The Affecting Factor of Implementation Program Record and Report System Helath Public Centre at Regional Sub Provine Yahukimo

Lukius Malyo [1], A.L. Rantetampang [2], Agus Zainuri [3] and Anwar Mallongi [4]

Abstract:

Introduction: helath Public centre obliged to collect transaction datagood service of service in program record and report system. The report SP2TP at health public centre of region Sub-Province Yahukimo region is inappropriate of the determine time.

Target of Research:

to knowing the affecting factor performance of implementation of program record and report system helath public centre at regional Sub Provine Yahukimo on year 2017.

Method Research: Observasional with conducted cross sectional study in october 2017 with amount of sampel counted 64 people population at 12helathpublic centre far and closest. Data approach usedquestionaire and analysed by chi square.

Result of research : Obtained by all variabel is corelation of performance program program record and report system helath public centre at regional Sub Provine Yahukimo is motivation (p-value 0,004; RP = 2,411; CI95%= 1,366 – 4,256), incentive (p-value 0,010; RP = 2,215; CI95%= 1,337 – 3,669), work load (p-value 0,001; RP = 0,353; CI95%= 0,183 – 0,681), facilities and basic facilities (p-value 0,009; RP = 2,259; CI95% (1,276 – 3,999), supervisor(p-value 0,000; RP= 2,933; CI95%= 1,727 – 4,983), ability and skill (p-value 0,002; RP= 2,631; CI95%= 1,458 – 4,748). The factor dominant is ability and skill in performance of implementation of program record and report system helath public centre at regional Sub Provine Yahukimo

Keywords: Report of SP2TP not optimal

I. INTRODUCTION

By the end of the Mellenium Develoment Goals (MDGs) agenda by the end of 2015 world leaders have been shackling on an ambitious new agenda to improve human life and protect the planet for future generations. Post-2015 development agenda known as Sustainable Develoment Goals (SDGs) proposes 12 specific goals with 169 interrelated targets. Go to the 3rd SDGs to ensure healthy living and advance the welfare of all people in all ages. SDGs are expected to address a range of issues, including three specific agenda targets for health issues (reducing child mortality, improving health and fighting against HIV / AIDS, malaria and others) and with a quality and effective health information system that will help the organization make decisions and can help to achieve the 3rd Goal of Sustainable Development Goals (SDGs) (UNIC Indonesia, 2015).

The existence of an EHR system in Australia can solve a number of problems in health, one of which is between 44,000 people from 98,000 people died every year in the United States due to medical errors, where many of the deaths associated with drug reactions are very detrimental to the patient due to lack of communication between health care workers and patients. A study in medical errors common practice in Australia is a major factor in communication problems such as not informing doctors of the results of the actions of health workers with patients (Bird, 2013). One of the information sources of management of puskesmas (SIMPUS) in NegaraIndonesia is Integrated Recording and Reporting System of Puskesmas (SP2TP). Public Health Center is an official institution under the auspices of Health Department of City. The existence of Puskesmas is very close to the level of health with the majority of the community. This happens because the Puskesmas is the youngest health service institution in reach by the community (Bastian, 2013).

The total number of puskesmas per October 2015 in Indonesia reaches 9,740 puskesmas from 3,370 inpatient clinics and 6,370 puskesmasnon inpatient spread across 34 provinces all over Indonesia (Pusdatin Kemenkes RI, 2015). The recording and reporting system of Puskesmas covers 3 things: (1) recording , reporting, and processing; (2) analysis; and (3) utilization. Recording of results of activities by implementers is recorded in the register books applicable to each program. The data is then recapitulated into the SP3 report format that has been recorded. The output of these records and reports is a valuable and valuable data and information when using appropriate and correct methods (Mangaro and Setyowati, 2014)

Through SP2TP, Puskesmas is required to collect transaction data services both UKP and SME services on a regular basis. Through variety programs that are held, they

are required to make monthly reports to the health office through LB1 format (1 monthly report) containing monthly patient data and monthly recording of illness in the reporting process has encountered many obstacles such as recording errors, multiple logging, causing uncertainty from the report (Supraba, 2013). Impacts rather than late reporting or absence of reports monthly SP2TP ie unavailability of up to date data that can is used as an accurate / relevant information for people who need to be used as reference for research, and without any recording and reporting, there is no cross-sectoral feedback from puskesmas to Kota Dinkes, City Health Office to Provincial Health Office and Provincial Health Office to the center to provide information on what system must be reevaluated to improve the quality of health services, in addition without any record and reporting, any activities or programs undertaken are not seen and documented to be information for subsequent decision making and unavailability of complete data for the future of annual report or annual profile book of puskesmas (Ferri, 2009).

Based on the results of interviews with SP2TP officers in the Dinkes Provinsi Papua, said that Yahukimo District during 2015 and 2016 get red report cards trekait with reporting responsibility already referred to one District / Kotayang SP2TP. With the reporting flow of all Kabuken Yahukimo Public Health Centers which on the 5th of the current month should report their monthly data to DHO, then the Health Office analyzes the data of the Puskesmas done by the data management officer and the information field of planning and information which then the result of the data analysis is sent to the Provincial Health Office on the 10th of the month as a feedback which later the Provincial Health Office sent to the Center on the 15th of the month on the way, only the reporting time from the Municipal Health Office to the Provincial Health Office sometimes did not match the time set.

There are some puskesmas that can not send reports on on time. Out of 34 Puskesmas in Yahukimo District, there are 28 puskesmas or 82.35% reporting SP2TP monthly report is not appropriate, although the puskesmas is quite close to the Office Office compared to 26 other Puskesmas whose reports are not timely. Based on these reasons, the authors are interested to conduct research with the title "Factors - Factors that Affect the Implementation of Recording System Program and Integrated Reporting Puskesmas in the District Health Office Yahukimo Year 2017"

II. MATERIALS AND METHODS

A. Types of Research

This study was an observational study with cross sectional study design. Cross-sectional study is a study design that studies the variables including risk factors and variables including effects observed at the same time (Notoatmodjo, 2012). The reason for the use of cross sectional because in this research use categorical with two criteria in independent variable.

B. Time and Location Research

This research was conducted at Yahukimo District Health Office at 34 Puskesmas. Data collection was conducted from July - August 2017 by collecting secondary and primary data. The reason for choosing Yahukimo Regency Health Office as a place of research is:

1. Reported SP2TP reporting delays each month.

2. No research has been conducted on factors affecting penagggungjaab performance associated with the delay in reporting of SP2TPDinas Kesehatan Yahukimo District.

C. Population and Sample

1. Population

Population is the whole object of research or object studied Sugiyono (2013). The population in this study were all officers involved in SP2TP reporting 12 Puskesmas with 6 closest public health centers (Puskesmas Dekai, Seradala, Gunung Road, Kwelamdua and Sumo) and 6 furthest puskesmas (Langda, Nalca, Sumtamin, Seradala, Ninia and Soba Puskesmas) with the number of accountability officers report as many as 64 people.

2. Sample

The sample is a portion of the population considered representative of the population, but if the population is less than 100, the population is taken as a whole (Arikunto, 2010), so the sample size in this study is 64 people.

III. RESEARCH RESULT

1. Independent and Dependent Variables

Table 1. Respondents Frequency Distribution of Respondents Responsible SP2TP in Yahukimo District Health Office

No	Variables	n	%
1	**Motivation**		
	Low	25	39,1
	High	39	60,9
2	**Insentive**		
	Not suitable	18	28,1

	Suitable	46	71,9
3	**Work load**		
	High	34	53,1
	Low	30	46,9
4	Facilities		
	Not enough	26	40,6
	Enough	38	59,4
5	**Supervision**		
	Less	20	31,3
	Good	44	68,8
6	**Competence and skill**		
	Less		
	Good	26	40,6
	Performance	38	59,4
7	Less		
	Good	28	43,8
		36	56,2
Number		64	100

Table 1 shows that most respondents have high work motivation as many as 20 people (62.5%) and incentives given as many as 23 people (71.9%). The work load is felt as low as many as 17 people (53.1%), supporting facilities and infrastructure in SP2TP program implementation is mostly adequate as many as 19 people (59,4%) and most have ability and good working skill as many as 19 people (59 , 4%). Performance of respondents in the implementation of the SP2TP program is mostly good as many as 36 people (56.2%).

1. Bivariate Analysis

a. Influence of Motivation on Performance of Program Implementation of Integrated Listing and Reporting of Puskesmas

Table 2. Influence of Motivation on the Performance of SP2TP Implementation in Yahukimo Regency Health Office

No	Motivation	Performance of SP2TP Implementation				n	%
		Less		Good			
		n	%	n	%		
1	low	17	68	8	32	25	100
2	high	11	28,2	28	71,8	39	100
Total		28	43,8	36	56,2	64	100
p-value = 0,004; RP = 2,411; CI95% (1,366 – 4,256)							

Table 2 shows that from 25 low motivation respondents from 25 people, there were 17 people (68%) with poor performance and 8 people (32%) with good performance. While 39 people are high motivation, there are 11 people (28,2%) less performance and 28 people (71,8%) good performance. The = 0,05) p-valueαresult of chi square at significance value of 95% (0,004 or p <α (0,05), thus there is influence of motivation to performance of program implementation of recording system and integrated reporting of health center in Yahukimo Regency Health Office . RP value = 2.411; CI95% (1,366 - 4,256) interpreted that low work motivation has a chance to have less performance 2,411 times higher than high motivation.

b. Influence of Incentives on Performance of Program Implementation of Integrated Recording and Reporting of Puskesmas

Table 3. Influence of Incentives on the Implementation Performance of SP2TP Program in Yahukimo Regency Health Office

No	Insentive	Performance of SP2TP Implementation				n	%
		Less		Good			
		n	%	n	%		
1	None	13	72,2	5	27,8	18	100
2	Exist	15	32,6	31	67,4	46	100
Total		28	43,8	36	56,2	64	100
p-value = 0,010; RP = 2,212; CI95% (1,337 – 3,669)							

Table 3 shows that out of 18 respondents whose incentives did not exist, there were 13 people (72.2%) of less performance and 5 people (27.8%) of good performance. While from 46 respondents who have incentive there are 15 people (32,6%) less performance and 31 people (67,4%) good performance. The =αresult of chi square statistic test at significance value of 95% (0,05) obtained p-value = 0,010 or p <α (0,05), thus there is influence of incentive to performance of program implementation of integrated recording and reporting system of Puskesmas in environment Yahukimo District Health Office. When viewed from the value of RP = 2.212; The CI95% (1,337 - 3,669) interpreted incentives did not tend to have a performance of less than 2,212 times higher than the incentives that existed in the implementation of the integrated recording and reporting system of puskesmas in Yahukimo District Health Office.

c. Effect of Workload on Performance Implementation of Integrated Recording and Reporting Program of Puskesmas

Table 4. Effect of Workload on the Implementation Performance of SP2TP Program in Yahukimo Regency Health Office

No	Work load	Performance of SP2TP Implementation				n	%
		Less		Good			
		n	%	n	%		

1	Exist	8	23,5	26	76,5	34	100
2	None	20	66,7	10	33,3	30	100
Total		28	43,8	36	56,2	64	100
p-value = 0,001; RP = 0,353; CI95% (0,183 – 0,681)							

Table 4 shows that out of 34 respondents who have workload there are 8 people (23,5%) less performance and 26 people (76,5%) good performance. Whereas from 30 respondents who have no work load, there are 20 people (66,7%) less performance and 10 people (33,2%) good performance. The =αresult of chi square statistic test at significance value 95% (0,05) obtained p-value 0,001 or p <α (0,05), thus there is influence of work load to Performance Implementation program of recording system and integrated reporting of puskesmas in environment Yahukimo District Health Office. When viewed from the value of RP = 0.353; CI95% (0.183 - 0.681) interpreted that the workload is not significant to the program performance of recording and reporting system integrated health center in Yahukimo Regency Health Office.

d. Influence of Facilities and Infrastructure on Performance of Program Implementation of Integrated Recording and Reporting of Puskesmas

Table 5. Effect of Facilities and Infrastructure on the Performance of SP2TP Implementation in Yahukimo Regency Health Office

No	Facilities	Performance of SP2TP Implementation				n	%
		Less		Good			
		n	%	n	%		
1	less	17	65,4	9	34,6	26	100
2	good	11	28,9	27	71,1	38	100
Total		28	43,8	36	56,2	64	100
p-value = 0,009; RP = 2,259; CI95% (1,276 – 3,999)							

Table 5 shows that from 26 respondents who stated that facilities and infrastructure are less, there are 17 people (65,4%) have less performance and as many as 9 people (34,6%). While from 38 respondents who stated good facilities and infrastructure, there are 11 people (28.9%) have less performance and as many as 27 people (71.1%). The =αresult of chi square statistic test at significance value 95% (0,05) obtained p-value 0,009 or p <α (0,05), thus there is influence of facility and infrastructure to performance of program implementation of recording system and integrated reporting of puskesmas environment Yahukimo Regency Health Office. When viewed from the value of RP = 2.259; CI95% (1,276 - 3,999) which interpreted that facilities and infrastructure less tended to have less performance 2,259 times bigger than with good facilities and infrastructure.

e. The Influence of Supervision on the Implementation Performance of Integrated Recording and Reporting Program of Puskesmas

Table 6. Effect of Supervision on the Implementation Performance of SP2TP Program in Yahukimo Regency Health Office

No	Supervision	Kinerja Pelaksanaan Program SP2TP				n	%
		Less		Good			
		n	%	n	%		
1	None Exist	16	80	4	20	20	100
2		12	27,3	32	72,7	44	100
Total		28	43,8	36	56,2	64	100
p-value = 0,000; RP = 2,933; CI95% (1,727 – 4,983)							

Table 6 shows that out of 20 respondents who answered the supervision did not exist, there were 16 people (80%) less performance and 4 people (20%) good performance. Whereas from 44 respondents who answered the supervision there are, there are 12 people (27.3%) less performance and 32 people (72.7%) good performance. The =αresult of chi square statistic test at significance value of 95% (0,05) obtained p-value 0,000 or p <α (0,05), thus there is influence of supervision on program performance of recording system and integrated reporting of puskesmas in Dinas Yahukimo District Health. When viewed from the value of RP = 2.933; CI95% (1,727 - 4,983) interpreted that no supervision tends to be less than 2.933 times higher performance compared to existing supervision in SP2TP program implementation compared with supervision.

f. The Influence of Ability and Skills on the Implementation Performance of Integrated Recording and Reporting Program of Puskesmas

Table 7. Influence of Ability and Skill to the Implementation of SP2TP in Yahukimo Regency Health Office

No	Competence and skill	Kinerja Pelaksanaan Program SP2TP				n	%
		Less		Good			
		n	%	n	%		
1	Less	18	69,2	8	30,8	26	100
2	Good	10	26,3	28	73,7	38	100
Total		28	43,8	36	56,2	64	100

p-value = 0,002; RP = 2,631; CI95% (1,458 – 4,748)

Table 7 shows that of 26 respondents who answered the skills and skills less, there were 18 people (69.2%) less performance and 8 people (30.8%) good performance. Whereas from 38 respondents who answered ability and good skill, there were 10 people (26,3%) less performance and 28 people (73,7%) good performance. The =αresult of chi square statistic test at significance value 95% (0,05) obtained p-value 0,002 or p <α (0,05), thus there is influence of ability and skill to performance of program implementation of recording system and integrated reporting of puskesmas environment Yahukimo Regency Health Office. When viewed from the value of RP = 2,631; CI95% (1,458 - 4,748), interpreted that the ability and skills that have less chance of having less performance 2,631 times greater than the ability and good skill.

2. Multivariate analysis

To find out which factors influenced the performance of program implementation of recording and integrated reporting system of puskesmas in Yahukimo Regency Health Office, bivariate analysis was needed and continued on multivariate test. Bivariate modeling uses p-value <0.25, where each independent variable is tested one by one against the dependent variable.

Table 8. Bivariate Analysis Between Dependent and Independent Variables

No	Variabels	*p-value*	RP	95% CI	
				Lower	Upper
1	Motivation	0,004	2,411		1,366
2	Insentive	4,256			
3	Work load	0,010	2,212		1,337
4	Facilities	3,669			
5	Supervision	0,001	0,353		0,183
6	Competence and	0,681			
	skill	0,009	2,259		1,276
		3,999			
		0,000	2,933		1,727
		4,983			
		0,002	2,631		1,458
		4,748			

Table 8. above shows that bivariate modeling on motivation variables, incentives, facilities and infrastructure, supervision and skills and work skills are included in the p-value category <0.25, so that it is entered into multivariate model using logistic binary regression test, such as in Table 4.10 below.

Table 9. Analysis of Multiple Logistic Regression Variables

No	Variabel	B	*p-value*	OR	95% C. I. for Exp (B)	
					Lower	Upper
1	Motivation	1,386	0,042	3.999	1.051	15.209
2	Supervision	1,483	0,045	4.408	1.035	18.766
3	Competence and skill	1,585	0,017	4.880	1.320	18.035
	Constant	-7,000	0,000	0,008	0,001	

Table 9, shows the motivation, supervision and ability and job skills and the most dominant is the ability and skills of work on the performance of the integrated recording and reporting system program of health centers in Yahukimo Regency Health Office in Yahukimo District Health Center.

IV. DISCUSSION

1. Influence of Motivation on Performance of Program Implementation of Integrated Listing and Reporting of Puskesmas

The result of this research shows that there is influence of motivation to the performance of program implementation of recording and integrated reporting system of health center in Yahukimo Regency Health Office (p-value 0,004), where respondent having low performance with low motivation 17 people (68%) lower than with a high motivation of 11 people (28.2%). The result of this research is in line with Sutarman's research (2006) From puskesmas to health office (Study of Semarang City) that motivation has no effect on officer delay in report submission.

The high motivation of the respondents is that there are additional points or wages that are in accordance with the job as the SP2TP program implementer (70%), motivated to make the report because they get additional points as managers (67%), using their own potential as SP2TP program implementers (63%) and safe in carrying out the work as SP2TP program implementer (63%). According to Notoatmodjo (2010), motivation is the impulse that arises in a person either consciously or unconsciously to perform certain actions to achieve certain goals; a business that can cause a person or a group of people to be moved to do something because they want to achieve a certain goal or get satisfaction from things done.

According to Hamzah (2008), motivation towards commitment to the organization as one of attitude in work oriented towards loyalty, identification and involvement. A person committed to a goal has the drive, the intensity and the perseverance to work hard. Commitment creates a desire to achieve goals and overcome problems or obstacles. This is proven statistically from the prevalence ratio value obtained RP = 2.411; CI95% (1,366 - 4,256) which interpreted that low work motivation has a chance to have performance less 3 times bigger than high motivation. The results of this study in line with research conducted Handayani (2012) that there is influence of motivation on the performance of health personnel.

The researcher concludes that the motivation is closely related to the performance of the respondents in charge of SP2TP in Yahukimo District Health Office, this is related to other factors such as facilities and infrastructure that are owned by the Puskesmas which is less than adequate, especially the distant transportation and limited electricity that has not reached by PLN, thus affecting the performance of program implementation of recording and reporting system of integrated health center in Yahukimo Regency Health Office.

2. Effect of Incentives on Performance of Program Implementation of Integrated Recording and Reporting of Puskesmas

The result of the research shows that there is incentive influence to the performance of program implementation of recording and integrated reporting system of puskesmas in Yahukimo Regency Health Office (p-value0,010), where respondents have less performance with no incentive (72,1%) and incentive 32.6%). The result of this research is in line with research conducted by Darmawan (2008) about the incentive of nurse service in RSUDDr. H. Soewondo stated that there is a relationship of giving incentive to performance. According to Heidrachman and Husnandalam Nawawi (2007) incentive pay is intended to provide different wages due to different work performance. Implementation of this incentive model to improve employee productivity. Dessler states that the basic goal of incentive rewards is to motivate a good achievement by linking achievement and reward (Dessler, 2011).

The existence of incentive relationship with performance of program

implementation of recording and integrated reporting system of puskesmas in Yahukimo Regency Health Office, is caused that in giving of incentive has been arranged in accordance with permenkes. 21 year 2016 on the provision of incentives for health workers or health workers at the Puskesmas, but still felt less, because the distance of coverage and the needs of life from the city, thus affecting performance.

3. Effect of Workload on Performance Implementation of Integrated Recording and Reporting Program of Puskesmas

The result of the research shows that there is influence of work load on the performance of program implementation of recording system and integrated reporting of puskesmas in Yahukimo Regency Health Office (p-value 0,001), where the respondents have less performance with the work load (80%) higher than the absence workload (11.8%). Respondent as the responsible or implementer of SP2TP program at Puskesmas have other positions. The person responsible for the SP2TP program is the Head of Puskesmas and administration and administration. The results of this study are in line with Sutarman (2008), that the double or multiple workloads affect the performance of employees, where the employee prefers the main tasks and main functions and then performs double duties that are not obligatory.

The workload is felt high by the respondent as the person responsible for the SP2TP program implementer because the person responsible for the SP2TP program exceeds the ability (64%), so the respondent is sometimes late to make accountability report of SP2TP program because they have to do the main task job simultaneously at the health center (68%) . This was also expressed by the respondents during break time also doing the main job (63%), so that at certain times I became very busy (64%) and unable to enjoy the work done (61%) targeted disebbakan to accomplish in the work (65%). Manuaba (2000) in Haryanti (2014), which states workload is the body's ability to accept work. From an ergonomic point of view any workload that a person receives must be well balanced and balanced both on the physical abilities, cognitive abilities and human limitations that accept the burden. A workforce has its own ability in relation to workload. They may be better suited to physical, mental or social workloads, but as equations, they are only able to carry the burden to a certain weight according to their work capacity.

Dual assignment as SP2TP program implementer in Puskesmas is not included in structural within organization but additional job which is charged by Head of Puskemas, treasurer and administration, thus affecting performance in SP2TP program implementer. but if the activity of this routine is hampered by inadequate facilities and infrastructure causes the workload to increase, so that the

workload is not significant which is influenced by the inadequate facilities and infrastructures.

4. Influence of Facilities and Infrastructure on Performance of Program Implementation of Integrated Recording and Reporting System of Puskesmas

The result of the research shows that there is influence of facilities and infrastructure to the performance of program implementation of integrated health record and reporting system of health center in Yahukimo District Health Office (p-value 0,009), where respondents who have poor performance with inadequate facilities and infrastructure (69,2%) higher compared with adequate facilities and infrastructure (26.3%). The results of this study are in line with research conducted by Putranti (2013), that there is an influence of the availability of adequate facilities and infrastructure that support the performance of officers in making accountability reports.

Moenir (2012) argues that the means are all types of equipment, work equipment and facilities that serve as the main tool or assistant in the implementation of work and also in the framework of interests that are associated with the organization of work. The definition clearly gives the direction that suggestions and infrastructure is a set of tools that are used in a process of activity whether the tool is auxiliary equipment or main equipment, both of which serve to realize the objectives to be achieved.

Inadequate facilities and infrastructure at the Public Health Centers of Yahukimo District Health Office (72%) due to inadequate facilities and infrastructure could result in the report of responsibility of SP2TP program not made even if made late, (67%) unequal facility facilities on all employees can maximize the effectiveness of task implementation and the availability of adequate facilities and infrastructure can not support the completion of work in a relatively short time (65%).

Geographical conditions as well as inadequate facilities and infrastructure such as electricity, transportation with long distances with difficult terrain and physical equipment such as computers and printers cause delayed reporting reporting reported monthly in the Yahukimo District Health Office. This is evident from the value of the prevalence ratio that inadequate facilities and infrastructure has the opportunity to have less than 2,259 times greater performance compared to adequate facilities and infrastructure. This is in accordance with the theory put forward by Gibson in Ilyas (2001) that the availability of facilities and infrastructure affect the individual performance.

5. Effect of Supervision on Performance of Program Implementation of Integrated Listing and Reporting of Puskesmas

The result of the research shows that there is influence of supervision on performance of program implementation of integrated health record and reporting system of health center in Yahukimo Regency Health Office (p-value 0,000), ie respondent having less performance with no supervision (80%) higher than supervision (27.3%). The results of this study are in line with the research Rahmawati (2012) revealed that the results of research performance of Health Officials of Bintan Regency, showed that there is a significant relationship between supervision of supervisors with the performance of health officials of Bintan Regency. The relationship between the supervision variable and the performance of the health officer of Bintan Regency showed that the relationship was moderate and patterned positively, meaning that the more often the supervisor supervised the higher the performance of the health officer of Bintan Regency.The good supervision (68.8%) is due to the large majority of respondents' answers that 84% of routine suvervisi activities are from Dinas Kesehatan or from SP2TP related supervisor, the health office / boss is willing to give guidance if you can not do it (71%) and time which is appropriate for supervision from the Health Office team of the beginning of the year related to SP2TP (71%).

Supervision is a process that refers to members of the work unit to contribute positively to organizational goals. The ability of supervisors to effectively employ personnel to achieve departmental goals is critical to the success of supervisors from external control institutions will be less sensitive in assessing subordinate performance and will evaluate more negatively than supervisors with internal controls (Ilyas, 2002). The existence of the influence of supervision with the performance at the Puskesmas because there are some SP2TP program implementers in Yahukimo District Health Office do not consult on the responsible executor SP2TP program district if there is anything less understood.

6. Influence of Ability and Skill to Performance of Program Implementation of Integrated Recording and Reporting System of Puskesmas

The result of this research shows that there is influence of ability and skill to performance of program implementation of integrated health record and reporting system of health center in Yahukimo Regency Health Office (p-value 0,002), that is respondent with less ability and skill (69,2%) higher compared with good skills and skills (26.3%). The results of research in line with

Sarworini (2013) that there is a positive relationship between employee ability variable with employee performance variable. Highly skilled workers, such as technical skills, social skills and conceptual ability will be able to do office work well, on time and produce a satisfactory performance.

Ability and skills as the responsible person of the SP2TP program from the respondent's answer that the respondent acknowledges that the last education is not in accordance with the field of work as SP2TP program implementer (47%) and unable to perform the job as manager without the help of other managers (50%). Based on reported reporting observations other than delays in reporting. This indicates that the capabilities and skills of SP2TP managers and personnel are lacking. This ability and skill can cause reporting delays that should be reported monthly.

According to Pyke in Umboro (2009), skills are translated as organizing an activity in relation to an object or situation that encompasses a whole series of sensory and motion mechanisms. A skill that is seen as a motion activity or a task will consist of a number of motion and perceptual responses gained through learning for a particular purpose. Lack of ability and skill as responsible and SP2TP program implementer from 63 respondents counted 29 people (46%) with working period as SP2TP program implementer. This indicates that the working period of the manager affects the implementer of SP2TP program in Puskesmas.

7. Dominant Factors

Multivariate test results on six independent variables, namely motivation, incentives, facilities and infrastructure, supervision and skills and job skills, the most dominant factor affecting the performance of SP2TP program implementers in the health center of Yahukimo Regency Health Office is the ability and job skills. If the high skills and skills affect the performance in completing as a responsibility as the implementation of SP2TP program, so will find ways to create or complete reports and reporting to the Health Office. Such as reports made manually then made in the form of softcopy by typing in the Health Office. It requires officers who have skills in data processing and the ability to operate the computer properly.

V. CONCLUSION

Based on the results and discussion can be summarized as follows:

1. There is influence of motivation to Performance of Program Implementation Program of Recording and Reporting of Integrated Health Center in Yahukimo Regency Health Office (p-value 0,004; RP = 2,411; CI95% = 1,366 - 4,256).
2. There is an incentive effect on Program Implementation Performance of Integrated Recording and Reporting System of Puskesmas within Yahukimo District Health Office (p-value0,010; RP = 2,215; CI95% = 1,337 - 3,669).
3. There is a non-significant workload effect on Program Implementation Performance of Integrated Recording and Reporting System of Puskesmas within Yahukimo District Health Office (p-value 0,001; RP = 0,353; CI95% = 0,183 - 0,681).
4. The effect of facilities and infrastructure on the performance of program implementation of recording and reporting system of integrated health center in Yahukimo Regency Health Office (p-value 0,009; RP = 2,259; CI95% (1,276 - 3,999).
5. There is an influence of supervision on the performance of the integrated recording and reporting system program of Puskesmas in Yahukimo District Health Office (p-value 0,000; RP = 2,933; CI95% = 1,727 - 4,983).
6. There is an effect of ability and skill on the performance of program implementation of recording and reporting system of integrated health center in Yahukimo Regency Health Office (p-value 0,002; RP = 2,631; CI95% = 1,458 - 4,748).
7. Motivation, supervision of ability and skill have dominant influence to performance of program implementation of recording and integrated reporting of health center in Yahukimo Regency Health Office in Yahukimo District Health Center.

REFERENCES

[1]. Artadi F. F (2015) *Pengaruh Kepuasan Kerja dan Beban Kerja Terhadap Kinerja Karyawan pada PT. Merapi Agung Lestari.* http://www. uney. co. id. diakses 2 Maret 2017.

[2]. ArikuntoS (2010). *Prosedur dan Pendekatan Penelitian*. Jakarta :Rineka Cipta

[3]. Azwar, A A. 2010. *Pengantar Aministrasi Kesehatan.* Edisi Ketiga. Jakarta : Bina Rupa Aksara Publisher

[4]. Bastable, Susan B (2002). *Perawat sebagai pendidik: prinsip-prinsip pengajaran dan pembelajaran*. Jakarta: EGC.

[5]. Bird,L. Goodchild,A. and Tun, Z. 2003. Experiences with a Two-Level Modelling Approach to Electronic Health Records. Journal of Research and Practice in Information Technology, Vol. 35, No. 2, May2003Australia.

[6]. Dessler, G. , (2011) *Manajemen Sumber Daya Manusia*, Jilid 1,PT. Prenhallindo, Jakarta,

[7]. Dina A, 2011. *Faktor – faktor yang berhubungan dengan kinerja bidan desa diKabupaten Bantul yogyakarta tahun 2011*.

[8]. Djuhaeni, Heni. 2007. *Asuransi dan Managed Care: Modul Program PascasarjanaKesehatan Masyarakat Universitas Padjadjaran,* Bandung.

[9]. Faridah. (2009). Tesis. *Analisis Faktor-Faktor yang Berpengaruh Terhadap Motivasi Kerja Petugas Pelaksana Manajemen Terpadu Balita Sakit (MTBS) di Puskesmas kota Surabaya*. Diakses eprints. undip. ac. id/17297/pdf tanggal 02 April 2017.

[10]. Febriyanto. 2014. Studi tentang Pelaksanaan Sistem Pencatatan dan Pelaporan Terpadu Puskesmas di wilayah kerja Puskesmas Baluase Kabupaten Sigi tahun 2014. Skripsi. Sekolah Tinggi Ilmu Kesehatan Indonesia Jaya. Palu.

[11]. Ferri, Anton. 2009. *Evaluasi pelaksanaan sistem pencatatan dan pelaporan terpadu Puskesmas di Kabupaten Karimun*. Skripsi. FKM UGM. Yogyakarta.http://etd.repository.ugm.ac.id. diakses pada tanggal 3 Maret 2017.

[12]. Gibson. J. L (2003). *Organisasi Perilaku, Struktur, Proses*. Jilid 2,Erlangga, Jakarta.

[13]. Handayani T (2012). *Faktor – Faktor Yang Berhubungan Dengan Kinerja Petugas Mtbs (Manajemen Terpadu Balita Sakit) di Puskesmas Kabupaten Kulon Progo*. http://www. fkmui. co. id.

[14]. Haryanti S (2014). *Hubungan Antara Beban Kerja Dengan Stres Kerja Perawat Di Instalasi Gawat Darurat RSUD Kabupaten Semarang*. Jurnal STIKES RS. Baptis Volume 3,Edisi 1,Juli, 2010 29.

[15]. Hasibuan Malayu S. P(2012). *Manajemen Sumber Daya Manusia (Edisi Revisi).* Jakarta : Bumi Aksara.

[16]. Hamzah, H. (2008). *Teori Motivasi dan Pengukurannya: Analisis di bidangpendidikan*. Jakarta: BT Bumi Aksara

[17]. Handoko, (2010) *Management Personalia dan Sumber Daya Manusia,* ed. Kedua, Yogyakarta: BPFE.

[18]. Hasibuan S. P (2012) Manajemen Sumber Daya Manusia, ed. Kelima, Yogyakarta: BPFE,

[19]. Ilyas, Y (2001). *Kinerja Teori, Penilaian dan Penelitian*. *Pusat Kajian Ekonorni Kesehatan Fakultas Kesehatan Masyarakat.* Jakarta:Universitas Indonesia. Jogiyanto. (2008). *Metodologi Penelitian: Sistem Informasi.* Yogyakarta: Penerbit Andi.

[20]. Kememenkes RI (2015) Panduan Umum Mengenai Sistem Pencatatan Dan Pelaporan Terpadu Puskesmas. Kemenkes RI, Jakarta.

[21]. Kinaszh, R.S.K, 2011. *Sistem Informasi Pelayanan Kesehatan Pada Pusat Kesehatan Masyarakat Purwantoro II di Kabupaten Wonogiri Jawa Tengah*. Skripsi. Sekolah Tinggi Ilmu Manajemen Informasi dan Komputer Amikom Yogyakarta. Yogyakarta. (http://repository.amikom. ac.id. diakses pada tanggal 25 Maret 2017.

[22]. Machmud (2012). *Manajemen Sumber Daya Manusia*. Edisi ke-5. Yogyakarta : YKPN.

[23]. Mangaro, H.A; Setyowati, M.(2014). *Evaluasi Penerapan Simpus untuk Pencatatandan Pelaporan Puskesmas di Puskesmas Pandanaran Semarang Tahun 2014.* Artikel Ilmiah. FKM Universitas Dian Nuswantoro.Semarang.
(http://eprints.dinus.ac.id/6687/1/jurnal_13838.pdf diakses
pada tanggal 04 Maret 2017.

[24]. Mardia. (2010). *Studi Pencatatan dan Pelaporan Kegiatan Kesehatan Ibu dan Anak (KIA) di Puskesmas Puuwatu Kota Kendari tahun 2009. Skripsi. FKM Universitas Halu Oleo*. Kendari.

[25]. Moenir, H. A. S. (2012) Manajemen Pelayanan Indonesia, Bumi Aksara, Jakarta

[26]. Mubarak I. W (2011). *Promosi Kesehatan Untuk Kebidanan*. Salemba Medika, Jakarta.

[27]. Muttaqin A (2014). *Pengaruh latar belakang pendidikan, masa kerja dan motivasi kerja terhadap kinerja pegawai pada pt. Indocitra jaya samudra negara-bali tahun 2013*. Vol: 4 No: 1 Tahun: 2014.http://www. upg. co. id.

[28]. Mutia M (2014). *Pengukuran Beban Kerja Fisiologis Dan Psikologis Pada Operator Pemetikan Teh Dan Operator Produksi Teh Hijau Di Pt Mitra Kerinci*. ISSN 2088-4842. P :503-517

[29]. Moekijat (2010) *Manajemen Sumber Daya Manusia*. Bandung: Mandar Maju

[30]. Notoatmodjo S(2010). *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta.

[31]. (2011). *Ilmu Kesehatan Masyarakat*. *Ilmu dan Seni*. Jakarta; Rineka Cipta.

[32]. (2012). *Metode Penelitian Kesehatan*. Jakarta; Rineka Cipta.

[33]. Nawawi, H (2007) *Instrumen Penelitian Bidang Sosial*. Yogyakarta: Andi Offset.

[34]. Nursalam (2011)*Manajemen keperawatan aplikasi dalam praktek keperawatan professional*. Jakarta : Salemba Medika.

[35]. Permenkes RI No. 75 Tahun 2014 tentang Puskesmas

[36]. Prayoto(2014). *Teori, Sikap & Perilaku dalam Kesehatan dilengkapi contoh kuesioner*. Nuha Medika, Yogyakarta.

[37]. Putranti K. A (2013). *Faktor-Faktor Penyebab Keterlambatan Pengiriman Laporan Kia Dari Puskesmas Ke Dinas Kesehatan Kota Surakarta*. http://www. umudsurakarat. co. id. diakses 20 April 2016.

[38]. Rahmawati P (2012) Analisis Kinerja Pegawai KantorDinas Kesehatan Kabupaten BintanProvinsi Kepulauan Riau. http://fkm. ui. co. id. diakses 2 Maret 2017.

[39]. Riyanto A. A (2009). *Penerapan Analisis Multivariat Dalam Penelitian Kesehatan*. Bandung : Niftra Medika Press.

[40]. Robbins, S, P, (2006). *Perilaku Organisasi*. Edisi kesepuluh, Jakarta: Gramedia,

[41]. Sarworini F (2013) *Hubungan Kemampuan Dan Motivasi Terhadap Kinerja Pegawai Dinas Kependudukan, Tenaga Kerja Dan Transmigrasi*

Kabupaten Karanganyar. http://www. google. co. id. diakses 2 Maret 2017.

[42]. Setiawan, Gozali M (2006). *Akuntansi Keperilakukan : Konsep dan Kajian Empiris Perilaku Akuntan. Yogyakarat :*Gadajhmada university.

[43]. Sumarto Hetifa Sj, (2003) Inovasi, Partisipasi dan Good Governance, (Bandung: Yayasan Obor Indonesia.

[44]. Supraba, A. 2013. *Analisis dan Perancangan Sistem Informasi Pendaftaran Pasien pada Puskesmas Pakem Yogyakarta*. Skripsi. Sekolah Tinggi Ilmu Manajemen Informasi dan Komputer Amikom Yogyakarta. Yogyakarta. http://repository.amikom. ac.id. diakses pada tanggal 3 Maret 2017.

[45]. Supriyadi, A. 2011. *Analisis Penerimaan Sistem Informasi Manajemen Puskesmas Elektronik (Simpustronik) dengan Pendekatan Technology Acceptance Model (TAM) pada Petugas BP (Balai Pengobatan Puskesmas di Kabupaten Situbondo*.

[46]. Skripsi. FKM Universitas Jember. Jember (http://repository.unej.ac. diakses pada tanggal 4 Maret 2017).

[47]. Suryani,N.D; Solikhah. 2013. *Sistem Pencatatan dan Pelaporan Terpadu Puskesmas (SP2TP) di Wilayah Dinas Kesehatan Kabupaten Dompu Provinsi NTB.*

[48]. Jurnal Kesmas Vol. 7 No. 1. FKM Universitas Ahmad DahlanYogyakarta. Yogyakarta. (http://id.portalgaruda.org diakses pada tanggal 03 Maret 2017)