RESEARCH ARTICLE

MANAGEMENT FUNCTIONS ON THE IMPLEMENTATION OF COMMUNITY HEALTH CARE.

Andi Marolah¹, Ujianto² and Suhermin³.
1. Doctoral Program, Sekolah Tinggi Ilmu Ekonomi Indonesia (STIESIA) Surabaya.
2. Universitas 17 Agustus Surabaya.
3. Sekolah Tinggi Ilmu Ekonomi Indonesia (STIESIA) Surabaya.

This research aimed to investigate the effects of planning, organizing, actuating, and controlling functions in the implementation of community health cares. The samples of this research were representatives of public health centers in South Sulawesi Province. They involved 82 health-care institutions. Data collection used questionnaires that were directly distributed to respondents. Moreover, this research applied Partial Least Square (PLS) approach to analyze data. As the result, this research indicated that the management function that consisted of planning, organizing, and actuating had an effect on the implementation of community health care, while controlling had no effect on the implementation of community health care.

Copy Right, IJAR, 2018. All rights reserved.

Introduction:
Today, the government concerns on improving the welfare of families and communities. The healthy degree of family and community is strongly affected by community's healthy manners (McKenzie, 2010). These have been arranged by WHO on the basis of Millennium Development Goals (MDGs). Moreover, the community health center is a functional organization that encourages community participation on being healthy as well as provides comprehensive and integrated services for the community. Its management involves planning, organizing, actuating, and controlling. These management functions are interrelated and implemented on the ongoing basis (Ministry of Health, 2015). Furthermore, the basic health services for public are attempted through health care obligation and development. One of the health care advancement was the community health care program. According to Anyika (2014), the poor quality of a public health care system will influence its institution performance. Therefore, this study argued that the enforcement of public health care would influence the performance of a public health center.

Theoretical Review
Management is a social practice to implement plans to achieve organizational goals. It involves essential roles of a particular community to respond their positions toward management functions (Suarli and Bahtiar, 2009. The management function was originally identified by Henri Fayol including planning, organizing, directing, coordinating, and controlling. The management function also refers to a managerial process that includes planning, organizing, staffing, direction, and supervision (Marquis and Huston, 2010). Theoretically, management process is divided into five phases: planning, organizing, staffing, directing and controlling (Marquis and Huston, 2010).
Planning:-
In management, planning is the process to identify organizational goals, to develop strategies for achieving determined goals, and to decide organizational work activities. To this extent, Robbins (2007) argues that planning is "deciding in advance what is to be done". Meanwhile, Allen defines planning as "the determination of a course of action to achieve a desired result". Basically, planning is to answer questions of what, who, when, where, why, and how. In brief, planning is the function of a manager in relation to the selection of activities as well as to the determination of objectives, policies and programs conducted in a company or in an organization.

Organizing:-
Organizing is the process of grouping activities to achieve organizational goals. This is generally assigned to a leader or a manager who has the authority to supervise group members within an organization. Organizing is also defined as an action to collect and organize all the necessary resources, including human resources, so specific required jobs can be implemented as the organizational targets.

The broader acknowledgement and review on organizing is to help employees working together effectively. Therefore, a manager has to know what activities will be concerned, who will help and will be assisted, what channels of communication can be used, how group works can be done and are followed, and what relationships are played between different working groups and groups of occupations. To solve these problems can be performed in an effective organization. Moreover, organizing is one of the important management functions, instead of planning. Through organizing, the entire resources owned by an organization can be managed and directed effectively and efficiently so that some organizational goals can be achieved well.

Actuating:-
Actuating is an action to manage all organizational members to contrive as well as to accomplish goals based on managerial plans and organizational endeavours. Referring to Terry (2004), actuating is an attempt to activate group members' desire to achieve the company's goals and objectives. It is determined a very important function in management. Lacking of actuation will effect an employee's job performance even though his organizational planning and organizing are excellent. In other words, the employees' job activities will not be practiced as the organizational targets without actuating, aside from other management functions. Another understanding of actuating is related to direction and movement or an "action movement". Likewise, actuating can be drawn as activities undertaken by a manager in initiating and continuing activities due to the implementations of planning and organizing so that a company goals can be accomplished. In addition, actuating involves determining and satisfying the individual needs of employees in the forms of rewarding, leading, developing and compensating them (Herman 2009). In brief, various strategies are required to actuate both managers and employees within a company for pursuing successful organizational objectives.

Controlling:-
Control is generally synonymous with the definition of supervision. This term is used to measure the accomplishment of organizational objectives against the organizational standard. In the Public Health Centers, supervision is officially applied to ensure office activities in line with the proper performance of health care services. Supervision and accountability are indicated important processes to obtain certainty in the conformity of an organization in achieving the goal (MOHR, 2006). In this study, controlling is defined as a supervision that is practiced in the health care providers comparing goals and standard performance of health care services.

Community Health Care
Community health care is a professional health care provider that gives a priority on most advantageous healthy level for the community. The health concern is to high-risk groups by preventing disease, enhancing health condition, ensuring the affordability of required health services, and engaging clients as partners in planning and implementing health care evaluation (Allender & Spradley, 2001). Besides, community health care has a special field or specialization in nursing science (Ruth, 1961). To this extent, Stanhope and Lancaster (1997) argue that community health care is a synthesis of nursing practice as well as public health practice to improve and maintain the well-being of population within a region.

Community health care is aligned with the current condition in Indonesia. It is prepared through group works as what previous researches find. Community health care is defined as a professional services based on the nursing science and practices toward high risk groups of community in order to improve their well-being, to prevent them
from illness, and not to avoid health-giving and rehabilitation (CHS, 1997). The health services should be affordable for community and involve them as partners in providing health care services. In particular, clients of public health-care providers are individuals, families, groups and communities (Allender & Spradley, 2001). The core of public health care includes variety of services with community-based framework that is driven as the perceived needs of community as well as the enviromental resources. In addition, nurses as professions within health-care providers have direct access working with individuals, families, groups within a workplace, and schools everyday (Manitoba, 1998). As a conclusion, this type of health organization has various objects to be taken for healthy living.

**Performance of Community Health Centers:**
Performance of community health centers is measured referring other general fields. Performance is a representation of achievement as the result of implementing an activity, a program, or a policy against particular targets, goals, mission, and vision of an organization (Bastian, 2006). According to Stout (1993), performance measurement is the process of recording and measuring the achievement on the implementation of activities in the form of products, services, or a process. Performance is also essential for measuring the services that have been provided by health-care workers.

**Hypothesis:**
This section presents some hypothesis of this study. Management is functioned to assign between plans, goals, and targets of an organization. Mu'rifah (2012) stated the evaluation is an implementation of management function to determine the expectations of an organization. Sumiati's research (2013) finds that the low degree of planning process resulted the lack of program coverage. The finding includes the weaknesses of internal coordination of public health centers, the delays in accountability, and the lack of supervision and evaluation of activities from relevant health offices. Moreover, Evelyn (2012) indicated that the role of the head or manager of a public health center in socializing and monitoring the staff attendance has not been optimal due to the policy implementation.

In the planning process, public health centers should engage staff so that the leaders or managers are able to plan further jobs programs. Indeed, planning is always the main foundation among organizational activities that are implemented to achieve the pre-determined results. Siriyeti and Wulandari (2013) state that a mature planning process as well as good internal coordination will accomplish higher coverage programs.

Moreover, the effectiveness of organizational functions are linked to the sufficiency of personnel. In turn, the planned programs should be conducted by personnel's sufficient competence. Leaders as the administrator have to create various strategies, to coordinate, and to direct all components of management in order to achieve the arranged goals. Furthermore, the effective implementation of management functions toward the jobs program should be in relation to the comparison of current program coverage compared to last month coverage. As the result, particular organizational targets can be accomplished by both managers and staff.

Besides, monitoring the results of office activities can be carried out through workshops and meetings so that every problems can be solved and each planned achievement can be prioritized. Meanwhile effective controlling function can be attributed to the frequent monitoring and supervision activities, especially to public health centers that are far away from the city. Therefore, this study proposed some hypothesis as follow:

| Hypothesis | Description |
|------------|-------------|
| H1:        | The planning function affects the implementation of community health care. |
| H2:        | The organizing function affects the implementation of community health care. |
| H3:        | The actuating function affects the implementation of community health care. |
| H4:        | The controlling function affects the implementation of community health care. |

Obviously, the implementation of community health care aims to improve the community's independence to find and solve their health problems. Thus, they are able to consider choosing optimal health level. To maintain community health care, this study argues that each health centre is expected to provide home-visit services and health coaching to communities. Relevant activities can be delivered by health-care staff to communities so their awareness on healthy lifes can be developed collectively. Therefore, competent health personnels, adequate operational costs, and sufficient health instruments, satisfactory facilities should be broadly established, especially in public health centers in remote villages. Briefly, the implementation of management functions within community health centers need to be improved so that the center performance can also be established better. Thus, this study hypothesized that:
H5: The implementation of community health care affects the performance of Public Health Centers in South Sulawesi Province.

**Research methods:**
The population of this study were representatives of Public Health Centers in South Sulawesi Province. There were 446 health-care institutions. The samples taken in this study were 82 institutions. The sampling technique used in this research was non-probability sampling, with purposive sampling method. Data collection applied questionnaires that were directly submitted to respondents. moreover, this research used Partial Least Square (PLS) approach to analyze data.

**Research Result Analysis:**
This research investigated the effects of planning, organizing, actuating, and controlling functions in the implementation of community health cares in South Sulawesi Province. This took place in 82 institutions with various participants. Most of the respondents were in the range of 31-40 years old. There were 43 people or 52.4% on the age. The educational characteristic was indicated by 70.1% respondents who graduated from Midwifery Academy. The detailed research results are explained below.

**The Coefficient on Direct and Indirect Effects:**
This research found that the strength of impact between constructs. Either direct impact or indirect impact could be analyzed through the path coefficient through all lines with one end arrow. The analysis of indirect effect of latent variable was aimed to know the function or role of intervening variable, whether or not it can mediate the relationship (influence ) between the latent variables. Clearly, the following is the result of direct effect test and indirect effect with PLS coefficient value on each variable.

**Table 1:**-Effects of PLS Coefisien Value Between Variables

| Effects between variables                      | Original samples values (O) |
|-----------------------------------------------|----------------------------|
|                                               | **Direct effect** | **Indirect effect** | **Total effect** |
| Planning → Implementation of community health care | 0,311               | -                  | 0,311            |
| Planning → Performance of community health care | -                   | 0,211              | 0,211            |
| Organizing → Implementation of community health care | 0,288              | -                  | 0,288            |
| Organizing → Performance of community health care | -                   | 0,196              | 0,196            |
| Actuating → Implementation of community health care | 0,367              | -                  | 0,367            |
| Actuating → Performance of community health care | -                   | 0,249              | 0,249            |
| Controlling → Implementation of community health care | 0,061              | -                  | 0,061            |
| Controlling → Performance of community health care | -                   | 0,042              | 0,042            |
| Implementation of community health care → Performance of public health centers | 0,679            | -                  | 0,679            |
Table 2:- Hypothesis examination with Inner Weight

| Impact between variables | Path Coefisien | T stat. | Notes |
|--------------------------|----------------|---------|-------|
| Planning → Implementation of community health care | 0.311 | 3.680 | Significant |
| Organizing → Implementation of community health care | 0.288 | 4.017 | Significant |
| Actuating → Implementation of community health care | 0.367 | 5.267 | Significant |
| Controlling → Implementation of community health care | 0.061 | 0.760 | Not Significant |
| Implementation of community health care → Performance of public health center | 0.679 | 11.238 | Significant |

The Impact of Planning on the Implementation of Community Health Care:

The result of hypothesis test showed that there was a significant impact of planning on the implementation of community health care. To improve it better, the public health center in South Sulawesi province needs to assign management of human resource. In particular, the centers have to develop planning in relation to an attempt to increasing motivation of nurses. These profession is the key to deliver public health care programs. In this study, the nurses’ motivation was indicated low. Therefore, this study argued that the implementation of community health care could be improved if the health centers arrange particular plans to optimize health services to communities. In turn, optimal services for communities would lead for patients' and public' satisfactory assessment and responses.

However, this study found that the planning process in public health centers in South Sulawesi province did not always involve their nursing staff. The heads of investigated public health centers considered having capacity to plan the centers’ jobs programs. Then, the programs would be discussed with the staff in mini workshops. In this occasion, the head also appointed who took responsibility on various sub-programs as well as on particular events. Otherwise, few public health centers did not conduct mini workshops due to lack of manpower or human resources. Moreover, the heads also arrange time schedules, variety of activities, costs, and all matters to run the activities. These were viewed as the main foundation on how the management implement those activities and how to accomplish determined plans. Siriyei and Wulandari (2013) in their research also considered that less mature planning process and weak internal coordination of public health center cause low program coverage. Accordingly, the leaders in this study did not involve staff in the preparation of jobs program planning.

The Impact of Organizing on the Implementation of Community Health Care:

The test results indicated a significant impact of organizing on the implementation of community health care at public health centers in South Sulawesi province. The result of this hypothesis testing was consistent with Kelly and Heidental (2004) which stated that one of management function of health care implementation for society is organizing. Similarly, Swanburg (2000) stated that organizing is an important principle in management of community health care. This study argued that organizing function of public health centers in South Sulawesi province had been ineffective due to the limited manpower. Many programs were done by one staff so the programs became ineffective. Ideally, one program should be done by one staff so each problems can be solved. Thus, this study suggested that the health centers needed to add more staff in completing many programs.

In addition, the heads of public health centers as the administrator were also responsible in coordinating and directing all management components so that the arranged targets could be achieved. Coordination and direction among staff need to be conducted so that all components can execute their duties in accordance with their respective roles in order to achieve what have been arranged and the initial goal of the plans. Basically, the activities without coordination, communication and direction will run into obstacles of achieving the objectives of activities.

The Impact of Aucting on the Implementation of Public Health Care:

The result of hypothesis testing showed the significant impact of aucting towards the implementation of community health care at the public health centers in South Sulawesi province. To implement community health care to work better, the public health centers in South Sulawesi province needed to notice the management of human resource mobilization, especially in relation to nursing training as the weakest element for public health care providers.
Besides, this study found that the implementation of programs in public health center in South Sulawesi province were less effective since some programs were postponed and did not reach the targets. The assessments for planned program were conducted by looking at the current program coverage compared to previous coverage, instead of the targets that have been considered. Meanwhile, monitoring of activity implementation was carried out in mini workshops and meetings in the public health centers to assess the outcomes of activities and to prioritize every problems that had to be encountered.

The Impact of Controlling on the Implementation of Community Health Care:-
The result of hypothesis testing showed the insignificant impact of controlling on the implementation of community health care in South Sulawesi province. This finding was not alligned with the strategical function of public health center proposed by the Indonesian Ministry of Health (2015). The strategy states that it is important to control and supervise and accountability of management process in public health centres. This study concluded that supervision and accountability needed to be implemented continuously in South Sulawesi.

Implementation and control include process of organizing, monitoring and assessing the implementation of activities at the public health centers. Kelly and Heidental (2004) confirm that control or supervision is a way to achieve the goal of which is the success of a program. Hence, the impact of controlling on the implementation of public health care were not significant because the existing conditions of public health centers in South Sulawesi provincial rarely concern the nurses as the key players due to their lowest average value. Indeed, the assessment of nurses' performance is important and effective to manage and direct employee behavior in order to increase quality of nursing services. Furthermore, the public health centers can use the nurses' performance as the appraisal process to arrange work directions through choosing competent nurses, providing in-house trainings, having career planning guidance, and giving awards to good nurses.

In addition, the supervision function at the public health centers in South Sulawesi province also needs to be improved. The respondents confirmed that monitoring and supervision activities were rare to be conducted; and some centers out of city never conducted supervision as well. Supervision is generally done by the heads of public health centers. This is to control and evaluate personnel performance whether or not the current activities are sufficient. Moreover, the implementation of supervision activities of the public health center must be aligned to produce maximum output and performance. This study also indicated that supervisions of personnels, equipments, and drugs were only controlled through reports from the public health centre and the division. Thus, the staff were often uncertain in calculating needs of public health center due to the shortage detailed information on medical equipments, drugs, and other health services.

The Impact of Community Health Care on the Performance of Public Health Centers:
The result of hypothesis testing indicated that there was a significant impact of the implementation of community health care on the performance of public health centers in South Sulawesi province. In this study, the health workers generally meet obstacles in terms of the sufficency of health personnels, lack of operational costs for public health centers, and inadequate medical equipment and facilities. These were worst in public health care in remote villages. Furthermore, this study argued that the health centers needed to conduct monitoring to determine whether or not the staffs could perform responsibilities towards the planned tasks well. Indeed, supervision is also needed so that each sub-service is able to evaluate and monitor community health care activities.

Conclusions:-
This study explored an understanding of management functions towards activities of community health centers. As the results of hypothesis testing, management functions that include planning, organizing, and aucting clearly gave impacts on the implementation of community health cares. However, another management function, i.e. controlling did not give impact on the implementation of community health care.

Obviously, planning has always been the main foundation in the implementation of community health care in order to achieve the targeted outcomes. Effectiveness organization is closely related to the sufficiency of personnel as well as the successful program attainment. Therefore, various components need to be considered to execute the duties of health-care workers. The components also relate to respective roles for achieving determined targets and to accomplish initial goals. Besides, the effective implementation of public health care is in regard with the comparison
of program coverage results. Effective supervision can be due to the frequent monitoring and supervision activities especially for public health centers that are far away from the city.

In addition, this study concluded that the implementation of community health care bring valuable impacts on the performance of public health centers. Effective implementation of community health care should be supported by competent health personnels, adequate operational costs, adequate health equipment, and proper facilities. These should also be developed for public health care in remote villages. Then, to satisfy the villagers with sufficient health services will enhance the performance of public health centers.

Finally, this study results demonstrate practical implications that improving the quality of community health care and improving the performance of public health centers in South Sulawesi province can be practiced and developed by enforcing management functions and prioritizing on aspects like planning, organizing, and aucting the health-care workers themselves.

Reference:
1. Allender, J.A. and , B. W. Spradley. 2001. Community Health Nursing: Concept and Practice. Fifth Edition. Lippincot Press, Philadelphia.
2. Anyika. 2014. Challenges Of Implementing Sustainable Health Care Delivery In Nigeria Under Environmental Uncertainty. Journal of Hospital Administration. 3 (6): 113-126.
3. Bastian I. 2006. Sistem Perencanaan dan Penganggaran Pemerintahan Daerah di Indonesia. Penerbit Salemba Empat. Jakarta.
4. Depkes RI. 2006. Pedoman Penilaian Kinerja Puskesmas. Direktorat Jenderal Bina Kesehatan Masyarakat, Departemen Kesehatan RI. Jakarta.
5. Evelyn M., L. Trisnantoro, and N.S. Zaenab. 2012. Evaluasi Implementasi Kebijakan Bantuan Operasional Kesehatan Di Tiga Puskesmas Kabupaten Ende Provinsi Nusa Tenggara Timur Tahun 2011. Jurnal Kebijakan Kesehatan Indonesia. 01(3) September 2012
6. Herman. 2009. Hubungan Pengarahan dalam Keperawatan. Universitas Indonesia
7. Kelly and Heidental. 2004. Essential of Nursing leadership and Management. Thomson Delmar Learning. New York.
8. Kemenkes. 2015. Data Dasar Puskesmas Provinsi Sulawesi Selatan, Data Dasar Tahun 2014. Kementerian Kesehatan RI. Jakarta.
9. Manitoba. 1998. The Role of the Public Health Nurse within the Regional Health Authority. Community Health Assessment Unit, Manitoba Health.
10. Marquis and Huston. 2010. Kepemimpinan dan manajemen keperawatan, Teori dan Aplikasi. Alih bahasa: Widyawati dan Handayani. Edisi 4. Penerbit EGC, Jakarta.
11. Mu’rifah.2012.Analisis Kinerja Pelayanan pada Puskesmas Batua Makassar. Jurnal MKMI 2(5)
12. Mckenzie, J. F. 2010. Kesehatan Masyarakat. EGC Press. Jakarta.
13. Robbins, S. P., & T. Judge. 2007. Organizational behavior. 6th edition. Upper Saddle River, N.J: Pearson/Prentice Hall.
14. Ruth, F. B. 1981. Public Health Nursing Practice. WB Saunders Company. Philadelphia.
15. Siriyei and R.D Wulandari. 2013. Faktor Determinan Rendahnya Pencapaian Bidang Kesehatan di Puskesmas Mojo Kota Surabaya. Jurnal Administrasi Kesehatan Indonesia. 1 (3): 244 – 251.
16. Stanhope and Lancaster. 1997. Community Health Nursing Promoting Health of Aggregates, Families, and Individuals. Mosby Inc. Saint Louis.
17. Stout, L.D. 1993. Performance Measure-ment Guide. Prentice-Hall. New Jersey.
18. Suarli, S. and Bahar. 2009. Manajemen Keperawatan dengan Pendekatan Praktik. Erlangga. Jakarta.
19. Sumiati, S. 2013. Evaluasi Pengelolaan Program Bantuan Operasional Kesehatan (BOK) Puskesmas Berdasarkan Pendekatan Sistem di Kota Singkawang Kalimantan Barat Tahun 2012. Thesis. Universitas Diponegoro.
20. Swanburg, R. 2000. Pengantar Kepemimpinan dan Manajemen Keperawatan Untuk Perawat Klinis. EGC Press. Jakarta.
21. Terry, G. R. 2004. Prinsip-prinsip Manajemen. Terjemahan J. Smith D. F. M. Jakarta: Bumi Aksara.