

Quality of Work Life of Health Workforce in North Aceh District

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Abstract

Quality of life is the most important factor in health status. According to WHO data from 2019, the average HALE of the Indonesian population is 62.8 years, which means that 8.5 years are lost due to poor quality of life caused by illness and disability. The purpose of this study is to develop a model of quality of work life for health workforce in the era of regional autonomy. This study is a quantitative study using purposive sampling techniques with data analysis in the form of SEM-PLS analysis techniques. The population in this study was health workforce in 32 community health centres in North Aceh District, total 4,427 health workforce, with a research sample of 330 health workforce. The results of the study indicate that the direct variables affecting work life quality are motivational climate ($p=0.000$; $t\text{-stat}=13.392$) and career development ($p=0.000$; $t\text{-stat}=8.658$), while other variables that do not influence the quality of work life for healthcare workforce are organizational commitment ($p=0.417$; $t\text{-stat}=0.812$) and a healthy work environment ($p=0.176$; $t\text{-stat}=1.354$). Additionally, the research results also indicate that there are indirect variables that influence performance through work life quality, namely a healthy work environment ($p=0.000$; $t\text{-stat}=6.125$), career development ($p=0.000$; $t\text{-stat}=6.724$), and work life quality ($p=0.001$; $t\text{-stat}=3.318$). Variables that do not influence performance through work life quality include organizational commitment ($p=0.439$; $t\text{-stat}=0.774$) and motivational climate ($p=0.062$; $t\text{-stat}=1.867$). Motivational climate and career development have a significant influence on the quality of work life of health workforce, while a healthy work environment, career development, and quality of work life have a significant influence on performance through the quality of work life of health workforce. Organizational commitment does not have a significant influence either directly on the quality of work life or indirectly on performance through the quality of work life of health workforce.

Keywords: Health Workforce; Model Development; Quality of Work Life

Introduction

The health status of the Indonesian population is characterized by Life Expectancy (LE) and Healthy Life Expectancy (HALE). According to Badan Pusat Statistik (BPS) in 2020, the LE of the Indonesian population has reached 71.5 years, with women having a LE three years higher than men (women 73.5 years, men 69.6 years). A newer approach to assessing the quality of life years is through the use of Healthy Life Expectancy (HALE) (Badan Pusat Statistik, 2021). According to WHO data from 2019, the average HALE for the Indonesian population is 62.8 years, meaning that 8.5 years are lost due to poor quality of life caused by illness and disability. In building a high-quality human resource base, this gap must be reduced (Heri,

2022).

High infant mortality rates (IMR) and maternal mortality rates (MMR) in Indonesia continue to this day. The MMR has not yet reached the target set, with the number of maternal deaths still quite high at 230 per 100,000 live births. Similarly, the IMR stands at 24 per 1,000, meaning that out of every 1,000 live births, 24 infants die, and the prevalence of stunting among children under five is currently 24.4 percent, still far from the target of 14 percent by 2024 (Tarmizi, 2023).

The Ministry of Health, in an effort to describe the health status of the community, has established the Community Health Development Index (IPKM) as one of the indicators of the success of health development that has been implemented. The purpose of establishing the IPKM value is to see the development of the health status of the community in districts/cities in Indonesia. IPKM is a measurable indicator that describes community health issues. The indicators in the IPKM demonstrate the benefits of the health development initiatives implemented in the previous year and serve as the basis for planning health initiatives for the coming year (Kementerian Kesehatan RI, 2019).

In this case, health performance certainly contributes and is expected to meet the community's needs for quality services. The performance of health Workforce is influenced by several variables, including leadership, inspiration, work environment, culture, discipline, communication, position, dedication, training, salary, job satisfaction, and quality of working life. A person's quality of working life is one of the variables that influence performance (Wyatt & Wah, 2001).

Researchers conducted a survey to determine the quality of working life for healthcare Workforce in North Aceh District. The results were based on the eight factors considered by Walton (1973) when determining the quality of working life, including adequate and fair compensation, a safe and healthy work environment, opportunities to use and develop one's capacities, opportunities for growth and sustainable security, social integration in the workplace, employee rights in the workplace, work and living space, and organizational social responsibility, indicate that the quality of working life for healthcare Workforce in North Aceh District remains low.

Based on a preliminary survey conducted by researchers by distributing questionnaires to 740 health Workforce in North Aceh District, the indicator component of adequate and fair compensation was reported by 239 health Workforce (32.3%), the indicator of a safe and healthy work environment was met by 275 Healthcare Workforce (37.2%), the indicator of opportunities to utilize and develop one's capabilities was met by 171 Healthcare Workforce (23.1%), the indicator of opportunities for sustainable growth and security was met by 139 Healthcare Workforce (18.8%), the indicator of social integration at the workplace was met by 301 Healthcare Workforce (40.7%), employee rights at the workplace for 282 Healthcare Workforce (38.1%), work and living space for 261 Healthcare Workforce (35.3%), and organizational social responsibility

indicators for 288 Healthcare Workforce (38.9%).

This is reinforced by data on the performance of the IPKM in North Aceh District, which was also low at 0.5561 in 2018 and still in line with the national IPKM average of 0.6087, so it can be assumed that the work environment has a significant effect on how well health services are provided by the organizers to the community. As a developing district in Aceh Province, North Aceh District obtained an IPKM score of 0.4591 in 2013 and a score of 0.5561 in 2018, ranking 407th out of 514 districts and cities in Indonesia, with the national average IPKM score being 0.5404 in 2013 and 0.6087 in 2018.

According to Maulidia's research (2022), the performance of civil servants at the Human Resource Development Agency (BPSDM) of Aceh Province is significantly and positively influenced by the quality of their work environment. In other words, the better their work environment, the better their performance in Aceh Province. The researcher is interested in exploring the development of a model for the quality of life of Healthcare Workforce in the era of regional autonomy based on the background information presented above..

Methods

This study uses quantitative research with an explanatory research method. The location of this study was conducted on health Workforce at the Health Office and Community Health Centers in North Aceh District, which was chosen because the Community Health Development Index (IPKM) in 2018 in North Aceh District was still low (0.5492) compared to the national figure (0.6087). The research was conducted starting in September 2023, beginning with a preliminary survey, proposal development, research implementation, and the compilation of research results, culminating in the determination of a model for the quality of Work Life of Healthcare Workforce in North Aceh District.

The variables in this study consist of exogenous variables, mediating or intervening variables, and endogenous variables. Exogenous variables include four variables: organizational commitment, a healthy work environment, motivational climate, and career development. Mediation/intervention variables include quality of work life (fair and appropriate compensation, safe and healthy working conditions, self-development, advancement and growth, social relationships at work, employee rights, Workforce' rights, and overall living conditions, and organizational social responsibility), while endogenous variables include performance (values, motivation, perceptions, and mood) (Zulkarnain, 2024).

The population in this study consisted of 4,427 Health Workforce in 32 community health centers in North Aceh District. The sampling technique used in the quantitative method was purposive sampling, which resulted in a sample of 330 health Workforce. In the quantitative data analysis, univariate and bivariate analyses were used, as well as a multivariate nonparametric statistical approach with SEM-PLS analysis

Results

Univariate Analysis

Based on primary data collected from employees at the North Aceh District, the distribution of employee characteristics was obtained, consisting of the gender of nurses, employment status, and age of nurses who were used as respondents in this study:

Table 1. Distribution of Employee Characteristics

No	Variable	N	(%)
1.	Gender		
	Male	109	33.0
	Female	221	67.0
	Total	330	100.0
2.	Employment Status		
	Civil Service	330	100.0
	Total	330	100.0
3.	Age		
	1. 20-40 years	217	65.8
	2. 41-60 years	113	34.2
	Total	330	100.0

Source: Primary Data

Based on Table 1 above, the majority of respondents were female, with 221 respondents (67%), while male respondents numbered 109 (33%). The employment status of all respondents, totaling 330 respondents (100%), was as civil servants (ASN). The age group of 20-40 years is the majority, with 217 respondents (65.8%), followed by the age group of 41-60 years, with 113 respondents (34.2%).

Table 2. Frequency Distribution of Organizational Goals

No	Variable	n	(%)
1.	Organizational Goals		
	1. Insufficient	91	27.6
	2. Adequate	109	33.0
	3. Good	130	39.4
	Total	330	100.0

Source: Primary Data Source: Primary Data

Bivariate Analysis

Bivariate analysis was used to examine the relationship between dependent and independent variables. The results of bivariate analysis using Pearson's product moment correlation coefficient showed that there was a significant correlation between independent variables and dependent variables, as shown in the table below.

Table 3. Correlation Test Results Between Independent Variables and Dependent Variables

No	Variables	Correlation	Significance	Results
1	Organizational commitment - Quality of work life	0.258	0.000	Moderate correlation, significant
2	Healthy work environment - Quality of work life	0.233	0.000	Very weak correlation, significant
3	Motivational climate - Quality of work life	0.861	0.000	Very strong correlation, significant

4	Career development - Quality of work life	0.825	0.000	Very strong correlation, significant
5	Organizational commitment - Performance	0.282	0.000	Moderate correlation, significant
6	Healthy work environment - Performance	0.396	0.000	Moderate correlation, significant
7	Motivational climate - Performance	0.720	0.000	Strong correlation, significant
8	Career development - Performance	0.783	0.000	Very strong correlation, significant
9	Work life quality - Performance	0.767	0.000	Very strong correlation, significant

Source: Data Primer Correlation Test Results Between Independent Variables and Dependent Variables

Based on Table 3, it is known that the sig. (2-tailed) value between the organizational commitment variable and quality of work life is 0.000, 0.258, which means that there is a significant correlation. Furthermore, the relationship between the healthy work environment variable and quality of work life has a sig. (two-tailed) of 0.000 and 0.233, indicating a very weak but significant correlation. The relationship between the motivational climate variable and work life quality has a significance level (two-tailed) of 0.000 and 0.861, indicating a very strong but significant correlation. The relationship between the career development variable and work life quality has a significance level (two-tailed) of 0.000 and 0.861 (2-tailed) of 0.000, 0.861, indicating a very strong significant correlation. The relationship between the career development variable and quality of work life has a sig. (2-tailed) of 0.000, 0.825, indicating a very strong significant correlation, while the relationship between the organizational commitment variable and performance has a significance level (2-tailed) of 0.000, 0.282, indicating a moderately significant correlation. Similarly, the relationship between the healthy work environment variable and performance has a significance level (2-tailed) of 0.000, 0.396, indicating a moderately significant correlation, while the relationship between the motivation climate variable and performance has a significance level (2-tailed) of 0.000, 0.282, indicating a moderately significant correlation. (2-tailed) of 0.000, 0.396, indicating a moderately significant correlation, and the relationship between the motivational climate variable and performance has a significance level (2-tailed) of 0.000, 0.720, indicating a strongly significant correlation. The relationship between career development and performance has a sig. (2-tailed) value of 0.000, 0.783, indicating a very strong and significant correlation, and the relationship between work life quality and performance has a sig. (2-tailed) value of 0.000, 0.767, indicating a very strong and significant correlation.

Discussion

1. The Influence of Organizational Commitment on the Quality of Working Life of Health Workers in the Era of Regional Autonomy in North Aceh District

The results of the study indicate that the organizational commitment variable does not have a significant effect on the quality of work life of health workers in the era of regional autonomy in North Aceh District, with a p-value of 0.417 and a t-statistic value of 0.812. The organizational commitment factors, which

include organizational goals, organizational values, organizational efforts, and organizational membership, are assessed as not having an impact on the quality of work life for health workforce in the era of regional autonomy in North Aceh District.

Thus, the results of this study can be interpreted to mean that the quality of work life for health workforce in the era of regional autonomy in North Aceh District does not depend on the quality of organizational goals, organizational values, organizational efforts, or organizational membership of health workforce in the era of regional autonomy in North Aceh District. This can be evidenced by the low quality of life of health workforce, particularly in terms of the quality of a safe and healthy work environment, the quality of opportunities to utilize and develop one's capabilities, the quality of opportunities for growth and security, the quality of employee rights, and the quality of social responsibility.

Commitment is the willingness to take responsibility for the things entrusted to someone. Strong commitment will enable a person to expend additional physical, mental, and spiritual resources that can be obtained. Conversely, without commitment, big jobs will be difficult to carry out (Simanjuntak, 2005). To maximize the achievement of organizational goals, the commitment of people within the organization is important. Goal setting theory states that an individual's behavior is governed by their ideas (thoughts) and intentions. Goals can be viewed as the objectives/performance levels that an individual wants to achieve. If an individual is committed to a particular goal, this will influence their actions and affect the consequences of their performance. Employees with organizational commitment are characterized by a strong belief in the organization's values and goals, a willingness to increase efforts for the organization's benefit, and a strong desire to remain in the organization (Salleh et al., 2013).

2. The Influence of a Healthy Work Environment on the Quality of Working Life for Health workforce in the Era of Regional Autonomy in North Aceh District

The results of the study indicate that healthy work environment variables do not have a significant effect on the quality of work life for health workforce in the era of regional autonomy in North Aceh District, with a p-value of 0.176 and a t-statistic value of 1.354. Healthy workplace factors, which include staff, leadership, decision-making, communication, and collaboration, are assessed as having no impact on the quality of work life for health workforce in North Aceh District.

3. The Influence of Motivational Climate on the Quality of Working Life of Health Workers in the Era of Regional Autonomy in North Aceh District

The results of the study indicate that the motivational climate variable has a significant influence on the quality of work life for health workforce in the era of regional autonomy in North Aceh District, with a p-value of 0.000 and a t-statistic value of 13.392. The motivational climate factors, consisting of task climate and ego climate, are assessed to have an impact on the quality of work life for health workforce in the era of regional autonomy in North Aceh District. This means that when task climate and ego climate are good and

nursing leaders are good, this can directly improve the quality of work life for health workforce in in North Aceh District.

4. The Impact of Career Development on the Quality of Working Life of Health Workers in the Era of Regional Autonomy in North Aceh District

The research results indicate that career development variables have a significant influence on the quality of work life for health workers in the era of regional autonomy in North Aceh District, with a p-value of 0.000 and a t-statistic value of 8.658. Career development factors, which include self-knowledge, decision-making, career information, and career planning, are assessed to have an impact on the quality of work life for health workforce in North Aceh District. This means that when self-knowledge, decision-making, career information, and career planning are good, they directly improve the quality of work life for health workforce in North Aceh District.

Conclusion

Motivational climate and career development have a significant influence on the quality of work life of health workforce, while a healthy work environment, career development, and quality of work life have a significant influence on performance through the quality of work life of health workforce. Organizational commitment does not have a significant influence either directly on the quality of work life or indirectly on performance through the quality of work life of health workforce.

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