# INFLUENCING FACTOR ANALYSIS ABILITY INTERNAL HEALTH WORKERS DRAFTING HEALTH BUDGET IN BATUBARA, INDONESIA

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#### Abstract

Drafting process budget needed ability power health so you can set health program priorities, as well own ability advocacy to government regions and institutions legislative in effort gain increased political commitment allocation budget. The low cost health in Indonesia namely minimal state finances, finance service health and wellness No enter in priority development, because that needed ability service health so you can set health program priorities, as well own ability advocacy to government regions and institutions legislative in effort gain increased political commitment allocation budget. Study This aim For analyze influencing factors \_ ability power health in Preparation Health Budget at the Batu Bara District Health Office in 2017, with type study analytic with cross sectional design. Population in study this whole the staff involved in drafting the budget at the Batu Bara District Health Office is 178 people. The sampling technique used total sampling. Data collection was carried out with interview with use questionnaire. Data analysis was performed by multivariate results with regression logistics double show that ability power health in drafting budget health influenced by training and years of service by 99.9%. For The Head of the Program Sub-Division should carry out empowerment programs for power health in field finance Good through training, workshops and activity other.

Keywords: Ability, Preparation, Budget, Health.

### INTRODUCTION

Constitution number 32 of 2004 concerning Local Government has set Health sector is one affairs mandatory must held district/city, administration affairs mandatory by region as embodiment autonomy or authority area in implementation mandatory duties and obligations borne by the regency/municipality. Organizing affairs government that is mandatory, according to the standard minimum service implemented in a manner gradual and fixed government (1). To give guide in carry out affairs required field health has stipulated Decree of the Minister of Health of the Republic of Indonesia number: 1457/MENKES/SK/X/2003 concerning Standard Minimum services in districts/cities, and RI Minister of Health Decree number 1091/MENKES/SK/X/2004 concerning Standard Technical Instructions Minimum Services in the Health Sector in City Districts. Standard minimum service is provision about type and quality service basis which is affairs must entitled area obtained every inhabitant minimally. As for service base is type service fundamental and absolute public for fulfil need public in life social, economic, and government. Implementation of SPM for government area have consequence, government area can given award by the government center if succeed achieve the target that has been set and assigned penalty if no succeeded in 12 achieving the target of SPM. The SPM annual target is plan performance activities carried out in period time, which requires processing and input. Health program process form activity service individual, activity service community, activities management and activities development capacity. As for the input can form tools, manpower, medicine, materials and others (2) (3).

Budgeting (budget based performance) at the end This become choice in drafting planning budgeting in accordance with the Decree of the Minister of Home Affairs No. 29 of 2002 which has changed become Regulation of the Minister of Home Affairs Number 13 of 2006. Performance budgeting is based on existence continuity between outputs or performance activity with input or the required budget. Possible causes low cost health in Indonesia namely minimal state finance. Finance service health and wellness No enter in priority development. Because that needed ability service health so you can set health program priorities, as well own ability advocacy to government regions and institutions legislative in effort gain increased political commitment allocation budget. Skills are also required power health for do program and budget planning, program implementation and evaluation (4) (5) (6) (7). Consideration national development in Health is very influential and influenced by circumstances social economy (8). Related with matter the magnitude of the 3 allocation of funds is one element strategic in development health. Availability adequate allocation of funds and efficient utilization, as well even distribution will support the success development health (9) (10). Second inability source power human resources (HR) planners in the Department of Health reassuring executive about allocation budget For activity, as stated by the Head Program Subdivisions viz the quality and quantity of human resources owned by the Health Office is very lacking, no there are people special own background behind knowledge about planning, consequently lots still proposal considered under and over at times time proposal. Then low the quality of human resources in the Health Service plan 7 has an effect to ability negotiation and argumentation budget to BAPPEDA (11).

# **METHODS**

# Research Design

The research design used is cross-sectional study that is for describe connection between variable No For conclude cause and effect relationship (Polit & Beck, 2012) (12). This design aim For an analysis influencing factors ability power health in drafting budget health in Batubara, Indonesia

#### Sample

Research samples consists of 178 service staff health Coal district with *simple random* sampling.

## **Instruments**

Study this use a number of instrument among others: Demographic data questionnaire consisting of from consists of 3 questions open tenure, education and training developed based on Gomes theory, 2015. Questionnaire knowledge about drafting budget developed based on theory budget Wardayani, 2010. Questionnaire This consists of the 20 statements, namely 14 statement items positive (1, 2, 3, 4, 5, 6, 7, 9, 10,11,13,15,16,17,19 and 20) and 4 statements negative (8,12, 14, and 18). As for determination score questionnaire this be measured with use scale Guttman. Measuring scale used in questionnaire performance consists of 2 options answer using Yes and No with provision for statement positive: (1) Yes and (0) No and for statement negative: (1) No and (0) Yes. Questionnaire ability drafting budget developed based on theory system Brownell budget, 2010.

Questionnaire This consists of 15 statements, namely 10 statements positive (1,2,4,5,8,9,10,12,13, and 15) and 5 negative statements (3,6,7,11 and 14). As for determination score questionnaire This be measured with use scale Liket, consists of 4 choices answers using strongly agree (4), agree (3), less agree (2), no agree (1) to statement positive, meanwhile For negative statement: no agree (4), less agree (3), agree (2), and strongly agree (1). Questionnaire knowledge own validity test value Content Validity Index 1 and reliability test values cronbach's alpha 0.83, Questionnaire ability own validity test value Content Validity Index 0.95 and reliability test value cronbach's alpha 0.80.

#### **Data Collections**

Study carried out in October 2022 – January 2023 at the Health Office. Researcher explain goals, benefits, and procedures implementation research. Appropriate respondent with criteria inclusion study requested his willingness for become respondents and shared questionnaire. When respondent willing for become respondent research, researcher request for sign letter agreement as respondent (*informed consent*). Before fill in questionnaire researcher especially formerly explain method charging questionnaire on respondents and reminded respondent For fill in questionnaire in a manner thorough and careful as well as No There is statement that is not answered, then respondent given chance For ask if There is no question understood. After the respondent finished fill in questionnaire, questionnaire collected back by the researcher and examined accessories, if something is not complete resolved moment that too. Furthermore, the data that has been collected analyzed.

# **Data Analysis**

Data analysis was performed with using SPS. Bivariate data analysis using statistical tests Chi-square (X²) and using multivariate logistic regression. The significance value was set at p <0.05. Multivariate analysis done for identify the most influencing factors ability power health in drafting budget. Selection candidate done For Can multivariate test was carried out with p<0.25. The logistic regression model was carried out five times. The two most influential variables got.

#### **Ethical Considerations**

Study this has get agreement Commission ethics Health Research and researchers also ask agreement from respondent with informed consent.

#### **RESULTS**

#### 1. Characteristics of Patients

Based on table 1. Distribution frequency characteristics individual is known of the 178 staff who participated as well as in study This majority manifold sex man as many as 93 people (52,20 %). Age average age staff around  $\pm$  53.47 years. Majority undergraduate staff education level as many as 112 people (62.90%). Staff working period  $\pm$  11.3 years. Marital status majority married 146 people (82.02%).

Table 1: Characteristics of Patients in the Study (n=178)

Characteristic	Absolute Frequency (n)	Relative Frequency (%)				
Gender						
Man	93	52 ,20				
Woman	85	47 ,80				
Age						
26–35 Years	26	14,60				
35–45 Years	32	17.90 _				
46 – 55 Years	67	37,70				
56 – 60 Years	53	29.80				
± 53.47 Years						
Education level						
Diploma	3	1.70				
Bachelor	112	62.90				
Masters	63	35,40				
Working Period						
≤ 5 Year	26	14,60				
> 5 Year	152	85 , 4 0				
± 11.3 years						
Marital Status						
Not Married	32	17 , 98				
Marry	146	82 , 02				

# 2. Influence characteristics individual

Table 2: Influence characteristics individual to performance nurse (n=178)

Variable	Ability preparation Budget			Total		Р		95% CI		
	Good		No	Not Good		iotai		RR	95% CI	
	n	%	n	%	n	%	value		Lower	Upper
Gender *										
Man	78	71,40	15	28,60	93	100	0.04	0.38	0.07	2 10
Woman	83	86, 70	2	13.3 0	85	100	0.04	0.36	0.07	2,10
Age										
≤ 45 Years	31	32,60	27	16, 70	58	100	0.29	0.52	0.19	1, 41
> 45 Years	98	67,40	22	9.5 0	120	100				
Education level										
Diploma III	87	88,80	11	11.20	98	100	0.03	1, 72	0.71	4, 18
Profession Nurse	55	82,10	12	17.90	67	100				
Working Period										
≤5 Years	66	79,50	17	20, 50	83	100	0.02	0.30	0.1 1	0.82
>5 Years	76	92,7 0	6	7.30	82	100				
Marital Status										
Not Married	103	85,10	18	14.90	12 1	100	0.74	0.73	0.25	2,11
Marry	39	88,60	5	11, 40	44	100				

# 3. The most influence factor on ability

Table 3: The most influence factor on ability

Variable	P-value	Exp B (OR)	95% CI for Exp (B)			
			Lower	Upper		
First Modeling						
Training	0.06*	0.29	0.08	1.07		
working period	0.47**	0.64	0.1 8	2,17		
Constanta	2.07					

# **DISCUSSION**

In operate function and role member power health, capacity and position power health is largely determined by the ability of bargaining position in produce a policy. Capabilities and abilities officer health must owned including knowledge in compile various regulation area besides expertise officer health in arrange budget service health represent constituencies and interests groups and parties. Research results show that knowledge power health in drafting budget in category knowledge Good a total of 26 people or by 63.4%. Preparation budget made by official health influenced by internal factors and factors external (13). Internal factor is factors owned by an officer influential health in a manner direct to drafting budget made by official health, for one is knowledge about budget. This show that the more tall knowledge officer health about budget so ability drafting budget done by will the more increase. Because of the knowledge possessed by the the officers related health with the whole drafting process budget start from stage planning until stage accountability, will help officer health in carry out duties and obligations especially in drafting budget. According to assumption researcher that level knowledge officer health about budget already relatively ok. This showed with results answer respondents on variables knowledge officer health about budget for each statement item part big answered right. At the institution the officer health has have high knowledge about budget. So that officer health in carry out function for evaluate need public can walk in a manner effective (14) (15). Research results show that training in drafting budget in category power health No Once get training a total of 38 people or by 92.7%. According to (16) exercise can prepare employees work) for do jobs now. Whereas development have room scope more wide in effort For fix and improve knowledge, ability, attitude etc properties personality. This strengthened with research conducted by (17) found training influential significant to implementation drafting budget based performance. Training as an educational process period short using systematic and organized ways and procedures. Participants training will learn nature of knowledge and skills practical For objective certain. While (18) explains term exercise for 69 shows every process for develop talents, skills and abilities employee to use finish jobs certain. Giving training intended for officers health can control about drafting budget to be not quite enough he replied so that come true efficiency and effectiveness budget. Training more emphasis on improvement ability for do specific job at the time this. There is a number of reason Why training must done or become very important part from activity management source Power human beings, including: officers health yet understand in a manner Correct How do drafting budget, yes change environment work and energy work, increase Power competitiveness and adjustment to existing regulations. Study by (19) regarding Studies Case Application Draft Integrated Health Planning and Budgeting Post Deep Training. Found that factor training to drafting budget no fine, however thereby in its application there is other factors come along influence that is factor environment organization and organization external. Suggests that training is in a manner systematic change Act in demand employee for reach objective organization (20). Research by (21) that training (training) is a learning process that involves acquisition expertise, concept, rule, or attitude employee. According to article I paragraph 9 law No.13 of 2003. Training Work is a total of 70 activities for give, get, increase, as well as develop competence work, productivity, discipline, attitude, and ethos work on the level skills and expertise certain in accordance with levels and qualifications positions and jobs. Research results show that training about preparation budget majority No once experienced by officer health. For increase ability officer health about budget need done training and development. Order ability officer health more and the quality is also improving. With quality drafting good budget so officer health will the more expert and skilled in drafting budget. Training and development also aims for increase efficiency energy and time (22).

Research results show that education power health in category level education tall a total of 23 people or by 56.1%. All employee who has level higher education understand and can finish problem in drafting budget. On research This there is officer health that is not capable in drafting budget matter the because there is error in placement of 72 employees, where Still Lots officer placed health no in accordance with field his expertise and the lack officer background health behind discipline knowledge economy specifically field existing health. Officer health that has discipline knowledge accountancy is a smart and understanding person correct about accounting (23). Understand to accountancy if that person understand and clever what is the accounting process that done until become something report finance with guided by principles and standards drafting set budget in regulation legislation. In terms of qualifications, many officer the treasurer and the head of the sub- section of the program who are not background behind accounting. This because factor proximity with head of the Department of Health, because treasurer appointed directly by the head of the Health Service as a result of the drafting process budget become hampered because minimal understanding officer health in management and administration finance to drafting budget (24). Research results this in accordance with research conducted by (25) mention that level education influential significant to quality report finance area. Research results this is also appropriate with research conducted by (26) research the mention that level education influential positive to understanding on report finance area. 73 Research this no in line with research conducted by (27) research the mention that variable level education no influential significant to understanding report finance are capacity of internal health workers preparation health budget.

Research results show that working period power health in old category of 21 people or by 51.2%. According to (28) states that seniority or often called with the term length of working period is an employee donate power in the company certain. How much power work can reach satisfactory results in work depends from abilities, skills, and skills certain to get carry out his job with ok. On research this past experience it will be very useful in support knowledge drafting own budget when somebody face problems new. No seldom found exists some people haven't carry out his job with well, by psychological they Not yet ripe in operate new task, and them need time certain even deep enough understand work and ins and outs outs the organization. Research by (29) defines experience is lesson to be produce change to direction maturity Act practice, increase understanding as well as teaching information. Research results

show that an expert in improve and enhance the learning process teach demanded own knowledge and skills in drafting budget. With such is the working period officer health in compile budget can counted since officer health the worked at the Batu Bara Health Office, where he obtain knowledge and skills in drafting budget.

Research results show that ability power health category no capable a total of 24 people or by 58.5%. Possible causes low cost health in Indonesia namely minimal state finances finance service health and wellness No enter in priority development. Because That needed ability service health so you can set health program priorities, as well own ability advocacy to government regions and institutions legislative in effort gain increased political commitment allocation budget. Skills are also required power health for do program and budget planning, program implementation and evaluation (30). According to (21) argued that one aspect important from growth and maintenance image positive bureaucracy is systematic, programmatic and continuous efforts in enhancement ability Work bureaucracy including ability source Power human, because that as bureaucracy demanded exists apparatus that is capable that is source Power working man with efficient, effective and productive (21). Ability is existing potential in self somebody for do so that possible somebody for can do drafting budget. Ability drafting the budget is basically very influential to quality or weight results budget to be achieved. This can understandable because in ability there is various potency skills, skills and the other potential that supports that is reflected in condition physical and psychological. Ability drafting budget matters a lot realization received budget. Success and skill implementation work in something Organizations depend heavily on performance his employees. So that ability drafting budget is matter important for an officer health for can finish budget with ok (31).

# **CONSLUSIONS**

Importance strengthen ability drafting budget health through influencing factors, such as training and working time to use increase transparency and service given health to public For increase realization quality health society.

#### References

- 1) World Health Organization. Helath Buget, 27 Sept 2022 [Internet]. 2020. Available From: https://www.who.int/health-topics/health-budget#tab=tab\_1
- 2) Guest JF, Fuller GW, Vowden P. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
- 3) HAM, Christopher. *Health policy in Britain: The politics and organization of the National Health Service.* Routledge, 2020.
- 4) Mutiarin, D., Khaerah, N., & Khozin, M. Making Gender Responsive Budgeting Works in Makassar City: A Study on Makassar Health Department. In *International Conference on Public Organization (ICONPO)*. 2019.
- 5) Probst, J., Eberth, J. M., & Crouch, E Structural urbanism contributes to poorer health outcomes for rural America. *Health Affairs*, 2019. *38*(12), 1976-1984.
- 6) Song, Z., Ji, Y., Safran, D. G., & Chernew, M. E. Health care spending, utilization, and quality 8 years into global payment. *New England Journal of Medicine*. 2019. *381*(3), 252-263.
- 7) Malakoane, B., Heunis, J. C., Chikobvu, P., Kigozi, N. G., & Kruger, W. H. Public health system challenges in the Free State, South Africa: A situation appraisal to inform health system strengthening. *BMC Health Services Research*, 2020. *20*, 1-14.

- 8) Turner, H. C., Archer, R. A., Downey, L. E., Isaranuwatchai, W., Chalkidou, K., Jit, M., & Teerawattananon, Y. An introduction to the main types of economic evaluations used for informing priority setting and resource allocation in healthcare: key features, uses, and limitations. *Frontiers in public health*, 2021. *9*, 722927.
- 9) De La Perrelle, L., Radisic, G., Cations, M., Kaambwa, B., Barbery, G., & Laver, K. (2020). Costs and economic evaluations of quality improvement collaboratives in healthcare: a systematic review. *BMC health services research*, 2020. *20*, 1-10.
- 10) Khan, B. A., Cheng, L., Khan, A. A., & Ahmed, H. Healthcare waste management in Asian developing countries: A mini review. *Waste management & research*, 2019. *37*(9), 863-875.
- 11) Fadli, M. The Role of the Regional Development Planning Agency (BAPPEDA) in the Participative Development Planning Process. *Meraja journal*, 2020. *3*(2), 149-161.
- 12) Polit, D., & Beck, C. Essentials of nursing research: Appraising evidence for nursing practice. Lippincott Williams & Wilkins. 2020
- 13) Braendle, T., & Colombier, C Budgetary targets as cost-containment measure in the Swiss healthcare system? Lessons from abroad. *Health Policy*, 2020.124(6), 605-614.
- 14) Anderson, D. M., Cronk, R., Best, L., Radin, M., Schram, H., Tracy, J. W., & Bartram, J. Budgeting for environmental health services in healthcare facilities: a ten-step model for planning and costing. *International journal of environmental research and public health*, 2020. 17(6), 2075.
- 15) Sánchez-Polo, M. T., Cegarra-Navarro, J. G., Cillo, V., & Wensley, A. Overcoming knowledge barriers to health care through continuous learning. *Journal of Knowledge Management*, 2019. 23(3), 508-526.
- 16) Fahim, S. M., Bhuayan, T. A., Hassan, M. Z., Abid Zafr, A. H., Begum, F., Rahman, M. M., & Alam, S. Financing health care in B angladesh: P olicy responses and challenges towards achieving universal health coverage. *The International journal of health planning and management*, 2019. 34(1), e11-e20.
- 17) Hanson, K., Brikci, N., Erlangga, D., Alebachew, A., De Allegri, M., Balabanova, D., ... & Wurie, H. The Lancet Global Health Commission on financing primary health care: putting people at the centre. *The Lancet Global Health*, 2022. *10*(5), e715-e772.
- 18) Bogaert, K., Castrucci, B. C., Gould, E., Rider, N., Whang, C., & Corcoran, E. Research full report: top training needs of the governmental public health workforce. *Journal of Public Health Management and Practice*, 2019. *25*(2 Suppl), S134.
- 19) Oktaviani, T. A. N. N. S., & Kuntadi, C. Leadership Styles, Communications, and Resources Affecting The Development of E-Budgeting In The Public Sector. *Dinasti International Journal of Education Management And Social Science*, 2022. *4*(1), 25-38.
- 20) Damayanti, M., & Handiyani, H. (2021). Low compliance, limited facilities, and insufficient budget funds become obstacles in the implementation of infection and prevention control programs: A phenomenology study. *Enfermería Clínica*, 31, S45-S49.
- 21) Tsofa, B., Musotsi, P., Kagwanja, N., Waithaka, D., Molyneux, S., Barasa, E., ... & Chuma, J. Examining health sector application and utility of program-based budgeting: county level experiences in Kenya. *The International Journal of Health Planning and Management*, 2021. 36(5), 1521-1532
- 22) Yang, X., Li, N., Mu, H., Ahmad, M., & Meng, X. Population aging, renewable energy budgets and environmental sustainability: does health expenditures matter?. *Gondwana Research*, 2022. *106*, 303-314.
- 23) Anderson, D. M., Cronk, R., Best, L., Radin, M., Schram, H., Tracy, J. W., & Bartram, J. Budgeting for environmental health services in healthcare facilities: a ten-step model for planning and costing. *International journal of environmental research and public health*, 2020. *17*(6), 2075.
- 24) Vesty, G., Kokshagina, O., Jansson, M., Cheong, F., & Butler-Henderson, K. Accounting, valuing and investing in health care: dealing with outdated accounting models. *Meditari Accountancy Research*, 2023. 31(1), 52-77.

- 25) De La Perrelle, L., Radisic, G., Cations, M., Kaambwa, B., Barbery, G., & Laver, K. Costs and economic evaluations of quality improvement collaboratives in healthcare: a systematic review. *BMC health services research*, 2020. *20*, 1-10.
- 26) Lusardi, A. Financial literacy and the need for financial education: evidence and implications. Swiss Journal of Economics and Statistics, 2019. 155(1), 1-8.
- 27) Bogaert, K., Castrucci, B. C., Gould, E., Rider, N., Whang, C., & Corcoran, E. Research full report: top training needs of the governmental public health workforce. *Journal of Public Health Management and Practice*, 2019. *25*(2 Suppl), S134.
- 28) Apriliani, A. P., & Khoirunurrofik, K. The impact of special allocation fund (DAK) for health on achievements of health development performance in Indonesia. 2020. *Economies*, 8(3), 72.
- 29) Atuilik, W. A., Peregrino-Brimah, R. A., Salia, H., & Adafula, B. Budgeting and budgetary control in the Ghana health service. 2019
- 30) Rahman, A., Ibrahim, E., & Arifin, M. A. Implementation of public health center accreditation policy in improving the quality of health service in mamuju regency. *Enfermeria Clinica*, 2020. *30*, 253-256.
- 31) Paarima, Y., Kwashie, A. A., & Ofei, A. M. A. Financial management skills of nurse managers in the Eastern Region of Ghana. *International Journal of Africa Nursing Sciences*, 2021. *14*, 100269.