



2nd ICHMS & 2nd LSC

PROCEEDING

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The 2nd International Conference of Medical and Health Sciences (ICMHS) and The 2nd Life Sciences Conference (LSC) 2016

*"Towards a Better Quality of Life
through Interdisciplinary Research"*

Yogyakarta, 9th-10th December 2016
The Alana Hotel and Convention Center

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**The 2nd International Conference of Medical & Health Sciences
and
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**Chair person of The 2nd International Conference of Medical and
Health Sciences and The 2nd Life Sciences Conference 2016**



Welcome to Jogja, sugeng rawuh!

For the second time, the Faculty of Medicine and Health Sciences Universitas Muhammadiyah Yogyakarta is going to conduct the 2nd International Conference of Medical and Health Sciences (ICMHS) this December in vibrant Yogyakarta, Indonesia. This year we are going to collaborate with the Life Sciences Society of Pakistan for their 2nd Life Sciences Conference (LSC) with Dr. Zahid Iqbal as the general secretary.

This year's conference theme "Towards a better quality of life through interdisciplinary research" will be celebrating an era of seamless interdisciplinary integration and collaboration in scientific innovations with the involvement of more extensive topics and disciplines in the conference. We aim to exhibit the products of that kind of approach in solving challenges, improving the quality of life, and creating sustainable developments. We are happy to announce that our conference is filled with Invited speakers from Pakistan, United States of America, Uni Emirates Arab, Malaysia and Indonesia. Presentations will be conducted in oral as well as poster that covers topics from medicine, public health, dentistry, pharmacy, biomedical to agriculture. To put more credibility to the conference we are collaborating with Isra Medical Journal and the Asian Journal of Agriculture and Biology to publish selected papers from the event. Other paper will be published in the ISBN Proceeding book.

The last but not least, enjoy the conference, start networking and sharing ideas, and let immerse yourself to the heritage cultural ambient of Jogja, sumonggo!

Yogyakarta, 1st December 2016

dr. Iman Permana, M.Kes, Ph.D.

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**Dean of Faculty of Medicine and Health Sciences,
Universitas Muhammadiyah Yogyakarta**



Assalamu'alaikum Wr. Wb.

Science, especially in the areas of health and life growing more rapidly. We need to work together in the research of various disciplines to the advancement of science and to provide benefits to human life.

After successfully organized international scientific meeting last year, the Faculty of Medical and Health Sciences Universitas Muhammadiyah Yogyakarta, held the second scientific meeting ICMHS along with "2nd Life Sciences Conference". In this second scientific meeting, FKIK UMY collaborates with various researchers, among others from Pakistan, Malaysia, and the United States. Taking the theme "Towards a better quality of life through interdisciplinary research" we hope to establish cooperation with various parties to be able to contribute ideas to the civilization of human life.

Finally, we congratulate the scientific meeting in the city of Yogyakarta Indonesia. Enjoy the beautiful city of Yogyakarta with priceless historical relics. We hope that this meeting can run smoothly and provide benefits to the advancement of knowledge.

Wassalamu'alaikum Wr. Wb.

Yogyakarta, 1st December 2016

dr. Ardi Pramono, M.Kes, Sp.An.

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Rector of Universitas Muhammadiyah Yogyakarta



Assalaamu'alaikum Wr. Wb.

Ladies and Gentlemen,

Welcome to the 2nd International Conference on Medical and Health Science in conjunction with the 2nd Life Sciences Conference 2016

Welcome to Yogyakarta City of Tolerance

Our Faculty of Medicine and Health Sciences has been doing such international conference almost every year for the last ten years. This and other previous conferences are the things that supporting our vision as an excellence and Islamic university, a young and global university. We will always try to keep monitoring the development of science through sending more lecturers to do the sabbatical leave overseas, doing international research collaborations and also the international conference. Each department should do this strategy of internationalization so that each department has its own network. Faculty of medicine and health science is one of the most progressive units in implementing this strategy by inviting international experts on a regular basis. This program will certainly strengthen our vision.

International conference on medicine and health sciences is a smart choice to offer our lecturers access to the most recent development of the subjects. The participants will also gain the same knowledge and latest information on medicine and health sciences. As everyone knows that the development of science and technology are faster today compared to the previous period. Information technology, computer, and other development havefastened the transformation of medicine and health science into the different and more complex stage.

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Cellular technology, for instance, can be used for several functions including those that directly impacts our daily life. There is no long distance call anymore today because cellular phone can do everything we need to contact other people far from where we stand anytime anywhere. People will finally innovate cellular phone for the sake of personal health services. We will in the future using our simple cellular phone to detect our body temperature, blood pressure, even how much fat we have in our body and how much it is supposed to be. We may also be able to check the health of our body without leaving our house and order medicine without going into the drug store. Everything is almost possible as long as we think hard for the better of people in the future. Enjoy the conference and don't forget to visit our rich tourist destinations, mountains, beaches or caves (underground waterways).

Thank you

Wassalaamu'alaikum Wr. Wb.

Prof. Dr. Bambang Cipto, MA

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Keynote Speech

**by Head of Provincial Health Office Special Region of Yogyakarta
in International Conference
of Medical and Health Sciences and Life Sciences Conference**

The Alana Hotel and Convention Center, Yogyakarta, December 9-10, 2016

The honorable:

- Rector of Muhammadiyah University of Yogyakarta,
- The Dean of Medical and Health Sciences Muhammadiyah University of Yogyakarta,
- The chairman of organizing committee of the international conference of medical and health,
- Distinguished guests and colleagues.

Assalamu'alaikum Warahmatullahi Wabarakatuh,

First of all, we thank God for His blessings that today we may attend the International Conference of Medical Health Towards a Better Quality of Life Through Interdisciplinary Research in Yogyakarta.

My distinguished colleagues,

In Indonesia National Long Term Development Plan (2005-2024), the Indonesian Ministry of Health have determined a paradigm shift that have governed health services in health development plan. There has been a shift from Curative Health Services to Preventive and Promotive Health Services.

Recently, Indonesia suffers from a triple burden of diseases as health development challenges. The triple burden of diseases are: 1) the backlog of common infections, undernutrition, and maternal mortality; 2) the emerging challenges of non-communicable diseases (NCDs), such as cancer, diabetes, heart disease; and 3) mental illness, and the problems directly related to globalization, like pandemics and the health consequences of climate change.

Dear colleagues,

Here are some data that show several health problems in Indonesia:

1. Maternal mortality rate in 2015 is 4,809 cases, infant mortality rate in 2015 is 22,267 cases;
2. Regarding to children under the age of five, the national stunting rate is 37.2% which consists of 18% for very short dan 19.2% for short (Risksedas 2013);

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3. HIV testing coverage is 14% dan antiretroviral (ARV) therapy coverage is 65.58% (Directorate General of Disease Control and Prevention Ministry of Health, 2015);
4. Tuberculosis (TB) notification rate in 2015 is 73.5% and tuberculosis treatment success rate is 72% (Directorate General of Disease Control and Prevention Ministry of Health, 2015).

Distinguished guests,

Indonesia Health Development Program in 2015-2019 strengths in improving human quality life through Health Indonesia Program with family approach. The Indonesian Ministry of Health issued The Minister of Health Regulation (Permenkes) No. 39 Year 2016 as a Guideline of Implementation of Health Indonesia Program with Family Approach. This program has 12 main indicators as markers of a family health status. Currently, many health programs have been implemented by Indonesian Ministry of Health, Provincial Health Offices, and District Health Offices. However, many health problems, some as mentioned above, still become health burdens. We may ask a question whether the programs that we conducted have answered the health problems we have in Indonesia.

It would be better if all health programs that we implement based on scientific health research, especially interdisciplinary research. The research should be related to detection, prevention, and treatment of diseases or problem solving for better health.

My dear colleagues,

Being a province with speciality, Special Region of Yogyakarta placed Traditional Medicine as one of the priority programs in Provincial Medium Term Development Plan (2017-2022). We still encounter many challenges in developing Traditional Medicine, especially in providing services which are based on scientific evidence.

Distinguished colleagues,

We look forward to results of interdisciplinary research which would support health problem solving, especially by developing traditional medicine in Yogyakarta. We believe that collaboration in interdisciplinary research would improve quality of human life.

Finally,

Thank you for your attention. We wish you a successful conference.

Wassalamu'alaikum Warahmatullahi Wabarakatuh,

On behalf of
the Head of Provincial Health Office
Special Region of Yogyakarta

Drg. Pembajun Setyaningastutie, M.Kes

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**SPEAKER OF
INTERNATIONAL CONFERENCE**

Zahid Iqbal

Al-Nafees Medical College Isra University Islamabad Campus Islamabad, Pakistan
“One Health Program for Public Health Benefit”

Prof. Dr. Abdul Khaliq

Professor, Department of Agronomy, University of Agriculture, Faisalabad
“Role of Agriculture in Poverty Alleviation of Rural Areas”

Fitri Arofati

Universitas Muhammadiyah Yogyakarta, Indonesia
“Continuing Professional Development of Practicing Nurses in Indonesia”

Tri Wahyuliati

Universitas Muhammadiyah Yogyakarta, Indonesia
“Diabetic Neuropathy - A Chance Towards A Better Treatment”

Mohammad Khalid Ashfaq

University of Mississippi, USA
“Natural Products –Use or Misuse”

Muhammad Mukhtar

American University of Ras Al Khaimah, United Arab Emirates
“Emerging Biotechnologies and Genomic Medicines in Human Health and Well-Being”

Muhammad Sasmito Djati

Brawijaya University Malang, Indonesia
“Herbal Medicine a Holistic Approach: in case of food supplement formulation of Sauropusandrogynus and Elephantopuscaberto modulate immune and hormonal system in pregnant Salmonella typhi infected mice”

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REVIEWER

1. Dr. Zahid Iqbal, Ph.D (Isra University, Islamabad, Pakistan)
2. Prof. Dr. Abdul Khaliq (University of Agriculture, Faisalabad)
3. Dr. Mohammad Khalid Ashfaq, DVM, DTVM, MS, Ph.D (University of Mississippi, USA)
4. Dr. Muhammad Mukhtar, Ph.D (American University of Ras Al Khaimah, United Arab Emirates)
5. Dr. Ir. Muhammad Sasmito Djati, MS. (Brawijaya University Malang, Indonesia)
6. Fitri Arofiati, S.Kep., Ns., MAN., Ph.D (Universitas Muhammadiyah Yogyakarta, Indonesia)
7. Dr. SN Nurul Makiyah, S.Si., M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
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14. Dr. dr. Tri Wahyuliati, Sp.S, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
15. Dr. Elsy Maria Rosa, M.Kep (Universitas Muhammadiyah Yogyakarta, Indonesia)
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19. Dra. Lilis Suryani, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
20. Drh. Tri Wulandari K, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
21. Dr. dr. Wiwik Kusumawati, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
22. Sabtanti Harimurti, S.Si., M.Sc., Ph.D., Apt. (Universitas Muhammadiyah Yogyakarta, Indonesia)

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**SPEAKER OF
INTERNATIONAL CONFERENCE**

ICMHS-O-1-44

**MANAGERIAL LEADERSHIP COMPETENCE AT PKU
MUHAMMADIYAH HOSPITAL OF GAMPING**

Ranggit Oktanita¹, Qurratul Aini², Ekorini Listiowati³

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Indonesia*

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Abstract

The lack number of managers who have been trained in management skills resulting in a lack of effective management systems. In general, management capacity has been identified as a weakness concealed in various fields of expertise of health managers. PKU Muhammadiyah Hospital of Gamping, as a hospital which has been seeking independent management requires competent management officials and able to make strategic decision to advance the hospital. This study was using *mixed method* with the quantitative and qualitative approach. The data used was primary data, obtained from interviews and providing questionnaires to all levels of managers. The study was implemented on September 2016. The research's object was the competency of all managers (top level manager, intermediate level manager, and low level manager) at PKU Muhammadiyah Hospital of Gamping. From the analysis of questionnaire and in-depth interview, it is obtained that the capacities of almost all low manager, intermediate and top managers are still not fulfilling the needs of PKU. Currently, the organization of PKU Muhammadiyah Hospital of Gamping structure is still not perfect yet, there are still managerial structural officials with double position, in addition, there are working units that have not been established. Managers can perform their task and obligations, however they still need supports, and it means that the competence of PKU Muhammadiyah Hospital of Gamping managers are in the level of competence.

Keywords: managerial competence, hospital management, PKU Muhammadiyah Gamping

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INTRODUCTION

Lately there has been a massive change, one of them is within the scope of globalization. As a result of the changes it has created new situations, there are new challenges, and in addition, it also opens new opportunities. Against these new things it should be prepared for an appropriate response and strategic response and we should be able to adapt and take advantage of the presented changes¹.

Changes in the business environment as indicated by the development of communication technology and information technology is a major challenge faced by HR today. The rapid advances in technology that creates an ease in company operations leads to workers who have a low potential will not compete due to technological developments, the company no longer needs unskilled workers (blue collar) but labor is able to master the development of existing technologies and have the talent of managerial. Sharp competition and tight. Therefore, the challenge for the future is to enhance competitiveness and competitive advantage in all sectors of industry and services by relying on the ability of Human Resources, technology and management².

Most efforts to build the capacity of health systems focuses on improving the skills of medical and public health. Lack of attention to the development of managerial of hospitals even though they have a central role in improving the functioning and quality of the health system. The overall objective of the hospital management is to ensure that hospitals provide affordable, accessible, efficient, accurate and good quality medical services. In general, management capacity has been identified as a weakness concealed in various fields of expertise of health managers³.

The success and future of the organization depends on leadership skills possessed by top managers and senior managers of the hospital . As a complex organization, hospitals have the interaction between various professionals, making the conflict not an abnormality that occurs in hospitals but is a characteristic of a hospital. To manage this thing it is required for a manager who are profesional⁴. Professional is the result of a special education, and standards of professional ethics and standards of leadership skills. Similarly, in the hospital it requires professional standards of management including leadership skills standards for various positions in the hospital including CEO⁵.

PKU Muhammadiyah Hospital is a hospital specialized in the field of health care and under the central leadership of Muhammadiyah, built some great buildings throughout Indonesia, and the location of PKU Muhammadiyah hospital is scattered around the islands of Java⁶. In the history of establishment and development of PKU Muhammadiyah Hospital of Gamping it cannot be separated from the history of PKU Muhammadiyah Hospital in Yogyakarta, PKU Muhammadiyah Hospital of Gamping which initially have one management with PKU Muhammadiyah Hospital in Yogyakarta began to try to be independent in terms of its management by targets of having independent management

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in 2017. This is of special concern for PKU Muhammadiyah Hospital of Gamping in building a hospital management system in accordance with the vision and mission of PKU Muhammadiyah Hospital of Gamping. PKU Muhammadiyah Hospital of Gamping has 154 beds consisting of VIP: 12 beds, main class: 17 beds, Class I: 16 beds, Class II: 24 beds, class III: 60 beds, nursery: 10 cribs, intensive care: 15 beds.

MATERIALS AND METHODS

The study was conducted at PKU Muhammadiyah Hospital of Gamping on September-October 2016. The subjects in this study were all managers at PKU Muhammadiyah Hospital of Gamping consisting of three top managers, 6 mid-level managers and 32 lower-level managers.

The object of this study is about the manager's competence in general management, financial management, Human Resource management, quality management, drugs and equipment management, information management. The data used in this study were primary data. Primary data is data obtained directly from the source observed in the field and documented directly by the researcher. The primary data obtained from direct observation (observation), questionnaires and in-depth interviews.

There are two methods of data collection in this research, the method of quantitative and qualitative methods. The questionnaire was designed to obtain self-assessment (self assessment) by hospital managers on managerial competencies and managerial training needs. The quantitative data obtained from questionnaires was using Likert scale of 1-5, which is:⁷

- Level 1 : *Awareness*: none or limited knowledge and awareness, never did
- Level 2 : *Basic*: possess knowledge, rarely did
- Level 3 : *Competent*: often did, but still need supports
- Level 4 : *Advanced* : performed effectively, confidence
- Level 5 : *Expert*: performed effectively by professional methods

RESULTS

The subjects were managers and staff of PKU Muhammadiyah Hospital of Gamping. Respondents of interviews and questionnaires in this study was the manager amounting to 41 people. Divided into 3 groups, namely: top managers, middle managers and lower managers. A top manager is the Medical Director of Services and Support; Director of Administration, General and Finance; and Director of Al-Islam, Muhammadiyahism, Human Resource, Education, Research, and Development. Middle managers amounted to 6 people, namely; Managers and Medical Support Services; Nursing manager; Non-Medical Support Manager, Admin and Finance Manager

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serving as Supervisor of Management of Accounting and Bookkeeping, Development Manager of Human Resource and Preaching, Manager of Research and Development, Lower manager amounted to 32 people, namely; Registration and Medical Records Supervisor; Supervisor of Pharmacy, Supervisor of Laboratory, Supervisor of Radiology, Supervisor of Nutrition, Supervisor of Outpatient Services, Supervisor of CSSD, Service Supervisor of Operating Room, Supervisor of Emergency Services, Supervisor of Hemodialysis, Supervisor of Physiotherapy, Supervisor of Electromedic, Supervisor of Ward Naim, Supervisor of Ward Zaitun, Supervisor of Ward Wardah , Supervisor of ICU, Supervisor of Ward Anak and KBY Firdaus, VK and Obstetrics Ward Supervisor , Ward Supervisor of Ar Royan, Al-Kauthar Supervisor, Maintenance Supervisor, Supervisor of Sanitation, Transportation Supervisor, Supervisor of Linen - Laundry, Supervisor of Security Guard, Supervisor of Costing and Accounts Receivable, Supervisor of Admin Office and Procurement, Supervisor of Relationships and Infocom, Supervisor of EDP, Supervisor of Training and Employment, Supervisor of General of Spiritual Employees and Patients, Supervisor of of Education and Professional Training Doctor, Supervisor of Education Non Physician and Professional Training.

Characteristic of Respondents. Cumulatively the characteristics of respondents by age shows the number of respondents aged less than or equal to 30 years by 7.32%, aged between 31-40 years of as much as 31.7%, aged between 41-50 years of as much as 56.1%, and over 50 years as much as 4.88%. Looks almost half of managers are in productive age, between 41-50 years old.

Table 1. Group of Respondent's Age

Age (Years)	Total	Percentage
≤ 30	3	7.32%
31 – 40	13	31.71%
41 – 50	23	56.10%
> 50	2	4.88%
Total	41	100%

Based on the length of service of respondents, the number of respondents with terms of less than or equal to 5 years were 4.8%, year between 6-10 years by 24.3%, tenure between 11-20 years of as much as 39%, and more than 20 years were 31 , 7%. Noted that respondents with terms of 11-20 years and over 20 years was the largest, both reached 70.73%, or more than half the number of managers who became the responded.

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Table 2. Group of Respondent's Tenure

Tenure (Year)	Total	Percentage
≤ 5	2	4.88%
6 – 10	10	24.39%
11 – 20	16	39.02%
> 20	13	31.71%
Total	41	100%

Viewed from educational level, then this study did not have the respondents background education who did not undergo school or elementary school (0%) Total of the largest respondents were among educational backgrounds with Bachelor Degree were 20 people, equivalent to 48.78% of total number of respondents, respondents with Diploma background were 10 people and Postgraduate or specialist education were 7 people, equivalent to 17.07% of the total number of respondents. There were still some managers with a background in secondary education/equivalent amounting to 1 and high school or equivalent amounting to 3 people.

Table 3. Respondent's Education

Last Education	Total	Percentage
No school	0	0.00%
SD/ equivalent	0	0.00%
SLTP/ equivalent	1	2.44%
SLTA/ equivalent	3	7.32%
Diploma	10	24.39%
Bachelor	20	48.78%
Master and Specialist	7	17.07%
Total of Respondents	41	100.00%

General Management. The results of the measurement of the capacity of managers, namely 50% of its capacity is at an advanced scale, 43% of them on a scale of competence. There are still managers who have the basic capacity. While hospital needs managers who have the expert capacity of 64.29%, and advanced 21:43% and only 14:29% which has a capacity of competence. Comparison between the capacity and needs of PKU Hospital at each level of managers: top, middle, and lower shows the capacity of all levels of managers still do not meet the needs of PKU Hospital. The greatest gap is at the level of middle managers.

The skills of managers performance scale who became the indicator of general management skills is shown in table 4. It is seen that the top managers have average

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competence in the scale of advance, middle managers and lower managers are in the scale of competence. From the graphic shown, it can be seen also the managers's competence in analyzing situation that are complex and strategic plan is still low from other managers' competence in the top levels and middle.

Financial Management. In the framework of the separation of the management from PKU Muhammadiyah Hospital of Gamping, there carried out an overhaul of financial management. Conducting its own financing to the hospital, costing up to association of information management system to enable the design of financial statements.

The results of the measurement of the capacity of manager is directly using the questionnaire showed 20% of the capacity of the scale of advance, and 68% on the competence scale, 8% of basic and 4% of awareness. While the hospital needs managers who have the expert capacity up to 36% and 56% of advanced, and competence is only 8%. Comparison between the capacity and needs of PKU Hospital managers at the financial management is shown in figure 4.6 histogram of financial management skills, where there is a gap on the scale of assessment / gap at all levels of managers. A gap which is quite large between the capacity of managers with the needs of PKU Hospital in the area of financial management. From the graph above it can be seen that the average capacity of which is owned by financial managers are at the level of competence.

Management of Human Resource (SDI). The interview of *Human Resource* management with managers obtained information that reports were not established well regarding programs that were not run routinely, thus the process of program evaluation is difficult to be done. The results of descriptive analysis to the primary data obtained the capacity of the managers' skills in Human Resource management is as follows: 25% of managers' capacity in the scale of *expert*, 54% in the scale of *advance* and 21% in the scale of *competence*. Whereas the Hospital needs managers with the capacity of expert up to 46%, and advanced 33%, and competence 21%. The competence of managers in the management of Human Resource based on the indicators of Human Resource management skills are averagely in the scale of advance.

Comparison between the capacity and the needs of PKU are each in the scale of managers and can be seen in table 4, and figure 1. In table and the figure shown it can be seen the skills of managers for Human Resource, where from the scale of assessment there is no gap on every leves of middle managers. The largest gap is seen in the top manager level. The capacity of lower managers have fulfilled the needs of PKU hospital, whereas middle managers and top managers are almost likely to fulfill the needs of PKU Hospital.

Quality Management and Service Quality. The results of descriptive analysis obtained findings on the capacity of managers as follows: capacity in the scale *expert*

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amounted to 17%, 19% in the scale of *advanced*, 57% in the scale of *competence*, and still found competence in the scale of basic and awareness each with the scale of 2% and 5%. Whereas the needs of the hospital in terms of managers with the capacity of expert is amounted to 54%, capacity of advance amounted to 41%, and competence only by 5%. The comparison between managers' capacity and the needs of PKU Hospital in the area of quality management and service quality is shown in figure 41 histogram of quality management skill and service quality, where from the scale of assessment contained a little gap in lower managers and middle managers. This is different with the scale contained in the top managers, where the managers' capacity have corresponded the needs of PKU Hospital in the area of quality management and service quality.

Medicine Management and Equipment Management. Descriptive analysis of primary data in table 4.18, table 4.19 about the capacity of managers and the needs of the Hospital in the skills of medicine and equipment management found the results as follows: 6% of capacity possessed in the scale of *expert*, 31% in the scale of *advance*, the largest is in the scale of *competence* which is 56%, the remaining is by 8% still possess competence in the scale of basic. Whereas the hospital needs managers with the capacity of expert 69% and advanced amounted to 25% and competence amounted to 6%. This fact interprets that the capacity of managers in the management of medicine and equipment has not met the needs of hospital.

Comparison between the capacity of managers and needs of PKU Hospital in the area of the management of medicine and equipment is shown in Figure 1, the management skills of medicine and equipment, where from the scale of assessment there is a gap at all levels of managers, namely top managers, middle and lower between the capacity of managers with the needs of PKU Muhammadiyah hospital in the area of the management of medicine and equipment

Management of Hospital Information System (SIMRS). The results of descriptive analysis obtained findings about the capacity of managers and needs of the Hospital in the skills of information management of the hospital as follows: 83% of the capacity possessed in the scale of *competence* and 17% others in the scale of basic. Whereas the Hospital needs managers with the capacity of expert until 42% and advanced 42%, the remaining 85 and 8% is in the scale of basic and competence.

Comparison between the capacity of managers and needs of the Hospital in the area of management of information system is shown in figure 4.14 histogram of the skills of information system management, where from the assessment scale there is a gap quite big on all levels of managers, namely namely top managers, middle and lower between the capacity of managers with the needs of PKU hospital in the area of the management of information system.

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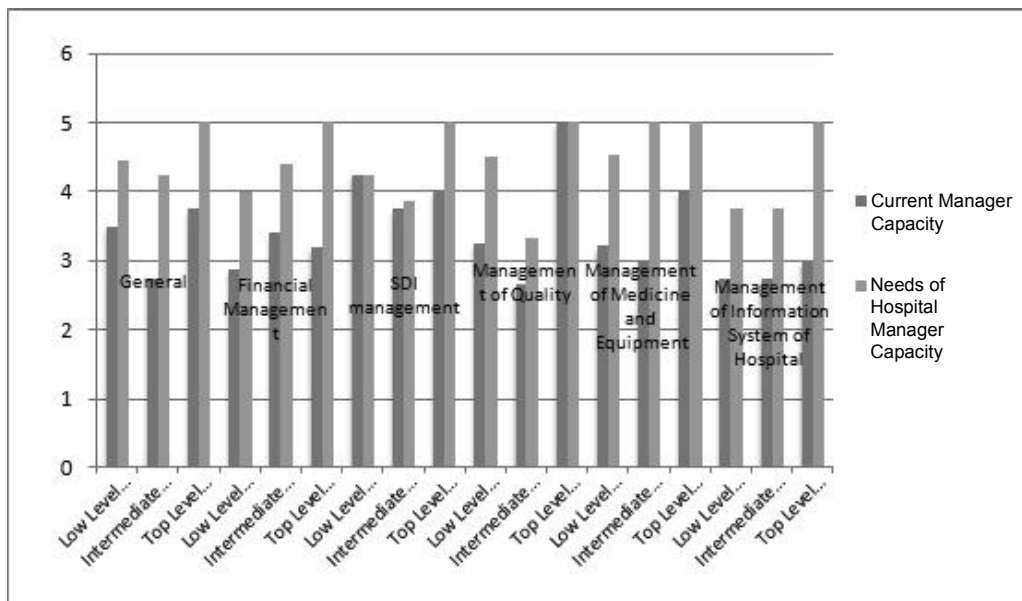


Figure 1. Comparison between the Capacity of Managers and the Needs of Hospital

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Table 4. Comparison of Management Skills Based on the Level of Managers

Manager	Parameter	General Management		Financial Management		Human Resource Management		Management of Quality and Service Quality		Management of Medicine and Equipment		Management of Hospital Information System		Needs of PKU
		Capacity	Needs of PKU	Capacity	Needs of PKU	Capacity	Needs of PKU	Capacity	Needs of PKU	Capacity	Needs of PKU	Capacity	Needs of PKU	
Lower	Mean	3.5	4.45	2.866666667	4	4.25	4.25	3.259259259	4.5	3.214285714	4.535714286	2.75	3.75	
	Std. Deviation	0.58630197	0.715891053	0.611010093	0.4	0.661437828	0.661437828	0.796688863	0.585779186	0.466113618	0.528925236	-	-	
	Minimum	2.75	3.25	2.2	4.6	3.75	3.75	1	3	2.75	3.75	2.75	3.75	
	Maximum	4	5	4.6	3.4	5	5	5	5	4	5	2.75	3.75	
	Mean	2.75	4.25	3.4	4.4	3.75	3.875	2.6667	3.3333	3	5	2.75	3.75	
Middle	Std. Deviation	-	-	-	-	0.707106781	0.883883476	0.942809042	0.23570226	-	-	-	-	
	Minimum	2.75	2.75	3.4	4.4	3.25	3.25	2.666666667	4	3	5	2.75	3.75	
	Maximum	2.75	2.75	3.4	4.4	4.25	4.5	4	4.3333	3	5	2.75	3.75	
	Mean	3.75	5	3.2	5	4	5	5	5	4	5	3	5	
	Std. Deviation	-	-	-	-	-	-	-	-	-	-	-	-	-
Top	Minimum	3.75	5	3.2	5	4	5	5	5	4	5	3	5	
	Maximum	3.75	5	3.2	5	4	5	5	5	4	5	3	5	

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DISCUSSION

Respondent's Characteristics. Respondents who participated in this research were amounted to 41 as calculated in the previous chapter. Characteristics of respondents viewed by age, length of employment, and education. When viewed from the working life of more than 50% of respondents have a service life 11 years. This shows the work experience of the respondents are already quite a lot. For certain positions that have been set by PMK No. 971 Year 2009 on Standards of Competence of Structural Health, where the Deputy Director is preferably to have experience of minimum 3 (three) years in their respective sectors have also been fulfilled. However, for the head of the field or in the study is the lower manager, there are still some Head of Division who do not meet the criteria of Regulation of the Health Minister above where Head of Department is preferably to have experience of office at least 3 (three) years in their respective sectors. It is related to the limited Human Resource possessed.⁸

Based on the background of education, in this study there are no respondents with background of not undergoing schools or elementary school or equivalent (0%). The largest number of respondents came from those with the background of Bachelor amounted to 20 people or equivalent to 48.78% of the total number of respondents. Whereas respondents who have completed education in Master or specialist were amounted to 7 people equivalent to 17.07% of the total number of respondents. For the director position or in PMK No. 971 Year 2009 on the Standards of Competence of Structural Officials of Health referred to deputy director, has met the criteria. But for financial director in the regulation mentioned that the Deputy Director of Finance educational background is at least a Bachelor of Economics or Accounting, not in accordance with the criteria.

For the position of the head of department or in the study is the lower manager or supervisor, there are still some respondents who have educational backgrounds in Diploma, which is not in accordance with which the Minister of Health Head of Division and / or Head of Department with educational background of at least a Bachelor according to their field of work.

Competence of General Management. Based on the analysis of data obtained from questionnaire and in-depth interviews, the skills of general management, it can be concluded that the skills of manager in general management is in the scale of *competence- advance*. The responsibility of general manager is related to the management of non-medical supports, related to the Hospital operational which is non-medical, started to prepare a land, building, rooms and other infrastructures so that the hospital operational is run smoothly, including maintenance, sanitation, transportation, linen laundry, security guards. Several competences which must be possessed by the

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manager can already be done effectively and confidence although there are several that still need supports. The supports mentioned tends to the support of management, either from the provision of training or.

The problem which most often occurs from units in general management is related to the number of Human Resource which is not corresponding to the workload and quality of Human Resource. For example in the management of sanitation, parameter of IPAL still exceeds the quality parameter, the lack of skills from Human Resource is influential, in addition the number of Human Resource is only 2 and this has not covered up all activities needed in the unit of sanitation.

Related to training, several managers said that they have never been involved to a training about leadership or about management in general, where it has been stated in PMK No. 971 Year 200 it is said that the Head of Division and/or Head of Department has been involved to a training of Leadership and Entrepreneurship, Strategic Action Plan, Implementation Plan and Annual Plan, Employees Recruitment System, and Remuneration System at most one year after positioned in the structural position. This shows the imperfection of training plan, *training need analysis* is really needed in helping an event such as training in determining the needs of training that actually needed by the hospital managers and in encountering difficulties in the future

Competence of Financial Management. Finance can be defined as the art and science of managing money. Virtually all individuals and organizations earn or raise money and spend or invest money. Finance is concern with the process, institutions, markets, and instruments involved in the transfer of money among and between individuals, businesses, and governments⁹. Financial management responsibilities is the start of a process of patient costing, billing, administration, warranty claims, system and process of evaluation. For the time being it is done a development and improvement of financial management systems of PKU Muhammadiyah Hospital of Gamping. Accounts of the hospital that originally joined PKU Muhammadiyah Yogyakarta Hospital began to be separated, SIM of Hospital improvements is done to simplify financial reporting system.

The new paradigm requires the hospital to transform itself from the original social nature, being an institution with a profit oriented. It is currently being emphasized by the top managers in order to safeguard the survival of the Hospital. Although still in transition, PKU Muhammadiyah Hospital of Gamping is able to do their own procurement and financing of the things that are routine.

Obstacles encountered in the scale of unit is the amount of Human Resource. In the scale of lower managers, the obstacles faced is the number of units subordinated to the manager, who is not included in financial management, among others, EDP management, procurement, and management of information and communication

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relationships. The number of units which oversees cause financial managers to become difficult to control one by one. On the other hand it is found that it does have an advantage. Managers are so much easier and faster in coordinating units thereunder.

Referring to table 4. Namely comparison of financial skills, it is found that the gap of top manager competence with the lower manager can be assessed as quite contradictive. From the results of interviews conducted, lower managers do not possess contribution to the management of finance, they only know plans and reports of finance in respective units. In general, the competence of manager that must be possessed is in the scale of competence.

Competence of Human Resources Management (SDI). The results of interviews and analysis showed that the managers can perform task confidently related to the management of Human Resource such as: organization of strategy plan, recruitment, staff training, supervision, management performance assessment, until primary task evaluation based on profession. Seen from the histogram in figure 1, there are still gaps in the top managers, whereas in the lower managers and middle the capacity possessed by the managers have corresponded to the needs of the hospital.

Problems faced in the management of Human Resource is the reporting system that is not done routinely. The reporting is only takes place if the top manager asks for this. This causes several plans and implementation of activities to be lacking of good evaluation. For example for employees training, management targets in one year to work in 20 hours/ employee/ year. However, until the mid-year, it only reached one-third of the target set. In the scale of unit, the problem faced is the lacking of Human Resource. For the service of religious means to patients, the limit of Human Resource numbers is very influential t the quality of service.

As for the evaluation of employees' performance, it has been done routinely, however for structural officials such evaluation is done based on their positions. This takes place due to the task possessed by the structural officials have just been formed.

Competence of Quality Management and Quality Service. Gaspersz (2002) states that : Integrated quality management is an approach of systematic management oriented in organization, customers and markets through the combination of creating an increase took place significantly in quality, productivity of management are things between the search for practical facts and settlement to an issue, in order to create an improvement significantly in quality, productivity and other performances from organization. Vincent Gaspersz (2002) divides the definition of quality in conventional interpretation and the definition of strategic. The conventional definition of quality illustrates direct characteristics of a product such as; *performance, reliability, easy of use, esthetics*, and so forth. Whereas the definition of strategic quality states that quality is all that are able to fulfill the wish or needs of customers.¹⁰

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The results of summary of the interviews with the management of Human Resource that the issue in quality today becomes one of the priorities currently settled down by PKU Muhammadiyah Yogyakarta Hospital in the event of accreditation the hospital. SPO possessed at PKU Muhammadiyah Hospital of Gamping are mostly taken from PKU Muhammadiyah Yogyakarta Hospital. As for the evaluation, it is routinely has not been scheduled in terms of SPO evaluation. The evaluation today is done related to the process of accreditation which will take place.

In addition, to containing the indicator of quality which has not been met such as waiting time of outpatients. This relates to the time of the doctor's office is not timely resulting in practice time along with other doctors. This causes a buildup of patients in pharmacy. In order to maintain patient safety and application of 6T + 1 W (right patient, right time, right medication, right manner, proper documentation, proper dose, and be aware of side effects) the pharmacy can not serve prescriptions quickly. In addition it is also related to a limited number of Human Resource in the pharmaceutical unit.

Based on histogram 1, obtained a gap of competence that still found in the lower managers and middle. Several lower managers are still complaining about their involvement in training of Hospital managers. Currently, the average competence possessed by the managers of quality is in the scale of competence.

Competence of Management of Medicines and Equipment. Management of Pharmaceutical Products, Medical Devices, Medical Materials and Consumables according to the Ministry of Health of the Republic of Indonesia Number 58 Year 2014 includes selection, demand planning, procurement, receipt, storage, distribution, destruction and withdrawal, control and administration¹¹. Pharmacy manager is responsible for the procurement of drugs and equipment sustainability and the evaluation or the so-called drug cycle.

Obstacles encountered in most of the units in the management of medicines and equipment is the number of Human Resource, lacking or spatial mismatch, until in the procurement. For example, for the room, warehouse of pharmacy unit is not in accordance with the needs, spatial of CSSD unit which is still not up to standard. For procurement, procurement of medicines of pharmaceutical unit and laboratory reagents unit is still fused with PKU Muhammadiyah Yogyakarta Hospital except for psychotropic drugs.

Based on Table 4, competency possessed by the manager in the management of medicine and equipment in average is in the competence scale. This shows that there is still room of the capacity requirements competence of hospital managers on a scale of expert.

Competence of Hospital Information Systems Management (SIMRS). Management Information Systems of Hospital hereinafter abbreviated as SIMRS is

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an information technology system communication process and integrating the entire workflow process of Hospital services in the form of network of coordination, reporting and administrative procedures for obtaining information appropriately and accurately, and is part of the Health Information System¹². In this research the department that manages the SIM of Hospital is the unit of Electronic Data Processing (EDP). The responsibility of EDP manager is the start of the process of planning, implementation, monitoring, and evaluation process.

SIM of Hospital at PKU Muhammadiyah Hospital of Gamping is very necessary regarding financial reporting. However there are still some problems related to users who do not understand the working of SIM of Hospital, or have not progressed clinical pathways. The manager felt the doctor as the core business of the hospital has not been able to commit themselves to the fullest. Based on the data contained in Table 4, it can be seen that the competence of the manager is currently on a scale of competence.

CONCLUSION

Problems and managerial challenges faced by the manager of PKU hospital Muhammadiyah Gamping today are: 1. PKU Muhammadiyah Hospital of Gamping is in transition period of management changes to independent organizational structure of the management of PKU Muhammadiyah Hospital of Gampin. The transition period requires an organizational structure formed to evaluate the deficiencies in management. There are several units that have not yet formed, or they become one with the other units causing increased workload of employees and managers. 2. Lack of Human Resources in some units. This causes the service provided is less than optimal. Internal recruitment will be done by moving some employees from PKU Muhammadiyah Yogyakarta Hospital is not already run. Also in some units there are employees who do not meet the qualification standards. 3. Hospital financial management in transition period, begin with the separation of accounts from PKU Muhammadiyah Yogyakarta Hospital, thus PKU Muhammadiyah Hospital of Gamping can do the financing and manage their finances independently. 4. Training for employees and health workers have been programmed, but its implementation is still lacking of evaluation. The target of the number of training hours per employee in the mid has reached its third. The training conducted at the Hospital has actually been effective, there are actually required competency training manager but has not been done, making training need analysis is needed to assist in determining training needs - training is actually required by the manager of the Hospital. 5. Outpatient services still do not meet the quality indicators for inaccuracies of doctor schedule. Schedules are often simultaneously led to the accumulated demand for drugs, causing long patient waiting indicator can be met. 6. Hospital management has not been

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able to implement preventive optimally, sometimes still adheres reactive management.

Competence of general managers, finance managers, quality managers and quality of services, medication and equipment manager, and manager of information systems of PKU Muhammadiyah Hospital of Gamping is currently on a scale of competence, meaning the manager can perform the work, but they need support.

Competence of Human Resource at PKU Muhammadiyah Yogyakarta Hospital is currently at an advanced scale it means managers have often or experienced to do his job effectively and confidently.

Gap of competencies that need to be improved to face the problems and challenges present in all management.

The best way to fill the gap of competency is to conduct education and training to managers on an ongoing basis in order to become more competent to become a leader. When it is not possible to increase the capabilities and skills can be reevaluated and replace the manager with someone who are more competent.

It takes a special evaluation of the performance as structural officials. Placement of structural officials should also be considered regarding the interests and wishes of the officials themselves.

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