

Dampak sistem pembiayaan kesehatan pekerja terhadap produktivitas perusahaan studi kualitatif dan kuantitatif pada proyek tambang batubara = Impact of employees health benefit model on worker productivity a qualitative and quantitative study on coal mining projects

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Abstrak

Tujuan: Penelitian ini dirancang untuk mengevaluasi dampak dari model pembiayaan kesehatan pekerja terhadap produktivitas perusahaan, diukur secara tidak langsung melalui absenteeism, sick absenteeism, presenteeism dan turn-over rate pekerja. Penelitian ini juga dirancang untuk membandingkan tingkat kepuasan dari perspektif manajemen dan pekerja serta biaya ekonomi untuk masing-masing model. Metode: Tiga proyek di dua kontraktor perusahaan tambang mengambil bagian dalam studi banding retrospektif ini. Setiap proyek menerapkan model pembiayaan kesehatan yang berbeda: managed care, swakelola dan asuransi. Efektivitas ketiga model dalam mengurangi absenteeism, sick absenteeism, presenteeism dan tingkat turn-over pekerja pada tahun 2013 dan 2014 dibandingkan. Tingkat kepuasan manajemen terhadap efektivitas strategi mereka dalam manajemen pembiayaan kesehatan diperoleh melalui wawancara mendalam, tingkat kepuasan pekerja terhadap jaminan kesehatan yang diberikan perusahaan dikumpulkan melalui kuesioner. Analisis biaya dilakukan untuk menentukan rata-rata biaya tahunan per pekerja dalam dua tahun fiskal 2013-2014. Hasil: Antara tahun 2013 hingga 2014, absenteeism dan sick absenteeism sama di tiga proyek (memenuhi target di bawah 2%). Tidak ada target khusus yang ditentukan pada tingkat presenteeism, juga tidak ada data spesifik tentang turn-over pekerja karena sakit atau pengunduran diri yang disebabkan karena ketidakpuasan terhadap jaminan kesehatan perusahaan. Persepsi manajemen terhadap efektivitas program mereka sama-sama positif tetapi tingkat kepuasan pekerja berbeda. Pekerja yang menggunakan model asuransi sebagian besar merasa puas dengan tingkat rata-rata kepuasan dalam skala 1-7 adalah 5.3 untuk rawat jalan dan 5,4 untuk rawat inap, pekerja yang menggunakan model managed care sebagian besar tidak puas dengan rata-rata tingkat kepuasan 3.7 untuk rawat jalan dan rawat inap, sedangkan pada model swakelola, persepsi karyawan terhadap jaminan kesehatan yang disediakan sebagian besar netral dengan rata-rata tingkat kepuasan 4.3 untuk rawat jalan dan 4.1 untuk rawat inap. Pada biaya rata-rata per pekerja per tahun, model asuransi adalah yang tertinggi (Rp 3.876.673 pada 2013, Rp 4.333.475 pada tahun 2014), model managed care di tempat kedua (Rp 3.288.934 pada 2013, Rp 3.642.929 pada tahun 2014) dan model swakelola menjadi yang terendah (Rp 3.270.596 pada 2013, Rp 2.970.774 pada tahun 2014).

Kesimpulan : Tidak ada perbedaan yang bermakna antara ketiga model pembiayaan kesehatan pekerja dalam menekan sick absenteeism dan absenteeism rate. Tidak ada data mengenai dampak pemilihan model jaminan terhadap turn over rate pekerja. Konsep presenteeism masih belum diadopsi oleh ketiga proyek yang menjadi obyek penelitian. Tingkat kepuasan pekerja terbukti berhubungan dengan pemilihan model pembiayaan. Model asuransi merupakan model dengan tingkat kepuasan tertinggi diikuti swakelola dan managed care. Model asuransi dan managed care menunjukkan kecenderungan untuk terus meningkat setiap tahun, sementara model swakelola memberikan kesempatan bagi pengurangan biaya.

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worker productivity, measured indirectly in terms of absenteeism, sick absenteeism, presenteeism rate and employees turn over rate. This study was also designed to compare the level of satisfaction from management and worker perspective as well as the economic cost of each model. Methods: Three projects in two mining contractors companies take part in this retrospective comparative study. Each project implementing different models of health benefit system: managed-care, self-funded and insurance. Effectiveness of these three models on reducing absenteeism, sick absenteeism, presenteeism and employees turn-over rate in 2013 and 2014 were compared. Managements level of satisfaction on the effectiveness of their projects strategy on health benefit management were collected via in-depth interviews, employee's level of satisfaction toward health benefit provided were collected via questionnaires. Cost analyses were performed to determine the average annual cost per employee within the financial years of 2013 and 2014. Results: Between 2013 to 2014, absenteeism and sick absenteeism rates were similar in the three projects (meet the target of below 2%). No specific target were determined on the presenteeism rate, there is also no specific data on employee turn-over due to sickness or employee resignation which caused by dissatisfaction toward the company health benefit. Managements perception on the effectiveness of their program were similarly positive but employees level of satisfaction were different. Employees which using the insurance model mostly were satisfied with the average rate of satisfaction in the scale of 1-7 was 5.3 for outpatient and 5.4 for inpatient, employees using the managed-care model were mostly dissatisfied with the average rate of satisfaction of 3.7 for both outpatient and inpatient, while on self-funded model, employees perception toward the health benefit provided were mostly neutral with the average rate of satisfaction of 4.3 for outpatient and 4.1 for inpatient. On the average cost per employee per annum, insurance was the highest (Rp 3.876.673 in 2013, Rp 4.333.475 in 2014), managed care comes second (Rp 3.288.934 in 2013, Rp 3.642.929 in 2014) and self funded was the lowest (Rp 3.270.596 in 2013, IDR 2.970.774 in 2014). Insurance and managed-care model shown tendency to increase every year, while self funded provides opportunity for cost reduction. Conclusion : There is no significant differences between the three models in suppressing employee sick absenteeism and absenteeism rate. There are no data available on the impact of model selection toward worker turn-over rate . The concept of presenteeism still not been adopted by all three projects. The level of employee correlated with the selection of employee health benefit models. Insurance is the model with the highest satisfaction rates followed by self-funded model and managed-care. Insurance and managed care models show a tendency to increase every year, while self-funded provides opportunities for cost reduction.