

The Factors Affecting the Performance of Responsibility: the Documentation and Report at Public Health Sub Ministry Health Mimika Sub Province

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ABSTRACT

Background: The integrated recording and reporting system for health Centre (Puskesmas) has an important role in health policy making decided by the Dinas Kesehatan, so it is desirable to record and report on a timely basis as determined by the performance of officers. The performance influence in characteristic by age, gender, studies, physiology factor is motivation and the organizing is incentive, workload, facilities and infrastructure and then supervised.

The purpose of this study is to knowing the factors affecting the performance of responsibility the documentation and report at public health sub ministry health Mimika Sub Province.

Research Method: Analytical with cross sectional study design. The study was conducted in May 2018 at the Mimika Regency Health Office. The population in this study were all officers involved in SP2TP reporting in 23 Puskesmas with a total sample of 64 people. Data were obtained using questionnaire and analyzed using chi square test and logistic binary regression.

Result of research: There is relation performance of Program Implementation Program of Recording and Reporting of Integrated Health Center at Mimika Regency Health Office is age (p-value 1,000; RP = 0,978; CI95% (0,530 - 1,605), gender (p-value 0,162; RP = 0,609; CI95% (0,327 - 1,133), studies (p-value 0,193; RP = 0,415; CI95% (1,117 - 1,479) and length of service (p-value 00,603; RP = 1,267; CI95% (0,688 - 2,333) , While the factors that do not affect the implementation performance of Integrated Recording and Reporting System Program of Puskesmas in

Mimika Regency Health Office are motivation (p-value 0,004, RP = 2,411; CI95% = 1,366 - 4,256), incentive (p-value 0,010; (P-value 0.001, RP = 0.353, CI95% = 0.183 - 0.681), facilities and infrastructure (p-value 0,009; RP = 2,259; CI95% (1,276 - 3,999), supervised (p-value 0,000, RP = 2,933, CI95% = 1,727 - 4,983), ability and skill (p-value 0,002; RP = 2, 631; CI95% = 1,458 - 4,748). Motivation, supervised and ability and skill have dominant to performance of program implementation of recording and integrated reporting of health center in Mimika Regency Health Office at Puskesmas Kabupaten Mimika

Keywords: Performance, SP2TP Health Officer, Public Health Center, Mimika Public Health Center.

1. INTRODUCTION

Abbreviated as Puskesmas, is a functional organization that organizes health efforts that are comprehensive, integrated, equitable, acceptable and affordable by the community, with active community participation (Supraba, 2013). Law Number 36 of 2009 on Health states to organize effective and efficient health efforts required health information. Information or reports must have relevant, timely, and efficient quality in order to be beneficial to the needy as a basis for decision making. While the information created manually has a lower risk of accuracy and accuracy.

The likelihood of a deliberate or accidental mistake will be greater, so the accuracy of the information is reduced. The efficiency of time and speed of generating

information or reports to users can also be too late. One way to overcome this is by developing a system, which is to compile a new system to replace the old system as a whole or to improve the existing system (Putri, 2013). The Health Information System provides the basics for decision making and has four main functions: data creation, data compilation, data analysis and synthesis, as well as data communications and usage. Health information systems collect data from the health sector and other sectors by analyzing the relevant overall data as well as timeliness and converting data into information for decision making (WHO, 2008).

The end of the agenda *Mellenium Development Goals* (MDGs) by the end of 2015 world leaders have shaken up new ambitious agendas to improve human life and protect the planet for future generations. Post-2015 development agenda known as *Sustainable Development Goals* (SDGs) proposes 12 specific goals with 169 interrelated targets. On the purpose of the 3rd SDGs is to ensure healthy living and advance welfare for all people in all ages. SDGs are expected to address a variety of issues, including three specific agenda targets for health issues (reducing child mortality, improving maternal health and combating HIV / AIDS, malaria and others) and with a quality and effective health information system that will help organizations to make decisions and can help to achieve the 3rd of *Goal Sustainable Development Goals* (SDGs) (UNIC Indonesia, 2015).

One of the Health Information Systems in Australia is the *Electronic Health Record* (EHR). This system is an component essential of information management in an integrated health system. The main objective of EHR is to provide documentation of the 2015 final records world leaders have been shackling on new ambitious agendas to improve human life and protect the planet for future generations.

The existence of an EHR system in Australia can solve a number of problems

health, one of which is 44,000 of 98,000 people die each year in the United States due to medical errors, where many deaths are associated with drug reactions that are detrimental to patients due to lack of communication between health workers with the patient. As well as a study in medical errors common practice in Australia the main factor of medical error is a communication problem such as not informing the doctor of the results of the action of the health care officer with the patient (Bird, 2013).

One of the information sources of Puskesmas management (SIMPUS) in the State of Indonesia is the Integrated Recording and Reporting System of Puskesmas (SP2TP). Puskesmas is an official institution under the auspices of the City Health Office. The existence of Puskesmas is very close to the level of health with the majority of the community. This happens because Puskesmas is the youngest health service institution in reach by society (Bastian, 2013).

The total number of Puskesmas per October 2015 in Indonesia reaches 9,740 Puskesmas from 3,370 inpatient clinics and 6,370 non-inpatient health centers spread over 34 provinces all over Indonesia (Pusdatin Kemkes RI, 2015). The Puskesmas Recording and Reporting System includes 3 items: (1) recording, reporting and processing; (2) analysis; and (3) utilization. Recording of results of activities by implementers is recorded in the register books that apply to each program. The data is then recapitulated into the SP3 report format that has been recorded. *The output* of this recording and reporting is a valuable and valuable data and information when using the right and correct method (Mangaro and Setyowati, 2014).

Through SP2TP, Puskesmas is obliged to collect transaction data of service in both UKP and UKM services on a regular basis. Through various programs in place, they are required to make monthly reports to the health service through LB1 format (1 monthly report) which contains patient data

for a month and the recording of diseases during the month which of course in making the report encountered many obstacles such as recording errors, recording which doubles, leading to uncertain results from the report (Supraba, 2013).

SP2TP nationally started on February 18, 1981. In accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 63 / MENKES / SK / II / 1981, and has been simplified through the Decree of Directorate General of Health Publication No. 590 / BM / DJ / INFO / V / 1996. Both decisions, stressed that the information generated from SP2TP can be used to support the health service administration management process (Vidyanto, 2012). SP2TP is sent to the District or City Health Office at the beginning of each month. The District or City Health Office reprocesses the puskesmas report and sends its feedback to the Provincial Health Office and the Central Health Department. *Feed back* to the Puskesmas report should be routinely sent back to the puskesmas to be evaluated for program success (Suryani and Solikhah, 2013).

Impacts rather than delays in reporting or absence reports of SP2TP monthly of unavailability of data that *up to date* can be used as accurate / relevant information for people in need to be used as reference for research, and without recording and reporting the absence of cross-feedback sector from health center to city health office, city health office to provincial health office, and provincial health office to center to give information of what system should be re-evaluated to improve quality in health service, besides without any recording and reporting then any activity or program which executed will not visible and documented its form into information for further decision making and unavailability of complete data for later made annual report or annual profile book of puskesmas (Ferri, 2009).

Based on the results of interviews with SP2TP officers at Dinkes Papua Province,

said that Mimika Regency during 2016 and 2017 get red report card trekait with accountability reporting is meant one of the regencies / cities that do SP2TP. With the reporting flow of all Puskesmas Kabupaten Mimika which on the 5th of the current month should report its monthly data to DHO, then the Health Office analyzed monthly data of Puskesmas conducted by data management officers and information in the field of planning and information which then the result of data analysis was sent to the Provincial Health Office on the 10th of the month as a feedback which then the Provincial Health Office sent to the Center on the 15th of the month, only the reporting time from the City Health Office to the Provincial Health Office sometimes did not match the time set.

Based on the results of interviews conducted in early March 2018 with data and information managers in the District Health Office Mimika to find SP2TP data is still very simple, the presentation of data has not presented properly. Currently, to obtain SP2TP program information is only available on the annual profile book of Mimika District Health Office and even then it is not complete for 34 puskesmas in Mimika Regency which for sending SP2TP report from puskesmas to Mimika Regency Health Office is often late, should the report have been received at the beginning month exactly on the 5th of the month.

There are some puskesmas that cannot deliver reports in a timely manner. Of the 23 Community Health Centers in Mimika District, 13 Puskesmas (82.35%) reported SP2TP monthly report is not appropriate, although the puskesmas is quite close to the Office compared to 10 other Puskesmas whose reports are not timely. Based on these reasons, the authors are interested to conduct research with the title "Factors - Factors that affect the performance of integrated recording and reporting system health center in Mimika Regency Health Office 2018"

2. MATERIALS AND METHODS

Analytical with study design *cross sectional*. The study was conducted in May 2018 at the Mimika Regency Health Office. The population in this study were all officers involved in SP2TP reporting in 23 Puskesmas with a total sample of 64 people. Data were obtained using questionnaire and analyzed using chi square test and logistic binary regression.

3. RESEARCH RESULTS

Independent and Dependent Variables

Table 1. Frequency Distribution of Respondents SP2TP Management in the Health Office District Mimika

No	Variable	n	%
1	Age		
	> 30 years	46	72.9
	≤ 30 years	18	28.1
2	Gender		
	Male	28	43.8
	Female	36	56.3
3	Education		
	<D-III>	10	15.6
	D-III	54	84.4
4	the tenure of the business SP2TP		
	≤ 2 years	40	62.5
	> 2 years	24	37.5
5	Motivation		
	Low	25	39.1
	High	39	60.9
6	Incentives		
	Not appropriate	18	28.1
	appropriate	46	71.9
7	work Load		
	High	34	53.1
	Low	30	46.9
8	Infrastructures		
	inadequate	26	40.6
	adequate	38	59.4
9	Supervision		
	Less	20	31.3
	Both	44	68.8
10	ability and Vocational		
	Less	26	40.6
	Good	38	59.4
11	performance		
	Less	28	43.8
	Good	36	56.2
Total		64	100

Table 1 shows that the age of respondents as SP2TP program managers in the environment Mimika Regency Health Office is the most at age > 30 years as many as 46 people (72.9%), female gender as much as 36 people (56.3%), education ≥ D-III as much as 54 people (84.4%). The working period SP2TP program manager most with the working period < 2 years as many as 40 people (62.5%). Most of the respondents have high work motivation as

many as 39 people (60.9%) and incentives given according to as many as 46 people (71.9%). The work load is felt as high as 34 respondents (53.1%), supporting facilities and infrastructure in SP2TP management are mostly adequate as many as 38 people (59.4%) stated adequate and most have ability and work skill either 38 people (59.4%). Performance of respondents in the implementation of the SP2TP program is mostly good as many as 36 people (56.2%).

3.2 Bivariate Analysis

Effect of Age on Performance of Integrated Recording and Reporting System Management of Puskesmas

Table 2. Influence of Age on SP2TP Management Performance in Mimika Regency Health Office

No	Age	Management Performance SP2TP				n	%
		Poor		Good			
		n	%	n	%		
1	> 30 years	20	43.5	26	56.5	46	100
2	≤ 30 years	8	44.4	10	55.6	18	100
Total		28	43.8	36	56.3	64	100
<i>p-value</i> = 1,000; RP = 0.978; CI95% (0,530 - 1,605)							

Table 2 shows that from 46 respondents aged > 30 years there were 20 people (43.5%) poor performance in the implementation of SP2TP Program and 26 people (56.5%) good performance. Whereas from 18 respondents aged ≤ 30 years as many as 8 people (44.4%) less performance and as many as 10 people (55.6%) good performance. The result of *chi square* on significance value of 95% (= 0,05) *p-value* 1,000 or $p > \alpha$ (0,05), therefore there is no influence of age to performance of managing system of recording and reporting of integrated health center in Office Regency Health Mimika Year 2018.

Influence of gender on Performance Manager of Recording System and Integrated Reporting of Puskesmas

Table 3. Influence of Gender on SP2TP Management Performance in Mimika Regency Health Office

No	Sex	Performance Management SP2TP				n	%
		Poor		Good			
		n	%	n	%		
1	Male	9	32.1	19	67.9	28	100
2	Female	19	52.8	17	47.2	36	100
Total		28	43.8	36	56.2	64	100
<i>p-value</i> = 0.162; RP = 0.609; CI95% (0.327 - 1,133)							

Table 3 shows that out of 28 male respondents there were 9 (32.1%) poor performance in the implementation of SP2TP Program and 19 people (67.9%) of good performance. While 36 female respondents were female (52,8%), less performance and 17 people (47,2%) good performance. The result of *chi square* on the significance value of 95% (= 0.05) *p-value* 0.162 or $p > \alpha$ (0.05), thus there is no influence of sex on the performance of managers of integrated recording and reporting system of Puskesmas in Office Mimika Regency Health Year 2018.

Effect of Education on Performance of Integrated Recording and Reporting System Manager of Puskesmas

Table 4. Influence of Education on SP2TP Management Performance in Environmental Health Office of Mimika Regency

No	Education	Performance Management SP2TP				n	%
		Poor		Good			
		n	%	n	%		
1	<D-III	2	20	8	80	10	100
2	> D-III	26	48.1	28	51.9	54	100
Total		28	43.8	36	56.2	64	100

p-value = 0.193; RP = 0.415; CI95% (1,117 - 1,479)

Table 4 shows that out of 10 respondents who have <D-III there are 2 (20%) poor performance in the implementation of SP2TP Program and as many as 8 people (80%) good performance. Whereas from 54 respondents who are educated > D-III as many as 26 people (48.1%) less performance and as many as 28 people (51.9%) good performance. The result of *chi square* on the significance value of 95% (= 0.05) *p-value* 0.193 or $p > \alpha$ (0.05), thus there is no influence of sex on the performance of managers of recording system and integrated reporting of Puskesmas in Office Mimika Regency Health Year 2018.

Influence of Work Period on Performance Management System Recording and Reporting Integrated Puskesmas

Table 5. Influence of working period on SP2TP Management Performance in Mimika Regency Health Office

No	Period of Work	SP2TP Management Performance				n	%
		Less		Good			
		n	%	n	%		
1	≤ 2 years	19	47,5	21	52,5	40	100
2	> 2 years	9	37,5	15	62,5	24	100
Total		28	43.8	36	56.2	64	100

p-value = 0.603; RP = 1,267; CI95% (0.688 - 2,333)

Table 5 shows that from 40 respondents working ≤2 years there were 19 people (47.5%) with poor performance and 21 people (52.5%) with good performance. While from 24 people with service period >2 years there were 9 people (37,5%) less performance and 15 people (62,5%) good performance. The result of *chi square* on the significance value of 95% (= 0.05) *p-value* 0.603 or $p < \alpha$ (0.05), thus there is no influence of motivation on the performance of managers of recording system and integrated reporting of Puskesmas in Mimika Regency Health Office.

Effect of Motivation on Performance of Integrated Recording and Reporting System Management of Puskesmas

Table 6. Influence of Motivation on SP2TP Management Performance in Mimika Regency Health Office

No	Motivation of	SP2TP Management Performance				n	%
		Poor		Good			
		n	%	n	%		
1	Low	17	68	8	32	25	100
2	High	11	28,2	28	71.8	39	100
Total		28	43.8	36	56.2	64	100

p-value = 0.004; RP = 2,411; CI95% (1,366 - 4,256)

Table 6 shows that from 25 low motivation respondents from 25 people, there were 17 people (68%) with poor performance and 8 people (32%) with good performance. While 39 people are high motivation, there are 11 people (28,2%) less performance and 28 people (71,8%) good performance. The result of *Chi square* at significance value of 95% (= 0,05) *p-value* 0,004 or $p < \alpha$ (0,05), thus there is influence of motivation to performance manager of integrated recording and reporting system of Puskesmas in Mimika Regency Health Office. RP value = 2.411; CI95% (1,366 - 4,256) interpreted that low work motivation

has a chance to have less performance 2,411 times higher than high motivation.

Incentives Effect on Performance Recording and Reporting System Manager Integrated Health Center

Table 7. Effect of Incentives on the Performance business environment SP2TP in Mimika District Health Office

No	Incentives	business Performance SP2TP				n	n%
		Less		Good			
			n%		n%		
1	No	13	72.2	5	27.8	18	100
2	Yes	15	32,6	31	67.4	46	100
Total		28	43.8	36	56.2	64	100

p-value = 0.010; RP = 2,212; CI95% (1,337 - 3,669)

Table 7 shows that out of 18 respondents whose incentives did not exist, there were 13 people (72.2%) less performance and 5 people (27.8%) of good performance. While from 46 respondents who have incentive there are 15 people (32,6%) less performance and 31 people (67,4%) good performance. The result of statistic test *chi square* at significance value 95% (= 0,05) obtained by *p-value* = 0,010 or $p < \alpha$ (0,05), thus there is influence of incentive to performance manager of integrated recording and reporting system of Puskesmas in Dinas Kesehatan Regency of Mimika. When viewed from the value of RP = 2.212; CI95% (1,337 - 3,669) interpreted incentives do not tend to have a performance less than 2,212 times higher than the incentives that exist on the performance of managers of integrated health record and reporting system of Puskesmas within Mimika Regency Health Office.

Workload Influence on Performance Recording and Reporting System Manager Integrated Health Center

Table 8. Work load Effect on Performance business environment SP2TP in Mimika District Health Office

No.	Workload	Performance business SP2TP				n	n%
		Less		Good			
			n%		n%		
1	No	8	23,5	26	76.5	34	100
2		20	66.7	10	33.3	30	100
Total		28	43.8	36	56.2	64	100

p-value = 0.001; RP = 0.353; CI95% (0.183 - 0.681)

Table 8 shows that out of 34 respondents who have workload there are 8 people (23,5%) less performance and 26 people (76,5%) good performance. Of 30

respondents with no workload, there were 20 people (66,7%) less performance and 10 people (33,2%) good performance. The result of statistic test *chi square* on the value of 95% significance (= 0,05) obtained *p-value* 0,001 or $p < \alpha$ (0,05), thus there is influence of work load to performance manager of recording system and integrated reporting of Puskesmas in Dinas Kesehatan Regency of Mimika. When viewed from the value of RP = 0.353; CI95% (0.183 - 0.681) interpreted that the workload is not significant to the performance of managers of recording and integrated reporting system of puskesmas in Mimika Regency Health Office.

Infrastructures influence on manager performance recording and reporting system integrated PHC

Table 9. Effect of Infrastructures on the Performance business environment SP2TP in Mimika District Health Office

No.	Infrastructures	business performance SP2TP				n	n%
		Less		Good			
			n%		n%		
1	Less	17	65.4	9	34.6	26	100
2	Good	11	28.9	27	71.1	38	100
Total		28	43.8	36	56.2	64	100

p-value = 0.009; RP = 2,259; CI95% (1,276 - 3,999)

Table 9 shows that of 26 respondents who stated that the facilities and infrastructure are less, there are 17 people (65,4%) have less performance and 9 people (34,6%). While from 38 respondents who stated good facilities and infrastructure, there are 11 people (28.9%) have less performance and as many as 27 people (71.1%). The result of statistic test *chi square* at significance value 95% (= 0,05) obtained *p-value* 0,009 or $p < \alpha$ (0,05), thus there is influence of facility and infrastructure to performance of manager of integrated recording and reporting system of Puskesmas in Dinas Health of Mimika Regency. When viewed from the value of RP = 2.259; CI95% (1,276 - 3,999) which interpreted that facilities and infrastructure less tend to have less performance 2,259 times bigger than with good facilities and infrastructure.

Supervision Effect on Performance Recording and Reporting System Manager Integrated Health Center

Table 10. Effect of Supervision on the Performance business environment SP2TP in Mimika District Health Office

No	of Supervision	business performance SP2TP				n%	
		Less		Good			
			n%		n%		
1	No	16	80	4	20	20	100
2	Yes	12	27.3	32	72.7	44	100
Total		28	43.8	36	56.2	64	100

p-value = 0,000; RP = 2,933; CI95% (1,727 - 4,983)

Table 10 shows that out of 20 respondents who answered the supervision did not exist, there were 16 people (80%) less performance and 4 people (20%) good performance. Whereas from 44 respondents who answered the supervision there are,

there are 12 people (27.3%) less performance and 32 people (72.7%) good performance. The result of statistic test *chi square* at significance value of 95% (= 0,05) obtained *p-value* 0,000 or $p < \alpha$ (0,05), thus there is influence of supervision to performance manager of recording system and integrated reporting of Puskesmas in District Health Office Mimika. When viewed from the value of RP = 2.933; CI95% (1,727 - 4,983) interpreted that no supervision tends to be less than 2.933 times higher than supervision in the management of SP2TP programs compared with supervision.

Influence of Ability and Skill on Performance of Managing System of Integrated Listing and Reporting of Puskesmas

Table 11. Influence of Ability and Skill to SP2TP Management Performance in Mimika Regency Health Office

No	Abilities and Skills	Performance businessSP2TP				n%	
		Less		Good			
			n%		n%		
1	Less	18	69.2	8	30.8	26	100
2	Good	10	26.3	28	73.7	38	100
Total		28	43.8	36	56.2	64	100

p-value = 0.002; RP = 2,631; CI95% (1,458 - 4,748)

Table 11 shows that out of 26 respondents who answered skills and skills less, there were 18 people (69.2%) less performance and 8 people (30.8%) good performance. Whereas from 38 respondents who answered ability and good skill, there are 10 people (26,3%) less performance and 28 people (73,7%) good performance. The result of statistic test *chi square* at significance value 95% (= 0,05) obtained *p-value* 0,002 or $p < \alpha$ (0,05), thus there is influence of ability and skill to performance of manager of recording and reporting system integrated Puskesmas in Dinas Health of Mimika Regency. When viewed from the value of RP = 2,631; CI95% (1,458 - 4,748) interpreted that the ability and skills that are less likely to have a performance that is less than 2,631 times greater than the ability and good skills.

4. DISCUSSION

4.1 Influence of Age on Performance Management of Recording and Reporting System of Integrated Puskesmas

The result of this research is that there is no significant influence between age to the performance of managing recording and integrated reporting system of Puskesmas (*p-value* = 1,000 > 0,05). The results of this study are in line with the research conducted Prawitasari (2007) in the Health Office of Tanjungbalai City of North Sumatra Province that the age variable has no significant relationship to the performance.

Age is the lifetime range from birth and age (Handayani, 2010). The division of adult age based on developmental psychology (Hurlock, 2009) is divided into the human ages, i.e. early adulthood (age 20-30 years), middle adulthood (age 31-59 years) and final adult (60 years to death).

The result of the analysis shows that the age of respondents aged >30 years there are 20 people (43.5%) poor performance in the implementation of SP2TP Program and respondents aged ≤ 30 years as many as 8 people (44.4%) less performance. This

demonstrates the same opportunity for the performance of the managers of the integrated health record and reporting system of the Puskesmas.

The absence of influence of employee age to performance shows that age will have an influence on one's physical and psychic strength. At certain ages a person will experience a change in work performance. Younger ages are easier to persuade or easier to give input on what's new with the approach. A person with a young age is more approachable and easier to input new things compared to someone with usiatua (Azwar, 2010). But age does not affect performance because in addition to physical ability but decision-making capabilities are also required. This result is contrary to the opinion that basically performance will decrease as age grows.

This is in accordance with the theory put forward by Gibson (2003), that age has an indirect effect on individual behavior and performance. This is probably due to the personal value held by the individual concerned, flexibility and other influencing psychological factors.

4.2 Sex Influence on Performance Management System Recording and Reporting Integrated Puskesmas

The result of the research showed that there was no significant effect between gender on the performance of managers of recording system and integrated reporting of Puskesmas ($p\text{-value} = 0,162 > 0,05$). The results of this study are in line with the research conducted Prawitasari (2007) in the Health Office of the City of Tanjungbalai Province of North Sumatra that sex does not affect the performance between men and women there is only a small difference.

Respondents in SP2TP managers of male gender were 32.1% less performance and female respondents were 52.8% less performance. This suggests that factors that have less performance chance in men, but in this study indicate otherwise that less performance in perempuan memiliki proportion of performance is higher.

According to Ilyas in Sandra (2013) explaining the sex will give a different impetus in doing the job. this is what Prawitasari (2007) points out, that gender-based work designs are also worth taking into account, where women experience little difficulty when they have to field suddenly, so women should be placed in the office only. Differences in the physical and mental needs of a person will be different because influenced by biological factors that result in morale either directly or indirectly will affect the productivity of work.

The effectiveness of the organization is influenced by the effectiveness of the individual, so the low productivity of employees also affects the low performance of the health service as a whole. Work productivity between male and female employees indicates that there is adequate job design, for example that work in the field also involves equality in the division of tasks, but low productivity is influenced by individual skills and skills.

4.3 The Effect of Education on Performance Management of Recording and Reporting System of Integrated Puskesmas

The result of the research is that there is no significant influence between education on the performance of managing recording and integrated reporting system of Puskesmas ($p\text{-value} = 0,193 > 0,05$). The results of this study are in line with research conducted by Suyati (2014), that education has no effect on work productivity.

Education requires humans to do and fill their lives to achieve salvation and happiness. Education is needed to obtain information, such as things that support health so as to improve the quality of life. Thus it can be interpreted that the higher the education of a person, the easier it is to receive information so that the more knowledge it has, otherwise less education will hamper the development of one's attitude toward the values introduced (Prayoto, 2014).

Employee education of most employees <D-III as much as 20% have less performance, whereas respondents who are educated> D-III as much as 48.1% have less performance. This means that the levels of education employees are equally likely to work productivity.

The absence of influence of employee education on work productivity due to the placement of employees is in accordance with the level of education in the parts of the field within the organization at the puskesmas. Less performance on the dependent respondent and the ability and skill of the individual as well as the high motivation factor by the employee itself.

4.4 Effect of Work Period on Performance of managers of integrated recording and reporting system of Puskesmas

The result of the research is that there is no significant influence between the working period on the performance of managers of recording system and integrated reporting of Puskesmas ($p\text{-value} = 0,465 > 0,05$). The results of this study are in line with the research conducted Prawitasari (2007) in the Health Office of the City of Tanjungbalai Province of North Sumatra that the variable working period has no effect on work productivity.

Employee with new working period <2 years 47,5% have less performance, while employee with working period> 2 years 37,5% have less work productivity. This shows that the employment opportunities of new and old employees have a work productivity that is not much different. According to Robbins (2006) one's work period indicates seniority. Where seniority level is an expression of work experience. According Sandra (2013), the longer a person's work experience the more skilled the officer, easy to understand the duties and responsibilities, thus providing opportunities for achievement.

The results of this study are not in line with the opinion above, that the employment period is one indicator of

employee trends in various aspects of organizational life. For example, the longer an employee works the higher the productivity because of the experience and the skills to do the task higher. This is due to the work motivation of the employees themselves in improving their performance. In addition support from supervision that influences motivation to work more spirit through motivation. Behavior of the past that has been accustomed to behave discipline and spirit in working according to process then it will most likely still behave accordingly in the future, and vice versa. So concluded with a long and new work period expressed with work experience does not necessarily guarantee good performance if from the first been accustomed to behave inappropriately.

4.5 Influence of Motivation to Performance Management of Recording And Integrated Reporting System of Puskesmas

The result of this research shows that there is influence of motivation to the performance of managing integrated recording and reporting system of Puskesmas in Mimika Regency Health Office ($p\text{-value} 0,004$), where respondents have low performance with low motivation as many as 17 people (68%) lower than the high motivation of 11 people (28.2%).

The result of this research is in line with Sutarman's research (2006) From puskesmas to health office (Semarang City Study) that motivation has no effect on officer delay in report submission. The high motivation of the respondents is that there are additional points or wages that are in accordance with the job as SP2TP program implementer (70%), motivated to make report as gain additional points as manager (67%), using self potential as SP2TP manager (63%) and safe in carrying out work as SP2TP manager (63%).

According to Notoatmodjo (2010), motivation is the impulse that arises in a person either consciously or unconsciously to perform certain actions to achieve certain

goals; a business that can cause a person or a group of people to be moved to do something because they want to achieve a certain goal or get satisfaction from things done.

According to Hamzah (2008), motivation towards commitment to the organization as one of attitude in work oriented towards loyalty, identification and involvement. A person committed to a goal has the drive, the intensity and the perseverance to work hard. Commitment creates a desire to achieve goals and overcome problems or obstacles.

This is proven statistically from the prevalence ratio value obtained $RP = 2.411$; $CI_{95\%}$ (1,366 - 4,256) interpreted that low motivation of work has a chance to be less than 3 times greater than high motivation. The results of this study in line with research conducted Handayani (2012) that there is influence of motivation on the performance of health personnel.

The researcher concludes that motivation is closely related to the performance of respondents in managing SP2TP in Mimika Regency Health Office, it is related to other factors such as facilities and infrastructure that are owned by health center which is less than adequate, especially the transportation which is far and limited electricity that has not yet affordable by PLN, thus affecting the performance of integrated recording and reporting system management of Puskesmas in Mimika Regency Health Office.

4.6 Effect of Incentives on the Performance of Puskesmas Integrated Recording and Reporting System Management

It is found that there is an incentive effect on the performance of managers of the integrated recording and reporting system of Puskesmas in Mimika Regency Health Office (p -value 0.010), where respondents have less performance in the absence of incentives (72,1%) and incentive (32,6%).

The result of this research is in line with research conducted by Darmawan (2008) about the incentive of nurse service in RSUDDr. H. Soewondo stated that there is a relationship of giving incentive to performance.

According to Heidrachman and Husnandalam Nawawi (2007) incentive pay is intended to provide different wages due to different work performance. Implementation of this incentive model to improve employee productivity. Dessler stated that the basic goal of incentive pay is to motivate good performance by linking achievement and reward (Dessler, 2011).

The existence of incentive relationships with the performance of managing integrated recording and reporting system of Puskesmas within the Mimika Regency Health Office, is due to the fact that in the provision of incentives has been arranged in accordance with Permenkes No. 21 year 2016 on the provision of incentives for health workers or health workers at the Puskesmas, but still felt less, because the distance of coverage and the needs of life from the city, thus affecting performance.

4.7 Effect of Workload on the Performance of Puskesmas Integrated Recording and Reporting System Management

It is found that there is an influence of workload on the performance of integrated health record and reporting system of Puskesmas in Mimika Regency Health Office (p -value 0.001), where respondents have less performance in the presence workload (80%) higher than the absence of workload (11.8%). Respondents as SP2TP managers at Puskesmas have other positions. SP2TP Manager is the Head of Puskesmas and administration and administration.

The results of this study are in line with Sutarman (2008), that the double or multiple workloads affect the performance of employees, where the employee prefers the main tasks and main functions and then

performs double duties that are not obligatory.

Workload is felt high by respondents as managers SP2TP is responsible for managing SP2TP exceeding the ability (64%), so the respondent is sometimes late to make SP2TP report because they have to do their main duty work simultaneously in Puskesmas (68%). This was also expressed by the respondents during break time also doing the main job (63%), so that at certain times I became very busy (64%) and unable to enjoy the work done (61%) targeted disebabkan to accomplish in the work (65%).

Manuaba (2000) in Haryanti (2014), which states workload is the body's ability to accept work. From an ergonomic point of view any workload that a person receives must be well balanced and balanced both on the physical abilities, cognitive abilities and human limitations that accept the burden. A workforce has its own ability in relation to workload. They may be better suited to physical, mental or social workloads, but as equations, they are only able to carry the burden to a certain weight according to their work capacity.

Dual tasks as SP2TP managers in Puskesmas are not included in the structural within the organization but additional jobs are charged by the Head of Puskesmas, treasurer and administration, thus affecting the performance in SP2TP managers. but if the activity of this routine is hampered by inadequate facilities and infrastructure causes the workload to increase, so that the workload is not significant which is influenced by the inadequate facilities and infrastructures.

4.8 Effect of Facilities and Infrastructure on the Performance of Integrated Recording and Reporting System Management of Puskesmas

The result of this research shows that there is influence of facilities and infrastructure to the performance of integrated health record and reporting system of Puskesmas in Mimika Regency

Health Service (p -value 0,009), where respondents have less performance with inadequate facilities and infrastructure (69.2%) higher than adequate facilities and infrastructure (26.3%).

The results of this study are in line with research conducted by Putranti (2013), that there is an influence of the availability of adequate facilities and infrastructure that support the performance of officers in making accountability reports.

Moenir (2012) argues that the means are all types of equipment, work equipment and facilities that serve as the main tool or assistant in the implementation of work and also in the framework of interests that are associated with the organization of work. The definition clearly gives the direction that suggestions and infrastructure is a set of tools that are used in a process of activity whether the tool is auxiliary equipment or main equipment, both of which serve to realize the objectives to be achieved.

Inadequate facilities and infrastructure at the Health Center of Mimika District Health Office (72%) due to inadequate facilities and infrastructure may result in the SP2TP program accountability report not made even if made late, (67%) unequal facility facilities for all employees can maximize the effectiveness of task implementation and the availability of adequate facilities and infrastructure can not support the completion of work in a relatively short time (65%).

Geographical conditions and inadequate infrastructure and facilities such as electricity, transportation with long distances with difficult terrain and physical equipment such as computers and printers result in delayed reporting reported monthly in Mimika Regency Health Office.

This is evident from the value of the prevalence ratio that inadequate facilities and infrastructure has the opportunity to have less than 2,259 times greater performance compared to adequate facilities and infrastructure. This is in accordance with the theory put forward Gibson in Ilyas

(2001) that the availability of facilities and infrastructure affect the individual performance.

4.9 The Effect of Supervision on the Performance of the Integrated Recording and Reporting System Manager of the Puskesmas

The result of the research shows that there is an influence of supervision on the performance of the management system of recording and integrated reporting of the Puskesmas in Mimika Regency Health Office (*p-value* 0,000), ie respondents who have less performance with no supervision (80%) higher than supervision (27.3%).

The results of this study are in line with the research Rahmawati (2012) revealed that the results of research performance of Health Officials of Bintan Regency, showed that there is a significant relationship between supervision of supervisors with the performance of health officials of Bintan Regency. The relationship between the supervision variable and the performance of the health officer of Bintan Regency showed that the relationship was moderate and patterned positively, meaning that the more often the supervisor supervised the higher the performance of the health officer of Bintan Regency.

The good supervision (68.8%) is due to the large majority of respondents' answers that 84% of routine supervision activities are from Dinas Kesehatan or from SP2TP related supervisor, the health office / boss is willing to give guidance if you can not do it (71%) and time which is appropriate for supervision from the Health Office team of the beginning of the year related to SP2TP (71%).

Supervision is a process that refers to members of the work unit to contribute positively to organizational goals. The ability of supervisors to effectively employ personnel to achieve departmental goals is critical to the success of supervisors from external control institutions will be less sensitive in assessing subordinate

performance and will evaluate more negatively than supervisors with internal controls (Ilyas, 2002).

The existence of the influence of supervision with the performance in Puskesmas because there are some SP2TP managers in Mimika Regency Health Office do not consult on the responsible person of SP2TP manager of Mimika Regency Health Office if there is anything that is not understood.

4.10 Influence of Ability and Skill to Performance of Puskesmas Integrated Recording and Reporting System Management

It is found that there is influence of ability and skill to the performance of managing integrated recording and reporting system of Puskesmas in Mimika Regency Health Office (*p-value* 0,002), that is respondent with less performance ability and skill less (69,2%) higher than skill and skill either (26,3%).

The results of research in line with Sarworini (2013) that there is a positive relationship between employee ability variable with employee performance variable. Highly skilled workers, such as technical skills, social skills and conceptual ability will be able to do office work well, on time and produce a satisfactory performance.

Ability and skills as SP2TP manager of the respondent's answer that the respondent acknowledges that the last education is not in accordance with the field of work as SP2TP manager (47%) and unable to perform the job as manager without the help of other managers (50%). Based on reported reporting observations other than delays in reporting. This shows that the skills and skills of SP2TP managers are still lacking. This ability and skill can cause reporting delays that should be reported monthly.

According to Pyke in Umboro (2009), skill is translated as organizing an activity in relation to an object or situation that encompasses a whole series of sensory

and motion mechanisms. A skill that is seen as a motion activity or a task will consist of a number of motion and perceptual responses gained through learning for a particular purpose.

Lack of skills and skills as SP2TP manager from 63 respondents as much as 29 people (46%) with the working period as SP2TP manager. This indicates that the working period of the manager affects the SP2TP manager in the Puskesmas.

Research Sutarman (2008) about the delay of officers in delivering reports from Puskesmas To Dinas Kesehatan due to the officer's understanding. The Tao Research (2013), indicating that the long grace period of the Puskesmas staff was obtained on average from the group of officers who submitted the report on time, so that the officer with the average task less had the risk of delivering the report to the Service to be delayed by 3.91 times compared with workers who work longer.

Duration of work as SP2TP managers in Mimika Regency Health Office influence the mastery of the equipment used, the understanding of SP2TP reporting and the innovation in completing the work certainly will not support the completion of work in accordance with the conditions that have been determined. So it will be seen that low employee ability can hamper organizational performance that ultimately organizational goals can not be achieved maximally.

It is evident from the prevalence value of prevalence that ability and skill that have less chance to have performance less 2,631 times bigger than with ability and good skill. So that this need mendaptkan attention from Mimika Regency Health Office to be able to provide training about SP2TP manager as officer who given responsibility to him.

4.11 The dominant factor

The results of multivariate test on six independent variables, namely motivation, incentives, facilities and infrastructure, supervision and skills and work skills, the

most dominant factor affecting the performance of SP2TP managers in the health center of Mimika Regency Health Office is the ability and job skills. If the ability and high work skills affect the performance in solving as a responsibility as the implementation of SP2TP program, so will find ways to create or complete reports and reporting to the Health Office. Such as reports made manually then made in the form of softcopy by typing in the Health Office. It requires officers who have skills in data processing and the ability to operate the computer properly.

5. CONCLUSIONS

Based on the results and discussion can be summarized as follows:

- a. No age influence on the performance of managers Recording and Integrated Reporting System Puskesmas in Mimika Regency Health Office (*p-value* 1,000; $RP = 0.978$; $CI95\% (0,530 - 1,605)$).
- b. No influence of sex on Performance manager of integrated recording and reporting system of Puskesmas in Mimika Regency Health Office (*p-value* 0.162; $RP = 0.609$; $CI95\% (0.327 - 1.133)$).
- c. There is no effect of education on the performance of managers of Integrated Recording and Reporting System of Puskesmas within Mimika Regency Health Office (*p-value* 0.193; $RP = 0.415$; $CI95\% (1,117 - 1,479)$).
- d. No effect of tenure on the performance of the manager of System Recording and Reporting Integrated Health Center in the Mimika District Health Office (*p-value* 0.603; $RP = 1.267$; $CI95\% (0.688 \text{ to } 2.333)$).
- e. There was an effect of motivation on the performance of managers Recording System and Integrated Reporting Puskesmas in Mimika Regency Health Office (*p-value* 0,004; $RP = 2,411$; $CI95\% = 1,366 - 4,256$).
- f. There is influence of incentive to performance of system manager of Recording and Reporting of Integrated

- Health Center in Mimika Regency Health Office (*p-value* 0,010; RP = 2,215; CI95% = 1,337 - 3,669).
- g. There is a non-significant workload effect on the performance of the Integrated Recording and Reporting System Management of the Puskesmas within the Mimika Regency Health Office (*p-value* 0.001; RP = 0.353; CI95% = 0.183 - 0.681).
- h. There is influence of facilities and infrastructure to the performance of managers of Integrated Recording and Reporting System of Puskesmas in Mimika Regency Health Office (*p-value* 0,009; RP = 2,259; CI95% (1,276 - 3,999)
- i. There is influence of supervision on performance of system manager of Recording and Reporting of Integrated Puskesmas in the Mimika Regency Health Office (*p-value* 0,000, RP = 2,933 CI95% = 1,727 - 4,983)
- j. .There is an influence of ability and skill on the performance of managers of Integrated Recording and Reporting System of Puskesmas in Mimika Regency Health Office (*p-value* 0,002; RP = 2,631; CI95% = 1,458 - 4,748).
- k. Motivation, supervision and ability and skill have dominant influence to the performance of managers of Integrated Recording and Reporting System of Puskesmas in Mimika Regency Health Office in Puskesmas Kabupaten Mimika.

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How to cite this article: Wanma FE, Ruru Y, Rantetampang AL et al. The factors affecting the performance of responsibility: the documentation and report at public health sub ministry health Mimika sub province. International Journal of Science & Healthcare Research. 2018; 3(3): 27-41.
