

Pengembangan model manajemen mutu terpadu untuk rumah sakit = Developing total quality management model for hospital

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Abstrak

Keberadaan rumah sakit sebagai bagian dari sistem pelayanan kesehatan dengan nilai strategis Millenium Development Goals, standar kualitas optimum dan cost effective telah menjadi alasan utama diterapkannya TQM di rumah sakit melalui model generik TQM seperti ISO 9001 dan Joint Commission International (JCI) (Munehika, Sano, Jin & Kajihara, 2014; Milner, 2007). Namun demikian, masih banyak pasien yang mengeluhkan pelayanan yang tidak sesuai Standard Operating Procedure (SOP), sarana dan prasarana yang tidak memadai dan biaya yang tinggi (Guspianto, 2015). Hal ini telah membuktikan bahwa penerapan model generik TQM belum efektif dengan mutu pelayanan rumah sakit pemerintah lebih rendah dibandingkan dengan rumah sakit swasta (Guspianto, 2015; Arasli & Ahmadeva, 2004). Milakovich, 1991 dalam Milner 2007 menyatakan bahwa akreditasi seperti JCI mewakili model yang tidak efektif dalam meningkatkan mutu lintas rumah sakit dan telah menciptakan resistensi bahkan oposisi dari staf rumah sakit. Untuk itulah, penelitian ini ditujukan untuk mengembangkan model TQM untuk rumah sakit.

Metode yang digunakan adalah Partial Least Square Structural Equation Modeling terhadap persepsi karyawan dan statistik deskriptif terhadap persepsi pasien dan manajemen. Penelitian ini dilakukan di RSPAD Gatot Soebroto dan RSUP Fatmawati di 8 unit pelayanan dengan 16 manajemen, 64 karyawan dan 170 pasien. Hasilnya adalah model TQM untuk rumah sakit yang fit dengan variabel dan indikator yang valid dan reliabel serta Customer Satisfaction dan Result yang baik. Dengan model ini, ditemukan beberapa variabel yang berhubungan ($p\text{-value} < 0.05$) dan tidak berhubungan ($p\text{-value} > 0.05$).

Hasil penelitian ini menyarankan bahwa variabel yang berhubungan adalah Continuous Improvement terhadap Process Management ($r=0.394$, $p\text{-value}=0.000$), Organization Behavior and Culture terhadap Process Management ($r=0.392$, $p\text{-value}=0.014$), Top Management Commitment terhadap Process Management ($r=0.303$, $p\text{-value}=0.005$), Training and Education terhadap Continuous Improvement ($r=0.372$, $p\text{-value}=0.017$), Teamwork and Participation terhadap Continuous Improvement ($r=0.353$, $p\text{-value}=0.002$). Sementara itu, untuk variabel yang tidak berhubungan adalah Information Management terhadap Continuous Improvement ($p\text{-value}= 0.076$), Customer Focus and Satisfaction terhadap Process Management ($p\text{-value}= 0.684$), Supplier Management terhadap Process Management ($p\text{-value}=0.287$), dan Resource Management terhadap Process Management ($p\text{-value}=0.869$). Dalam penelitian ini, manajemen rumah sakit direkomendasikan agar menggunakan model TQM untuk Rumah Sakit dalam rangka mendapatkan manfaat berupa kinerja rumah sakit dan kepuasan pasien yang meningkat.

The existence of hospitals as part of health service system with Strategic Millenium Development Goals (MDGs), optimal quality standards and cost effectiveness has been the major rationalization of TQM implementation in hospitals by adopting generic TQM model such as ISO 9001 dan Joint Commission International (JCI) (Munehika, Sano, Jin & Kajihara et. al., 2014; Milner, 2007). However, there are still many complaints from patient`s side regarding hospital`s service that is not comply with standard operating procedure (SOP), inadequacy of hospital`s facility and high cost (Guspianto, 2015). These evidences have

proven that the implementation of generic TQM model is ineffective with condition that the quality of service from public hospitals are lower than private hospitals (Guspianto, 2015; Arasli & Ahmadeva, 2004). Milakovich, 1991 in Milner 2007 has revealed that hospital accreditation such as JCI has represented ineffective model in increasing hospital-wide service quality and created resistance among hospital's personnels. Therefore, this research is intended to develop TQM model for hospital.

The research methods that has been deployed are quantitative research using Partial Least Square Structural Equation Modeling for analyzing insights from employee perspective and descriptive statistics for generating insights from both management and patient perspectives. This research has been taken place at Gatot Soebroto Army Central Hospital and Fatmawati General Central Hospital in 8 working units with 16 management team members, 64 personnels, and 170 patients.

The result has revealed that the TQM model for hospital is fit with valid and reliable variables and indicators with good Customer Satisfaction and Result. Furthermore, this model finds that several constructs are related and some are not related. Those related are Continuous Improvement with Process Management ($r=0.394$, $p\text{-value}=0.000$), Organization Behavior and Culture with Process Management ($r=0.392$, $p\text{-value}=0.014$), Top Management Commitment with Process Management ($r=0.303$, $p\text{-value}=0.005$), Training and Education with Continuous Improvement ($r=0.372$, $p\text{-value}=0.017$), Teamwork and Participation with Continuous Improvement ($r=0.353$, $p\text{-value}=0.002$). Those not related are Information Management with Continuous Improvement ($p\text{-value}=0.076$), Customer Focus and Satisfaction with Process Management ($p\text{-value}=0.684$), Supplier Management with Process Management ($p\text{-value}=0.287$), and Resource Management with Process Management ($p\text{-value}=0.869$). In this research, hospital management has been suggested to implement this TQM model for hospital in order to increase both hospital performance and customer satisfaction.