

MOTIVATIONAL COMPENSATION DESIGN FOR SURGEON IN NEUROSURGICAL GROUP SERVICES IN SURABAYA

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ABSTRACT

Health development was an effort to fulfill one of the basic rights of the citizen, it called the right to obtain health services. Furthermore, it was also an investment to support the economic development and the poverty reduction. Surabaya Neuroscience Institute, in order to improve the welfare of the community tried to implement health development, especially those which associated with neurological disorders. The success vision and mission of Surabaya Neuroscience Institute was highly dependent on the performance of its employees. It took a high motivation for physician working at the Surabaya Neuroscience Institute to achieve optimal goals. A good compensation system will support the employee's motivation. On the other hand, in the medical field there was a different culture in term of applying this compensation system. In addition to justice aspects, ethics and seniority aspects were still very influential for the compensation model and the performance of physician. This study was aimed to find a motivational compensation design for physicians that would improve performance at the Surabaya Neuroscience Institute. This research used descriptive qualitative method with in-depth interview and the respondent was chosen by purposive non random sampling with 6 people representing 19 member population of Surabaya Neuroscience Institute. Based on the results, the analysis of respondent's opinion indicated that almost stated that there was still a problem in the motivation of the physician's work at the SNeI. In relation with the compensation system, it showed that the financial compensation design is considered to be appropriate, but the aspect of nonfinancial compensation need to be evaluated and improved hence it can highly affects physician performance.

Keywords: Physician, Surabaya Neuroscience Institute, Compensation, Motivation, Neurosurgical Services

INTRODUCTION

Health development is an effort to fulfill one of the basic rights of the people, namely the right to obtain health services in accordance with the Article 28 H paragraph (1) of the 1945 Constitution and Act Number 36 of 2009 concerning Health. In HDI measurement, health is one of the main components besides education and income. Health is also an investment to support economic development and has an important role in poverty reduction efforts. Health business growth is around 50% per year (Rosalina and Hadinata, 2013). Coupled with the increasing demand for quality health services in the region, due to the better economic growth (Pratama, 2015) to make the industry of health care services, especially in charge of nerve abnormalities is a very strategic sector. On the other hand, the penetration rate of various medical indicators in

Indonesia is the lowest in the world (1.13 beds per 1,000 population, while for Singapore, Thailand, Malaysia: 2.2 beds / 1.000 population) should be a concern for medical industry players in Indonesia (Primary, 2015). Moreover, the government is currently actively promoting BPJS Health and Prime Services Doctor (DLP) program, where the goal is the implementation of constitutional mandate, the right to obtain health services can be accessible by all elements of society, both in the city and in remote areas, and empowerment of existing human resources In the face of the threat of Asean Economic Community (MEA). This should not a setback, but the opportunity should be able to be a potential for the development of human resources and continuous *skill* evident in a comprehensive effort to increase the quantity of the doctor.

SNeI in order to improve the welfare of the community seeks to carry out development in the field of health, especially those associated with neurological disorders. To meet the needs of the community in the field of health of neurological disorders, SNeI to make health development efforts evenly throughout the province of East Java and Indonesia are quality and affordable by all levels of society. The success of the company's vision and mission depends heavily on the performance of its employees. Therefore, every employee is required to have knowledge, skills and abilities, they must also have experience, motivation, self-discipline and high morale, so that employees have good performance and company performance will also increase so that the achievement of company goals will be optimal (Kusumah, 2015). According to Armstrong and Baron (1998) there are several factors that can trigger employees to have good performance such as skill level, competence, motivation, leadership, team trust, compensation and organizational culture. In this research will be focused to know how big influence of compensation to work motivation.

Along with the demands of excellent service quality improvement, the SNeI has upgraded its human resources by sending them to some of the leading neurosurgery centers around the world to take the fellowship so that it is deepening the field of neurosurgery subspecialist, so now the SNeI Is one of the most comprehensive providers of health services in Indonesia. Other than that, reputation SNeI is one of the best in Indonesia because it is affiliated with the center of medical education and health care centers that are recognized in Indonesia. Given the complexity of such a capability, supported by the opinion of Jay Kaks in Puspita (2013) which states that doctors tend to maintain the image of the profession that are considered respectable in society, so doctors tend to be arrogant and *patronizing* to further restrict communication. Indirectly, the above is some of the reasons for the difficulty of maintaining as well as build the motivation of the doctor's work in a health care company. One way to improve work motivation according to Handoko (2004) is to apply a compensation system.

In previous research, conducted by Ndaru Prasastono (2012) note that compensation has a significant effect on work motivation. On the other hand, when conducted with the same variables by Julianingrum and Sudiro (2013), the result that compensation has no effect on employee motivation and performance. That is, that direct or indirect compensation given to employees has no impact on employee motivation or performance. SNeI has various doctors members from individuals and hospitals where they work. There is a civil servant lecturer (kemendiknas), functional civil servants (kemenkes), civil servant physicians and ABRI. Some are functional and structural employees. Most are working in government and private hospitals, but there is a small work in purely private hospitals, as a *home doctor*. Professionally also some members already pursue certain sub-specialist and part of the activity as a *general neurosurgeon*. With the BPJS program from the government, it also raises the dichotomy of BPJS hospitals and non BPJS hospitals, where members also work in the two hospitals. With a variety of backgrounds, functional activities and different hospitals, the workload impacts each member of the SNeI is very different and varied. Until now, both financial and non-financial compensation in SNeI has been implemented without considering the background, status and type of sickness. Financial compensation is primarily based on performance in medical services

without considering other factors. This situation can lead to a sense of injustice and jealousy in the long-term members who can affect work *performance* and continuity in SNeI.

LITERATURE REVIEW

Previous research

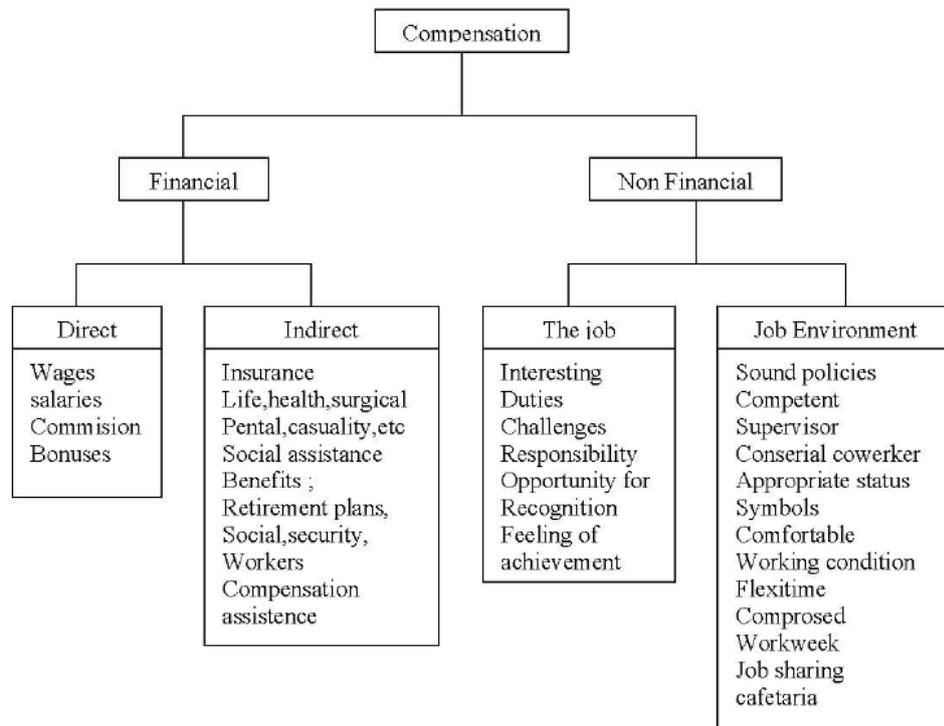
Research and theory about *employee motivation* used prior to this study were taken from *IOSR Journal of Business and Management*, titled *Employee Motivation: The Key to Effective Organizational Management in Nigeria*. The journal published in 2014 discusses the importance of employee work motivation in effective organizational management. The purpose of this study is to determine solutions to efforts to increase employee motivation and its consequences. Research in this journal is more focused on the understanding of work motivation which should be prioritized based on the mastery of the concept of motivation, organizational management, differences in individual needs, variations of motivational factors and dynamics over time.

Compensation

A well-compensated system will help the organization to achieve its goals, acquire, maintain and maintain a productive workforce. Without proper compensation, employees will have a desire to leave the organization. According to Malayu SP Hasibuan (1995, pp. 133, ed. 8): "Compensation is all income in the form of money or goods directly or indirectly received by employees in return for services authorized to the company". The compensation is in the form of money, which means that the compensation is paid with some money to the employee concerned. Compensation in the form of goods, meaning that compensation is paid with goods (Hasibuan, 1995). Compensation can be divided into two: direct compensation (*direct compensation*) in the form of salaries, wages, incentive pay and compensation indirectly (*indirect compensation or employee welfare*) in the form of employee benefits (Hasibuan, 1995).

In compensation should be noted that compensation can have different values for each individual who receives it. This is because each individual has different needs, desires and views from one another (Tanjung, 2005). According to T. Hani Handoko (2004), in his book *Personnel Management and Human Resources*, in general compensation classified into two parts, namely *Financial and Non Financial Compensation*. *That are financial compensation can be further divided into Direct and Indirect Compensation*. *Direct Compensation* is the compensation received by employees who have a direct relationship with the work, which is in the form of wages, salaries, bonuses, and commissions. While *Indirect Compensation* is the compensation received by employees who do not have a direct relationship with his work, such as health insurance, educational assistance, paid during the leave and sick, and others. While non-financial compensation consists of the satisfaction received by employees due to the workers themselves and the work environment. For clarity the classification of compensation can be seen in the following figure.

Table 1. Classification of compensation



Source: T. Hani Handoko, Manajemen Personalia & SDM; 2004

Motivation

Motivation is a state in a person's person that encourages the desire of individuals to perform activities to achieve a goal. With the motivation in a person will show a behavior directed to the goal to achieve the goal of satisfaction. So motivation is a process to try to influence someone to do something we want. When we accept motivation as an influence on behavior and if we accept the notion that the greatest part of this influence on human behavior is the fulfillment of the basic needs. So we will try to find out what these basic needs are. The process of motivation begins with the need to show the deficiencies experienced by a person at a certain time (Tanjung, 2005). Unmet needs will cause people to start looking for ways to meet those needs, by having actions to achieve behavior or actions against being evaluated. The evaluation results are used to establish rewards or punishments. If there are unsatisfactory results, for example if the employee's needs are not met, then a review is held, and so the process repeats from scratch to form a circular pattern, as shown.

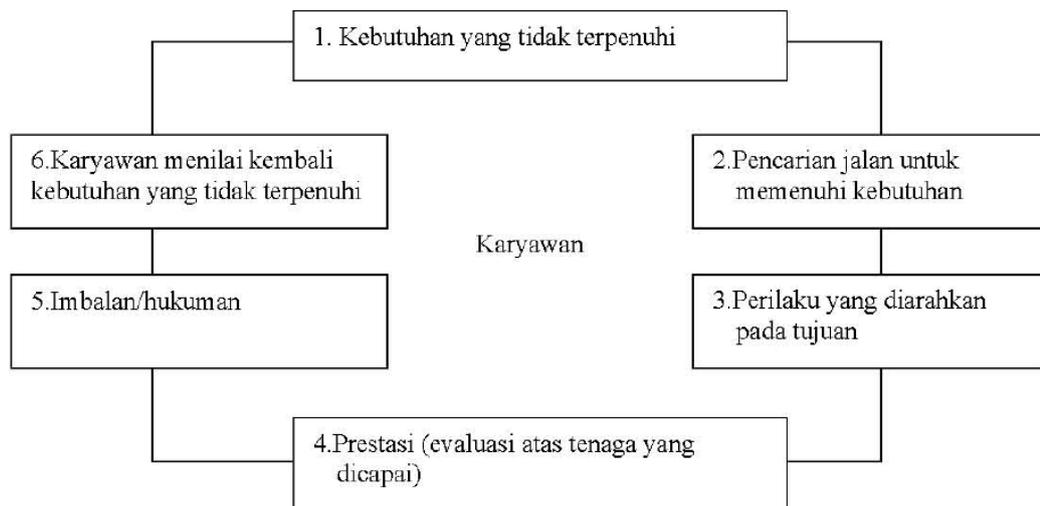


Figure 1. The process of motivation

Doctor

The physician is a health worker who becomes the first contact point of the patient to solve the health problems faced irrespective of the type of disease, organism, age group, and sex, as early and as comprehensive, as possible, sustainable, and in coordination and collaboration with other health professionals, Using the principles of effective and efficient service and upholding professional, legal, ethical and moral responsibility (Love, 2008). The services held are limited to the basic medical competencies he acquired during medical education. Arrogance in the doctor's environment is not unusual and can damage the quality of health services. According to Allan S Berger (2010), a professor of clinical psychiatry at the Georgetown University medical school, arrogance arose out of sociological and psychological pressure. Thankfully, *the trend of reduction* in the arrogance of doctors in a hospital environment showing signs of decline (Tan, 2013). Communication and leadership are now being taught in medical schools and residencies, more nurses are brave to 'fight' doctors 'arrogance, and fewer hospitals tolerate doctors' arrogance.

RESEARCH METHODS

The problem to be studied by the researcher is a social and dynamic problem. Therefore, the researcher chose to use descriptive qualitative research method to determine how to find, collect, process and analyze data of research result. This qualitative research can be used to understand social interaction, for example by in-depth interviews so that clear patterns will be found. Furthermore, we will be given a careful description of the phenomenon that occurs on how the compensation that can increase the motivation of the doctors in SNeI. In this study, 6 doctors were taken from the total population of 19 doctors working in SNeI. This is done so that the data obtained is valid data and can find the problem appropriately. In the determination of this sample, non-random sampling technique was used. This is done because the number of doctors receiving compensation varies. So the sampling technique is hard to do. In this non-random sampling technique there is no definite provision as to how many samples should be taken to represent the population as well as the random sampling technique. Sampling is done in the form of purposive sampling, meaning that certain people who have qualifications are the sample of this study. Selection of the use of this technique is based on the consideration that the sample to be studied has almost the same characteristics to be selected as the sample respondents. Purposive sampling is chosen to be absolutely able to ensure that the respondents are the elements to be researched and sure fit into the selected sample.

In this study, the subject of research is part of the doctors who are members of the core membership of the SNeI, amounting to 6 people, out of a total of 19 doctors. In-depth interviews (*depth interview*) conducted research to 6 sources of which are classified as follows; 1) Neurosurgeon, 2) Domiciled in Surabaya, 3) Has joined SNeI at least 1 year, 4) Practice in several health service centers. The criteria are chosen to get results that not only meet market expectations, but also fit the theory from a doctor's point of view. In this study, the object of research is the provision of compensation in improving the work motivation of doctors at SNeI. The study of the object is devoted to the motivation of the doctors through seven major themes related motivation factors that have been identified through research Willis-Shattuck et al (2008). This research was conducted in the period of May to June 2017 in Surabaya. All data used, including resource persons, are located in Surabaya, East Java. In this study researchers used data collection techniques by means of observation, documentation, and interviews. To avoid loss of information, the researcher asks the informant to use the tape recorder. Before an in-depth interview, the researcher explains or gives a brief and clear overview of the topic of research.

Data analysis begins by conducting in-depth interviews with key informants, which is someone who really understands and knows the situation of the research object. After conducting the interview, the data analysis begins by making transcripts of interview results, by playing back the recorded interview, listening carefully, and then writing the words that are heard according to what is in the recording. After the researchers write the results of the interview into the transcript, then the researchers must read carefully to then do data reduction. The researcher makes data reduction by making abstraction, that is taking and recording useful information according to the research context or ignoring the unnecessary words to get the sentence core only, but the language according to informant language. Abstractions that have been made in the form of units then grouped by taxonomy based of the research domain.

RESULTS AND DISCUSSION

In this study, researchers analyzed the compensation strategy used by the SNeI before the study. Researchers analyzed compensation strategies based on data and interviews with physicians. Researchers use the classification of compensation according to Handoko (2004) which divides the compensation into two groups, namely financial and non-financial compensation. Based on the opinions of the respondents, the researcher can analyze the effectiveness of compensation design strategy owned by SNeI and add improvement of compensation design strategy to increase the work motivation of the doctors. The researcher determines the opinion of the pros and cons of the compensation design strategy. Here are *pros* and *cons* of the design compensation SNeI:

Table 2. Pros and cons of compensation design strategy SNeI

Compensation Design Strategy	Pros	Cons
Financial	<ul style="list-style-type: none"> The magnitude of the current <i>fixed income</i> received is good enough compared ago 	<ul style="list-style-type: none"> <i>Fixed income</i> is still too low, and should be improved.
	<ul style="list-style-type: none"> Indicators for assessing <i>fixed income</i> and <i>variable income</i> should be developed from the existing 	
	<ul style="list-style-type: none"> Insurance has 	

	<p>been given by the company</p> <ul style="list-style-type: none"> • Special assistance for those who will take the educational program has also been provided by the company 	<ul style="list-style-type: none"> • The assistance provided by the company, is still far from expectations in nominal aspects given, so that members who want to increase their knowledge must bear a greater cost
	<ul style="list-style-type: none"> • Aspects of time worked and seniority to determine the amount of compensation 	<ul style="list-style-type: none"> • Better productivity factors should also be taken into account.
<p>Non financially</p>	<ul style="list-style-type: none"> • So far there has been no specific assignment of the company to each member about what should be done by members in their respective positions in their respective places 	
	<ul style="list-style-type: none"> • Members who earn <i>achievement</i> in his career has not been optimized for a more strategic lifted 	
	<ul style="list-style-type: none"> • The decision-making process is considered good enough and in accordance with the corporate culture 	<ul style="list-style-type: none"> • Need to be improved in terms of making a decision, often because it is too expensive togetherness it was agreed to disagree,

		so the decision was floating for members
	<ul style="list-style-type: none"> • There is a system of assistance to doctors in SNeI, especially for those who will attend the scientific event. 	
	<ul style="list-style-type: none"> • The opportunity to gain academic recognition is wide open through the holding of scientific events. 	
	<ul style="list-style-type: none"> • Challenge in every task is generally quite high. 	

Based on the concept of strategy we make, and taking into account the pros and cons of compensation issues at SNeI. Here's the recommended compensation design:

1. Financial compensation remains a concept combination of *fixed income* and *variable income*. But for *variable income* plus bonus compensation patterns that accommodate performance.
2. Indicators for performance appraisal other than medical service aspect, also need to be reviewed from other aspect that is burden of teaching, research, and achievement.
3. Financial compensation provided in the form of fixed allowance per month for lecturers. As for research and accomplishments may be compensation not determined a fixed routine.

CONCLUSION

After researching and analyzing some aspects of compensation design at SNeI, it can be concluded that:

1. Based on the analysis of respondents' compensation design strategy in SNeI relating to the compensation system, indicates that compensation for members in SNeI have been quite effective. However, compensation in the form of pure financial is not the main thing, which needs to be optimized and improved is indirect financial compensation as well as non-financial compensation.
2. Based on the analysis of respondents' compensation design strategy in SNeI related to work motivation doctors, showed that almost all stated that there were still problems in the motivation of doctors working in SNeI. Some of the things emphasized are no member whose performance has not been optimized to improve the *performance* of the company.
3. Based on the analysis of respondents' compensation in Surabaya design strategies that relate Neuroscience Institute late with financial compensation, indicates that compensation motivational design on the financial aspects broadly considered good enough by the informant, but needs improvement, both in financial and non-financial compensation by considering aspects of justice, ethics and seniority.

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