Determination Leadership, Compensation, Organizational Culture on Health Madani through Performance of Public Hospital in Batam

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Abstract--- The Vision of Batam is "The Realization of The City of Batam as a Modern World Level Bandar Madani and becomes a Locomotive of the National Economic Growth," which is must be based on health. The hospital as the spearhead of the leading health care services, there are two kinds of the hospital in Batam, Public and Private Hospital. The orientation performance of hospitals is undoubtedly influenced by the spirit and variable determiner of the hospital's performance, so this study aims to: "Determination of Leadership, Compensation, Organizational Culture on Health Madani through Performance of Public Hospitals in Batam". The study population was all over the State Civil Apparatus in a public hospital, using the formula of Slovin as the sample are 185 respondents. Data were analyzed using Structural Equation Model (SEM). The research proves that Leadership, Compensation, Organizational Cultural on Health of Madani through the Performance of a Public Hospital has significant Effect, except leadership on performance and compensation on health Madani. Pursuant to the result of this study is suggested that management of the hospital in order to have a spirit of service, so that health of Madani or Civil Society which is "Healthy, Self-reliant and Equitable People" can be reached.

Keywords--- Leadership, Compensation, Organizational Culture, Performance, Health of Madani.

I. Introduction

As the vision of Batam is "The Realization of The City of Batam as a Modern World Level Bandar Madani and become a Locomotive of the National Economic Growth," which is must be based on health. Health of Madani or Civil Society is "Healthy, Self-reliant and Equitable People." At the worldwide level and in certain nations, working with common society has become a built up system of wellbeing administration and administration for wellbeing. An entire of-society approach goes past organizations; it impacts and activates neighborhood and worldwide culture and media, rustic and urban networks and all applicable strategy areas, for example, the instruction framework, the vehicle segment, the earth, and even urban plan, as showed on account of stoutness and the worldwide nourishment framework. The entire of society approaches is a type of community oriented administration that can supplement open strategy. They stress coordination through standardizing esteems and trust-working among a wide assortment of on-screen characters. By connecting with the private division, common society, networks, and people, the entire of-society approach can fortify the versatility of networks to withstand dangers to their wellbeing, security, and prosperity (Buchan, Thompson, and O'May, 2000).

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Human services associations, specifically emergency clinics, have continuously embraced models of

administration option in contrast to the conventional expert organization, which are affected by the administrative

philosophy. In the open segment, these progressions have connoted corporatization of emergency clinics towards a

professional structure, in the intend to expand the autonomy of basic leadership. This move has inferred the

presentation of critical auxiliary changes in the Executive Officer (CEO) job and the arrangement of sheets of chiefs.

Following the essential basic suspicion in corporate administration that better administration components lead to

more noteworthy proficiency and adequacy of associations, the appropriation of these systematic administration

courses of action has been viewed as significant for execution upgrades in private (benefit and non-benefit) and open

emergency clinics (Sarto and Veronesi, Clinical Leadership and Hospital Performance: Assessing The Evidence

Base, 2016).

Private part social insurance conveyance in low-and center pay nations is some of the time contended to be

increasingly productive, responsible, and feasible than open segment conveyance. Then again, the open area is

regularly viewed as giving progressively fair and proof based consideration. The examination played out a deliberate

survey of research considers exploring the presentation of an open medical clinic.

The hospital as the spearhead of the leading health care services, whereas there are two kinds of the hospital in

Batam, Public and Private Hospital. Actually, there are two public hospitals in the city of Batam, Embung Fatimah

Regional Public Hospital and Batam Authority Hospital. All over the State Civil Apparatus in Embung Fatimah

Regional Public Hospital and Batam Authority Hospital are 346 people. As a healthcare organization, the

performance of the public hospital in Batam, have progressively adopted models of governance alternative to the

traditional professional bureaucracy, which are influenced by the managerial ideology: leadership, compensation,

and organizational culture as predictors on health Madani. This study aims to: "Determination Leadership,

Compensation, Organizational Culture on Health of Madani through Performance of Public Hospitals in Batam."

1.1 The Scope of The Problem

Many exogenous variables can be used as a variable predictor of performance, such as motivation, competence,

work environment, communication, movement, effort, time and exhaustion, technology, power, tradition, security,

and much more exogenous variable used as predictors. However, because of the base of the problem on health

Madani or civil society in healthcare orientation are linked with the variable leadership, compensation, and

organizational culture to be studied, besides time limitations. Variables proposed for the research are needed to

overcome the conflicts of performance in a public hospital, so that was found to solve the problems that occurred in

Batam Public Hospital.

1.2 Research Question

How are Leadership, Compensation, Organizational Culture on Health Madani through Performance of Public

Hospitals in Batam?

1.3 Purpose of Research

This study aims to:

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1. Determine of Leadership on Performance of Public Hospitals in Batam.

2. Determine of Compensation on Performance of Public Hospitals in Batam.

3. Determine of Organizational Culture on Performance of Public Hospitals in Batam.

4. Determine of Leadership on Health of Madani in Batam.

5. Determine of Compensation on Health of Madani in Batam.

6. Determine of Organizational Cultural on Health of Madani in Batam.

7. Analyzing Leadership on Health of Madani through the Performance of a Public Hospital in Batam.

8. Analyzing Compensation on Health of Madani through the Performance of a Public Hospital in Batam.

9. Analyzing Organizational Cultural on Health of Madani through the Performance of a Public Hospital in

Batam.

10. Determine of Performance of a Public Hospital on Health Madani in Batam.

II. LITERATURE REVIEW (HEADING 1)

2.1 Leadership on Performance

Research directed on this subject has proposed that more noteworthy clinician interest at the key basic leadership level conceivably has a wide scope of advantages for emergency clinics. All the more explicitly, the current research has investigated the ramifications of clinical administration for the administration of budgetary and operational

assets, the nature of care gave, and emergency clinic social execution, which has significant ramifications for arrangement and practice. In a general sense, clinical administration has been found to upgrade the productivity and

adequacy of emergency clinics, alongside a few presentation pointers (Sarto and Veronesi, Clinical Leadership and

Hospital Performance: Assessing The Evidence Base, 2016). Comparable outcomes are accounted for in an

investigation by De Andrade Costa (De Andrade, 2014), likewise centered around the private emergency clinic part.

The proof features how expanded therapeutic enrollment of sheets emphatically identifies with more significant

levels of uncompensated consideration arrangement, in this way improving the advantages for the network. The moral convictions and expert standards of specialists improve the Probability of serving the wellbeing of patients

even without money related advantages. Considering all the above mentioned, it very well may be reasoned that

clinical inclusion in top administration positions presses the administering board to improve the arrangement of

uncompensated consideration and, as an outcome, helps by and large medical clinic social execution.

The center character characteristics related with authority viability, including (Yukl, 2013): High vitality level and stress resilience, Self-certainty, Internal locus of control, Emotional development, Personal uprightness, Socialized force inspiration, Achievement direction, Low requirements for alliance make (West, Armit, Loewenthal, Eckert, West, and Lee, 2015). All in all, the proof proposes the estimation of transformational and true

administration as an indicator of value results in human services settings.

Based on many articles, it is proven that public hospitals led by the Directors can be concluded from the

performance (non-financial) dimension shown performance proxy, as follows:

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1) Community benefit: uncompensated care cost, net education expense, net research expense, scaled by hospital gross patient revenues (Bai, 2013), uncompensated care (De Andrade, 2014).

- Quality of care rating: process of care quality rating (Bai, 2013), 20 measures covering hearth attack, heart failure, pneumonia, and surgical infection (Jiang, Lockee, Bass, I., & Board, 2009), complication index, patient safety index, core measure score, readmission rate, length of stay, case-mix and wage-adjusted inpatient expense per adjusted discharge (LD. & Size, 2006), compliance with core standards in the area of health and well-being, clinical effectiveness, safety and patient focus, easy and equity of access (Veronesi, Kirkpatrick, & Altanlar, Clinical Leadership and the Changing Governance of Public Hospitals: Implications for Patient Experience, 2015).
- 3) Operational efficiency: occupancy rate, market share (Goldstein & Ward, 2004).
- 4) Reputation with the specialist survey (Goodall, 2011).
- 5) Index of Hospital Quality in the area of Hospital Structure: availability of resources (Goodall, 2011).
- 6) Quality of Care Outcomes: mortality rate, patient safety index (Goodall, 2011), the mortality rate in the area of heart attack, heart failure, pneumonia (Jiang, Lockee, Bass, I., & Board, 2009), appropriateness (Sarto F., Veronesi, Kirkpatrick, & Cuccurullo, 2014).
- 7) Process: reputation score based on the survey (Goodall, 2011).
- 8) Profitability: operating margin.
- Financial and Operational efficiency: expenses-to-beds ratio (Sarto F., Veronesi, Kirkpatrick, & Cuccurullo, 2014), the coefficient of total operating expenses divided by adjusted hospital admissions (Succi & J., 1999).
- 10) Financial resources management: quality of the financial resources management rating (Veronesi, Kirkpatrick, & Vallascas, 2013, 2013).
- 11) The efficiency of care: length of stay (Sarto F., Veronesi, Kirkpatrick, & Cuccurullo, 2014)
- 12) Patient satisfaction rate: labor access, coordination, information, relationships and comfort (G., Kirkpatrick, & Vallascas, 2014)

2.2 Compensation on Performance

Examinations of the effect of pay are covered with a scope of terms, for example, reward, pay, compensation, motivating forces, and execution pay. The prize is generally observed as the all-out salary of an individual and may involve a scope of discrete installments decided by various principles. For instance, the absolute compensation of therapeutic staff may contain a capitation expense and a charge for administrations, or it might incorporate a pay and shared money related hazard. A compensation procedure, in this way, is the specific design or packaging of installments that go to make up a person's absolute salary. A motivating force alludes to a particular type of installment that is expected to accomplish some specific change in conduct. Allure arrives in an assortment of ways and can be either money related or non-financial. Instances of monetary motivators are extra installments for accomplishing an objective, or an expansion in spending levels. Non-money related motivating forces could

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incorporate examination leave or improved recreation time. While kinds of money related pay: (1) Pay, (2) Other

direct monetary advantages: annuities, ailment/wellbeing/mishap/disaster protection, attire/settlement stipend, travel

recompense, kid care remittance, (3) Indirect budgetary advantages: financed suppers/dress/convenience, sponsored

transport, youngster care appropriation arrangement. In the meantime, sorts of non-financial remuneration:

occasion/excursion, adaptable working hours, access to/support for preparing and instruction, vacation/study leave,

arranged vocation breaks, proficient wellbeing advising, and recreational offices (Buchan, Thompson, and O'May,

2000).

The individual-yield framework will in general connection pay to quantifiable proportions of the worker's

presentation (i.e., a commission framework dependent on the business accomplish, or piecework on the quantity of

units delivered against standard execution measures). Just execution related compensation has been remembered for

this class since certain plans are target or yield driven. It is recognized from merit pay, the primary type of

individual-input ventures, since this will in general spotlight all the more intensely on social qualities, for example,

adaptability, critical thinking, and time-keeping, which laborers and workers will in general carry with them to the

activity (Buchan, Thompson, and O'May, 2000).

The decisions of pay procedure along two fundamental measurements: individual and aggregate, info, and yield.

The main measurement identifies with the focal point of the motivator, i.e., is it planned for animating changes in an

individual representative's conduct, or is it equipped at workgroup or association wide changes in execution. The

aggregate measurement should be tended to at two levels since some compensation plans are structured around

association wide measures and others around workgroups and groups.

2.3 Organizational Culture on Performance

The major changes required to react to the difficulties, that administrative frameworks, expanding rivalry, and

setting targets are short switches for confronting the difficulties (Ham and Tremblay, 1998). In the interim, the way

of life change inside associations is fundamental to wellbeing administrations that must adjust to have the option to

convey constantly improving, high caliber, and sympathetic consideration.

To react to present and future difficulties, hierarchical societies in human services must be sustained in parallel

with changes in frameworks, procedures, and structures. The basic effect on learning is the initiative of an

association, as the subject of this audit. Be that as it may, to comprehend the direction required in human services, it

is basic to portray the way of life that normal the administration to make (West, Armit, Loewenthal, Eckert, West,

and Lee, 2015).

Execution pointers are a component for estimating the nature of social insurance to encourage both quality

improvement and frameworks the executives. For over two decades, controllers, policymakers, analysts, and

clinicians have attempted to improve the nature of medicinal services by structuring and applying markers of

execution. There are national and worldwide motivations for rating the presentation of wellbeing frameworks. The

World Health Organization (WHO) and others have endeavored to rank wellbeing frameworks for the bits of

knowledge picked up from worldwide correlations, while customers have an enthusiasm for choosing the best

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supplier for treatment for their specific condition and realizing that their assessments are being spent carefully. To

satisfy these different needs, execution markers and execution structures are ordinarily intended to routinely screen

parts of medicinal services execution, for example, viability, productivity, security, and quality. Marker sets

regularly contain a mix of structure, procedure, and result appraisals (Braithwaite, et al., 2017).

2.4 Leadership, Compensation and Organizational Cultural on Health of Madani through the Performance of

Public and Private Hospital

The exhibition of private and open area conveyance composed into six World Health Organization wellbeing

framework subjects: openness and responsiveness; quality; results; responsibility, straightforwardness, and

guideline; reasonableness and value; and productivity. Suppliers of wellbeing administrations in the private area had

progressively brilliant revealed practicality and neighborliness to patients. Open division administrations

experienced progressively restricted accessibility of hardware, drugs, and prepared human services laborers.

"Focused elements" for financing showed up between the two areas, with the end goal that assets and work force

were diverted to private part improvement, trailed by decreases in open division administration spending plans and

staff (Basu, Andrews, KIshore, Panjabi, and Stuckler, 2012).

Moreover, the executives of the medical clinic to have a soul of administration as medicinal services doesn't just

implanted situated benefit; the administration additionally recommended sponsored financing to emergency clinics,

with the goal that soundness of Madani which is "Solid, Self-dependent and Equitable People" can be come to.

As a medicinal services association, open emergency clinics, in numerous nations are auditing current

compensation frameworks or executing new methodologies for the compensation of social insurance laborers (Hicks

and Adams, 2000).

For this reasons are: As an immediate consequence of the upgrade given by wellbeing part changes to improve

cost-viability; As a component in building up a methodical way to deal with execution the board at the authoritative

or national level; As an instrument for improving the enrollment, maintenance, or geographic circulation of social

insurance laborers; As a strategy for animating expanded profitability and additionally quality enhancements at the

degree of the individual or the association; As a component in the way to deal with change the administration in an

association; As a system for expanding the "adaptability" of the workforce, regarding working examples, working

hours or potentially work conduct; To encourage the mix of wellbeing laborers into multidisciplinary groups and

energize group working; To help wellbeing laborers to constantly refresh their abilities, and secure new capabilities

("long lasting learning").

Besides, the purpose behind executing pay, compensation and motivating force methodologies can be closed:

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cost-regulation (wellbeing segment change), execution the board, staff enlistment/maintenance/geographic

dissemination, profitability/quality improvement, rebuilding/culture change, workforce "adaptability", group

working, and long lasting learning (Buchan, Thompson, and O'May, 2000).

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2.10 Conceptual Framework

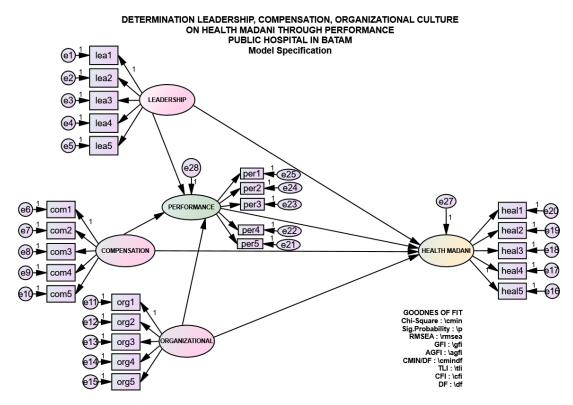


Figure 1: Research Model of Leadership, Compensation, and Organizational Culture on Health Madani through Performance as Variables

Causality Model

2.11 Hypothesis

The connections between factors that should be tried for truth or speculative (transitory) proclamation, which is presumptions on what the specialists saw in the push to get it. A theory must exhibit an unmistakable structure so natural to decide the variable sort and bearing of the connection between factors from, regardless of whether positive or negative. From the definition of the issue saw with the hypotheses set forward so it very well may be caused an applied model of research to can be figured as pursues:

- 1. Leadership is determined by the performance of Public Hospital in Batam
- 2. Compensation is determined by the performance of Public Hospital in Batam
- 3. Organizational culture is defined as the performance of Public Hospital in Batam
- 4. Leadership is a predictor directly for the health of Madani
- 5. Compensation is a predictor directly for the health of Madani
- 6. Organizational culture is a predictor directly for the health of Madani
- 7. Leadership is a predictor for the health of Madani through the Performance of Public Hospitals
- 8. Compensation is a predictor for the health of Madani through the Performance of Public Hospitals
- 9. Organizational culture is a predictor for the health of Madani through the Performance of Public Hospitals
- 10. Performance of Public Hospitals is a predictor directly on Health Madani

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III.METHODOLOGY

3.1 Population

The population is a collection of the whole object to be measured in the research (Cooper and Schindler, 2003:

179). The total population in this study is all over the State Civil Apparatus in Embung Fatimah Regional Public

Hospital, and Batam Authority Hospital is a totally of 346 people.

3.2 Sample

Sample, according to (Sugiyono, 2014), is part of the number and features possessed by this population. In this

research, the sample size adapted to the analysis; the model used is the Structural Equation Model (SEM). In this

regard, the sample size for SEM using the models estimates the maximum likelihood estimation (MLE) is 100-200

samples (Swe, M.K., 2013: 13), or as much as 5-10 times the number of parameters to be estimated. The number of

respondents Researchers took a sampling technique that focuses on the purposive sampling technique. Purposive

sampling is a sampling technique with a particular consideration, how to calculate the sample using Slovin's

formula as below:

 $n = \frac{N}{1 + Ne^2}$

Where:

n= sample size

N= population size

e= margin of error

The determination of the members of the sample is done by using a purposive sampling technique. Base on the

calculation results of Slovin's formula with limit error 5%, so the samples were at 185.22, which is rounded to 185.

Thus, the example used in the study is a total of 185 respondents.

3.3 Validity and Reliability

The research method used a survey method with Path Analysis to study the causal relationships between

variables, both the influence of direct, indirect, and total control. Before the use of data collection, instruments

trials conducted with the instrument test the validity and reliability coefficient calculation. Tests performed on 20

respondents, and then respondent who has been used for the analysis is no longer used for data collection research

respondents. This study used five items Likert scale models, the test of validity using the product-moment

correlation while calculating the reliability coefficient of the instrument by using Cronbach's alpha. Data analyzed

by descriptive statistics technique for the percentage of research data. The inferential expressive by using path

analysis techniques, and checking the path coefficient of direct Effect, and indirectly, as well as the total impact for

analysis hypotheses. The data were analyzed using Structural Equation Model (SEM). The software used for the

structural analysis is AMOS version 23.0 of Arbuckle, and for a descriptive study were analyzed using manual SPSS

version 23.

Criteria for validity testing is to compare recount with table, at a significant level of 95% or $\alpha = 5\%$. According

to Creswell, J.W. (Creswell, 2009), the item in question is valid if the issues have R count > R standard = 0:30.

In this case, that meant hitting for everything in question is the product-moment correlation coefficient between the

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scores of each item with the total count of all elements are denoted by Corrected item-total Correlation on the calculation results of SPSS for each issue the question of a variable.

Meanwhile, to test the reliability of a list of questions from a research variable used Cronbach's Alpha coefficient. The amount of Cronbach's Alpha coefficient indicates the level of security of the issue in this list. According to George Ursachi (Ursachi, Zait, & Horodnic, 2013), a variable construct is said to be reliable if it has a Cronbach's value> than 0.60.

3.4 Normality Test

Testing normality did use the Kolmogorov-Smirnov test calculations. Guidelines for decision-making by the Kolmogorov-Smirnov test on these data approaches or normal distribution can be seen from the value Asymp. Sig. (2-tailed), i. e., when Asymp Sig. (2-tailed) >0.05, the distribution of data is normal. Meanwhile, value Asymp. Sig. (2-tailed) <0.05 the dissemination of information is not regular.

IV. RESULTS AND FINDINGS

4.1 Effect Analysis by SEM

Data score of respondents answers to any further processed with statistical indicators Full Model Structural Equation Modeling (SEM) using AMOS software for Windows version 23.0.

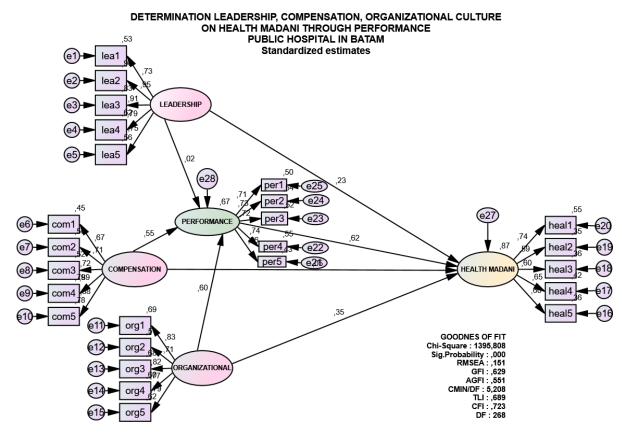


Figure 2: Standardized Regression Weight (λi) Indicators of Leadership, Compensation, Organizational Culture, Performance of Public Hospitals and Health Madani

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From the two tables below (Table 1 and Table 2) it can be seen that all indicators have *standardized estimate* latent variables (*regression weight*) in the form *of loading factor* or lambda (λ i) >0.50, the critical value C.R.>2.000 and has a probability of less than 0.05 (***). Thus it can be said that all indicators of the latent variable are valid significant, except leadership on performance and compensation on health Madani has a probability of more than 0.05.

Table 1: Standardized Regression Weight

			Estimate
PERF	<	ORGA	.601
PERF	<	COMP	.552
PERF	<	LEAD	.020
HEAL	<	PERF	.620
HEAL	<	ORGA	.349
HEAL	<	LEAD	.233
HEAL	<	COMP	.055

Table 2: Regression Weights

			Estimate	S.E.	C.R.	P
PERF	<	ORGA	.382	.053	7.194	***
PERF	<	COMP	.486	.077	6.272	***
PERF	<	LEAD	.014	.041	.339	.735
HEAL	<	PERF	.533	.127	4.191	***
HEAL	<	ORGA	.191	.057	3.367	***
HEAL	<	LEAD	.141	.037	3.839	***
HEAL	<	COMP	.041	.069	.604	.546

As shown in Table 3, it can be seen that squared multiple correlations of performance 0.667. It means that the determination of leadership, compensation, and organizational culture as indicators on performance are 66.7% quietly high if compared with the other variables are 33.3% apart from this research variable. Meanwhile, that squared multiple correlations of health Madani 0.867. It means that the determination of leadership, compensation, and organizational culture as indicators on performance are 86.7% quietly high if compared with the other variables are 13.3% apart from this research variable.

Table 3: Squared Multiple Correlations

	Estimate		
PERF	.667		
HEAL	.867		

4.3 Analysis of Goodness of Fit

Base on Evaluation Criteria Goodness of Fit with software AMOS for windows version 23.0, as shown in the Figure above, Chi-square (χ^2), RMSEA, GFI, AGFI, TLI, and CFI. The cut of value is performed, referring to each model the following table.

Table 4: Analysis of Goodness of Fit

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The goodness of Fit Index	Cut-of Value	Results Model	Information
Chi-square (χ^2)	expected to be small	1395.808	Good
Probability	> 0.05	0.000	Less good
RMSEA	≤ 0.08	0.151	Less good
GFI	≥ 0.90	0.629	Less good
AGFI	≥ 0.90	0.551	Less good
TLI	≥ 0.95	$0.689^{+)}$	Marginal
CFI	> 0.95	0.723+)	Marginal

+) Marginal

According to the *cut-of-value* dan *Goodness of Fit Index (GFI)*, as the table 4 can be seen that test results related to the difference between the sample with a small population and significant are where the Chi-square of 1395.808 with a significant probability of 0.000 at the degree of error 5%. As a result of RMSEA is 0.151 > 0.08, which is less good value. The suitability related to GFI for the expected 0.629 < 0.90, which means less good.

While the suitability related to AGFI value of 0.551, which is expected >0.90, so that categorizing still quite good in because of the figure close or marginal value. Then to suitable associated with TLI value of 0.689 that is expected ≥ 0.95 is pretty good or marginal value. Of the several feasibility test models, a research model is said to be feasible if at least one of the model's feasibility test methods is met (Hair et al., 1998). In an empirical study, a researcher is not required to meet all the criteria of goodness of fit that depend on the assessment of each researcher.

V. CONCLUSION

5.1 Conclusion

Base on the results of path coefficient calculation, the final result can be described as shown in the following models below:

- 1) Leadership is not significant as a determinant of the performance of the public hospital in Batam.
- 2) Compensation is significant as a determinant of the performance of the public hospital in Batam.
- 3) Organizational culture is significant as a determinant of the performance of the public hospital in Batam.
- 4) Leadership is significant as a determinant of health Madani in Batam.
- 5) Compensation is not significant as a determinant of health Madani in Batam.
- 6) Organizational culture is significant as a determinant of health Madani in Batam.
- Leadership is a predictor that significantly affects the health of Madani through the Performance of Public Hospitals in Batam.
- 8) Compensation is a predictor that substantially affects the health of Madani through the Performance of Public Hospitals in Batam.
- 9) Organizational culture is a predictor that significantly affects the health of Madani through the Performance of Public Hospitals in Batam.
- 10) Performance significantly affects the health of Madani in Batam.

5.2 Suggestion

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1) The results of this study can at least encourage and provokes subsequent research in the field of human resources, especially about leadership, compensation, organizational culture, and performance of health Madani.

- 2) Furthermore, most of the investigations needed base on in depth-qualitative approach, perhaps by observing hospital board meetings or by interviewing or surveying senior hospital leaders.
- 3) Leaders and civil servants of state hospitals need to integrate the bureaucratic-based employee organizational culture with those who formulate and decide public policy based on politics so that the indicators of Organizational Culture and public health that have a positive but not significant effect can be positive and significant.
- 4) The compensation and organizational culture on health Madani through the performance of hospitals significantly effect. For this reason, the KARS Accreditation system needs to be improved by increasing the indicator of assessment.

REFERENCES

- [1] Bai, G. (2013). How Do Board Size and Occupational Background of Directors Influence Social Performance in For-profit and Non-profit Organizations? Evidence from California Hospitals. J Bus Ethnic,
- Basu, S., Andrews, J., KIshore, S., Panjabi, R., & Stuckler, D. (2012). Comparative Performance of Private [2] and Public Healthcare System in Low- and Middle-Income Countries: A Systematic Review. Open Journal of PLoS Medicine, 9, 6.
- [3] Braithwaite, J., Hibbert, P., Blakely, B., Plumb, J., Hannaford, N., Cameron, J., et al. (2017). Health System Framework and Performance Indicators in Eight Countries: A Comparative International Analysis. SAGE Open Medicine, 5, 1-10.
- [4] Buchan, J., Thompson, M., & O'May, F. (2000). Health Workforce Incentive and Remuneration. Geneva: © World Health Organization.
- [5] Creswell, J. (2009). Research Design Pendekatan Penelitian Kualitatif, Kuantitatif, dan Mixed. (A. Fawaid, Trans.) Yogyakarta: Pustaka Pelajar.
- [6] De Andrade, C. (2014). The Effect of Physician Board Membership on Uncompensated Care Provision. Appl Econ, 2, 290-300.
- G., V., Kirkpatrick, I., & Vallascas, F. (2014). Does Clinical Management Improve Efficiency? Evidence [7] from the English National Health Service. Public Money, Manag., 35-41.
- [8] Goldstein, S., & Ward, P. (2004). Performance Effects of Physician's Involvement in Hospital Strategic Decisions. J Serv. Res., 26(3), 61-72.
- [9] Goodall, A. (2011). Physician-Leaders and Hospital Performance: Is There an Association? Soc. Sci. Med.,
- [10] Ham, C., & Tremblay, M. (1998). Future Health Care Options. London: Institute of Health Services Management.
- Jiang, H., Lockee, C., Bass, K., I., F., & Board. (2009). Oversight of Quality: Any Differences in Process of [11]Care and Mortality? Journal of Health Management, 15-30.
- Kingma, M. (1999). Can Financial Incentive Influence Medical Practice? Human Resource for Health [12] Development Journal, 121-131.
- [13] LD., P., & Size. (2006). Composition and Culture of High-Performing Hospital Boards. Am. J. Med. Qual., 4-9.
- Molinari, C., Alexande, J., Marlock, L., & CA., L. (1995). Does The Hospital Board Need a Doctor? The [14] Influence of Physician Board Participation on Hospital Financial Performance. Med. Care, 70-85.
- Prybil, L., Levey, S., Killian, R., D., B., & Roach, W. (2012). Governance in Large Nonprofit Health [15] Systems: Current Profile and Emerging Patterns. Lexington: Commonwealth Center for Governance Studies.

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- [16] Sarto, F., & Veronesi, G. (2016). Clinical Leadership and Hospital Performance: Assessing The Evidence Base. *Open Journal Access of BMC Health Services Research*, 169.
- [17] Sarto, F., Cuccurullo, C., & Aria, M. (2014). Exploring Healthcare Governance Literature: Systematic Review and Paths for Future Research. *Mecosan*, 61-80.
- [18] Sarto, F., Veronesi, G., Kirkpatrick, I., & Cuccurullo, C. (2014). Clinicians in Governance: Evidence for Hospital Performance from the Italian NHS. *In XVII ISA World Congress of Sociology Proceeding*.
- [19] Succi, M., & J., A. (1999). Physician Involvement in Management and Governance: The Moderating Effects of Staff Structure and Composition. *Health Care Manage Rev.*, 33-44.
- [20] Sugiyono. (2014). Quantitative Research Method, Qualitative and Combined (Mix Methods). Bandung: Alfabeta.
- [21] Ursachi, G., Zait, A., & Horodnic, I. (2013). How Reliable are Measurement Scales? External Factors with Indirect Influence and Reliability Estimators. *Procedia Economics and Finance*.
- [22] Veronesi, G., Kirkpatrick, I., & Altanlar, A. (2015). Clinical Leadership and the Changing Governance of Public Hospitals: Implications for Patient Experience. Public Adm. Early View, 1-18.
- [23] Veronesi, G., Kirkpatrick, I., & Vallascas, F. (2013). 2013. Soc. Sci. Med., 47-55.
- [24] West, M., Armit, K., Loewenthal, L., Eckert, R., West, T., & and Lee, A. (2015). Leadership and Leadership Development in Healthcare: The Evidence Base. London: Faculty of Medical Leadership and Management.
- [25] Yukl, S. (2013). Leadership in Organizations (8th Edition ed.). England: Pearson Education Limited.