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Development Of Performance-Based Remuneration Models In Cilacap Regional General Hospitals

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Abstract. Remuneration is a return on services whose benefits are received by employees in the form of components to reward their performance. For this purpose in implementing a decent and fair remuneration system, it is necessary to develop a performance-based remuneration distribution system. This study discusses the need for Cilacap Hospital to have good remuneration and can be an option to resolve the financial well-being of employees who are inadequate so that they can improve employee performance in particular and service quality in general. The results obtained illustrate that currently the remuneration indicators are based on the type of staffing, education, years of service and work location. The grouping of remuneration distribution is divided into 5 groups namely Structural, Medical Personnel, Nursing Personnel, Medical Support Personnel and Administrative Staff. Each group has a way to determine the amount of remuneration calculation. This has led to employee dissatisfaction with the current remuneration sharing method. While the development of the remuneration model that can be done by Cilacap Hospital is based on the performance of each employee in carrying out their duties and responsibilities. Performance is the result of employee job duties, professionalism and quality of services provided. Comprehensive evaluation of the remuneration system by forming a team that is given the authority to provide input and formulate an accurate and appropriate remuneration system by taking into account proportionality, equality, propriety, performance and principles of pay for position, pay for performance, pay for people. This research is qualitative research with descriptive analytic design. Data collection is based on the results of in-depth interviews with employees in Cilacap Hospital.

Keywords: remuneration, employee performance.

1. INTRODUCTION

The hospital is a health care institution that organizes personal health services, in plenary (include promotive, preventive, curative and rehabilitative) to provide inpatient, outpatient and emergency (Law No. 44 of 2009). Plenary services requires human resources professional. Hospital organization is labor-intensive organization with a variety of status and expertise is very broad. One of the characteristics that make the hospital is very different from other organizations that are also labor-intensive is the proportion of professional human resources are relatively high hospital that requires expertise in management (Elias, 2000).

Remuneration is as every form of remuneration (reward) received by employees as a result of the performances of tasks in aorganisasi, including prizes, awards or promotion. Own performance can not be achieved optimally when remuneration is not granted proportionally according to Jusmalini, (2011: 110). In accordance with the provisions of the legislation (Article 30 of Law No. 44 of 2009), hospitals are entitled to receive remuneration of services and determine the remuneration, incentives and awards.

Hospital sets the remuneration policy shall observe the principle of fairness. If an employee receives from the hospital, there are two possibilities is felt, that the salary received less or in excess of the contribution given (the weight of work) and the salary in accordance with the weight of his job. If that happens is they feel their salary is less than the weight or level of job, the employee will feel the injustice and usually the employees will react (Moelyadi, 1987).

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Hospital employee is human capital that determine the success of the hospital in the face of increasingly complex business competition. Therefore, hospitals should develop a system to boost employee motivation in working with high ethics and abide by the provisions of consciousness, encouraging employees doing the expected performance and develop competence in a sustainable hospital. For this purpose the remuneration adequate and fair need to be arranged as a motivator for employees, as stipulated in Government Regulation No. 23 of 2005 on the pattern of Finance Public Service Agency (PPK-BLU) which states that the Acting Manager, Board of Supervisors and Employees BLUDs Hospitals can given remuneration.

Regional General Hospital (Hospital) has had a pattern Rates Cilacap Health Services to the community as stipulated in the decree No. 120 2016 consisting of components of Facilities and Services Services Services. Components of the Service is used as the basis for calculating remuneration in Cilacap General Hospital. The pattern of distribution of remuneration based Cilacap Regent Regulation No. 51 Year 2017 on remuneration in the Public Service Board Cilacap General Hospital. Remuneration is the reward for the health service that has been provided to the public. Remuneration system based on the principle of proportionality as measured by assets under management burden and amount of income of the hospital, who pay attention to equality and industry related services and proper hospital to see the ability to provide wages to employees. Remuneration receiver group is a group of officials, medical groups, a group of nursing and midwifery personnel, medical support personnel groups and administrative groups. Distribution of the remuneration division using indexing, which is a calculation used to determine the amount of score of each employee based on the value or value. Value or value is the result of the percentage of take home pay services as the basis of calculation in a given month.

The consequences of the application of this system is the requirement to make changes to remuneration based on performance. Needs to be a change in the remuneration system based on indexing only by type of employment, education, tenure and work sites in the group in addition to Medical.

Based on the above description of this research is the performance that has not been taken into account in remuneration so it is necessary for the hospital to develop models that exist within the elements of remuneration are calculations that have been done employee performance.

2. MATERIALS AND METHODS

This research is qualitative descriptive analytical which the researchers describe in depth about the development model of remuneration in accordance with the Decree of the Minister of Health of the Republic of Indonesia No. 625 / Menkes / SK / V / 2010 on Guidelines for Preparation of a Public Service Agency hospital in the Environment Ministry of Health and literature more. In this decision the remuneration system shall memiliputi three (3) main components namely financing for the post (pay for position), financing for performance (pay for performance) and financing for individuals / individual (pay for people). When designing the compensation system, to satisfy some goals, companies should consider some basic factors, such as employee health, position, performance and skills. compensation system design is based on three factors of job-based pay, performance-based pay, skill-based pay (Robbins in Lai, 2011). Maulani (2009) also states 3P concept in the compensation system pay for position, pay for competence, and pay for performance or in terms of Indonesian known as the 3K concept status, competence, and performance.

2.1.1 Financing for the post (pay for position)

Types of remuneration on these components directly related to the work in the form of a basic salary and employment benefits in accordance with applicable regulations. This component is a cash payment to employees in the form of direct income, the amount of which is fixed and regularly every month. The purpose of this component is to award to employees for their willingness and

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commitment in carrying out the demands of the job and comply with regulatory requirements as specified hospital.

2.1.2 Financing for performance (pay for performance)

Types of remuneration on these components directly related to the achievement of performance targets as expected total hospital. This component is in the form of incentives or bonuses, cash is in the form of direct income and regular periodic basis in accordance with the provisions stipulated hospital. The amount depends on the level of total achievement of performance targets. The purpose of this component as a tribute to the employees of the total achievement of individual performance associated with work unit performance, the performance of hospitals and in accordance with the conditions and the financial capacity of the hospital.

2.1.3 Financing for individual / individuals (pay for people)

These types of remuneration component related to the conditions of the individual / individuals that are considered by the hospital need to be rewarded through remuneration and adapted to the conditions and the financial capacity of the hospital. This component of the benefit received by an employee, depending on the conditions and considerations as well as the requirements set out hospitals with the aim of which varies depending on jesnisnya, among other things for reward, attention, protection and development of the hospital's image. The component can be a help and or insurance premiums, fees tenure, pension money, travel and other facilities.

3. RESEARCH SITES

This study was conducted at Hospital Cilacap. The research was conducted in June 2019. The informant there are 8 people who represent the group receiving remuneration other than medical personnel. The employee was chosen because it is believed versed on the issue of remuneration.

Data were collected by in-depth interviews (in-depth interviews) and Focus Group Discussion (FGD). In addition, the RS report data collected with regard to information about the performance of financial services and hospitals as well as the performance of HR 2018. The validity of the data through triangulation method, namely triangulation, triangulation method, and triangulation analysis. The data is then processed, analyzed and presented in the table according to the theory that the results are presented in the form of a matrix, narrative and tabulation data.8 Reduction of data through data abstraction process to make a summary of the core processes and statements that need to be maintained so that the remains in it, Analysis of data using content analysis (content analysis). Furthermore, associated with the existing theory,

4. RESULT AND DISCUSSION

Resource persons / informants in this study tailored to the focus and purpose of the study. In this qualitative study using the key informant or informants as a data source is selected according to the needs and with a certain consideration in accordance with usability. Making a resource of 50 employees and 25 temporary employees / contract, at least be able to meet the criteria for an ideal informant or informants.

No.	Position group	Number of	The number of samples
		Employees	Employees
1	Head of Division	6	1
2	Nurse	350	1
3	Support	175	1
4	Administration	100	1

Tebel 1. Calculation of Number of Key Informants

Vol. 5 No. 1 ISBN: 978-623-7144-28-1

In this study, researchers used a sampling technique that is purposive sampling. This is because the technique of sampling data source is done with certain considerations. Such considerations eg the person considered most knowledgeable about what we were expecting. According to Nasution (2013: 56) the role of the researcher in qualitative research is very complex. Aside from being a planner, he also served as data collectors, the interpreter of data, and in the end he had to act as rapporteur research itself

5. DATA COLLECTION TECHNIQUE

The data collection technique is the most important step in research, because the main goal of the study is to get the data (Sugiyono, 2010: 62). In the data collection effort as well as statements yangdiperlukan, this study used data collection methods as follows:

5.1 Observation

Observation is a part in data collection. Observation means collecting data directly from the field. Meanwhile, according to Nasution (2013: 56) observation is the basis of all science. Scientists can only work based on data that is a fact about reality world obtained through observation. In observing researchers used the open where researcher observation in data collection expressed the truth to the data sources that are conducting research.

5.2 Interview

According Moleong (2014: 186) described the interview is a conversation with a purpose. The conversation was conducted by the two parties, namely the interviewer (interviewer) who ask questions and interviewees (interviewee) which provides answers to questions .. For information on this study, interviews were conducted with management and some employees who have a relevant role and if it can help provide information related to problems taken. In interviewing researchers used a semi-structured interview method, which in practice more freely. The author uses the tools recorder / voice recorder in doing this interview so that every conversation could be documented. The purpose of this interview is to find problems more open,

5.3 Documentation

Suryana (2010: 192) disclose a document is a record that is written or a movie and it's an event that has already passed. Thus, the document is not a record of events that occurred today and the future, but the past record. The Moleong (2014: 161) is the documentation of any written material or films of records that are not prepared for the demands of an investigator. Also added by Andi (2010: 192) that the data collected with documentation technique tends to be a secondary data while the data is collected by observational techniques, and interviews tend to be the primary data or data that is directly obtained from the first party. Documentation is written objects such as books, magazines, documents, regulations, meeting minutes, diaries, and so on.

5.4 Triangulation

According Jonatan Sarwono (2012: 43) In the data collection techniques, triangulation is defined as data collection techniques that are combining of various data collection techniques and data sources that already exist, when the researchers collecting data by triangulation, the actual researchers gathered data as well as test the credibility of the data, ie checking the credibility of the data with a variety of data collection techniques and a variety of sources. The goal of triangulation is not to find the truth about some of the phenomena, but rather on an improved understanding of what researchers have found. Therefore, the technique of triangulation is

Vol. 5 No. 1 ISBN: 978-623-7144-28-1

intended in this study is checking the data obtained from a variety of data collection techniques. Data from observation was confirmed through interviews and documentation.

6. DATA ANALYSIS TECHNIQUE

Mechanical analysis of qualitative data is the analysis of the existing data for the non-numbers such as interviews or report notes the reading of books, articles, and including non writings such as photos, images or movies, with the purpose of seeking a common pattern in the form of a description of words, Referring to the analysis of qualitative data, the analysis of the data used in this research is the analysis of qualitative data with narrative method with the characteristics of one of them presents a complete and clear information to indicate a specific process or event. This method has the ability to catch a problem with high complexity and convey an understanding of how an event from one another.

7. VALIDITY TESTING DATA

According to Nasution (2013: 30) The validity of the degree of accuracy of data occurs on the object of research with data that can be reported by researchers in other words valid data is data that did not differ between the data reported by the data actually happened on the object of research. Through this technique, it is believed that the facts, data and information obtained can be accounted for. In the first phase, data / material that is owned (secondary data) associated with performance measurement Cilacap General Hospital. Then from informants in-recheck through observation fieldwork, which subsequently be cross-checked with what the perception of researchers who produce the data to-1. In the second stage of data / material that is owned (secondary data) is checked to employees whose performance is measured according remuneration he gets.

8. VALIDITY RESEARCH INSTRUMENTS

Validation of different qualitative research tools with quantitative research, both are very important to remember that the data collection tool that is used to collect information such research to be able to obtain accurate data, requiring validation or verification (Jonathan Sarwono 2012: 45). Validation of instruments or tools intended as researchers attempt to obtain the validity of research data. Data validity in qualitative research include the test validity (credibality), reliability (dependability) and objectivity (confirmability). In qualitative research objectivity test and test validity (dependability) is important. According to Andi (2010: 24) Objectivity becomes fundamental for a study without accompanied by a high degree of veracity of the information.

REFERENCE

Presiden Republik Indonesia. Undang-undang nomor 44 tahun 2009

Tentang Rumah Sakit. Jakarta: Sekretariat Negara Republik Indonesia; 2009.

Ilyas Y. Kinerja: teori, penilaian, dan penelitian. Depok: Pusat Kajian

Ekonomi Kesehatan FKM Universitas Indonesia; 2002.

Tri Wisesa Soetisna, Dumilah Ayuningtyas, Misnaniarti. Implementation of Remuneration System and Service Performance. Kesmas: Jurnal Kesehatan Masyarakat Nasional Vol. 10, No. 1, Agustus 2015

Presiden Republik Indonesia. Undang-undang nomor 44 tahun 2009

Tentang Rumah Sakit. Jakarta: Sekretariat Negara Republik Indonesia; 2009.

Analisys of Performance-Based Remuneration (A Case Study on Bank Indonesia), Ilham Tahar 2012. Tesis

Iwan Dakota1, Dumilah Ayuningtyas2, Ratih Oktarina2, Misnaniarti3 Implementation of The Remuneration Policy in Government Hospital. Jurnal Kebijakan Kesehatan Indonesia, Volume 06 No. 03. September 2017