Analysis Of The Effect Of Employee Readiness On The Implementation Of Accreditation At Royal Prima Medan Rsu

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Abstract
Hospitals are required to carry out accreditation to improve the quality of health services, some employees feel accreditation is a workload and they are not ready to carry out the sustainability of hospital accreditation. The purpose of this study was to analyze the relationship between employee readiness and the sustainability of hospital accreditation. This research is an analytic study with a cross-sectional approach. The study was conducted at Royal Prima Hospital Medan. The study population was 230 people and a sample of 70 people. Sampling by stratified random sampling. Data analysis used univariate, bivariate with chi-square test, and multivariate with multiple logistic regression at the 95% confidence level (⌟ = 0.05). The results showed that there was a relationship between readiness to change, management support, and self-benefit with the continuation of hospital accreditation at the Royal Prima Hospital in Medan, p <0.05. While the unrelated variable is confidence, p> 0.05. The variable that has the greatest relationship with the sustainability of hospital accreditation is management support with the value Exp (B) / OR = 18.978. The management of Royal Prima Hospital needs to continue to support the improvement of the quality and professionalism of employees with continuing education and training to improve the quality and safety of patients at Royal Prima Hospital Medan.

Keywords: *Employee Readiness, Accreditation Continuity, Hospital.*

I. INTRODUCTION

The paradigm shift of new accreditation standards is applied to patient-focused services, where patient satisfaction is the main standard. Continuity of service must be carried out both when referring out and handing over patients in the hospital. The accreditation process not only examines cross-sectional but also longitudinally, as well as the results of a survey of hospital achievements on the scoring determined by establishing the accreditation status of hospitals such as Pratama, Madya, Utama, and Paripurna (KARS, 2012). Through the accreditation process, one of the benefits of hospitals can increase public confidence that hospitals focus on patient safety and service quality (Kemenkes RI, 2011).Hospital accreditation is concerned with evaluating decisions against standards that cover all hospital functions and activities. Resources or infrastructure, management, medical services, nurses, general support functions, diagnostics, medical records, patient rights, and so on will be standardized using an accreditation system. community (Aditama, 2015).

Quality improvement should have started from the establishment of the hospital as a whole to improve the appearance of its self-image with the awareness that the higher the quality of the hospital, the more benefits in a broad sense. Therefore, before being accredited or assessed by the accreditation commission, the hospital should conduct a self-assessment of the existing system first (Theo, 2009).In general, medical personnel assumes that the quality of service will be guaranteed to be good by increasing the quality of the doctor's expertise with continuing education and practice, as well as sophisticated equipment (Azwar, 2015). However, the public as service users, hospital managers, hospital owners, and those who have direct or indirect interests in-hospital services can have different opinions (Leonarda, 2017).Accreditation is closely related to the quality of services provided by hospitals. This means that if accreditation is carried out properly, there will be an increase in the quality of hospital services (Lumenta,

2013). However, the results of accreditation do not directly improve the quality of hospital services. This is because the accreditation of health services in Indonesia has not assessed clinical indicators of health services (Soepojo, Koentjoro, and Utarini, 2012).Based on the description above, the researchers are interested in taking the title "Analysis of the Effect of Employee Readiness on Hospital Accreditation at RSU Royal Prima Medan Medan".

II. LITERATURE REVIEW

2.1. Employee Readiness

Nasution (2015) states that readiness is a condition that precedes the activity itself, without this readiness or willingness mental processes do not occur. Meanwhile, according to Slameto (2013), readiness is the overall condition of a person who makes him ready to respond or answer in a certain way to a situation.Work readiness is a condition that shows a harmony between physical, mental, and experience maturity so that individuals can carry out certain activities about work (Fitriyanto, 2016). Work readiness is a person's ability to complete a job by the provisions without experiencing difficulties and obstacles with maximum results with predetermined targets (Herminanto, 2013).

The principles of readiness are as follows (Slameto, 2013): a) All aspects of development interact (mutual influence). b) Physical and spiritual maturity is necessary to benefit from the experience. c) Experiences have a positive influence on readiness. d) Basic readiness for certain activities is formed in a certain period during the formation period in the developmental period. While the aspects of readiness are maturity and intelligence.According to Herminanto (2013), the factors that influence job readiness include a) factors originating from the individual which include intelligence abilities, talents, interests, motivations, attitudes, personality, hobbies, achievements, skills, use of leisure time, aspirations, and school knowledge, knowledge about the world of work, work experience during school, physical abilities and limitations and appearance, as well as personal problems and limitations; and b) social factors which include guidance from parents, peer conditions, circumstances of the surrounding community and others.

2.2. Hospital Accreditation

According to the Regulation of the Ministry of Health (Permenkes) RI No. 159a/Menkes/PER/II/1998 concerning hospitals, accreditation is an acknowledgment given by the government to hospital management, because it has met the minimum standards set (Kemenkes RI, 1998). Meanwhile, the Decree of the Minister of Health of the Republic of Indonesia No. 012/2012, states that hospital accreditation is an acknowledgment of hospitals provided by an independent institution that administers the accreditation set by the minister, both from within and outside the country, both government and private, which is independent in the process of implementing, making decisions, and issuing status certificates. accreditation. The purpose of hospital accreditation is to improve the quality of health services, so it is very much needed by the Indonesian people who are increasingly selective and entitled to quality services. Improving the quality of health services, it is expected to reduce public interest in seeking treatment abroad (Kemenkes RI, 2012).

In accordance with Law No. 44 of 2009, article, 40 paragraph 1, states that to improve the quality of hospital services, accreditation must be carried out periodically at least once every 3 (three) years (State Secretariat of the Republic of Indonesia, 2009). According to the Joint Commission International (JCI), accreditation is the process of assessing health service organizations, in this case hospitals, especially non-government hospitals, by international accreditation agencies based on established international standards. Accreditation is structured to improve the safety and quality of health services. The Indonesian Ministry of Health, especially the Directorate General of Health Efforts, selects and establishes an accreditation system that refers to the Joint Commission International (JCI).

2.3. Continuity of Accreditation

Hospital accreditation is a continuous and continuous process, which does not end when the accreditation survey is completed. Accreditation is a cycle of continuous quality improvement, the implementation of accreditation standards must be carried out continuously even though the accreditation survey has been completed. This aims to maintain the continuity of improving the quality and safety of

hospital patients (KARS, 2017).Maintaining quality improvement activities to continue is not an easy thing. There is a change in the environment, people forget about quality improvement programs and the absence of further monitoring can make quality improvement activities fade away. Maintaining quality is a systematic process between continuous involvement and teamwork of all work units (Ziaee & Bologna, 2015).

IIII. METHODS

The type of research used in this research is quantitative analytical study research. This research was conducted at the Royal Prima General Hospital Medan for 2 months, from March to April 2022.The target population in this study were all employees at RSU Royal Prima Medan as many as 769 people. The sample in this study is part of the population whose size is taken using the Slovin formula as follows:

$$n = \frac{N}{1 + N\,(d^2)}$$

Where:
n: sample size
N: population size
d: The mean of the mean and the mean difference (α = 0.10)
Then the number of samples in this study is:

$$n = \frac{769}{1 + 769\,(0{,}10^2)}$$

$$n = \frac{769}{1 + 230\,(0{,}10^2)}$$

$$n = \frac{769}{1 + 7{,}69}$$

$$n = \frac{769}{8{,}69}$$

n = 88,49 or rounded up to 89 people

The inclusion criteria of this research are: a) Permanent employee status; b) Work for at least 1 year; and c) Willing to be a respondent. The exclusion criteria for the research are a) Temporary employee status; b) Working <1 year; and c) Not willing to be a respondent.The sampling technique used in this study is stratified random sampling, where the sampling process takes into account the strata (levels) in the population. Sampling utilizes stratified random sampling, namely by selecting a sample based on the type of staff at RSU Royal Prima Medan.

The data analysis method carried out consists of 3 types, namely (Notoatmodjo, 2015):

1. Univariate analysis to analyze the existing variables descriptively by calculating the frequency distribution and proportions to determine the characteristics of the research subject.
2. Bivariate analysis to determine the relationship between two variables, namely the independent variable (Appropriateness); Confidence in one's ability to change (Change efficacy); Management support (Management support); and Personal benefits, and the dependent variable (continuation of accreditation). The statistical test used is Kai squared (Pearson chi-square), using a 95% confidence degree.
3. Multivariate analysis was conducted to determine the most dominant factors related to the continuity of accreditation by employees. This study uses multiple logistic regression analysis with modeling at the significance level of p < 0.05 and CI (Confidence Interval) and the variable that is the candidate model has a p-value of < 0.25. Furthermore, to find out the significant variables using the 95% confidence interval (⌟ = 0.05).

IV. ANALYZE AND RESULT

4.1. Characteristics of Respondents

Based on the results of the study, the characteristics of the respondents can be seen in the following table.

Table 1. Frequency Distribution of Respondents Based on Characteristics at RSU Royal Prima Medan in 2022

No	Characteristic	Amount	
		f	%
	Age		
1.	a. <32 years old	38	54,3
	b. ≥32 years old	32	45,7
	Amount	**70**	**100.0**
	Gender		
2.	a. Man	18	25,7
	b. Woman	52	74,3
	Amount	**70**	**100.0**
	Education		
3.	a. SMA/SMK	11	15,7
	b. D3	39	55,7
	c. D4	1	1,4
	d. S1	18	25,7
	e. S2	1	1,4
	Amount	**70**	**100.0**
	Length of work		
2.	a. <5 years	25	35,7
	b. ≥5 years	45	64,3
	Amount	**70**	**100.0**

Through Table 1. it can be seen that most of the respondents aged <32 years were 38 people (54.3%), a small portion aged >32 years were 32 people (45.7%). Based on gender, most of the respondents were female as many as 52 people (74.3%), and a small proportion was male as many as 18 people (25.7%). Based on education, the majority of respondents had a D-3 education as many as 39 people (55.7%), and a small portion had a D-4 and S2 education each as many as 1 people (1.4%). Based on the length of work, most of the respondents worked >5 years as many as 45 people (64.3%), and a small portion worked <5 years as many as 25 people (35.7%).

4.2. Univariate Analysis

Based on the results of the study, the variables of accuracy for change, self-confidence, management support, benefits for oneself, and continuity of accreditation can be seen in the following table.

Tables 2. Frequency Distribution of Respondents Based on Variables Accuracy for Change, Confidence, Management Support, Benefits for Yourself, and Continuity of Accreditation at RSU Royal Prima Medan in 2022

No.	Accuracy to Change	f	%
1.	Accurate	59	84,3
2.	Less accurate	11	15,7
	Amount	**70**	**100.0**
No.	**Confidence**	**f**	**%**
1.	High	52	74,3
2.	Low	18	25,7
	Amount	**70**	**100.0**
No.	**Management Support**	**f**	**%**
1.	Support	58	82,9
2.	Not supportive	12	17,1
	Amount	**70**	**100.0**
No.	**Self-Benefits**	**f**	**%**
1.	Useful	54	77,1
2.	Less useful	16	22,9
	Amount	**70**	**100.0**

No.	Continuity of Accreditation	f	%
1.	Good	58	82,9
2.	Not good	12	17,1
Amount		**70**	**100.0**

From Table 2, it can be seen that the respondents stated that it was right to change as many as 59 people (84.3%), and a small part stated that it was not right for as many as 11 people (15.7%). Based on self-confidence, most of the respondents stated that their self-confidence was high as many as 52 people (74.3%), a small part stated that their self-confidence was low as many as 18 people (25.7%). Based on management support, most of the respondents stated that management supported as many as 58 people (82.9%), and a small portion said management did not support as many as 12 people (17.1%).

Based on the benefits for themselves, the majority of respondents stated that accreditation was beneficial for themselves as many as 54 people (71.1%), a small portion stated that it was less useful for themselves as many as 16 people (22.9%). Based on the continuity of accreditation, the majority of respondents for the continuity of accreditation by employees at RSIA Stella Maris are in the good category as many as 58 people (82.9%), a small number of respondents for the continuity of hospital accreditation in the poor category are 12 people (17.1%).

4.3. Bivariate Analysis

4.3.1. Relationship between Accuracy for Change and Continuity of Hospital Accreditation

Based on the results of the study, the relationship between accuracy for change and continuity of accreditation can be seen in table 3.

Table 3. Relationship of Accuracy to Change with Continuity of Accreditation

No	Accuracy to Change	Continuity of Accreditation						*p-value*
		Good		Not good		Amount		
		f	%	f	%	f	%	
1	Accurate	52	88,1	7	11,9	59	100,0	0,017
2	Less accurate	6	54,5	5	45,5	11	100,0	

Table 4.3. shows that of the 59 respondents who stated it was appropriate to change the majority of the continuity of hospital accreditation was good as many as 52 people (88.1%), the minority was less than 7 people (11.9%). Of the 11 respondents who stated that it was not appropriate to change the majority of the continuity of good hospital accreditation as many as 6 people (54.5%), the minority was less than 5 people (45.5%).The results of statistical tests using the chi-square test obtained a p-value of 0.017 <0.05, which means that there is a significant relationship between the accuracy for change and the continuity of accreditation at RSU Royal Prima Medan in 2022.

4.3.2. The Relationship of Confidence with Hospital Accreditation Sustainability

Based on the results of the study, the relationship between self-confidence and continuity of accreditation can be seen in table 4.

Table 4. The Relationship of Confidence with Continuity of Accreditation

No	Confidence	Continuity of Accreditation						*p-value*
		Good		Not good		Amount		
		f	%	f	%	f	%	
1	High	48	92,3	4	7,7	52	100,0	0,001
2	Low	10	55,6	8	44,4	18	100,0	

Table 4. shows that of the 52 respondents who have high self-confidence, the majority of the continuity of hospital accreditation is good as many as 48 people (92.3%), the minority is less than as many as 4 people (7.7%). Of the 18 respondents whose self-confidence is low, the majority of the continuity of hospital accreditation is good as many as 10 people (55.6%), and the minority is lacking as many as 8 people (44.4%).The results of statistical tests using the chi-square test obtained a p-value of 0.001 <0.05, meaning that there is a significant relationship between self-confidence and continuity of accreditation at RSU Royal Prima Medan in 2022.

4.3.3. Relationship Management Support with Hospital Accreditation Continuity

Based on the results of the study, the relationship between management support and accreditation continuity can be seen in table 5.

Table 5. Relationship Management Support with Continuity of Accreditation

No	Management Support	Continuity of Accreditation						*p-value*
		Good		Not good		Amount		
		f	%	f	%	f	%	
1	Supportive	53	91,4	5	53	91,4	100,0	0,000
2	Less supportive	5	41,7	7	58,3	12	100,0	

Table 5. Shows that of the 58 respondents who stated that the hospital management supported the majority of the continuity of good hospital accreditation, 53 people (91.4%), the minority lacked 5 people (8.6%). Of the 12 respondents who stated that the hospital management did not support the majority of the continuity of hospital accreditation, 7 people were not good (58.3%), and the minority was good as many as 5 people (41.7%).The results of statistical tests using the chi-square test obtained a p-value of 0.000 <0.05, which means that there is a significant relationship between management support and continuity of accreditation at RSU Royal Prima Medan in 2022.

4.3.4. The Relationship of Self Benefit with Hospital Accreditation Continuity

Based on the results of the study, the relationship between benefits for oneself and the continuity of accreditation can be seen in table 6.

Table 6. The Relationship of Self Benefit with Continuity of Accreditation

No	Self-Benefit	Continuity of Accreditation						*p-value*
		Good		Not good		Amount		
		f	%	f	%	f	%	
1	Useful	50	92,6	4	7,4	54	100,0	0,000
2	Less useful	8	50,0	8	50,0	16	100,0	

Table 6. shows that of the 54 respondents who stated that it was beneficial for themselves, the majority of the continuity of hospital accreditation was good as many as 50 people (71.4%), the minority was less than as many as 4 people (7.4%). Of the 16 respondents who stated that they were less useful for themselves, the continuity of good hospital accreditation was as much as 8 people (11.4%) who were not.The results of statistical tests using the chi-square test obtained a p-value of 0.000 <0.05, meaning that there is a significant relationship between self-benefit and sustainability of accreditation at RSU Royal Prima Medan in 2022.

4.3. Multivariate Analysis

Based on the results of the multiple logistic regression test that has been carried out, it shows that of the 4 variables tested, 3 variables are related to the continuity of hospital accreditation, namely the accuracy for change, management support, and self-benefit. The complete multiple logistic regression test results can be seen in Table 7 below.

Table 7. Multiple Logistics Regression Test Results

Variable	B	sights.	Exp (B)	95% CI for Exp (B)
Accuracy to change	2,222	0,027	9,229	1,294-65,802
Management support	2.943	0,002	18,978	2,828-127,341
Self-benefit	2,020	0,019	7,539	1,392-40,829
Constant	-11,015	0,000		

The variable with the greatest correlation in this study is the management support variable which has a value of Exp(B)/OR = 18.978, meaning that employees who state hospital management support have the opportunity to have a good hospital accreditation sustainability, which is 18.978 times higher than employees who state hospital management. pain is not supportive.

The variable of accuracy for change which has a value of Exp(B)/OR = 9.229 means that employees who state that accreditation is the right time to change, have the opportunity to have a good hospital accreditation continuity of 9.2 times higher than employees who state that accreditation is not a good time. right to change.The self-benefit variable that has a value of Exp(B)/OR = 7.539 means that employees who state that hospital accreditation is beneficial for themselves, have the opportunity to have a good hospital accreditation sustainability, which is 7.5 times higher than employees who state that hospital accreditation is lacking. useful for yourself.

Table 8. Non-Significant Multiple Logistics Regression Test Results

No	Variable	Sig. (*p-value*)
1.	Confidence	0,475

V. CONCLUSION

Based on the results of the research that has been done and has been presented in the previous chapter, it can be concluded as follows:

1. There is a relationship between the accuracy of change and the continuity of hospital accreditation at RSU Royal Prima Medan in 2022.
2. There is no relationship between self-confidence and continuity of hospital accreditation at RSU Royal Prima Medan in 2022.
3. There is a relationship between management support and the continuity of hospital accreditation at RSU Royal Prima Medan in 2022.
4. There is a relationship of benefit for oneself with the continuity of hospital accreditation at RSU Royal Prima Medan in 2022.
5. The management support variable has a greater relationship with the continuity of hospital accreditation, both with the value of Exp(B)/OR = 18,978.

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