the leadership did not play a role in decision making as many as 67 (54.9%) respondents. There were 45 (36.9%) respondents who stated that leaders had no role in decision making and had poor performance, as many as 22 (18.0%) respondents stated that leaders had no role in decision making and had good performance. Based on the calculation results above, it is known that the statistical test result earned value significance is $0.009 < 0.05$. So it can be concluded that there is an influence of decision making on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center. The Kuala Bali Serdang Bedagai Health Center has a leader.

Usually leaders have greater influence in achieving goals in achieving immunization targets, because leaders are often termed people who influence subordinates to achieve the expected goals. This opinion is in line with what was conveyed by Husaini Usman (2013: 312), leadership is the science and art of influencing people or groups to act as expected to achieve goals effectively and efficiently. So it is clear that leaders have a major influence on the success or failure of an organization. The Kuala Bali Serdang Bedagai Health Center is the institution that plays the most role in Community Health Empowerment efforts, because one of the functions of the Community Health Center is as a Community Health Empowerment Center through fostering UKBM.), Occupational Health Business Post (UKK) and Islamic Boarding School Health Post (Poskestren). The development of the UKBM fostered by the Public Health Center is an indicator of the successful function of the Public Health Center as a Center for Community Empowerment (Ginanzar, 2016). In achieving UCI (Universal Child Immunization) in villages/wards there are still deficiencies. This is due, among other things, to the lack of attention and support from various parties for the immunization program, the lack of operational funds for both routine and additional immunizations, and the unavailability of adequate facilities and infrastructure. In addition, there is also a lack of cross-sectoral coordination including private health services, a lack of adequate resources and a lack of public knowledge about immunization programs and benefits. Many factors influence the non-implementation of immunization activities (a baby has not been immunized), including the behavior of the leadership and management of the Public Health Center itself. In other words, the success of leaders in making Public Health Center effective, very dependent on his behavior carrying out leadership functions in his leadership strategy.

This style and behavior will be seen from how to make decisions, how to order (coordinate), delegate tasks, how to communicate, how to motivate subordinates and how to direct and guide subordinates. One of the functions that must be carried out by a leader in an effort to achieve goals is how the leader can make decisions effectively in achieving UCI (Universal Child Immunization) in villages/kelurahans where there are still deficiencies. In reality, decision-making is not a simple matter, because every decision-making usually contains two consequences at once, both positive and negative consequences. However, a leader must have the courage to make decisions from the several options faced. A Public Health Center leader is expected to follow Terry's opinion in Marzuki (2015: 2), that in making decisions one should choose the best of the various alternatives available. One of the most important tasks of a leader is to determine what is best for the Public Health Center and its members. However, in making decisions, The speed and accuracy of a leader in making decisions is common in achieving UCI (Universal Child Immunization) villages/kelurahans there are still deficiencies as a benchmark for competence and

credibility. If the leader is slow and hesitant in taking action, the subordinates will see that the leader is a leader who does not dare to take risks. Getting used to being quick in making decisions is not an easy job, it takes clear ratios and sharp intuition in order to produce results right decision. Interesting to study how a leader can take good decisions, in the sense of being effective, efficient, minimizing risk, and beneficial for the progress of the Public Health Center in order to achieve the expected goals.

Drommond (1985) argues that decision making is an effort to create future events and shaping (events at the time of the election and after). This opinion emphasizes that decision making is a process when a number of steps must be carried out by evaluating alternatives to make decisions from all existing alternatives (Syaruddin: 48). From some of the definitions described above, it can be concluded that decision making is a process of solving problems by making choices from several alternatives to determine an action to be taken in achieving the desired goal. Creative and innovative decision making. Uncreative decision making has a tendency to make emotional decision. By using their creativity, decision makers can find alternatives to solve problems, then choose one of the alternatives that is beneficial for the achievement of the Public Health Center. Innovation enables decision makers to carry out decisions well. The problem is structured, simple and the information is complete. Problems and decision-making processes have occurred repeatedly so that they can be calculated and have experience solving them. Non-programmed decision making is decision making where the problem is unique, never happened before. Information about the problem is not yet available or few, regulations, policies, standard operating procedures for making decisions do not yet exist. Based on the results of the research, it is known that counseling is carried out in villages with 2 officers who go down. Counseling is still limited due to limited funds. Based on the results of interviews conducted with informants, the implementation of immunization activities at the Public Health Center was adjusted to the plans that have been made annually and adjusted to POA BOK, but in practice, not all officers in the immunization team were involved to go to the field. In fact, all officers who are there should still go down to the field.

Performance is a comparison of the achievement of an employee with a work plan that has been arranged. Performance achievement is the result of work (Bernardin & Russell, 1993; Gomes, 2003; Mangkunegara, 2006; Prawirosentono, 2008) and is related to the work that is his responsibility (Mangkunegara, 2006; Prawirosentono, 2008). In addition, performance is also interpreted as the effectiveness and efficiency of the use of resources in carrying out work (Berman, 2006). The level of achievement of an employee's performance needs to be measured by a certain method. Performance measurement results obtained by comparing the work plan with the results achieved. Therefore, it is necessary to set certain criteria to measure performance. According to Bernardin and Russell, the performance measurement criteria include: quality, quantity, timeliness, cost effectiveness, need for supervision and interpersonal impact. (Bernardin & Russell, 1993). The achievement of the planned performance criteria needs to be supported by a comprehensive performance management. Performance management is a series of activities that are interrelated and form a continuous cycle. According to Schermerhorn, et.al., states that the core activities of performance management are identifying and formulating clear and measurable performance goals; measuring performance to monitor the progress of achieving goals; provision of feedback on performance results; and utilize performance appraisal in decision making in large part of personnel management such as reward and accountability (Cho & Lee, 2012). This statement is in line with Aguinis' opinion which states that performance management activities are activities of identifying, measuring and developing individual and team performance, as well as aligning performance with the strategic objectives of the Public Health Center (Aguinis, 2013).

Communication is the process by which a person (the communicator) conveys stimuli (usually symbols in the form of words) to change the behavior of other people (communicates). (the process by which an individual (the communicator) transmits stimuli (usually verbal symbols) to modify the behavior of other individuals (communicates). Carl Hovland in Meinanda, (1981:3) Communication is a process in which an idea is transferred from a source to one or more recipients, with the intention of changing their behavior. Everett M. Rogers in Cangara, (1998:19) Dance and Larson (1976) have collected 126 different definitions of communication but are not practical or possible to discuss all of these definitions. It is customary for

writers to define communication as the transfer (Luthans, 1973) or exchange (Katz & Kahn, 1966) of information. Based on the research results it is known that the results of statistical test earned value significance is $0.000 < 0.05$. So it can be concluded that there is an effect of the way of communication on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center.

IV. CONCLUSION

Based on the results of the study entitled "Analysis of the Influence of Leader Behavior and Management Processes of the Community Health Center on the Performance of the Immunization Program at the Kuala Bali Serdang Bedagai Health Center", it can be concluded that:

1. There is an influence of decision making on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center.
2. There is an influence of leadership style on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center.
3. There is an effect of delegation of tasks on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center.
4. There is an influence of how to communicate on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center.
5. There is an influence of planning on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center.
6. There is an organizational influence on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center.
7. There is an effect of implementation on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center.
8. There is an influence of supervision on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center.
9. The variable that has the most influence on the performance of the immunization program at the Kuala Bali Serdang Bedagai Health Center is the organizing variable.

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VI. ETHICAL CONSIDERATIONS

This research has been declared ethically compliant according to the WHO 7 Standards 2011 by the Health Research Ethics Commission (KEPK) University of Prima Indonesia.

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