



Learning organization to maintain full accreditation of public health center

Anna Wijayanti ¹, Reinaldis Sara ¹, Amalia Putri Handayani ¹, Widy Tri Windy ¹, Miftahul Sulaiman ¹, Ratna Dwi Wulandari ^{1*}

¹ Department of Health Policy and Administration, Faculty of Public Health, Universitas Airlangga, Surabaya 60155, INDONESIA

*Corresponding author: ratna-d-w@fkm.unair.ac.id

Abstract

Background: In the Primary Health Center (PHC), accreditation process must support to all members regarding the learning process. This study aimed to determine the application of learning organization in effort to maintain the accreditation performance.

Methods: This study used descriptive research method with cross-sectional approach. The population in this study was all employees of Sememi PHC in Surabaya, Indonesia.

Results: Based on the survey results using a questionnaire on the Sememi PHC accreditation team, it was found that 74% of respondents stated that the learning organization process was good. The implementation of learning organization in Sememi PHC where the employees were directed to continually learn through every activity carried out created new innovations in problems solving and forming good teamwork in proven too able to maintain accreditation performance.

Conclusion: PHC with full accreditation status should maintain their status and improve learning organization for the success of organizational change and performance.

Keywords: accreditation, learning organizational, primary health center

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INTRODUCTION

In Indonesia, efforts to improve healthcare have started to shift from focusing on healthcare access to improving healthcare quality. This can be seen in the National Strategic Plans 2010-2014 and 2015-2019 for the Indonesian Ministry of Health (Limato et al. 2019). Learning organization is a concept that in modern healthcare institutions is becoming a growing philosophy. What this theory accomplishes depends greatly on one's understanding of it and devotion to it. A significant number was written on the idea of an organization of learning. The learning organization is structured to learn constantly from any effective company and respond to and evolve through changes in the world. Every company intending to adopt the ideology of a learning organization needs an overarching approach of simple, clearly established priorities. The tools used to promote the plan must be defined once they have been developed (Al-Abri & Al-Hashmi 2007).

The implementation of learning culture into health care organizations is thought to enhance the level of clinical practice, productivity, lifelong learning and patient safety, while simultaneously reducing costs, through the adoption of a balanced organizational learning process. However, in the literature today,

research on the subject of health care tend to be limited despite excellent data of learning organizations (Gagnon et al. 2015). The development of a learning institution or learning organization will be the motivation and research patterns of every person in the organization. Learning may take place at the individual, group, and organizational level. Learning organization is needed to individual learning because the individual is a party that can think and act, and organizations learn only through individuals who learn continuously (Maguni 2015; Magami, et al. 2015).

Accreditation is an observation process carried out on participating health services to meet predetermined accreditation criteria and standards. This accreditation is carried out by professional accreditation institutions. The main purpose of accreditation is to foster quality improvement, performance through continuous improvement of management systems, quality management systems and clinical service delivery systems, as well as the application of risk management and not just the assessment of obtaining an accreditation certificate (Anggraeny & Ernawaty 2016).

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Table 1. The Evaluation of Respondents on Learning Organization Conditions in Sememi PHC

CLO Dimension Results	Less	Middle	Good
Creating continuous learning opportunity	0	33	67
Promoting inquiry and dialogue	0	25	75
Encouraging Collaboration and Team Learning	0	42	58
Establishing System to Capture and Share Learning	0	0	100
Empowering People Toward a Collective Vision	0	42	58
Connecting Organization to Its Environment	0	42	58
Connecting Organization to Its Environment	0	0	100
Mean	0	26	74

An accreditation program for Primary Health Center (PHC) commenced in 2015 and was expected to complete in 2019. By 2019, any unaccredited PHC was cut off from partnership with BPJS as a form of sanction. Based on Indonesia Health Profile from 2013 to 2017, in 2017, there were 9,825 PHC consisting of 3,454 inpatient PHC and 6,371 outpatient PHC. To ensure the success of health services provided by PHC, it can conduct internal assessments through PHC performance assessment instruments. On the other hand, to ensure that quality improvement, performance improvement, and the implementation of risk management are carried out on an ongoing basis at the PHC, an assessment by external parties needs to be carried out using the established standard, i.e., the accreditation mechanism. PHC must be accredited regularly at least once every 3 years (Indonesia 2015). This scheme, known as National health insurance (JKN), seeks to make comprehensive care available to the entire population by 2019. The JKN brings together all major health insurance under a single agency - the Social Security Management Corporation for the Health Sector (BPJS Kesehatan). Accreditation is also one of the credential requirements for first-level health service facilities partnering with BPJS (Wiseman et al. 2018).

In implementing the PHC accreditation process, an accreditation standard has been established in the Regulation of the Minister of Health of the Republic of Indonesia Number 46 of 2015 on the accreditation of PHC, first clinics, independent doctor's practice, and dentist independent practice where there are 3 standards with 772 elements (Indonesia 2015). The policy of PHC accreditation is also found in the Regulation of the MOH Number 71 of 2013 on Health service in National Health Insurance. In article 6, paragraph 6 on the requirements for partnering with BPJS Kesehatan, it is stated that Primary Care must be accredited (Indonesia 2016).

Accredited PHC will be re-assessed and reviewed to identify any change in quality which could result in reduction, stagnation, or raise in accreditation status. Many factors affect the assessment of PHC accreditation, both in terms of inputs and processes undergone during post-accreditation period. The Health Service of Surabaya, as a partner organization of PHC accreditation, is obliged to carry out post-accreditation assistance to ensure that the recommendations given by the surveyors have been implemented by the PHC in an

effort to improve the accreditation status and encourage the PHC to maintain the full accreditation status obtained in the previous accreditation assessment. The concept of learning organization can increase the organization's capacity to conduct learning and transformation through 7 dimensions, namely creating continuous learning opportunities, promoting inquiry and dialogue, encouraging collaboration and learning in groups, building systems to capture and share learning, empower organizational members towards a shared vision, provide leadership strategies for learning, and connect organizations to their environment (Meinanda & Hadi 2017). This study aimed to determine the application of learning organizational in effort to maintain the accreditation performance.

METHODS

The research variable was organizational learning capability consisting of dimensions of experimentation, risk-taking, interaction with the external environment, participative decision-making, and organizational learning process. The organizational learning process consists of the dimensions that are knowledge acquisition, information distribution, information interpretation, and organizational memory. The study used survey and questionnaire methods. Organizational Learning Capability utilized a standardized questionnaire and the variable Organizational Learning Process was measured with a questionnaire developed by the researcher (Chiva, Alegre, & Lapedra 2007). The researcher firstly modified the theoretical basis as presented in previous study (Huber 1991).

The population in this study was employees of Accredited Sememi Primary Health Center in Surabaya, East Java, Indonesia. The sampling was performed using purposive sampling method in each accreditation-working group consisting of one head of Primary Health Center, 3 heads of working groups and 10 team members.

RESULTS

Based on **Table 1** of results using a questionnaire on the Sememi PHC accreditation team, it was found that 74% of respondents stated that the learning organization process was good.

Good organizational learning illustrates that learning is a prerequisite for the success of organizational

Table 2. Characteristics of Respondents

Characteristic	Number of respondents	%
Respondents' sex		
a. Male	2	15.4%
b. Female	11	84.6%
Group of age		
a. 20-35 years	4	30.7%
b. 36-50 years	7	53.85%
c. > 50 years	2	15.4%
Educational level		
a. Diploma	3	23.1%
b. Bachelor	8	61.5%
c. Post graduate	2	15.4%
Work tenure		
a. < 5 years	3	23.1%
b. 5-10 years	4	30.76%
c. 10 years	6	46.2%

Table 3. Evaluation of Respondents on the Condition of Organizational Learning in the Sememi Public Health Center

Organizational Learning Capability Dimension	Poor	Moderate (%)	Good (%)
Experimental	0	33	67
Risk taking	0	53	47
Interaction with external environment	0	25	75
Participative	0	60	40
Mean		43	57

Table 4. Dimensions of the Organizational Learning Process

Dimensions of the Organizational Learning Process	Poor	Moderate (%)	Good (%)
Knowledge acquisition	0	42	58
Information distribution	0	0	100
Information interpretation	0	75	25
Organizational memory	0	0	100
Mean		29	71

change and performance. Learning can improve the intellectual capabilities of staff. Thus, the organization becomes better because it has staff that are constantly learning. Learning organizations have skills to create, solicit and transform knowledge and adjust their behaviors according to the new knowledge and ideas. Therefore, in November 2018, Sememi PHC carried out a reaccreditation survey for 4 days, conducted by accreditation surveyor team from the Ministry of Health. Sememi PHC managed to maintain their full accreditation status.

Table 2 shows that from 13 respondents 11 (84.6%) were female, and 2 (15.4%) were male. The median age of respondent was 37. Educational level of respondents showed that most respondents had bachelor degree (61.5%), while post-graduate level was only in 2 respondents (15.4%). Work tenure of the respondents in this study showed that 46.2% (6 respondents) had been working more than 10 years in public health center, meanwhile 4 (38%) respondents' work tenure was under 5 years.

Table 3 shows that 67% of respondents state that the conditions of experimentation, interaction with the external environment and participatory decision making are in a good category. In the risk-taking dimension, there were still 53% of respondents declared the risk-taking condition of almost sufficient. Risk taking can be understood as the tolerance of ambiguity, uncertainty and errors. Hedberg proposed a range of activities to facilitate Organizational Learning, amongst which is the

design of environments that assume risk taking and accept mistakes. If organizations want to be learning, they should stand the risk of accepting new ideas.

The **Table 4** indicates the condition of the organizational learning process in Primary Health Center X as a whole has been going well. From each dimension measured, almost 100% of respondents stated the condition of Organization Learning Process as good, while in the dimension of knowledge acquisition, 58% of respondents stated well; another 42% said the OLP condition was still in the fair category. The survey results above showed that, in general, the condition of the organizational learning process at Sememi Primary Health Center was good.

Knowledge acquisition processes in organization developed through actively seek out and gather the information from three distinct sources from direct experience, from experience of others, and from organizational own memory mechanism. This study showed that 20% of respondents stated that knowledge acquisition was fair. Public health manager has to support the employee to learning through every experience in daily working activity and support to acquisition knowledge from external resources i.e., from other organizations, new employees and external consultants or by systematically scanning the environment for relevant information (Kislov et al. 2014).

DISCUSSION

Creating continuous learning opportunity is a characteristic of PHC that provide opportunities to employees to learn. The learning is incorporated into the duties; thus, they can work and learn at the same time, promoting sustainable education and development (Altelbani & Salem 2011). The Head of Sememi PHC implements the principal of 'continue' and 'improve'. He gives opportunities for employees to learn and guide them so that program ideas are well received by the community. This principal is implemented to maintain full accreditation status, which in turn, benefits the community. The Head of Sememi PHC has implemented an independent culture for his employees. Furthermore, even though he is not around during activities at the PHC, the program continues to run under his supervision through a group on social media.

A learning organization is a characteristic of PHC that implements structures, processes, and organizational culture beneficial for individual, group, and organizational learning. It can lead to permanent changes in behaviors and accreditation processes, including: 1) creating continuous learning opportunity, 2) promoting inquiry and dialogue, 3) encouraging collaboration and team learning, 4) establishing system to capture and share learning, 5) empowering people toward a collective vision, 6) connecting organization to its environment, and 7) providing strategic leadership for learning (Robbins and Judge 2013). Organizational culture can be described as values, norms and artifacts received by members of the organization as an organizational climate he will influence and influence organizational strategy, structure and organizational systems (Amdani et al. 2019).

If something goes wrong, he makes a reprimand during the morning roll-call or checks through the PHC' CCTVs. This is done so that employees do not repeat this mistake again. Promoting inquiry and dialogue is a characteristic of PHC that gives opportunities to express their views. It is a culture that encourages inquiries, feedbacks, and experiments. Main concept of learning organizational process is to learn how to involve all members of organization in which the mechanism of sharing ways of thinking, perspectives, mental model or shared vision, is the primary key of success in learning process. After the formation of knowledge, it is continued with the process of institutionalization in order to change knowledge. Activities conducted during organizational process refer to internal and external condition of the organization (Sinabariba, Raja, & Salim 2018).

Employees of Sememi PHC refer to established procedures in carrying out their tasks and duties. However, this does not inhibit the process of giving inputs to each other during the execution of accreditation and employee tasks. In Sememi PHC, employees treat each other with respect and appreciation. PHC

employees must prioritize communication and coordination. For example, in pregnant mothers class activity, the co-program is Maternal and Child Health (MCH), however, it is necessary to identify the role of other programs in such activity, such as health promotion which can contribute to the class with interactive counseling or advocation, or nutrition division that can provide materials on nutrition needed by pregnant women.

PHC encourages collaboration and team learning. It facilitates every employee to use workgroup as a means to access many mental models, in order for them to work and learn together (Lim & Klein 2006). In Sememi PHC, teamwork or workgroup is essential in the accreditation process. Sememi PHC employees are used to approach problems with group discussion in order to unite thoughts and arrive at a conclusion. Teams/groups will act in accordance with the recommendations. During post-accreditation and approaching reaccreditation, Sememi PHC employees never left early, or in other words, before half past 2. Employees of Sememi PHC always remind each other to make a report or enter data after work. The Head of PHC also stays at the PHC until all employees go home. This is done to set an example to his employees.

In Sememi PHC, the role of the leader is very influential in the accreditation process, improvement of health services and the achievement of the vision and mission that have been set. The Head of Sememi PHC delivers the latest information to employees on programs, targets, goals, opportunities and challenges, as well as the direction of the organization. The Head of Sememi PHC also provides guidance and direction for employees to work as expected. As in making the ideas of an innovation program, the Head of the PHC guides the employees responsible for an innovation program to fit what the community needs. The leaders must recognize the importance of the mechanism and be effective in implementing it. They must articulate their mission effectively, constantly review, track and encourage stakeholders to fully engage in the process. They should also recognize that what at first might look like a loss, at a later stage might prove to be a success (Selart 2010).

This means that the PHC provide access and system for employee learning and command a system and technology to share information regarding the accreditation. Sememi PHC routinely uses two-way communication in the form of coordination meeting, morning roll-call, social media groups to report on every activity conducted in the PHC. Every computer in Sememi PHC can readily be accessed by employees to solicit information such as program evaluation. This is a condition where the PHC facilitates its employees to observe the environment and use the information to adjust to their tasks, and helps employees determine the impact of their work on the PHC; PHC is bound to the

community. In Sememi PHC, processes require cross-sector roles. In developing innovation program, Sememi PHC adapt to health problems that exist around the community work are of Sememi PHC. Therefore, employees are guided by the Head of the PHC in creating an innovation program and it requires agreement from all parties including the PHC and the community so that the program runs well. This is a condition where the PHC has a strategy to support the employees to constantly learn and where the leadership set itself as an example. To achieve the essential objectives of sustainable viability and competitive advantage, organizations face global challenges which call for them to perform constantly, adapt, learn and

evolve in an environment of rapid change (Rahmadani et al. 2020).

CONCLUSION

PHC with full accreditation status should maintain their status, improve learning organization for the success of organizational change and performance and their good relationship with "Foster PHC"; thus, they can also raise their accreditation status. The Health Service of Surabaya should extend their role in supporting the accreditation of PHC in overseeing policies, advocacy, budget, coordination, control and evaluation.

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