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Readiness to change towards accredited public health centres (PHCs) in West Lombok

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ABSTRACT

Background and purpose: The 2016 Report of Performance Accountability of Government Agencies, Ministry of Health of Indonesia showed only a small proportion of public health centres (PHCs) are accredited. In West Lombok District, some PHCs are not accredited. This study aims to examine factors associated with PHC's staff readiness for accreditation.

Methods: A cross-sectional survey was employed involving seven non-accredited PHCs. A total of 165 out of 310 PHC's staff were recruited using a systematic random sampling. Data was collected from February to March 2017. Self-administered questionnaire was used to collect data on socio-demographic characteristics, duration of service, content, process, and context changes, individual attributes, and readiness to change. Logistic regression was applied to examine the association between readiness to change with independent variables.

Results: As many as 72.1% of respondents are ready to change. From the change efficacy and appropriateness dimensions, as many as 46.1% and 97.0% of respondents are ready to change. Multivariate analysis shows an association between readiness to change with administrative systems (AOR=4.47;95%CI:2.05-9.74) and working procedure (AOR=2.95; 95%CI: 1.19-7.30). There is no significant association between readiness to change with technological improvement, promotional strategy, staff engagement, organisational commitment and managerial support from health offices.

Conclusions: The readiness to change among PHC's staff is high. The availability of working procedure and administrative systems improves PHC's staff readiness for the accreditation. These findings suggest the importance of inclusion of all PHC's staff during the accreditation processes.

Keywords: Readiness to change, accreditation, public health centers, Lombok, Indonesia

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INTRODUCTION

Public health centres (PHCs) are the frontline for primary health care to achieve the national health goals. To achieve this goal, PHCs require an effective organisational management system. An external evaluation through accreditation processes will ensure PHCs capacity to provide high-quality health services.[1] As a primary health care facility appointed by the National Health Insurance Implementing Body or Badan Pengelola Jaminan Sosial (BPJS). PHCs will be regularly accredited to maintain its contract with the BPJS.[2] The core objective of accreditation is to assist PHCs in improving their quality of services and performance by implementing risk management approach.[1]

The 2016 Performance Accountability Report of Health Service Directorate General, Ministry of Health of Indonesia shows that only 1,479 (15.2%) out of 9,754 PHCs across Indonesia are accredited.[3] Furthermore, the distribution of these accredited PHCs is unequal for example 278 out of 875 (31%) in Central Java, while only two out of 394 (0.5%) in Papua Province. In West Nusa Tenggara Province, a total of 29 out of 158 (18.4%) PHCs are accredited.[3] In West Lombok, as many as 10 out of 17 PHCs (58.8%) are accredited.[4] Total number of accredited PHCs in West Nusa Tenggara Province and West Lombok District is higher than the national average. However, this number is still below the target mandated by the Strategic Plan of West Nusa Tenggara Province: 39 PHCs (2015), 59 PHCs (2016), 78 PHCs (2017), 89 PHCs (2018) and 158 PHCs (2019). In 2016, the total number of accredited PHCs was 29 or 49.2% from the target set up by the provincial government.[5] In West Lombok District, the total number of accredited PHCs was 10 out of 17 in 2016, or 58.8% from the target set up by the provincial government.[4]

The present study involved seven non-accredited PHCs in West Lombok District in examining the readiness to change among PHC staff towards accredited PHC. Holt suggests that the readiness to change is multidimensional which includes: appropriateness, change efficacy, management support, and personal valence. The readiness to change is also

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influenced by content changes, process changes, context changes, and individual attributes.[6]

METHODS

A cross-sectional survey was employed in West Lombok District involving seven non-accredited PHCs. Data was collected from February to March 2017. As many as 165 out of 310 PHC's staff (functional and structural) were recruited by systematic random sampling.

Data collected were socio-demographic characteristics, duration of service, content changes (administrative systems, working procedure, and technology improvement), process changes (promotional strategy and staff engagement), context changes (managerial support from district health office), individual attribute (organisational commitment) and the readiness to change towards accredited PHC. Self-administered questionnaire was used and it took about 30 minutes to complete the questionnaire. Data was analysed using STATA SE 12.1, and logistic regression was employed to examine the association between readiness to change and independent variables. All independent variables with a p value <0.25 in the bivariate analysis were included in the multivariate analysis. Ethical clearance has been obtained from the Human Research Ethics Committee Faculty of Medicine Mataram University.

RESULTS

Table 1 presents the respondents characteristics which include age, gender, education, working unit, type of employment, and duration of service. The highest proportion of the respondents aged ≥30 years (61.2%), female (79.4%), diploma graduates (60.0%), nurse (31.5%), working in the community health programs section (53.9%), and having ≥7 years of service (54.5%).

Table 2 shows the proportion of staff readiness to change towards accredited PHC based on four dimensions of organisational change model. As many as 72.1% of respondents were ready for the accreditation. Almost all respondents (97.0%) considered these changes as appropriate–indicating that the majority of respondents perceived the decision on accreditation is in the best interest of the whole organisation. In the context of the change efficacy dimension, only 46.1% respondents perceived that they could achieve the accreditation target. The majority of respondents (89.7%) reported that they received support from the district health office to achieve the accreditation. Additionally, as many as 82.4% of respondents perceived that they might gain personal benefits from the accreditation.

Table 3 presents the association between readiness to change and content changes (administrative system, working procedure, and technology improvement), process changes (promotional strategy and staff engagement), context changes (support from health offices), and individual attribute (organisational commitment). It can be observed that there are siginficant associations between readiness to change with good perceptions on content changes, process changes, context changes and individual attribute.

Table 4 shows the results of multi variate analysis between the readiness to change with administrative systems, working procedure, staff engagement, organisational commitment, promotional strategy, technology, support from health offices, age, and years of service. It was found that readiness to change is associated with administrative systems (AOR=4.47; 95%CI: 2.05-9.74) and working procedure (AOR=2.95;95%CI:1.19-7.30). However, there was no significant association between readiness to change with technology improvement, promotional strategy, staff engagement, support from health offices, organisational commitment, age, and duration of service.

DISCUSSION

Our study reveals that the majority of PHC's staff are ready for the accreditation. However, most staff perceive that they are lacking in capacity to achieve the accreditation. They receive sufficient support from the district health office. They also believe that the PHC will gain multiple benefits from the accreditation. The bivariate analysis shows that there is a positive association between readiness to change with administrative systems, working procedure, technology improvement, promotional strategy, staff engagement, support from health offices, and organisational commitment. However, the multivariate analysis shows a significant association between readiness to change only with administrative systems and working procedure. This could be due to an inter-dependence across variables of content changes, process changes, context changes, and individual attribute. Administrative systems cover the perception of staff regarding activities to support accreditation policy which include documentation of planning, implementation, and monitoring-evaluation. An efficient administrative system might provide clear direction for all staff to achieve the accreditation. Our study confirms that those who perceive to have efficient administrative systems are more confident in achieving the accreditation. This is due to the fact that the majority of

Table 1 Characteristics of respondents based on age, gender, education, employment, working section, and duration of service

Characteristic	n	%
Age (mean±SD, min-max)	34.3±8.2	21-55
<30 years	64	38.8
≥30 years	101	61.2
Gender		
Male	34	20.6
Female	131	79.4
Education		
Senior high/equivalent	18	10.9
First grade diploma	3	1.8
Third grade diploma	99	60.0
Fourth grade diploma	2	1.2
University graduate (bachelor)	29	17.6
University graduate (vocational studies)	14	8.5
Types of profession		
Medical doctor	11	6.7
Dentist	3	1.8
Nurse	52	31.5
Dental nurse	5	3.0
Midwife	44	26.7
Health analyst	6	3.6
Pharmacist/pharmacist assistant	4	2.4
Sanitation officer	9	5.5
Dietician	16	9.7
Admin staff	13	7.9
Other health officer	2	1.2
Working section		
Administrative	15	9.1
Community health program	89	53.9
Personal health program	61	37.0
Duration of service (mean±SD, min-max)	9.5±8.1	1-30
<7 years	75	45.5
≥7 years	90	54.5

accreditation evaluation are based on document or administrative evaluation. They are more confident for the accreditation because they already have a good documentation of planning, implementation, and monitoring/evaluation of all related programs. This finding is consistent with the concept from Holt (2007) who states that an efficient administrative system has a positive contribution to the readiness to change.[6] Our finding is also consistent with a study in Magelang City which found a positive association between readiness to change and administrative systems.[7]

The present study found an association between working procedure and PHC's staff readiness for the accreditation. Working procedure includes the availability of the standard operational procedures (SOP) and its implementation. Our study revealed that respondents with good perception on working procedure are more ready for the accreditation than those with poor perception. They believe that availability and compliance towards SOP are keys for achieving accreditation. Our respondents perceive that every activity should have SOP to provide direction during the implementation. PHC staff members perceived that they have followed the SOP for the human resource management and administration, community health programs management, and documentation for quality improvement activities. Our study is consistent with Holt (2007) who argues the positive association between working procedure and readiness to change among staff members.[6]

This study found no significant association between working engagement with PHC's staff readiness for the accreditation. Although many PHC's staff have been trained on the PHC accreditation processes, the fact that only small number of them were actually involved in the decision making could explain this insignificant association. Our finding is not consistent with other studies in Surabaya and Medan which found a direct effect of staff engagement and organisational changes.[8,9]

It also found that there is no significant association between technology improvement with PHC's staff readiness for the accreditation. This might be related to the small proportion of PHCs that use computer to support their health programs. This finding is inconsistent with Holt who suggests a positive association between technology and readiness to change.[6]

The present study found no significant association between promotional activities and PHC's staff readiness for the accreditation. This may be contributed by the majority of PHCs in our study utilise verbal instead of written announcement regarding the accreditation. Desplaces suggests that better promotional strategies can lead to successful organisational changes.[10]

Furthermore, this study also found no significant association between context changes (support from health offices) with PHC's staff readiness for the accreditation. The health offices provide technical and non-technical assistance to PHCs during the preparation for accreditation. However, the health offices do not provide ongoing provisions on improving the quality of healthcare facilities. Additionally, the health offices also fail to provide greater opportunity for PHC staff member to attend training on accreditation processes. Our finding is

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Table 2 Readiness to change and its dimensions among PHC's staff

Variable	n	%
Readiness to change		
Yes	119	72.1
No	46	27.9
Appropriateness		
Appropriate	160	97.0
Not appropriate	5	3.0
Management support		
Adequate	148	89.7
Not adequate	17	10.3
Change efficacy		
Capable	76	46.1
Not capable	89	53.9
Personal valence		
Good perception	136	82.4
Poor perception	29	17.6
Total	165	100.0

inconsistent with a study in Surabaya City suggesting a positive association between readiness to changes and the availability of managerial support from health offices.[7]

This study suggests no significant association between individual attribute (organisational commitment) and readiness to change among PHC staff member. It could be argued that the lack of ownership could explain this finding. PHC's staff refuses to spend extra hours to complete the administrative requirements for the accreditation processes. Organisational commitment is a key determinant of staff loyalty and dedication to achieve the organisational goals. This finding is consistent with a study in Jakarta.[11] However, another study in the same city suggests a strong association between organisational commitment and readiness to change among staff member.[12] Similarly, a study in Bali Province argues a positive association between working commitment and quality of service at the PHC.[13]

Table 3 Association between readiness to change with content changes, process changes, context changes, and individual attribute

Variable	Readiness to change		p value
	Ready n (%)	Not ready n (%)	
Content changes			
Administrative systems			
Good	85 (85.9)	14 (14.1)	<0.001
Poor	34 (51.5)	32 (48.5)	
Working procedure			
Good	105 (78.9)	28 (21.1)	<0.001
Poor	14 (43.8)	18 (56.2)	
Technology			
Good	110 (75.3)	36 (24.7)	0.011
Poor	9 (47.4)	10 (52.6)	
Process changes			
Promotional			
Good	117 (74.5)	40 (25.5)	0.002
Poor	2 (25.0)	6 (75.0)	
Staff engagement			
Good	79 (82.3)	17 (17.7)	0.001
Poor	40 (58.0)	29 (42.0)	
Context changes (support from health office)			
Good	104 (77.6)	30 (22.4)	0.001
Poor	15 (48.4)	16 (51.6)	
Individual attribute (organisational commitment)			
Good	96 (79.3)	25 (20.7)	0.001
Poor	23 (52.3)	21 (47.7)	

Table 4 Adjusted OR of content changes, process changes, context changes, and individual attribute

Variable	Adjusted OR	95%CI	p value
Age			
≥30 years	1 (Ref)		
<30 years	0.59	0.27-1.32	0.205
Duration of service			
<7 years	1 (Ref)		
≥7 years	0.36	0.08-1.52	0.166
Administrative systems			
Poor	1 (Ref)		
Good	4.47	2.05-9.74	<0.001
Working procedure			
Poor	1 (Ref)		
Good	2.95	1.19-7.30	0.019
Staff engagement			
Poor	1 (Ref)		
Good	2.04	0.92-4.52	0.079
Organisational commitment			
Poor	1 (Ref)		
Good	1.75	0.72-4.27	0.216
Promotional activities			
Poor	1 (Ref)		
Good	2.09	0.26-16.35	0.479
Support from the health offices			
Poor	1 (Ref)		
Good	1.32	0.45-3.83	0.602
Technology improvement			
Poor	1 (Ref)		
Good	1.43	0.42-4.79	0.557

Based on the above findings, improving staff readiness for PHC accreditation requires ongoing efforts to include all staff member on the accreditation planning processes, implementing information technology in every administrative activity, providing written information regarding the accreditation procedures, increasing the support from district health office, and improving the organisation commitment to direct staff ownership and quality improvement through the accreditation.

CONCLUSION

The majority of PHC's staff support the idea of organisational change. Administrative systems and working procedures influence the staff perception of organisational changes. However, there is no significant association between staff perception on organisational change with technology improvement, promotional activities, staff engagement, managerial support from district health office, and organisational commitment.

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REFERENCES

1. Ministry of Health of Indonesia. Peraturan Menteri Kesehatan Republik Indonesia Nomor 46 Tahun 2015 tentang Akreditasi Puskesmas, Klinik Pratama, Tempat Praktik Mandiri Dokter, dan Prakter Mandiri Dokter Gigi [The Ministry of Health Regulation No. 46 2015 on Accreditation for Public Health Centre, Private General Practitioner, and Private Dentist]. Jakarta: Ministry of Health of Indonesia; 2015.

2. Ministry of Health of Indonesia. Permenkes 71 tentang Pelayanan Kesehatan pada Jaminan Pelayanan Kesehatan Tahun 2013 [The Ministry of Health Regulation No. 71 on Delivery of Health Services within the National Health Security 2013]. Jakarta: Ministry of Health of Indonesia; 2013.
3. Ministry of Health of Indonesia. Laporan Akuntabilitas Kinerja Instansi Pemerintah Tahun 2016 [Performance Accountability of Government Institutions Report 2016]. Jakarta: Direktorat Jenderal Pelayanan Kesehatan (Directorate General of Health Services); 2016.
4. West Lombok District Health Office. Laporan Akreditasi Puskesmas Tahun 2016 [Accreditation Report of Public Health Centre in 2016]. Gerung: UPTD Data Informasi; 2016. Available at: https://dikeslobar.wordpress.com.
5. West Nusa Tenggara Provincial Health Office. Rencana Strategis Dikes Propinsi NTB Tahun 2014-2019 [Strategic Plan of West Nusa Tenggara Health Office 2014 - 2019]. Mataram: West Nusa Tenggara Provincial Health Office; 2014.
6. Holt DT, Armenakis AA, Feild HS, et al. Readiness for organizational change: the systematic development of a scale. *The Journal of Applied Behavioral Science*. 2007; 43(2): 232–255.
7. Nirmala. Upaya peningkatan readiness for change dalam rangka akreditasi puskesmas (Study kasus di Kabupaten Magelang) [Improving readiness for change towards health centre accreditation-a case study in Magelang District]. (Thesis) Surabaya: Universitas Airlangga; 2016.
8. Pramadani AB, Fajrianthi. Hubungan antara komitmen organisasi dengan kesiapan untuk berubah pada karyawan Divisi Enterprise Service (DES) Telkom Ketintang Surabaya [Association between organisational commitment and readiness to change among staff of entreprise service division of Telkom Ketintang Surabaya]. *Jurnal Psikologi Industri dan Organisasi*. 2012; 1(2): 102–109.
9. Zulkarnain, Hadiyani S. Peranan komitmen organisasi dan employee engagement terhadap kesiapan karyawan untuk berubah [The role of organisational commitment, employee engagement, towards organisational change]. *Jurnal Psikologi*. 2014; 41(1): 19–35.
10. Desplaces D. A multilevel approach to individual readiness to change. *Journal of Behavioral and Applied Management*: 2005; 7(1): 25-39.
11. Periantalo J, Mansoer WD. Faktor-faktor yang mempengaruhi kesiapan untuk berubah pegawai Dirjen PQR [Factors associated to readiness to change among staff of PQR Directorate General]. *Jurnal Psikologi Sosial*. 2008; 14(3): 195–203.
12. Mangundjaya WLH. Are organizational commitment and employee engagement important in achieving individual readiness for change?. *Humanitas*. 2012; 9(2): 1–8.
13. Artini, Suarjana IW, Wijaya IPG. Hubungan penerapan manajemen puskesmas dan komitmen kerja dengan mutu pelayanan pengobatan di Puskesmas Karangasem [Association between implementation of health centre management, working commitment and treatment quality at Karangasem Public Health Centre]. *Public Health and Preventive Medicine Archive*. 2016; 4(1): 43–51.