

# Performance Measurement Barriers of Specialist Doctors in General Government Hospitals in Medan City

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**Keywords:** Performance Measurement Barriers, Specialist Doctors, General Government Hospital, Medan City.

**Abstract:** Performance measurements if implemented properly can be an effective tool for improving the performance of specialist's doctors. The previous research showed there are barriers in the implementation of doctors' performance measurements in private hospitals in Medan City. However, some barriers are felt by the specialist doctors in general government hospital in Medan City. This qualitative research uses in-depth interviews as data collection and then analyzed by thematic analysis. Informants in this research are 16 specialist doctors. The results showed that the specialist doctors felt that the medical services they received were less suitable to the number of patients they handled since the financial section is less transparent about the number of patients paid out regarding to the performance measurement of specialist doctors. They also did not know how the performance measurement process was carried out. Therefore, it can be concluded that the barriers perceived by specialist doctors in government hospitals in Medan City particularly in the performance measurement of specialist doctors are non-transparency and miscommunication between the specialist doctors with the human resource department as well as the financial section about the performance measurement system of specialist doctors.

## 1 INTRODUCTION

According to the Constitution of the Republic Indonesia year 1945 and Pancasila, health is a Human Right. In the Law of the Republic Indonesia number 36 year 2009 about Health and Law of the Republic Indonesia number 29 year 2004 about Medical Practice, explains that "health is a healthy condition, physically, mentally, spiritually and socially which enables every person to live productively social and economic", which must be realized in the form of health services. The essence of health service delivery is the organization of medical practice (Undang-Undang Republik Indonesia Number 36 Year 2009).

However, according to Romadhon (2006) which proves Leape's opinion, compared to other industries, the errors are most prevalent in the healthcare industry. Based on research from the National Health Service (NHS), it is estimated that there have been 25 medical negligence in every medical negligence reported (Alim, Musakkir, and Irwansyah, 2013). In the United States, in the 1970s, the number of medical malpractice cases increased threefold compared to previous years and Thesisituation continued to increase until in the 1990s (Dokter Anak Indonesia,

2013). Research in the United States shows that local doctors are less able to communicate effectively with patients and the lack of collaboration between personal doctors and consultants (Aditama, 2003).

Even these complaints to doctors happened in Indonesia. According to Wibisono (2013), citing the opinion of the Chairman of the Indonesian Association of Specialist Surgical Specialists, from 2006 to 2012, there were 98 cases of medical negligence/malpractice that occurred by specialists throughout Indonesia. The city that has the most complaints is in Jakarta, Bandung, Tangerang, and Medan (Adisasmito, et al., 2010; Panggabean, 2014).

Based on the result of Humairah (2014) interview with the Chairman of the Association of Indonesian Pediatricians of North Sumatra, communication between doctors and patients in Medan city is not maximal, so is the coordination of fellow doctors in Medan City. These resulted in many misunderstandings, causing the patient's family to protest which eventually led to malpractice accusation.

These cases indicate the poor performance of specialist doctors in Medan, in providing health services. Therefore, to know the performance of

specialist doctor in the actual hospital, it is necessary to measure the performance of specialist doctor at the hospital. In addition to knowing the performance of specialist doctor in the actual hospital, the measurement of the performance of specialist doctor in hospital also important to spur the specialist doctor to continue or to improve specialist doctor's performance. Performance measurement is one of the fundamental functions of the existing medical committee in the hospital. If implemented properly, performance measurement can be an effective tool for improving the performance, productivity and development of specialist doctors. For the specialist doctors themselves, the measurement is one way to know the results of the effort as their contribution to the continuity of the hospital (Wijayanti and Wimbarti, 2012; Sulistyawan, Wuriyanto, and Subiyantoro, 2013; Koeswanto, 2016).

However, from the results of Lubis and Nasution (2017) research that conducted interviews with medical committees in private general hospitals around Medan City, there were several barriers in doctor performance measurement in the private general hospitals around Medan City, the doctors themselves do not support the performance measurement system, the medical committee does not monitor well the performance measurement system, and doctors are less likely to be measured. This is contrary to the opinions of Moorhead and Griffin (2013) and Aamodt (2016), citing Bernardin and Beatty, that the performance measurement system is a process of measuring employee behavior with measurements and comparisons with predefined standards, documenting the results, communicating the results to the employees, and the results of the performance measurement are requested approval from the employees in the performance measurement sheet. When viewed from the definition of the performance measurement system above, that the performance measurement should be communicated to the measured person, then the hospital management that does not communicate its performance measurement, it can be said that the hospital did not conduct a performance measurement. Based on the opinion of Romadhon (2006), no performance measurement is one example of system failure in health care organization that can cause medical error.

This is accordance with the results of Zulfendri (2014) study, the absence of doctor's performance measurement in private general hospitals around Medan City, meaning that the role of Medical Committee in private general hospitals around Medan City is not optimal. This is contrary to the Regulation

Minister of Health in Republic Indonesia (Peraturan Menteri kesehatan Republik Indonesia, 2011) Number 755/Menkes/Per/IV/2011 about the organization of medical committee in hospital. Under this regulation, the medical committee of each hospital is required to verify the validity of a person's competence evidence, even though a medical staff has obtained a specialist degree from the concerned medical college (credential).

However, it is not known whether these barriers occur also in general government hospital in Medan City or there are other barriers that are felt by specialist doctors who are in government hospitals in Medan City. Therefore, this research aims to determine the barriers perceived by specialist doctors in government hospitals in Medan City about the performance measurement of specialist doctor, so that the government hospitals in Medan City can improve specialist doctor performance measurement effectiveness and efficiency.

## 2 METHODS

The research aims to know the barriers of performance measurement of specialist doctors in general government hospital of Medan City, so this qualitative research uses in-depth interviews to 16 specialist doctors which are in 16 SMF as data collection. The data obtained are then analyzed by thematic analysis. The research was conducted from May to November 2017.

## 3 RESULT AND DISCUSSION

From the results of interviews with 16 specialist doctors in general government hospital of Medan city, performance measurement has been done with the online system. The process and the result of performance measurement can be seen by superiors and specialist doctor themselves. This result is different from Lubis and Nasution (2016; 2017) study. From the research in private general hospitals around Medan City, performance measurement hasn't been done with the online system. They still use paper stuffed manually.

The purpose of performance measurement of specialist doctor in general government hospital Medan city is to determine the remuneration / medical service (Pay for Performance / P2) which is directly sent to each specialist doctor's account. This is in accordance with the opinion of Aamodt (2016) that

performance measurement should be clear about its purpose, and one of them is salary increases. This result is similar to Lubis and Nasution's (2016; 2017) study. From their research in private general hospitals around Medan City the purpose of performance measurement is to see the potential of the doctors, monitor, evaluate and ensure the performance of the doctors whether it is in accordance with the operational standard of the procedure or not, so it can give a decision whether the doctor gets a salary increase or not.

The appropriate amount of remuneration is critical to the improvement of the specialist doctor's performance. This is consistent with the results of Alhamidah, Adenan, and Pujianti (2016) studies indicating that there is a significant relationship between rewards on performance and doctor satisfaction. Even from the results of research Kurniadi (2012), compensation has a very strong influence on performance.

Performance measurement of specialist doctor in general government hospital Medan city is done once a month. This is in accordance with the opinion of Aamodt (2016) that performance measurement should be done once in 6 months so that the medical committee or specialist doctor measured more quickly improve the specialist doctor's performance. This result is different from Lubis and Nasution (2016; 2017) study. From their research time measurement is done once every 4 months, once every 6 months or 1 year.

There are four components of a specialist's performance measurement of specialist doctor in general government hospital Medan city, namely the quantity of work (target number of patients treated), the quality of work, behavior and additional activities of the presence. These four components are arranged using ratings of graphic rating scale or behavioral checklists. There is weighting in every rank. In the opinion of Aamodt (2016), these four components fall into the Goal-focused and Trait-focused performance dimension.

The quantity of work made by the specialist doctor himself and see whether at the end of the month has reached the target or not, the quality of work, behavior and additional activities of the presence, measured by the medical committee as supervisor of the performance of specialist doctor in the hospital. This is in accordance with the opinion of Aamodt (2016) that who can be an appraiser is a superior and specialist doctor himself. This result is different from Lubis and Nasution (2016; 2017) study. From their research the appraiser is who is

appointed by the medical committee that is the superior or co-worker of the measured doctors.

From the results of deep interviews with 16 specialist doctors in general government hospital Medan city, the doctor can't refuse the performance measurement system, because if the performance measurement is not performed, the specialist doctor will not receive his medical remuneration/medical service. This result is different from Lubis and Nasutions (2017) study. From their research doctors are less likely to be measured and do not support the performance measurement system.

However, from deep interviews with 16 specialist doctors in general government hospital Medan city, there are some specialist doctors felt that he was not included in the targeting of the number of patients treated, so the doctor feels the target number of patients treated by one specialist with another specialist does not meet the standards. There is also a specialist who feels that the remuneration/ medical service he received were less suitable for the number of patients he was working with. There are even specialist doctors who do not know how the process and results of the doctor's performance measurement. There is also a specialist doctors, although the feeling of acceptable remuneration/ medical service is inconsistent with the number of patients treated, the specialist accepts voluntarily and assumes his work is a devotion to society and worship with God.

From the results of deep interviews it can be concluded that the barriers perceived by specialist doctors in government hospitals in Medan City about the performance measurement of specialist doctor are non-transparency and miscommunication between the specialist doctor itself, with the Human Resources department (HR department) as well as the financial section of the system performance measurement of specialist doctors. From the results of Silaban, Lubis and Salmah (2013; 2015), as well as the results of Lubis and Nasution (2017) study, non-transparency and miscommunication of these performance measurement results not only in specialist doctor at government hospitals in Medan, but also in doctors and nurses in private public hospitals and midwives in maternal and child hospitals around Medan City.

Based on the opinion of Wijayanti and Wimbari (2012), satisfaction in the process of measurement and involvement and employee participation in determining the measurement factors and the process of making the measurement system can improve the perception of procedural justice which can also minimize the measurement bias. Specialist doctors should know the results of their performance measurement, because with feedback can improve the

quality of the performance of the specialist doctors. However, these can happen if the specialist doctors accept and assume that the performance measurement is a source of information that can help them to improve their performance. These can happen if every specialist doctors is informed of the results of their performance measurement as well as followed by explanations of the measurement results and how to improve their performance (Giesbers et al., 2014).

#### 4 CONCLUSION

From the results of the above research and discussion, it can be concluded that the barriers perceived by specialist doctors in government hospitals in Medan City about the performance measurement of specialist doctor are non-transparency and miscommunication between the specialist doctor itself, with the HR department as well as the financial section of the system performance measurement of a specialist doctor.

Therefore, all sections related to performance measurement, such as medical committee, HR department, finance section and specialist doctor themselves must provide time to sit together, to explain the overall performance management process, then the calculation of medical services from performance measurement results, and more recently determine the target number of patients treated in each specialist doctor. After the measurement, a specialist should be aware of the results of the specialist doctor's performance measurement by means of the medical committee should be able to provide time and choose a neutral, special place, and there is no limit table between the medical committee, the HR department, the finance department and the specialist, although performance measurement results can already be viewed online. The medical committee should prepare for an interview by reviewing the results of an existing performance measurement and the reasons for the performance measurement. Firstly a specialist doctor should see that the feedback provided comes from a credible source. This is important to be done so those specialist doctors are satisfied with the performance measurement process that has been done. Another important thing is to let a specialist doctor discuss his thoughts and feelings and set performance goals for future goals.

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