

## Feasibility Study of Remuneration System and Employee Performance Recording Based On Digital Media in Payangan General Hospital

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### I. INTRODUCTION

Hospital management requires special attention to several aspects of management. One of them is human resource management (HR), which is a central aspect that determines the quality of care for patients. Human resources in hospitals are very complex, where there are various types of experts who must collaborate to provide comprehensive services to patients. Human resources in hospitals consist of health workers (doctors, nurses, midwives, pharmacists, laboratory analysts) while non-health human resources are also needed for managerial and administrative management (administrative staff, medical records, accounting and management), as well as other supporting staff such as cleaning staff, security, parking management and general helpers.

It is undeniable that doctors and other health workers are the main human resources who must be available in sufficient quantity and quality of expertise for optimal hospital services to take place. The quality and work motivation of doctors and medical personnel is influenced by the amount of income they earn, both from their basic salary and medical service allowances and other benefits. In the conventional salary payment system at hospitals, doctors are paid based on their basic salary and medical services, the calculation of which is mainly based on years of service and the number of patients handled. In private hospitals the system will be fairer because doctors who are paid more are those who actually examine patients or perform more procedures. Meanwhile, in government hospitals, sometimes the most senior doctor will get the opportunity to get a greater service allowance, although sometimes it is not the doctor concerned who carries out the examination or direct action. Moreover, in teaching hospitals where there are medical staff who are undergoing specialist training, patients are often examined by resident doctors, but specialist doctors who receive service allowances are on guard duty even though the doctor concerned is not present at the time of examination or action. Conventional methods are unfair in terms of human resource management and patient care. A study reported that the compensation received by Dr. Hospital employees. R. Soetijono, Blora Regency, previously took the form of service incentives calculated based on a percentage without referring to certain rules. So that this causes employee dissatisfaction, especially specialist doctors. Therefore, since March 2009 Dr. Hospital. R. Soetijono Blora Regency has started using a new system in the distribution of service incentives. (Pembantjanawati, 2010).

This condition also occurs in most government agencies such as universities, so there is a new rule for a remuneration system that is highly recommended in government agencies. This system refers to the remuneration system in the Regulation of the Minister of Home Affairs Number 61 of 2007 concerning Technical Guidelines for Financial Management of Regional Public Service Agencies. Remuneration is an act of payment given for services that have been provided by someone. The remuneration system is a method used to give something to someone for the services they have provided. Incentives are part of compensation that links compensation to performance. Employees get rewards based on performance not based on seniority or number of hours worked. This system primarily links workload and work risk to obtaining incentives by using points or indexes. Based on research at the Hospital. Dr. R Soetijono, Blora Regency, it was found that there was a match between work risk and the incentives received by the group of directors, operative doctors, paramedics, and medical support groups. The suitability of the workload with the incentives received is found in the group of directors and specialist doctors. The compatibility between the aspects of justice and the incentives received is found in the group of directors and operative specialists. (Pembantjanawati, 2010). operative doctors, paramedics, and medical support groups. The suitability of the workload with the incentives received is found in

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Another study conducted at dr. Soehadi Prijonegoro Sragen also reported on the implementation of a remuneration system, in which doctors' performance ratings in the form of points and indexes are converted each month into a rupiah value by multiplying by the total medical services of doctors for the current month. The classification of types of action uses the Reference (Tariff) for Doctor's Medical Services from the Indonesian Doctors Association (IDI) which was published in October 2013 (Hidayati, 2015).

Currently, more and more hospitals in Bali are implementing a remuneration system, but most of them are still implementing a manual method of performance reporting and patient handling, as well as methods of calculating medical services that are still calculated manually. This has the impact of inaccurate performance calculations as well as opportunities for reporting that are not real, incomplete or double records. To reduce the opportunity for error, Sanglah Hospital has introduced remuneration for doctors since 2017, whose performance records and reports utilize digital media. This system is known as IKI (Individual Performance Index). In the latest system implemented by Sanglah General Hospital, one aspect of remuneration is assessed from the accuracy of attending, Face scan attendance that is integrated with a digital system makes it easy to calculate employee remuneration. Employee performance can be measured through attendance in an accurate, timely and transparent manner. The results showed that remuneration had a positive and statistically significant effect on employee motivation at Sanglah General Hospital (Swantara, et al, 2018).

Payangan General Hospital, is a Type C hospital belonging to the Regional Government of Gianyar Regency which was just started in 2019. The total number of employees at Payangan General Hospital in 2020 was 225 people, with 30 medical staff, 125 paramedics and supporting staff 19 medical personnel (Payangan General Hospital Profile, 2020), the rest are structural employees and non-medical support staff. Based on the results of the initial interview with the director of Payangan General Hospital, information was obtained that the payroll system (base salary) and incentives in the form of services were still calculated manually. As a newly established hospital in the midst of technological advances and developing information, there are several technological innovations that are planned to be adopted and implemented in hospital management. However, considering that there is not much study data regarding digital-based remuneration systems in hospitals in Bali, a feasibility study is needed to implement a digital media-based performance recording and remuneration calculation system at Payangan General Hospital. So that the results of this study can be a scientific and objective consideration to support or improve the system to be implemented.

Based on some of the descriptions of the results of the research above, it is necessary to conduct a study of

1. What are the opportunities for implementing digital-based recording of performance and remuneration in General Hospital Payangan?
2. How can the implementation of digital-based performance and remuneration recording increase Employee Satisfaction in General Hospital Payangan?
3. How can the implementation of digital-based performance and remuneration recording increase the effectiveness and efficiency of management in General Hospital Payangan?
4. How Digital Remuneration can Improve Employee (Doctor) Performance in General Hospital Payangan?
5. How is the implementation of digital-based recording of performance and remuneration in General Hospital Can Payangan improve the quality of doctor's service to patients?

This study aims to explore opportunities for implementing digital-based performance recording and remuneration calculations, the possibility of positive and negative impacts on employee satisfaction, management effectiveness and efficiency, performance and quality of patient care at Payangan General Hospital.

## II. LITERATURE REVIEW

### Hospital Employee Performance Remuneration System

In theory, the increase in work motivation and work performance of employees can be influenced by the provision of appropriate rewards. Rewards can be in the form of cash incentives/bonuses), but can also be in the form of other awards such as career advancement, training and other privileges. In books

Shield, et al regarding employee performance management and rewards, stated that rewards or awards consist of components for implementing recording and reporting with digital media for the basis of remuneration payments for internal and external employee performance as depicted in chart 1.

FIGURE 1.3  
Components of  
'total reward'

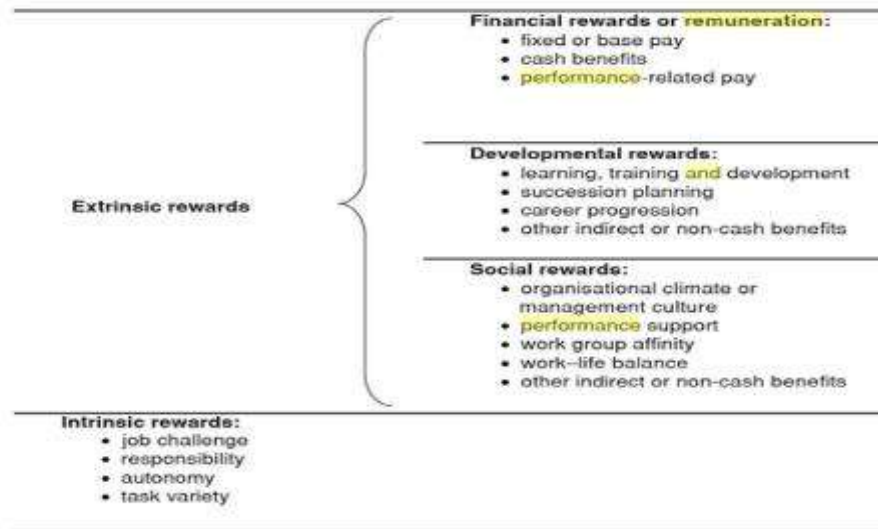


Chart 1 Components of Total Reward

Based on the chart, intrinsic or internal rewards are influenced by job difficulties, responsibilities, autonomy and the variety of tasks that must be carried out. Employee perceptions of this intrinsic element are very specific depending on the individual himself. While the external rewards component is a component consisting of (1) financial rewards (salary, remuneration, bonuses for work performance), (2) rewards for self-development (training, career development and other non-cash rewards), and (3) social rewards (organizational climate, management culture, work environment support, and work-life balance). Based on this theory, giving rewards to employees should be balanced, not only giving financial rewards, but also non-financial ones. In some situations, giving financial rewards alone can sometimes lead to demotivation for employees. The award must meet several principles, namely: in accordance with the needs of employees, the principle of fairness, legal (there is a legal basis), affordable (can be fulfilled logically by the company), cost effective and is a strategic step to increase the progress of companies/agencies (Shields, et. al, 2015)

Regulations regarding the remuneration system for government employees including hospital employees are regulated in Minister of Home Affairs Regulation No. 61 of 2007. Based on these regulations, in CHAPTER VII, Article 50 paragraph 1 it is explained that BLUD management officials, supervisory boards, secretaries of supervisory boards and BLUD employees can be given remuneration in accordance with the required level of responsibility and professionalism demands. Furthermore, in paragraph 2 it is explained that the remuneration referred to in paragraph (1), is an employee benefit which can be in the form of salary, fixed allowance, honorarium, incentives, bonus for achievement, severance pay, and/or pension. Remuneration for the supervisory board and secretary of the supervisory board as referred to in paragraph (1) is given in the form of honorarium. In paragraphs 4 and 5, it is explained in more detail regarding the determination of remuneration, namely the remuneration referred to in paragraph (1), for the BLUD-SKPD is determined by the regional head based on the proposal submitted by the BLUD-SKPD leader through the regional secretary. Remuneration as referred to in paragraph (1), for BLUD-Work Units is determined by the head of the region based on the proposal from the BLUD-Work Unit leader through the SKPD head (PERMENDAGRI No 61, 2007).

Regarding the basis for determining the amount of remuneration, the Minister of Home Affairs Regulation explains that the remuneration for BLUD management officials and employees as referred to in Article 50 paragraph (2) can be calculated based on the following assessment indicators:

- a. Experience and years of service (basic index),
- b. Skills, knowledge and behavior (competency index)
- c. Occupational risk (risk index);
- d. Emergency level (emergency index);
- e. Position held (position index); and
- f. Results/achievement of performance (performance index).

In paragraph 2, an explanation is added regarding BLUD management officials and employees with PNS status, in which the basic salary and benefits follow the laws and regulations regarding civil servant salaries and benefits and can be given additional income according to the remuneration determined by the regional head as referred to in Article 50 paragraph (4) or Article 50 paragraph (5). (PERMENDAGRI No 61, 2007)

Several hospitals in Indonesia have implemented a remuneration system to provide additional incentives for health workers. Based on research at the Hospital. Dr. R Soetijono, Blora Regency, it was found that there was a match between work risk and the incentives received by the group of directors, operative doctors, paramedics, and medical support groups. The suitability of the workload with the incentives received is found in the group of directors and specialist doctors. The compatibility between the aspects of justice and the incentives received is found in the group of directors and operative specialists (Pembantjanawati, 2010). Another study conducted at dr. Soehadi Prijonegoro Sragen also reported on the implementation of the remuneration system, where the doctor's performance assessment in the form of points and indexes each month is converted to a rupiah value by multiplying by the doctor's total medical services for the current month. The classification of types of action uses the Doctor's Medical Services Reference (Tariff) from the Indonesian Doctors Association (IDI) which was published in October 2013. (Hidayati, 2015)

However, there are also several conditions where the implementation of the remuneration system in hospitals is still considered to have not fulfilled the equality of justice for employees. A study reported that the implementation of the remuneration system at RSUD Dr. H. Abdul Moeloek has not been effective. The implementation of the remuneration system does not meet the principles of fairness, eligibility principles, accuracy principles, policies, performance evaluation, and control. This reduces employee motivation and productivity so that it is necessary to improve the performance calculation system as the basis for giving remuneration so that remuneration can be said to be effective (Sari, 2017).

### **The Relationship between Remuneration and Employee Satisfaction and Increasing a Good Work Culture**

Providing incentives to health workers in return for services is an interesting issue to study. The results of research on government institutions in Jayapura show that intensive has proven to have a positive and significant effect on the performance of the regional secretariat, Jayapura Regency. This means that if the incentive is increased or becomes better it will also have a good effect on employee performance. Decentralization has proven positive and significant for the performance of the regional secretariat of Jayapura Regency. And this means that the delegation of authority and responsibility is not going well at the regional secretariat of Jayapura Regency. The government's internal control system has proven to have a positive and significant effect on the performance of the regional secretariat of Jayapura Regency.

Several studies reported an overview of the implementation of the remuneration system in several BLUD hospitals. Some hospitals can implement a remuneration system well, but there are also some that have not been successful in implementing it.

Research on a regional hospital in Jakarta which will start implementing a remuneration system for employee incentive payments, found that the hospital was not ready to implement a remuneration system. This is caused by several factors, namely the lack of income earned so that it must be subsidized from the local APBD budget, differences in perceptions between policy makers in allocating remuneration and differences in perceptions between employees and health workers regarding remuneration regulations. So the researchers recommend the existence of an organized system that allows fair remuneration according to the performance of each employee (Dewi, 2017).

There are also quite a lot of research abroad that discuss the positive impact of providing additional incentives such as remuneration on improving employee performance. A study in Sierra Leone reported that giving additional bonuses increased employee income by 10%. Although this number is relatively small, it creates positive feelings for employees. This positive feeling is caused by the perception that the bonus is extra money that can be obtained in addition to the main salary received. The bonus received by the employee can at least be used to pay for unexpected needs, such as emergencies (during illness), or used to save or additionally to finance other needs. But in practice,

Research on remuneration and its relation to employee performance in hospitals has not been widely published in Indonesia. There are several studies that report that the remuneration system can increase employee satisfaction and improve the quality of their performance. A case study at a hospital in Indonesia reported that most RSA employees were satisfied with the remuneration system implemented there and agreed that the remuneration system was a fair incentive system. However, some argue that the remuneration system is not yet effective as a performance appraisal tool. Some of the reasons employees expressed dissatisfaction were due to the lack of transparency in determining job prices, calculating performance and the lack of communication skills between hospital leaders and their employees (Dakota, Ayuningtyas, Oktarina,

Other research regarding the remuneration system at Dr. R. Soetijono, Blora Regency, found that there was a match between work risk and the incentives received by the group of directors, operative doctors, paramedics, and medical support groups. The suitability of the workload with the incentives received is found in the group of directors and specialist doctors. The compatibility between the aspects of justice and the incentives received is found in the group of directors and operative specialists. Local regulations regarding tariffs do not affect the incentives received by general practitioners and medical support groups (Pembantjanawati, 2010).

Leadership style, job characteristics and reward systems have a positive impact on job satisfaction. This shows that there is valid information evidence to conclude that these three variables are strong predictors of employee job satisfaction. Furthermore, these four components (leadership, job characteristics, reward systems and job satisfaction) are factors that have a positive effect on organizational commitment (Mulyana, A. and Sugiharto, 2017).

The application of the remuneration system in institutions other than hospitals shows a tendency to have a positive impact on employee satisfaction and improving employee performance. The results of research conducted at the tax office in Makassar reported that remuneration, motivation and job satisfaction affected the performance of employees at the tax office in Makassar City with an R Square value of 0.596 or 59.6%, the remaining 40.4% was influenced by other variables. The study concluded that remuneration partially has a positive and significant effect on performance. Likewise, motivation and job satisfaction partially have a positive and significant effect on employee performance at the tax office in Makassar City. The dominant variable influencing employee performance is motivation with an influence coefficient of 0.

The results of a study at a hospital in Jakarta showed that the majority of functional medical and nursing staff (71.2%) were dissatisfied with several things in the implementation of the remuneration system, such as the payroll system and grading. It can be seen that the performance of the adult cardiac surgery service unit has increased every year before and after the implementation of the remuneration system. It is hoped that this hospital can improve the remuneration system according to policy provisions and formulate incentives and bonuses that are more in line with current conditions and need to carry out proper socialization and periodic evaluation (Soetisna, Ayuningtyas, & Misnaniarti, 2015).

### **Comparison of Conventional/Manual and Digital Performance Reporting Systems as the Basis for Calculation of Employee Remuneration**

In general, payment of remuneration for health workers is based on a performance report which includes the main and additional workload, work performance and also the position held. However, with a manual/conventional recording system, it takes a relatively long time for the performance recapitulation process, so there is usually a long time lag between work execution and the distribution of additional bonuses (services and other bonuses) or what is currently called remuneration. Descriptive research conducted at the Kepahiang Hospital in Bengkulu found that the problem with the conventional remuneration system was the length of time it took to calculate the performance of health workers so that the disbursement of remuneration incentives was very slow. This was complained by the health workers interviewed. To overcome this problem, the hospital is working on a digital performance recording system, namely FAST (Framework for the Application of Systems Thinking) using adequate software. The use of this digital system allows the recording and recapitulation of the performance of health workers to take place more quickly and accurately so as to speed up the disbursement of remuneration at the Hospital (Hendriani, 2017).

Another study examined the performance remuneration components based on position rankings and workload at a Teaching Hospital in Surabaya. The research describes the workload criteria used as the basis for calculating incentives consisting of services, and education (educational activities, research, and community service). The mapping of work groups in the teaching hospital under study consists of work groups of doctors, nurses, support staff, administration, and groups of workers & domestic workers, who are involved in service and education activities. From the role of each of these workers, 3 comparison criteria were found, namely workload, responsibility and risk, which were used to compare one job to another.

Based on workload, there is a fixed workload and a variable workload that depends on the actions of the doctor or nurse. Fixed indicators are indicators that are owned by each profession and the points earned tend to be the same in each period, consisting of responsibility, risk and several workload indicators. Fixed indicators (fixed indicators or always present in each profession) are used to determine the same incentives for each profession. While the indicators do not remain different and change according to the work unit and the performance of the workers concerned which are calculated based on the frequency and routine of work which results in a different amount of incentives based on the specific job. By calculating the workload based on real considerations of the burden per position group and per person it can be identified, so that workers who have a higher workload will receive greater incentives. This performance calculation will be maximized if it is supported by the use of a digital billing system. Where it will make it easier to calculate employee performance values, without doing manual calculations so as to reduce the occurrence of invalid records (Sulasmı et al., 2009).

Several research reports in the field of information technology report that there are various types of applications developed to support digitization in the implementation of remuneration in government agencies such as universities. Most agencies use applications with PHP as a programming language and codeigniter as a framework. This system has several features, namely workload description, work report data recap and questionnaires, as developed by Martono at a university. The application developed has several advantages, namely the digital system allows rewards to be fair for lecturers who have good performance and vice versa with a questionnaire which will be filled in by the head of the unit. The existence of a Remuneration Website

makes it easier for the head of the unit in terms of giving workload to employees and makes it easier for employees in terms of sending work reports to the head of the unit. However, there are also several weaknesses, namely the application system developed cannot be integrated with other systems such as online transactions and other staffing database systems (Martono, 2012).

### III. RESEARCH METHODS

#### Place and time of research

The research was conducted at Payangan General Hospital, from August-December 2020. This research was carried out in a qualitative exploration to explore information regarding plans for managing the remuneration system, digital-based performance recording and reporting which was carried out on a limited basis at Payangan General Hospital.

#### Types of Data and Data Collection Methods

The type of research data is primary data both quantitative and qualitative. Qualitative data were collected by in-depth interviews and Focus Group Discussion (FGD).stakeholders(hospital management), employee representatives according to the place of duty/service as listed in table 3.1. Researchers were assisted by research assistants for the interview process and FGDs to avoid conflicts of interest because the researchers themselves were part of the Payangan General Hospital management team.

#### Qualitative Research Respondents

Based on the data in the 2020 Payangan General Hospital Profile, there are 11 structural (management) officials, however, only 2 people will be interviewed, namely the main director and the head of the Administration section which directly oversees the head of the finance sub-section. While the FGD was carried out with management representatives. In the FGD process the researcher only assisted in documenting and recording the results of the discussion, while the research assistant who was an outsider in the hospital helped moderate the FGD. This is done to avoid any inconvenience to the participants who are research colleagues so that the results of the discussion become more objective.

Table 1. Categories and Number of Research Respondents

Respondent Category	Amount
Deep interview	
- President Director	1
Head of administration	1
Focus Group Discussions	1
- Head of Support	1
- Head of subdivision of planning and program development	1
- Head of general affairs and staffing	1
- Head of finance and assets	1
- Head of medical support section	1
- Head of Casemix Unit	1
- Finance Treasurer Staff	
Total In-Depth Interviews	

#### Qualitative data processing methods

Data from in-depth interviews and FGDs were recorded using a digital voice recorder, then the recordings were transcribed into text verbatim. Recorded data and transcripts of interviews and FGDs will be kept by researchers for a maximum of 3 years or until the results of the research report are published in a scientific journal. The transcribed data was analyzed using thematic-deductive method according to the conceptual framework guidelines in this study.

### IV. RESEARCH RESULTS AND DISCUSSION

#### Research result

##### Demographic Characteristics of Respondents In-Depth Interviews and Focus Group Discussion (FGD)

In this study, in-depth interviews were only conducted with 2 respondents, namely the main director of Payangan General Hospital and the Head of Finance. Meanwhile, other management employees were invited to take part in the FGD. The total number of FGD participants was 7 people consisting of representatives of fields and divisions at Payangan Public Hospital. An overview of the demographic characteristics of respondents in in-depth interviews and FGDs can be seen in full in table 4.1 below. The age range of management employees at Payangan Public Hospital ranges from 25-54 years, most of them have a bachelor's degree and have worked for 1 year. Only 2 of the FGD participants had worked for under 1 year.

**Table 2 Demographic Characteristics of FGD Participants and In-Depth Interviews**

Participant Code	Age (years)	Gender	last education	Employment status	Long worked at Payangan Hospital
FGD01	40	Man	Bachelor degree)	civil servant	1 year
FGD02	25	Man	Bachelor degree)	Contract employees	9 months
FGD03	44	Woman	Bachelor degree)	civil servant	1 month
FGD04	46	Woman	Bachelor degree)	civil servant	11 months
FGD05	54	Man	Bachelor degree)	civil servant	1 year
FGD06	53	Man	Bachelor degree)	civil servant	1 year
FGD07	52	Man	Masters (S2)	civil servant	1 year
WM-1	40	Man	Masters (S2)	civil servant	1 year
WM-2		Woman	Bachelor degree)	civil servant	1 month

**Table 3. Characteristics of Respondents to the Online Survey**

Variable	Frequency (N=235)	Percentage (%)
<b>Age</b>		
- Minimum	19 years old	
- Maximum	54 years	
- Average	29.8 years	
- Standard deviation	8,1	
<b>Age Category</b>		
- ≤ 29 years old	156	66,4
- ≥ 30 years	79	33,6
<b>Gender</b>		
- Man	89	37,9
- Woman	146	62,1
<b>Education</b>		
- SD / SMP / SMA	26	11,07
- Diploma	101	42,98
- Bachelor degree)	99	42,14
- S2/Specialist	9	11,07
<b>Profession / Occupation</b>		
- General practitioners	19	8,1
- Medical specialist	9	3,8
- Midwife	35	14,9
- Nurse	93	39,6
- Nutritionists	5	2,1
- Lab Analyst	6	2,6
- Administration Officer	26	11,1
- Radiology Officer	4	1,7
- Security officer	5	2,1
- Cleaning Services/others	33	14,0
<b>Employment status</b>		
- civil servant	31	86,8
- Non civil servants	204	13,2
<b>Years of service</b>		
- Minimum	1 month	
- Maximum	12 months	
- Average	8.28 months	
<b>Service Period Category</b>		
- ≤ 8 Months	60	25.5
- > 8 Months	175	74.5

### **An overview of the payroll system and employee incentive payments at Payangan General Hospital today**

In interviews with the main director and the head of finance at the Payangan Hospital, it was explained that the current employee payroll system is only a base salary in accordance with local government regulations. At Payangan General Hospital, there are 31 Civil Servants/State Civil Apparatus (ASN) and the rest are contract workers. For ASN, the basic salary standard is in accordance with the ASN salary regulations based on class, rank and years of service. Meanwhile for contract employees, the amount of basic salary follows the UMR

regulations for the Gianyar area with other additional considerations written in the contract agreement. Consideration of the difference in the amount of base salary is based on expertise and job risk, for example between general practitioners and specialists will be slightly different, between doctors and nurses in the ER, Surgeon and Anesthesia are of course slightly different because they have roles,

*It should be noted that this Payangan General Hospital has just been established...for its structure on November 12, 2019...then we will have a soft launch on February 14, 2020. In fact, we are now approaching one year old. If the question is how have we been here all this time, we are starting this system from scratch. This means that we created this system so that we can implement it from the start..... Payroll when it was established, historically, we still used the budget from the 2019 Gianyar Regency APBD, which the Gianyar Regency Health Office had drafted as we continued. We are the UPTD of the Health Service so we are continuing the salary budget there, so in the course of this year we have made many corrections according to the needs and all kinds of manpower. So we will pack up and start remuneration at the beginning of the second year, which is 2021 actually like that.... (WM-1)*

Payangan General Hospital has only been operating for 11 months, where the hospital's operational budget and employee salaries still rely on the budget that has been worked out. So that the distribution of services or other incentives has never been implemented. This was revealed by the main director in interviews and management in the FGD.

Yes So the salary is used by the average UMK, although some are still not UMK. So at the beginning we make details and call them there is an interview for the salary, there is a certain limit that we offer them when they are accepted, so there are also those who drop out, that's okay. So we have targets. First, actually the salary details are from the Health Service, because the initial recruitment is from the agency, there is a study from the Regional Government, for example for contracted specialists, because we have a contracted system. So for example there were ten of them, so when interviewing, because of the local government's ability to pay for them...between ordinary nurses and anesthetist nurses, they need more skills, right in anesthesia, there's a little extra. The same. Nurse like that. While we do not differentiate between nurses and Amd., So nurses. (WM-2)

In the draft regent regulation that regulates the remuneration of Payangan Hospital, it is explained that the salaries of hospital employees with ASN (State Civil Apparatus) status come from the General Allocation Fund (DAU) of the Gianyar Regency Government.

While the salaries of Non-Permanent Employees (PTT) who are appointed based on a regent's decision are sourced from the Regional Revenue and Expenditure Budget (APBD) of the Gianyar Regency Government. There is also a category for Hospital BLUD (Regional Public Service Agency) Employee salaries sourced from hospital operating income. For hospital employee incentives, it will be allocated from the operating income of the hospital, while merits and bonuses are sourced from the hospital's tactical fund post based on applicable regulations. In addition, later if there are additional funds, there will be an allocation of certain allowances sourced from the government and/or hospital operating income in accordance with statutory provisions (Draft Perbup Remuneration, 2020).

### **An overview of the Digital/Online-based Remuneration Development Plan at Payangan General Hospital**

While operating since February 2020, the income received only comes from patients and routine operations are still funded from the regional budget. So that there has never been a distribution of incentives in any form including the distribution of services to all employees.

From interviews with the main Director and the Head of Finance, information was obtained that the closest plan is to distribute service incentives (jaspel) with a value calculation similar to remuneration at the end of 2020.

*Currently for the remuneration system here we have floored the concept, we met with some friends who are in the producing unit, provider unit, namely financial management then from the management unit to the management unit, provider, producing unit. So, from all the units, we have provided socialization with a form of understanding, then several meetings, so actually we have started billing up the foundation for the system. Then the executive executive rules what percentage, how it is distributed like this still needs to be more adaptive and more perfected. This means doc, if we look at the progress from zero to 100 it seems we are still at the 65-75% point because there is a quarter remaining that is left in the management of 15% of the regulations, then the remaining 10% is left with what is the name of the technical process executive.becausewe are the jatur team, we are in a meeting, we are forming what the division should be like..... (WM-1)*

However, in the early stages, it is likely that it will still use a manual system. Meanwhile, the application of digital media-based remuneration is expected to be implemented in the second year.



*In the beginning, we had to make it manually, then we happened to have it accommodated by the local government, we talked to friends there to be able to do it. translate our manual system into the digital system. And in the future, we personally support everything digital because when automatic/digital happens... the principle of transparency... the principle that we mentioned many times before will be more approachable. Because people will get control performance, how much am I? That's how much my income is, then that's how much my contribution is, so I think it would be better if the system was digital. (WM-1)*

In the interview it was also stated that the distribution of jaspel would later take into account several elements such as attendance, individual performance assessment, work risk, special skills and also sanctions if complaints were found from patients about the services provided, especially by doctors. Doctors who receive reports of complaints will be reduced by the amount of jaspel to a certain percentage according to the decision of the director and the jaspel management team.

*Meanwhile, we use jaspel, but it's similar to remuneration. At the Puskesmas, if at the first level of FKTP it's already clear, for example a doctor, he gets 150, he's only counted absences, attendance multiplied by index points multiplied by profession, he gets. There is no specialist calculation. If here we make it like remuneration, if the usual Jaspel is usually divided or we will have a grade later, including later punishment, for example if he is on leave we will reduce it or for example in that regulation I make if I complain once with a patient 50% is reduced.... usually when people seek treatment, the doctor must be there, feedback for the doctor. Once they receive it in a month, there is a reduction of up to 50%.... So I made a pattern... it will be a jaspel of remuneration. It's like that, so we have a team, from the beginning the SOP is... that's it. We have made it, we will submit it to the Director for data collection, verification. Later, if there is a problem, there is the name of the consideration team, its members are the Director, Kabid. That will be considered later.... (WM-2)*

Regarding the plan to develop a digital-based remuneration system, the stages that have been passed are discussions with the Payangan General Hospital management team, drafting of remuneration assessment elements and discussions with the local government of Gianyar Regency. Currently, the draft remuneration system has been submitted to the local government's legal bureau and is awaiting a decision on its implementation. Meanwhile, for the application plan to be used, Payangan General Hospital has received support from the Ministry of Communication and Information and has had time to discuss the form of the application, and has even tried to simulate it together with the remuneration team.

*From a legal point of view, it feels like it's fixed, we'll just have to go to the bureau. In the provinces, it usually only discusses writing/what does it mean, that's it. So essentially the distribution is up to us. The distribution was based on input from friends. So they've made themselves what they can. So, I'm just collecting. We already had a meeting for the remuneration, that's the perception we've got, we've agreed to use it. For example, in the operating team, there are different risks, what percentage are the doctors, what percentage are the assistants, what are the percentage nurses, up to the non-medical structural and joint services (WM-2).*

From the results of discussions with management representatives it is known that in Gianyar Regency there are no hospitals that implement remuneration either manually or with digital media. Several employees stated that most hospitals still implement a service incentive payment system. The difference is that the calculation of services usually does not use specific individual performance points. Meanwhile, in the remuneration system, individual performance will be rewarded more specifically.

*Not at sanjihani yet. Service incentives if sanjihani, um... for the time being we are also here with the plan will remuneration digital because it also collides like this... the Nike law firm is busy so it can't be used for the remuneration Nike. So we follow to ee remuneration manual for like the one in sanjihani, gih. If Jaspel's incentives are actually still like this, he's using a Perbup, meaning that there's still approval, uh, approval from the regent, if remuneration we have to ask for approval from the Minister of Home Affairs if we use it (FGD06)*

*For the Puskesmas, the system does not provide services yet remuneration, so we follow the existing district regulations, so for example in jaspel eee what is the general name, right 40 60%, 40 right.. How much for management, for example, is there 15% for example, for others 65%, for medical 20% is in the PerBup there is... (FGD05)*

*This means that the regional government regulation exists clause later what is the name of the division in accordance with the agreement in the mini lokap area so the regional head regulation is general in nature he is in the closing there later based on the results of the agreement at the Puskesmas, if at this Puskesmas, later as stated earlier he has not yet reached the item what is the name of action the most action from structural Campus, KTU, PJ PJ PJ,*

*then the doctor, um, what's the name, ee, what's the name of the staff, then medical staff, paramedics, then until CS, that's it, maybe it's usually like that, right?FGD 01)*

*Maybe if they are professionally, the difference that is not too big is mostly because of themholdFor example, the position, for example, is (unclear) he and the doctor, the difference is at most 100,000 like that, so if you're in a new hospital it's monitored because points are actually used there (FGD 04)*

Meanwhile, from the results of the employee survey, 68.94% said they had heard of digital-based remuneration and around 75.32% said they knew plans to implement digital media-based remuneration at Payangan General Hospital. This shows that the remuneration planning process using digital media has not been socialized thoroughly considering that the management is still waiting for the results of a review from the law firm at the provincial level on the remuneration regulations proposed by Payangan General Hospital.

From the results of the FGD it was revealed that at Payangan General Hospital a team had been formed to formulate a remuneration system which was appointed and determined through a director's decision.

*Yes, it's possible, if we for the agreement, a team has been formed, representatives from each unit have been adopted, and it has indeed adopted all of our aspirations, so it will already be a joint agreement and our hope is that it will be for the best. (FGD 07)*

*So teamremunerationit has been represented, meaning that each profession has representatives, from doctors, from midwives, from all professions there are representatives, so it is hoped that with the representation of each profession it is hoped that the divisionremunerationit will approach fairness and equity and fairness. So each profession will feel yes.. closebe satisfiedwiththe remuneration(FGD 05)*

Based on the draft regent regulation submitted by Payangan General Hospital regarding remuneration management rules, it is stated that the calculation of remuneration is determined from the results of the agreement of the remuneration team consisting of:

- a. Doctor;
- b. Nurses and midwives;
- c. Other Paramedics (Laboratory Analysts, Radiographers, Pharmacists, Nutritionists, Physiotherapists and other paramedical functional positions determined by the director)
- d. Administrative officer; and
- e. Structural.

The composition of the members of the Hospital Remuneration System Formulation Team were selected based on the recommendations of each element which appointed 1 person as a representative in the team, a representative for each unit/section and representing elements of doctors and structural staff. The details of this team are explained in the district head's draft regulation regarding remuneration for Payangan Hospital.

### **Readiness of Facilities, Infrastructure and Human Resources**

The facilities needed in the form of computer equipment, internet connection and readiness to back up electricity are considered sufficient to support the implementation of digital-based remuneration. This was conveyed by the main director in an interview.

*In terms of resources, although not yet, for example, in terms of quantity, we still need to add, but in terms of quality, we can afford it. Our staff can become a provider first, right? In terms of providers, in terms of human resource providers, in terms of quality, we are capable of quantity, meaningbecauseloadhis jobthat's a lot, maybe the number of IT workers and those who understand digital need to be increased. But for users, we are adaptive...from the user, so in terms of HR providers, the workforce is more or less at 75% - 80%.....I thinkin us- we can but socialize to users who are already used to itpossibleEven specialist doctors... if they're not used to using applications, maybe they still have to adapt. (WM-1)*

*In terms of human resources, what we have are IT staff now, there are still 3 people, maybe that's enough for a digital remuneration system eeee, later equipped with the letters of infrastructure they need, maybe we can run it...Internet network is quite good here, already. (FGD05)*

However, in the FGD several participants emphasized again that if digital-based remuneration is to be implemented, it must be prepared in anticipation of system errors, internet network problems and there must

also be a backup system so that it can be safer if unwanted things occur such as loss of data due to errors. This concern was also expressed by some employees in an online survey.

Currently, the Jaspel calculation team, which will later transform into a remuneration team, is considered sufficient, but specifically for the technology technician (IT officer) section, it must be added, bearing in mind that there will be many problems that must be resolved specifically related to the digital remuneration database.

*If it's made digital, the human resources here don't seem to have much to do with it, because we need IT to process it. That's remuneration must be a separate team.....If ITU already exists...but there is no special remuneration (WM-2)*

*It will be added, yes, because our hospital is a big hospital, it is getting busier, then the number of employees is also increasing. So yes, I said to add 2 or 3 more IT staff (FGD05)*

One of the participants also conveyed in the FGD that basically remuneration with digital media would greatly facilitate going forward, but before that the remuneration components had to be properly prepared so that they were in accordance with the agreement of each employee. Then aspects of the readiness of the system to be used must also be truly fixed and understood by all parties who will later operate, such as nurses who must input patient data, specialist doctors and management staff who will later perform data recording. Initially, it is possible that the digitization system will slow down services if doctors and nurses are not fully fluent in using all online applications.

*So...indeed we are prepared, one human resource, then the tools, as well as the signal, like that then I think with young doctors here it will be easier to adapt to IT actually than beginning. Just have to be prepared. This then the system must be prepared as well. So it's one way like that...Then it's applied to friends..... eee sometimes if for example we go straight to a specialist with a large number of patients, we immediately apply digital, in the beginning it will definitely be, ee... what is the name of patient service it will be hampered, he hasn't taken care of the patient, hasn't taken care of... what's the name... put in for example like that. Maybe there is assistance maybe from what is the name of the nurse... so the service is not disturbed. Then uh..*

#### **Acceptance of the Digital Remuneration Implementation Plan**

According to the Director and Head of Finance, the implementation of digital remuneration will be welcomed by all employees because it will be more transparent, more fair and up to date. Digital-based remuneration will simplify the recording system, reduce loopholes for fraud or suspicion of differences in interests between policy holders and employees themselves and will simplify the calculation system. This is also supported by the results of FGDs and employee surveys.

*If it's manual, they don't really have a problem.... (if it's digital) It's even better....Really (accepts), right...up to date, if it's digital, it's fast (WM-2)*

*Eh, in my opinion remuneration with a digital system, right? Moreover, it can be accessed by all professions, all employees at Payangan Hospital. transparency preferably with this digital system maybe later we hope that it is indeed a digital system so everyone can access the digital system later so everyone can get this way this way everyone knows everyone so there is no social jealousy (FGD 05)*

Most employees agreed with the implementation of digital/online media-based remuneration (64.26%), while those who disagreed and strongly disagreed were 7.23%. This shows the positive support from all employees for the plan to use digital media to manage the remuneration system at Payangan Hospital.

When asked questions about the readiness of employees to use the remuneration application and also to input independent data on each other's performance, management was optimistic that all employees would be able to follow suit because the average age of employees is still young and currently almost all can use smartphones. It's just that socialization and preliminary training are needed so that all employees understand how to use the application.

*If that supports. One, the users are all young and it seems to us that none of us are clueless even though the old ones here...Including specialists, the average specialist here is only one old person, all young....(WM-2)*

Prior to implementing digital-based remuneration, all parties agreed that the elements of the remuneration assessment points must be fixed and mutually agreed upon between management and all employees.

*It is the data that must be more detailed, because if we are ready to present the term, because we calculate it, there are direct services/indirect services. If once a month still can. We enter it on*

*Android, so it still works. For patients, it still feels a bit like this, except if it's really fixed (WM-2)*

Based on the Payangan Hospital remuneration draft document, there are several aspects that will become elements of the remuneration assessment called the Individual Index. The Individual Index as referred to in Paragraph (2) is the sum of the index gain achieved by each employee based on the calculation of each Individual Index Component.

The Individual Index Components as referred to in Article Paragraph (5) consist of:

- a. Basic Index (Basic Index);
- b. Competency Index;
- c. Risk Index;
- d. Emergency Index (Emergency Index);
- e. Position Index; and
- f. Performance Index.

Setting the value and rating of the Individual Index Component as referred to in Paragraph (6) in full is listed in the attachment. In the draft of the regulation, it is also explained that it is hoped that Services will be provided no later than the 25th of each month depending on the speed of claim settlement as evidenced by the publication of the approved Claim Submission Minutes. Services are provided using the payroll method through Bank BRI to each recipient's account. Distribution and Composition of Services for each type of service in full as listed in the attached table which is an integral part of this regulation.

In the online survey, 62.55% of employees agreed that the educational level component was considered as an element of remuneration assessment. In addition, 68.09% of employees agree that the position component should also be taken into account in digital-based remuneration.

In the FGD, the management conveyed that all components of the assessment that were taken into account had to be ascertained first and had been agreed upon by all employees through their representatives on the remuneration team.

*....Then there are some possible checklists that need to be made for the system remuneration digital it. So...um..judge it based on one's performance. So, for example, what has specialist A done, um, for example, in one visit to a patient, what is the checklist? if he doesn't do this, doesn't do this, instead it is taken by the nurse, for example, should he have an injection or what? or install a sonde which should be a doctor but the nurse... eee.. means the nurse gets insidesystem...like that. So all he has to do is input into the system..(FGD 01)*

### **Prediction of the impact of implementing digital remuneration on the organization**

The implementation of the remuneration system is expected to have a positive impact on various aspects of organizational management at Payangan General Hospital. The application of a digital-based remuneration system will provide justice for all employees, where all employees will receive incentives according to the reported real performance. The use of digital media will also enable transparency in the calculation of remuneration points, because everyone can monitor the process of data input, verification and also the final calculation until it reaches the employee's account. Some of the positive impacts predicted by implementing digital-based remuneration are as follows.

#### **a. Increased discipline and employee motivation**

A digital-based remuneration system will later use attendance recording using a fingerprint recorder or face/retina detection. This tool will later be integrated directly into the individual performance index application system as well as the service record system and medical records. With this system, all employee activities will be recorded and can be verified in real time. With this system, later all employees will attend and leave the hospital on time according to their respective work schedules. Moreover, if sanctions are imposed for lateness with a certain time tolerance limit, employees will automatically try to be disciplined at work. This was stated by respondents in in-depth interviews and FGDs.

*If the remuneration system is certain, because he will try to get as much income as possible, the more income the more attendees. If he's on leave, he's lacking. (WM-2)*

*In Tiyan's opinion, if this remuneration system has been implemented, I think if the employees are more disciplined, it's because attendance or performance is calculated later, that's the distribution (FGD 06)*

*In system remuneration Digital is indeed often conveyed, there are several advantages as well. So transparency then discipline, maybe if um... what's the name, if it's true... who for example visits, then he immediately signs there, so there are certain codes he comes, right?*

*if he doesn't date, let alone what his name can be, like google maps, if he's not listed like that... (FGD 01)*

In addition to statements from the main director and management, employees in the online questionnaire also support that implementing digital media-based remuneration will increase employee discipline and work motivation. By looking at aspects of the assessment as an individual performance index, each employee will feel motivated to work more disciplined, more serious and more responsible because they feel that each job is valued.

#### **b. Teamwork**

EnactmentsystemIt is hoped that digital-based remuneration will be able to improve teamwork in each department, service unit, as well as between departments and between service units. This is possible because withsystemtransparent and fair remuneration, everyone will try to improve work performance and show stronger teamwork abilities. The digital remuneration system allows each employee to help each other with the goal of achieving optimal service and satisfying patients. What's more, according to management, all services in the hospital require good teamwork if all service processes are to run according to targets and expectations.

*It should be better, because of the teamwork. Because in surgery...it's impossible alone. If one is not appreciated, it won't work, so... Yes... the more results, for example, the better the results, the patientsatisfied (WM-2)*

*His teamwork might also be better for him if the system is implemented, because if one gets stuck then he can't run either. Yes, all teams must run, only then can remuneration be possible. All units must have good performance. If one unit is down, the others can't. Laundry, for example, doesn't work, others can't, sleep doesn't work, can't....Related to everything, the management is slack, then the money won't be taken care of, all teams have to have good standards, so the cooperation has to be good. (FGD05)*

This statement is also supported by the results of an employee survey, where 73.19% of respondents agreed that digital-based remuneration would improve teamwork. Meanwhile, although most agreed that implementing digital-based remuneration would increase teamwork, a small number of employees thought that implementing remuneration would increase the individualism of some people because they wanted to compete to earn more income. This will be discussed again in the constraints and obstacles sub-chapter.

*It can be positive or negative....In my opinion, if you measure performance in terms of money, sometimes you will have high individuality. You can see that I get a lot of it, so I don't really care, togetherness might drop a little, but I don't know about the nature because it hasn't been implemented yet so we don't know yet (FGD 07)*

According to the Main Director, the chance for competition to undermine teamwork due to the implementation of the digital remuneration system will be very small. This is due to naturally having the capacity and ability to work with no limits. It is very unlikely that someone will do something beyond their natural ability, because it will be bad for themselves if it goes on for a long time. For example, if someone wants to continue working overtime, then their health could be disrupted.

*The possibility of sabotage is very small, first we believe in humans. Humans have limited Capability so it's impossible for him to do something beyond his capacity. That would be self-defeating. Ill, for example, then stress, for example, then fatigue, for example, those elements will definitely be a consideration for him. So there will be an escort from our team from our quality team to say that ideally you will work on 10 items, for example if you are able to work on an extra 12 items, but the maximum capacity as said earlier is also our consideration. There is a maximum capacity that a person can work on (WM-1)*

#### **c. Management Efficiency and Effectiveness**

From a management aspect, implementing digital-based remuneration will increase management efficiency and effectiveness at Payangan General Hospital. This is expected to be achieved because when digital remuneration is going well, there will be a lot of manual work that doesn't need to be done anymore, for example recording patient data served,recapattendance lists and other performance aspects can be carried out simply by inputting data online, and when all systems are connected, data input can take

place simultaneously. In addition, the digital system reduces the use of paper and printer ink, and data storage is simpler and does not require a lot of space. However, to achieve this convenience, the system that will be used must ensure that there are no opportunities for errors or system downtime. The aspect of data security also needs to be considered to prevent leakage or loss of confidential data. This problem is also raised in constraints and obstacles. From the results of an online survey, 78.72% of employees agreed that digital remuneration would increase the effectiveness and efficiency of organizational management.

Most of the FGD participants also agreed to this as presented below.

*If it's digital, it's definitely better, more efficient because the recording system has also been helped by recording with the system as well as from the infrastructure, so we write it down, it's less frequent, so the efficiency can be increased, maybe that's what... (FGD 06)*

*In terms of time, time efficiency is possible, time is more efficient, we have planned ahead, read the system, so all we have to do is input it, he will definitely calculate the system himself, so we don't calculate every month every year, don't calculate it ourselves (FGD 05)*

#### d. Quality of service to patients

As discussed in the aspects of discipline, work motivation and teamwork, by increasing these 3 aspects, the quality of service to patients should also increase if system Digital-based remuneration is implemented at Payangan General Hospital. Moreover, aspects of patient satisfaction will also be taken into consideration in determining the amount of remuneration received. Each doctor will be assessed by the patient by giving feedback in the form of filling in a suggestion box or later digital media will be provided that the patient can choose directly to assess the doctor's performance. This will certainly encourage employees to provide quality and optimal service. This was conveyed by management and employees.

*When it comes to quality, if we talk about satisfaction, there must be quality. So the patient is satisfied because he feels served, recovering, for example, without any complaints, so patient satisfaction will increase. One of the patient satisfaction that is felt is that (WM-2)*

*I think the quality of service is in line with our mission, namely "Fast, Close, Simple". Once again, I like fast service, then close service, then simple. Then with digitization it will definitely be very fast. Digital means digits means fingers meaning everything is in our hands meaning that technology should exist to make our lives easier. So if system remuneration in digitization means system remuneration easier and more simplified. So, the profit, benefit, advantage should be more. (WM-1)*

#### e. Organizational culture

Application system digital-based remuneration will improve the quality of organizational culture. Aspects of Discipline, work motivation and good team work will improve organizational culture. This was conveyed by the main director and financial management at Payangan General Hospital.

*From the aspect of our organizational culture, the best is different, yes, we are indeed the ones who appear different from the start. We conceptualize it from the start in an organizational culture, I think it will have a leverage value that is able to speed up it, accelerate the direction of achieving the vision and mission of this hospital. So in the future it can be much more competitive than my record system is also a system remuneration this can also create confidence, which means making a better sense of PD being a staff here when he has something, there is comparison so from other people. (WM-1)*

This opinion was also supported by the results of a survey of all employees which showed that 81.70% of employees agreed that digital-based remuneration would improve the quality of organizational culture at Payangan General Hospital.

#### Prediction of Obstacles and Obstacles to the implementation of digital-based remuneration

The main director of Payangan General Hospital stated that the possible obstacles that would be faced if digital-based remuneration were implemented were HR management issues for IT and officers in charge of inputting and verifying data. Meanwhile, the problem of adapting employees to using applications on devices will not be a significant obstacle. This is because most of the employees are young and all have smart phones.

*Yes, I think only 2, right? First, the readiness of human resources in terms of quality, quantity, if it's a device, I think everyone has it and surely everything can be done, I don't think it's a big problem. Then from the road financing system, if it's from the HR system to carry out the obstacles, the biggest obstacles are... the obstacles... that's all that's left is the socialization of adaptation by the user then adaptation and adjustment of manpower when loading is large for example a lot of income and you have to return too much... now that's definitely a challenge .*

*The problem is that it's on time, yes, the time to enter the results of work, load the results of this service, maybe there. So I think later our anticipation is for sufficient human resources, nimble enough to enter the service and later be able to immediately distribute it. I think it's only the technical constraints.*

When discussing the obstacles or obstacles that might be encountered when implementing digital remuneration, all FGD participants estimated technical problems such as system errors, internet network and problems if the power goes out. However, this problem should have been anticipated beforehand. Related to HR constraints that are of concern is the lack of IT staff who will have to be ready to solve problems if technical matters occur. So it is said that the addition of IT personnel is needed specifically to manage this digital remuneration system later.

*If the problem might be in human resources maybe because it has been said that we only have 3 people for staff Maybe from ee employees maybe don't really understand about remuneration this, continue fore specially I don't think it's an obstacle if we really have to do it, let's try it. The obstacle may be that we are here, the system, ee, means that our area is in a remote area, from this point of view, what is the name of the network, maybe the network (FGD 06)*

*The application has an error... maybe.. In terms of HR, maybe everyone here is all young, then they all use Android, maybe all are sophisticated in operating it (FGD05)*

From the results of the employee survey, there were quite a number of employees who stated that they might not know what the obstacles were because they had not implemented them. However, there were 11.49% of employees worried about internet network problems, 10.64% said it was possible not all of them had smartphones and were fluent in using online applications, and 8.51% said they were worried about the system.error on application. A small number of employees are concerned about data validation issues and also the existence of unfair competition between employees which might reduce team performance. However, the number of those who had a negative opinion was below 5% of all respondents

### **Recommendations from Management and Employees of Payangan General Hospital to Overcome Constraints and Obstacles**

Some of the suggestions submitted by employees in the Google form are as follows:

- Adequate system preparation and back up
- Ensure internet connection
- HR preparation
- Outreach and training
- Determination of fair remuneration assessment points, according to workload, ability, risk, work units and agreements of all employees
- Data monitoring and validation

This was also agreed upon by the management in the FGD, where prior to the implementation of the digital remuneration system, IT readiness was required, fixed agreements between all employees as well as training and socialization on the use of the application.

*If you look at it in terms of human resources, maybe you need a workshop or you need education or something learning those who don't yet understand applications or maybe they are a bit clueless in the field of technology, maybe they need to do a workshop or application training, maybe how to operate... Manual also need still (FGD 05)*

*So there must be a special system for security later maybe prepared what is called in management data security, on the server for example the person at the level of the person who should be able to be in arrears of the session maybe anyone who can open this must be prepared with the code- certain code, the extent to which he can open it, for example, only on the paramedic's laptop, so long as he can open it, then management, so there must be a level factor like that, there are certain codes for security (FGD 01)*

From the results of interviews with the director of Payangan General Hospital, it can be seen that in preparation for reducing the problem of incompatibility of remuneration calculation data, he stated that he had prepared the formation of internal and external verification and monitoring teams. Internal of course from the management team. In addition, support from the local government also strengthens optimism that this system will be implemented as expected.

*Our data verification has collaborated with our verification team. There is an internal verification team that may currently still join or be integrated into Casemix, right? But in the future we will have*

*verification in administration specifically for this. So he is related to finance then knows also service verification.... (Regional government and Kominfo) In fact, they had helped before when we were still leaking in the workforce, then when it was time to do it, they had already made what they called, made generic, they had made it.(WM-1)*

## Discussion

Payangan General Hospital is a type C regional general hospital which has only officially operated for 11 months. This Hospital has a total of 235 employees with the characteristics of the age range of employees relatively young (proportion of age under 45 years is greater than the age above). This is a key support for deployment system digital media-based remuneration due to the age of the employees relatively young people will make it easier to direct the use of IT technology. Young employees are usually very fluent in using gadgets as well as other devices such as laptops and online applications. Young age relatively easier to receive training and apply it. In addition to the age aspect, another supporter is the level of education, which on average is a bachelor's degree and some have even passed the level masters (S2) in the field of public health and health management. As such, it is a major strength to support adoption system digital in remuneration management. Likewise with the age and level of education of management officials at Payangan General Hospital. Young age with education relatively will provide enthusiasm for all employees to advance Payangan General Hospital.

Given the age of Payangan Hospital which is still very young, so far system Employee payroll is only limited to providing basic salary, both for ASN and contract workers. Based on the results of this study, ASN employees receive a basic salary and benefits according to their class, rank and position as ASN. Meanwhile, contract workers receive a basic salary according to the Gianyar UMK with the consideration that there will be additional salaries for employees who have special skills or abilities such as operating assistants, anesthetics and others. Funding for the basic salary of contract workers so far comes from the Gianyar Regency APBD. From the research results it is also known that Payangan Public Hospital has never distributed additional incentives in the form of services (Jaspel) or remuneration. But the hospital management has prepared a plan system remuneration which will take effect at the end of 2020 or at the latest in early 2021. This time limit depends on the ratification process for the draft district head regulation regarding ongoing remuneration. Regulations regarding system remuneration for government employees including hospital employees, is regulated in the Regulation of the Minister of Home Affairs no 61 of 2007.

In CHAPTER VII, Article 50 paragraph 1 it is explained that BLUD management officials, supervisory boards, secretaries of the supervisory board and BLUD employees can be given remuneration according to the level responsibility and the demands of professionalism required. Further on in verse 2 explained that the remuneration as referred to in paragraph (1), is an employee benefit which can be in the form of salary, fixed allowance, honorarium, incentives, bonus for achievement, severance pay, and/or pension. Remuneration for the supervisory board and secretary of the supervisory board as referred to in paragraph (1) is given in the form of honorarium. In paragraphs 4 and 5, it is explained in more detail regarding the determination of remuneration, namely the remuneration referred to in paragraph (1), for the BLUD-SKPD is determined by the regional head based on the proposal submitted by the BLUD-SKPD leader through the regional secretary. Remuneration as referred to in paragraph (1), for BLUD-Work Units is determined by the head of the region based on the proposal from the BLUD-Work Unit leader through the SKPD head (PERMENDAGRI No 61, 2007). Payangan Hospital is a hospital that is already in the form of a BLUD, system remuneration in the coming year.

The amount of remuneration that will later be implemented at Payangan General Hospital has been outlined in the Perbup draft regarding remuneration that is being submitted to the Bureau Law Province Bali. In the draft, the assessment of remuneration points will be calculated from the aspect of the Individual Index which consists of: Basic Index; Competency Index; Index Risk; Emergency Index (Emergency Index); Position Index; and Performance Index. This is in line with the Permendagri regarding remuneration for BLUD employees (Article 50 paragraph (2)), which states that the amount of remuneration can be calculated based on the following assessment indicators:

- a. Experience and years of service (basic index),
- b. Skills, knowledge and behavior (competency index)
- c. Occupational risk (risk index);
- d. Emergency level (emergency index);
- e. Position held (position index); and
- f. Results/achievement of performance (performance index).

In paragraph 2, an explanation is added regarding BLUD management officials and employees with PNS status, in which the basic salary and benefits follow the laws and regulations regarding civil servant salaries and benefits and can be given additional income according to the remuneration determined by the regional head as referred to in Article 50 paragraph (4) or Article 50 paragraph (5). (PERMENDAGRI No 61, 2007).



Providing additional incentives such as remuneration will have a positive impact on improving employee performance. A study in Sierra Leone reported that giving an additional bonus increased employee income by 10% resulting in positive feelings in employees. This is due to the perception that bonuses are extra money other than the main salary that can be used to pay for unexpected needs, such as emergencies (during illness), saving or financing other needs. Although in practice, some problems such as late payment of remuneration can reduce employee motivation (Bertone et al., 2016).

From the results of the literature review, there are several publications reporting the implementation of the remuneration system in several hospitals in Indonesia and in Bali. A study at the RS. Dr. R Soetijono, Blera Regency, reported that the incentives received by the board of directors, operative doctors, paramedics and medical support were in accordance with their work risks. The suitability of the workload with the incentives received is found in the group of directors and specialist doctors. From the fairness aspect of the amount of incentives received, the group of directors and operative specialists stated that they were good enough (Pembantjanawati, 2010). Research on the application of the remuneration system at dr. Soehadi Prijonegoro Sragen, reported that doctors' performance ratings in the form of points and indexes were converted each month to a rupiah value by multiplying the current month's total medical services. The classification of types of action uses the Doctor's Medical Services Reference (Tariff) from the Indonesian Doctors Association (IDI) which was published in October 2013. (Hidayati, 2015)

In Bali, the remuneration system has been implemented at Sanglah General Hospital. There are 2 publications that explain the results of studies on the implementation of remuneration at Sanglah General Hospital. The first study involved 95 employees of Sanglah General Hospital. From the results of the survey it was found that the average Sanglah Hospital employee agreed that employee remuneration needs to be related to position, where it is expected that the regulation on remuneration is based on the high and low workload charged to employees. (Swantara, Supriliyani, Wiwin, & Wismayanti, nd)

Although many studies have proven that the remuneration system will have a positive impact on employee satisfaction, there are also several conditions where the implementation of the remuneration system in hospitals is still considered not to fulfill the equality of justice for employees. For example, the application of the remuneration system at RSUD Dr. H. Abdul Moeloek was considered ineffective because the results of the study found that the implementation of the remuneration system did not meet the principles of fairness, eligibility, accuracy, policy, performance evaluation, and control. This reduces employee motivation and productivity so that it is necessary to improve the performance calculation system as the basis for giving remuneration so that remuneration can be called effective (Sari, 2017). Likewise, a hospital in Jakarta is known to be not ready to implement a remuneration system due to the lack of income earned so it has to be subsidized from the local APBD budget, differences in perceptions of policy holders, employees and health workers regarding remuneration allocation and regulations (Dewi, 2017). Reflecting on this experience, the management of Payangan General Hospital must also consider the aspects of equalizing perceptions and employee agreements before implementing digital-based remuneration. This was also stated by several FGD participants and Payangan Hospital employees who focused on preparing remuneration calculation points and also preparing an IT system that had to be determined and agreed beforehand before the digital system was implemented. Reflecting on this experience, the management of Payangan General Hospital must also consider the aspects of equalizing perceptions and employee agreements before implementing digital-based remuneration. This was also stated by several FGD participants and Payangan Hospital employees who focused on preparing remuneration calculation points and also preparing an IT system that had to be determined and agreed beforehand before the digital system was implemented.

Digital-based remuneration is planned by the management of Payangan General Hospital with the consideration that in the future everything will be processed with online technology to increase the effectiveness and efficiency of organizational management. In addition, the digital system will facilitate transparent monitoring, distribute incentives fairly and according to individual performance indexes. In addition, this digitization will also enable increased employee work discipline, improved service quality and employee performance evaluation from the aspect of patient satisfaction. Plans to use this online system include the use of digital presence applications (fingerprints or retinas), recording of digital medical records and other performance records (records of operations and other actions), as well as assessment of satisfaction by patients using a real time survey application in the service room. However, the management has also realized that in order to lead to digitalization, many facilities and infrastructure must be provided, such as adequate computer, laptop and gadget facilities, a stable internet network and ensuring adequate electricity network as well. In addition, aspects of the quality and quantity of human resources who will manage the facility have also been considered by the main director and management.

Digitizing remuneration management will directly increase employee discipline because control is carried out by machines that cannot be negotiated. For example, since the implementation of digital media-based remuneration for specialist doctors at Sanglah General Hospital, the presence of doctors is recorded directly with a facial recording machine. This forces every doctor to actually come and leave Sanglah General Hospital according to predetermined working hours (Swantara et al., nd).

The application of the remuneration system in institutions other than hospitals shows a tendency to have a positive impact on employee satisfaction and improving employee performance. Research conducted at the tax office in Makassar reported that remuneration, motivation and job satisfaction affect the performance of employees at the tax office in Makassar City (Palagia et al., 2012). However, in contrast to these findings, the results of a study at a hospital in Jakarta showed that the majority of functional medical and nursing staff (71.2%) were dissatisfied with several things in implementing the remuneration system, such as the payroll system and grading. It is hoped that this hospital can improve the remuneration system according to policy provisions and formulate incentives and bonuses that are more in line with current conditions and need to carry out proper socialization and periodic evaluation (Soetisna et al., 2015). The impact of remuneration studied at the KPPN I Jakarta agency found that improvements to the remuneration system had increased employee motivation so as to improve service quality and customer satisfaction (Sancoko, 2011)

A systematic review of performance-based employee pay showed the result that this payment method improves service quality, although there are also other studies that cannot confirm this result. Two of the 4 randomized trials reported no relationship between service quality and system performance-based payments, while 2 other studies reported a weak relationship (Eijkenaar, et al., 2013).

Research at Sanglah General Hospital found research respondents mentioned several behavioral indicators that could be used to measure the behavior of specialist medical staff, namely: attendance, attitude towards superiors and response time. Of the three indicators, the assessment of attitudes toward superiors is an indicator that is difficult to measure and there is no measuring instrument to measure the standard, while the indicators of attendance and response time show aspects of discipline that are easier to evaluate. Meanwhile, to measure the performance quality indicators of specialist medical staff, namely: 1. Conformity of KDP/Clinical Practice Guidelines: Guidelines for medical services 2. Customer complaints 3. Completeness of medical record filling 4. Morbidity 5. Mortality 6. Service efficiency. However, In this study it was also stated that indicators of customer complaints were very difficult to use given the influence of other factors beyond the control of specialist medical staff. (Wati, 2018).

The controversy over the impact of remuneration resulting from different studies can illustrate that in order to implement a digital-based remuneration system, there are many aspects that need to be considered and anticipated so that later it can work as expected and provide a sense of justice for every employee.

## V. CONCLUSION AND ADVICE

### Conclusion

Based on the results of the study it can be concluded several things as follows.

1. Leaders (directors), management and employees of Payangan General Hospital have a positive perception of plans to use digital media (online applications) for performance recording, reporting and performance calculations for employee remuneration payments at Payangan General Hospital.
2. The digital-based remuneration development plan has entered the planning stage with the existence of a draft regent regulation which is currently being reviewed at the law firm province Bali. It is hoped that the results of the study will be completed soon and can go through the next process smoothly.
3. Based on the research results, the leadership, management and employees of Payangan General Hospital stated that they were ready to implement digital-based remuneration though admittedly there are several components that must be prepared including: hardware facilities, software, internet network and also the preparation of managing human resources. In addition, employees also expect socialization prior to implementation system the.
4. According to the leadership and employees of Payangan General Hospital, the implementation of digital-based remuneration will have a positive impact on increasing employee discipline, work motivation, quality of service to patients, teamwork, effectiveness, efficiency and organizational culture and will ultimately increase the satisfaction of patients who seek treatment at Payangan General Hospital.
5. Some of the obstacles and obstacles that are expected to occur are: system errors, unstable internet connections, data leaks, shortage of IT staff and also getting senior employees used to using digital devices/systems, however, this problem has been thought of and a solution will be prepared by the leadership and management of Payangan General Hospital.

### Suggestion

Based on the research results, several suggestions can be submitted, namely:

1. Enactment system Digital-based remuneration must really be prepared from various aspects, especially the aspect of calculating performance appraisal points so that all parties agree, both employees, management

and leaders. This is to prevent employee jealousy or disappointment when the system has been implemented.

2. An appeal is required to the Hospital Institution or agency other governments have imposed system digital-based remuneration so that you can learn the strengths and weaknesses system that from experienced.
3. Socialization system this remuneration must be done prior to implementation system so that all employees understand. Assistance is also needed for senior staff to learn how to use the application later. In addition, aspects of data security from threats of data theft, piracy and so on must be considered when developing applications so that no loss occurs in the future.

#### BIBLIOGRAPHY

- [1]. Bertone, MP, Lagarde, M., & Witter, S. (2016). Performance-based financing in the context of the complex remuneration of health workers: Findings from a mixed-method study in rural Sierra Leone. *BMC Health Services Research*, 16(1), 1–10. <https://doi.org/10.1186/s12913-016-1546-8>
- [2]. Regent of Gianyar, (2020), Draft Regent's Regulation concerning the Remuneration System at the Regional Technical Implementation Unit of the Payangan General Hospital.
- [3]. Dakota, I., Ayuningtyas, D., Oktarina, R., & Misnaniarti, M. (2017). Implementation of Remuneration Policy in Government Hospitals. *Journal of Indonesian Health Policy*, 6(3), 159. <https://doi.org/10.22146/jkki.v6i3.29669>
- [4]. Dewi, EK (2017). Analysis of Readiness of the Remuneration System Based on Regulation of the Governor of DKI Jakarta Province Number 222 of 2016 at Pesanggrahan Hospital in 2017. 4(222), 24–34.
- [5]. Eijkenaer F., Emmert M., Scheppach M., Schöffski O., (2013), Effects of pay for performance in health care: A systematic review of systematic reviews, *Health Policy*, Volume 110, Issues 2–3, Pages 115- 130, ISSN 0168-8510, <https://doi.org/10.1016/j.healthpol.2013.01.008>.
- [6]. Hendriani, A. (2017). Design and Development of a Remuneration Information System for Kepahiang Bengkulu Hospital Services Using the FAST Method. *Journal of Business Information Systems*, 7(1), 9. <https://doi.org/10.21456/vol7iss1pp9-16>
- [7]. Hidayati, F. (2015). Chapter V conclusions and suggestions: Conclusion The preparation of the performance appraisal instrument for physicians was carried out by means of action research with stage (1) problem identification (. 79–80.
- [8]. Martono, RM (2012). Making a remuneration system for web-based universities using the codeigniter framework and jquery creating a remuneration system for web-based universities using the codeigniter and jquery frameworks.
- [9]. Mulyana, A. and Sugiharto, MD (2017). The Influence of Leadership and Reward System on Job Satisfaction and Its Implications for Employee Organizational Commitment of PT Bank BJB Syariah. Retrieved from <http://repository.ekuitas.ac.id/handle/123456789/367>
- [10]. Novila, T., & M, N. (2014). FutureE. The Effect of Number of Tax Audits, Income Tax Sanctions with Taxpayer Compliance as Intervening Variables at KPP Pratama Jayapura, (11), 23–40.
- [11]. Palagia, Brasit, & Yunus. (2012). Remuneration, motivation, and job satisfaction on employee performance at the tax office. *Journal of Analysis*, 1(1), 73–78.
- [12]. Pembantjanawati, EK (2010). Evaluation of the Remuneration System at the Hospital. Retrieved from [http://etd.repository.ugm.ac.id/index.php?act=view&buku\\_id=157816&mod=penelitian\\_detail&sub=PenelitianDetail&typ=html](http://etd.repository.ugm.ac.id/index.php?act=view&buku_id=157816&mod=penelitian_detail&sub=PenelitianDetail&typ=html)
- [13]. PERMENDAGRI No 61. (2007). Permendagri No. 61 of 2007. Permendagri, 3. Retrieved from [depdagri.go.id](http://depdagri.go.id)
- [14]. Sancoko, B. (2011). The Effect of Remuneration on the Quality of Public Services. *Journal of Administration and Bureaucracy*, 17(1), 43–51. <https://doi.org/10.20476/jbb.v17i1.625>
- [15]. Sari, D. . (2017). Evaluation of the Implementation of the Remuneration System and Increasing the Productivity of the Service Workforce (Study at the Regional General Hospital Dr. H. Abdul Moeloek). Yogyakarta.
- [16]. Shields, J. et al. (2015). *Managing employee performance & rewards: Concepts, practices, strategies*. Cambridge University Press.
- [17]. Soetisna, TW, Ayuningtyas, D., & Miniarti. (2015). Implementation of the Remuneration System and Implementation Service Performance. : *National Journal of Public Health*, 10(1), 17–23.
- [18]. Sulasmi, S., Herachwati, N., & Rachmawati, F. (2009). Job ranking in a teaching hospital as part of developing a remuneration system. (3), 331–346.
- [19]. Swantara, KA, Supriyani, NW, Wiwin, K., & Wismayanti, D. (nd). Relationship Between Remuneration and Work Motivation of Civil Servants at Sanglah Central General Hospital, Denpasar. 1–4.
- [20]. Wati, TV (2018). Remuneration Model for Specialist Medical Staff at Sanglah Tri Virgowati General Hospital. *Journal of Management and Business*, 15(4), 127–153.