



## ANALYSIS OF LEADERSHIP CORRELATION ON PERFORMANCE-BASED CAPITATION ACHIEVEMENT OF PUSKESMAS

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### ABSTRACT

The assessment of KBK indicators is sourced from the data recorded in the BPJS Kesehatan information system, so the role of health center employees in inputting data and health services for participants is very important. There are external factors of employees that are dominant in influencing performance and can be the first focus of improvement in achieving KBK values by the management of the health center, namely leadership. The study used a quantitative research method with a cross sectional design. The sample taken in this study is health center employees in Palembang City who meet the inclusion criteria, namely 10 health centers that in March – May 2024 achieved 100% KBK for 3 consecutive months and 11 health centers that in March – May 2024 did not achieve 100% KBK for 3 consecutive months. The results of the study show that there is a leadership relationship to the achievement of capitation of health centers in Palembang City. The role of leaders is very important in supporting employee performance which will support the achievement of Puskesmas performance, including the achievement of performance-based capitation values.

Keywords: achievement; capitation; leadership; puskesmas

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### INTRODUCTION

Performance-Based Capitation (KBK) is a payment system in the implementation of health services based on the performance of service providers. In KBK, the amount of payment or capitation received by First-Level Health Facilities (FKTP) such as health centers, clinics, or practicing doctors, is determined based on their performance assessment in achieving the health service indicators that have been set, namely the contact number, the ratio of non-specialist referrals and the ratio of controlled prolans participants (BPJS, 2019). The inability of the health center to achieve the KBK indicator will lead to a reduction in the capitation costs received. If the calculation is made on the assumption of the capitation payment of the puskesmas where the achievement of the KBK value is only 95% every month of the capitation value that should be received, then for one year, the puskesmas loses 60% of the capitation value received, which should be used for operational costs and health service services to support activities and service quality at the puskesmas (BPJS, 2019).

Data from BPJS Kesehatan Palembang Branch Office (KC) in 2023 shows that not all FKTPs are able to achieve a 100% KBK score. An initial review of BPJS Kesehatan secondary data related to KBK puskesmas in the period from October to December 2023, it was found that

out of 42 puskesmas in Palembang City, it was found that there were 18 puskesmas that received a 100% KBK achievement score for three consecutive months, 9 puskesmas were unable to achieve a 100% KBK score for three consecutive months, and the remaining 15 puskesmas were able to achieve a 100% KBK score for one or two months only (BPJS, 2023). The assessment of KBK indicators is sourced from the data recorded in the BPJS Kesehatan information system, so the role of health center employees in inputting data and health services for participants is very important. There are external factors of employees that are dominant in influencing performance and can be the first focus of improvement in achieving KBK values by the management of the health center, namely leadership. Therefore, it is necessary to conduct a study to analyze the leadership of the achievement of performance-based capitation (KBK) in health centers, especially health centers that cannot achieve a 100% KBK score in Palembang City. The purpose of this study was to analyze the relationship between leadership and the achievement of KBK Puskesmas in Palembang City.

**METHOD**

The study used a quantitative research method with a cross sectional design. The research was carried out from June 2024 to July 2024 at the Palembang City Health Center. The population in this study is all health center employees in Palembang City. The sample taken in this study was health center employees in Palembang City who met the inclusion criteria with a sampling technique using consecutive sampling. Criteria for Selecting Puskesmas Samples: 10 health centers that in March – May 2024 achieved 100% KBK for 3 consecutive months, 11 health centers that in March – May 2024 did not achieve 100% KBK for 3 consecutive months. Criteria for Selecting a Sample of Respondents Petugas entry p-care, officer in charge of prolanis, nurse and doctor

**RESULTS**

Based on the results of interviews with 126 health center employees in Palembang City to find out the perception of leadership, it shows the following:

Table 1.

Respondent's Education Level

Achievement of 100% KBK score	Education Level	Number of Respondents	%
Not Achieved	D3	29	44
	S1	33	50
	S2	4	6
Achieved	D3	24	40
	S1	36	60
Total		126	

Table 2.

Respondent's Employment Status

Achievement of 100% KBK score	Employment Status	Number of Respondents	%
Not Achieved	ASN	38	58
	NON ASN	28	42
Achieved	ASN	34	57
	NON ASN	26	43

Table 3.  
Respondent's Length of Work

Achievement of 100% KBK score	Length of Work	Number of Respondents	%
Not Achieved	< 1 tahun	4	6
	1-5 tahun	17	26
	>5-10 tahun	21	32
	>10-15 tahun	11	17
	>15 tahun	13	20
Achieved	< 1 tahun	2	3
	1-5 tahun	26	43
	>5-10 tahun	21	35
	>10-15 tahun	4	7
	>15 tahun	7	12

The data normality test showed that the distributed data was abnormal so the data categorization was carried out by comparing the data with the median value, namely leadership did not support if  $X < \text{Median}$  and supported if  $X \geq \text{Median}$ .

Table 4.  
Leadership Correlation to KBK Achievement

Achievement of 100% KBK score	Kepemimpinan		Total
	Tidak Mendukung	Mendukung	
Not Achieved	38	28	66
Achieved	24	36	60

The relationship between the independent variable, namely leadership, and the dependent variable, namely KBK achievement, was analyzed using a non-parametric chi square test. The  $H_0$  hypothesis is that there is no relationship between leadership and the achievement of KBK Puskesmas in Palembang City with a confidence interval value set at 95% with  $\alpha = 0.05$ .

Table 5.  
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.884 <sup>a</sup>	1	.049		
Continuity Correction <sup>b</sup>	3.213	1	.073		
Likelihood Ratio	3.906	1	.048		
Fisher's Exact Test				.053	.036
Linear-by-Linear Association	3.854	1	.050		
N of Valid Cases	126				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 29.52.

b. Computed only for a 2x2 table

The results showed that the p value was  $0.049 < \alpha$ , so  $H_0$  was rejected so that there was a leadership relationship to the achievement of KBK at the Palembang City Health Center.

## DISCUSSION

Based on the Regulation of the Minister of Health Number 6 of 2022, all capitation funds obtained by health centers can be used to pay for services and support the operational costs of health services. Service services are used to pay for the services of health workers and non-health workers who provide health services at FKTP. Meanwhile, health service operational costs are used to finance drugs, medical devices, consumable medical materials, and other health service operational costs. This provision provides an opportunity for health centers to utilize capitation funds optimally to improve the quality of primary health services (Ministry

of Health, 2022). Leadership plays an important role in the progress of an organization. What a leader does to lead a group and encourage them to achieve their goals is known as leadership (Robins and Coulter, 2012). Leadership is the most dominant external factor that has a significant effect on the performance of health center employees. The leadership factors that affect employee performance are in accordance with the results of 7 previous studies (Chairunnisah et al, 2014; Nuraeni, 2022; Siahaan, 2021; Aryani et al, 2021; Purwanto, 2020; Diantika, 2021; Meri, 2022).

Palembang city consists of 42 health centers with different KBK scores. There are 20 health centers that have achieved a 100% KBK value in March-May 2024, 11 health centers that have achieved a KBK value of <100% for 3 consecutive months, and the rest have not been consistent in achieving a 100% KBK value for 3 consecutive months (BPJS, 2024). The results of this study show that the leadership factor has a relationship with the achievement of KBK scores in the Palembang City Health Center. This must be a concern for the local government, in this case the Palembang City Health Office to improve the competence of health center leaders with periodic training and assessments. The leader of the health center can apply a leadership style that is in accordance with the working conditions at the health center to be effective in mobilizing employees to achieve the best performance. In the book "A Theory of Leadership Effectiveness", it is stated that the situation and circumstances faced greatly affect the application of leadership style (House, 1971). Employee performance is highly dependent on their leadership. Employee performance correlates with their work motivation. Employees who have high work motivation will produce better performance than employees who have low work motivation (Siahaan, 2021).

In achieving a 100% KBK score, leaders can divide the role of each employee. In one of the health centers with a KBK score of 100% for 3 consecutive months, it is known that the leaders of the health center always provide direction and set strategies. However, this is also done by the health center with a KBK value of <100% for 3 consecutive months. Leaders of the health center can form a team and encourage the creation of innovation in achieving the 100% KBK indicator at the health center. In addition, the alignment of the puskesmas program with the achievement of KBK indicators can be done so that it can be more efficient. If re-examined, both the health centers that have been achieved and those that have not been achieved, have almost the same innovations and strategies, but the values of KBK are different. The leadership of the health center must optimally carry out all leadership functions so that employees work consistently and continue to improve their understanding of KBK. The Diantika Study (2021) at the Pudukpayung Health Center shows that the leadership of the health center has carried out all leadership functions, including instruction, consultation, participation, delegation, and control. However, leaders fail to carry out the control function because they are not confident in using their authority and do not actively assign tasks to the executors which results in a lack of awareness of the tasks that must be carried out by employees.

In addition, health center employees face obstacles in achieving a 100% KBK score, namely lack of human resources, lack of public interest in visiting health centers, and community behavior that forces people to ask for referrals to advanced health facilities without any medical indications. Puskesmas leaders can optimize promotive and preventive efforts to attract public interest in accessing services at the puskesmas. The mindset of the community that health centers are only visited when they are sick must be changed. Therefore, the readiness of the health center is needed to meet the community's expectations for improving service quality. The inability of the health center to achieve a 100% KBK score will certainly

affect the improvement of the quality of services to the community, especially national health insurance (JKN) participants because the costs that should be allocated to recruit human resources and the addition of facilities and infrastructure are not maximized. This must be a common concern so that the highest degree of health can be realized.

## **CONCLUSION**

The role of the health center leadership is very important in achieving a 100% KBK value, namely in setting strategies and providing directions to employees to be consistent in achieving KBK indicators. The achievement of 100% KBK in the health center must be a concern not only for the leaders and employees of the health center, but also for the Health Office and BPJS Kesehatan. Further research is needed to find out other factors that affect the achievement of KBK scores in health centers so that improvements can be made so that all health centers are able to get 100% KBK scores.

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