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## **Implementation of Community Health Center Reorganization in the Era of National Health Care towards the Work Stress of Medical Personnel and Paramedics of Community Health Center in West Lombok District**

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### **Abstract:**

*This research is aimed at determining and analysing the partial of the change of system reference and first level outpatient, the change of commitment-based capitation system, and the demand of accreditation in the era of National HealthCare on the work depression of medical and paramedical staffs of health centres in West Lombok. This research is casual study with primary and secondary data. The data were collected through questionnaires and interview. The population of this research are all 53 medical staffs and 480 paramedical staffs. The total population is 533 staffs. The samples were determined through stratified random sampling. The data were analyzed with multiple linear regression. The research showed that the system of reference of RJTP had positive and significant on the depression, commitment-based capitation system had positive and significant effect of the depression, accreditation had positive and significant effect of the depression. This research suggested that district government of West Lombok, especially Health Agency provide seminars and trainings for medical and paramedical staffs in West Lombok in order to be ready to anticipate the changes of policy of the central government. It is also necessary to recruit new medical and paramedical staffs for health centres in West Lombok, due to the new staff recruitment is for the adaptation to the new policy, and the service of health of community should always run as usual.*

**Keywords:** *System reference and first level outpatient, commitment-based capitation system, demand of accreditation, work depression*

### **1. Introduction**

Reformation within organization has become an issue that is being faced by all organization across the globe. Adaptation and reformation is crucial, for it would define how flexible an organization is when they're being faced by an unexpected circumstances and changes. Strategy and system, technology, physical structure, and human resource are some examples of things that could be reformed (Robbins, 2006). Due to its importance, many organizations are starting to change, in accord to the needs of its customer. Reformation could produce something new that aren't widely understood within the company, thus become a heavy burden and causes stress within the company worker. Each of the individuals within the company has their own adaptability, thus, demanding everyone to be quick in adapting toward such new experience is out of the question.

There are other stress inducing condition within work environment, such as uncertainty, demanding task and role, and personal conflict that could be found within their progress in adopting changes. Stress is an adoptive response that is being moderated by individual differences as a consequence of each of their own action, and situation that requires specific demand toward an individual (Ivancevich, 2006). Stress could both cause a positive and negative impact. Stress could cause a positive impact if it could trigger motivation within the work environment, and a negative impact when an individual couldn't cope with an existing stressor, and causes further problems, both physically and psychologically. According to Ivancevich (2006), factors that could triggers stress within work environment are conflict between roles, overworking, uncertainty

within specific role, responsibility toward others, harassment, managerial behavior, lacks of cohesivity, ingroup conflict, and work culture.

Community health centre (CHC / Puskesmas) is an organization that acts as a spearhead of the health care services towards the people. Since 1st January of 2014, the government has established a national health care system that integrates several forms of health care services that previously provided by the government, such as ASKES PNS, JPK Jamsostek, TNI, Polri and Jamkesmas. National Health System (JaminanKesehatan Nasional / JKN) was conducted by "BadanPenyelenggaraJaminanSosial" (BPJS). BPJS are applying mandatory payment since 2014, expecting that every citizen would already be a member of BPJS in 2019. The government hopes that BPJS could alter every health care system in general, and Puskesmas as the spearhead of health care provider in particular. Puskesmas held a certain strategic aspect, acting as a gate keeper who provides basic health care. Such changes would then affect many Puskesmas' across the Western Lombok. There are 5 out of 17 Puskesmas that serves inpatient, while the rest of them would serves outpatient. Since JKN being implemented, each of every community health Centre within Western Lombok would serves as First Base Health Facility (*FasilitasKesehatan Tingkat Pertama*/FKTP) that serves National Health System (JKN). As the time goes, Puskesmas started to gradually implement some changes within the organization. The implementation of first base inpatient referral system is being applied gradually, fulfilling 155 targets of non-specialistic diagnosis that have to be met by puskesmas. Puskesmas also being pressured to strengthen the promotivity, preventive, curative, and rehabilitative function in order to fulfill the indicator within the "commitment-based capitation" policy. By implementing these changes, it is expected that Puskesmas could increase the number of contacts, and reduce the number of referred patient. In order to fix its registration and reporting system, a technology called E-Puskesmas are being implemented by every Puskesmas nationwide. Here is the result of "*RawatJalan Tingkat Pertama*" (RTJP) system and Puskesmas's commitment-based capitation monitoring report within West Lombok

Doctors would influence the quantity of non-specialist referral within the hospital and Puskesmas. They also act as the spearhead of comprehensive service provider, and an important figure unfulfilling the assessment standard in commitment-based capitation, and standardized service in order to be accredited. Being faced with these burdens would then alleviate the amount of stress and fatigue within the healthcare staff. Based on the writer's preliminary observation and interview, some health workers and medics admit that these changes would act as a significant stressor for them, due to the fact that these changes are happening at the same time, thus increasing their workloads. Moreover, they claimed that many Puskesmas are not well prepared, be it on the aspect of logistic, human resource, nor its facility. They also said that these changes cause disconformity within the workplace due to unfair responsibility distribution and increased workload due to the commitment-based capitation. This would indicate that these changes actually increase their stress level that's likely caused by overworking and changes that happened too fast thus left many health care facilities unprepared in embracing these changes. Connie and Joseph (2000), in their research titled "*Predictors and Outcomes of Openness to changes in a reorganizing workplace*", dictated that openness toward reorganization and changes within an organization could alleviate work satisfaction, reduce stress level and their tendency to resign. Moreover, James, et. al. (1992) also dictate that coping mechanism could influence the occurrence of stress and staff's behavior within reorganization period. Maria and Ioaniss (2005) also said that the occurrence of stress within the staff could decrease their commitment toward related organization. George Halkos (2012) added that even if reorganization could increase their stress level, if the organization is able to communicate its importance and usefulness, it could actually increase their productivity significantly. It is also said that job insecurity, inadequate information, consultation and supports are the biggest factor that could causes stress within reorganization periods (Smollan, R.K., 2014). Based on these phenomenon, and how many disparation occurred within those researches, probes the writers' interest in conducting research toward the implementation of reorganization of Puskesmas within the period of "*JaminanKesehatanMasyarakat*" and its impact toward work stress that is being conducted toward health workers and medics across the West Lombok District

## 2. Literature Review

### 2.1. Definition of Reorganization

Change would always occur within every aspect of our life, and even in an organization. Organization should be flexible, and is able to change in accord to their environment in order to survive. Basically, every change occurs within the organization in order to increase its effectivity. Such changes could occur within the organization's structure, strategy, system, technology, physical structure, and its human resources (Robbins, 2006). There are 2 factors that cause reorganization: external factors (technological advancement, integration of international economy system) and internal factors (structural and cultural changes). In actuality, limiting its reorganization within either structural or cultural is not possible. Both aspects have to be moderated to form a balance in order to reach optimum result. Winardi (2005) dictated that reorganization is a point of event when an organization moved from a lasting condition toward a new, expected condition that would increase its effectivity. Anne Maria in Kahar (2008) also said that reorganization is an action of restructuring organizational components in order to alleviate efficiency within the organization.

### 2.2. Work Stress

Stress is an adaptive response that is being moderated by individual difference as a consequence from each of our action, situation, and event that places a specific demand toward a person (Ivancevich, 2006). Work stress could be translated

as a coping reaction that is being mediated by individual differences and/or psychological process as a consequence of an action, places, or events that places a heavy burden, either physical or psychologically (Gibson, et al. 1996). Kahar (2008) said that work stress is an internal condition that is caused by uncontrollable or harmful physical or social burden. Such action, event or location that could places a specific burden toward a person is called stressor (Ivancevich, 2006).

### 2.3. Implementation of National Health Care

#### 2.3.1. Changes in First Base Inpatient Referral System (RTJP)

According to Law Number 44, 2009 about Hospital, health care inpatient system is a form of health care that dictates the occurrence of mutual task and obligation delegation, both vertically or horizontally, structurally or functionally toward an illness or health problems. Medical referral is a delegation of medical task and obligation due to the inability of a medical facility in healing or treating a patient. Medical referral started from primary health care and extended toward secondary or tertiary treatment.

Characteristics of medical referral according to WHO are:

- The existence of mutual partnership between health care facility
- Adherence toward referral's standard operational procedure (SOP)
- The existence of supporting resources, including communication and transportation.
- The existence of referral form
- Pre-referral communication with the designated referral target.
- Re-referral policy

According to UNFPA (in The Health Referral System in Indonesia), medical referral characteristic are as follows:

- Accuracy in referring
- Patient's economic circumstances
- Target referral's adequacy and affordability
- Obedience toward referral SOP
- The preferred health care facility's facility is more complete
- Conducting a re-referral and feedback toward referrer facility

According to Ministry of Health, within National Referral Guidance:

- Referral are being conducted based from the patient's indication
- Referral procedure in urgent cases
- Conducting re-referral toward the referrer's facility
- Affordability of referrer's facility
- First referral came from primary facility

In conducting services, first base and advanced level medical facility are obliged to use referral system that is based on existing policy, such as the limitation of medication that is in accord toward the standard of Formularium Nasional, standard medical equipment that is listed within medical equipment compendium, and any other existing standardized services that is listed in JKN.

#### 2.3.2. Commitment based capitation payment

Capitation is a payment method in health care system in which a health care provider are being paid in a fixed amount per patient, without considering the amount of services nor its type. The amount that is being paid toward the health care provider are being regulated by BPJS Kesehatan and Dinas Kesehatan based on selection and credentialing by considering factors such as:

- Human resource
- Facilities and infrastructure
- Scope of services
- Commitment of services

Within BPJS section 2, 2015 about *Norma Penetapan Besaran Kapitasi Dan Pembayaran Kapitasi Berbasis Pemenuhan Komitmen Pelayanan Pada Fasilitas Kesehatan Tingkat Pertama*, it is mentioned that primary level health facility (Fasilitas Kesehatan Tingkat Pertama / FKTP) is a health care facility that conduct individual non-specialistic health care services that serves observation, promotive, preventive, diagnostic, treatment, medication, and any other health care service. BPJS Kesehatan conducted payment toward FKTP in accord to the capitation of the amount of the premise holder that is listed within the FKTP. The amount of FKTP's tariff are determined by the amount of doctors, doctor-premise holder ratio, dentist's availability and time of services.

Capitation based on service commitment fulfillment is an adjustment toward capitation tariff based on individual health care indicator fulfillment that is previously being agreed upon, in a form of services commitment on primary health care facility in order to alleviate the service's quality. Service commitment fulfillment are being graded based from its indicator fulfillment within the service commitment that is being conducted by FKTP, which are:

- Number of Contacts (AK)

- Non-specific inpatient referral case ratio (RRNS)
- Ratio of FKTP routinely visiting Prolanis attendee (RPPB)

Number of contacts is an indicator that defines the accessibility and the utilization of primary health care in FKTP by the premise holder, and their effort and concern toward every 1000 premise holder that is being listed in FKTP that works together with BPJS *kesehatan*. Non-specific inpatient referral case ratio is an indicator that define the coordination optimality and cooperation between FKTP toward advance health service facility, thus ensure its conformity toward medical indication and its competency. Chronic Disease Treatment Program, also known as Prolanis is a system that integrates the management of health service and communication toward a group of premise holder with certain type of disease. The ratio of prolanis premise holder who visits FKTP routinely is an indicator that explains the utilization of FKTP by its premise holder, and the cooperativeness of FKTP in the maintenance of prolanis members.

Number of contacts is the amount of recorded premise holder that is in contact with FKTP compared to the total amount of recorded premise holder multiplied by 1000. Fulfillment target of the number of contact by FKTP is in accord with their deal between BPJS *kesehatan with the association of primary health care facility*, which are:

- Target within the safe zone should reach at least 150% per month
- Target within the prestige zone should reach at least 250% per month.

Non-specific inpatient referral case ratio is the amount of patient that has been referred and is diagnosed within the capability of FKTP level of competency in accord to the Clinical Practice Guideline, compared to the total of every premise holder that is being referred by FKTP multiplied by 100. The fulfillment target of this non-specific inpatient referral case ratio is as follows:

- Target within safe zone should reach at least 5% per month
- Target within prestige zone is less than 1% per month

Ratio of routine prolanis FKTP visitor is the amount of prolanis member that is routinely visits FKTP compared to the total of prolanis members that is being recorded in FKTP multiplied by 100. Fulfillment target of prolanis member is as follows:

- Target within safe zone should at least reached 50% per month
- Target within the prestige zone should at least reached 90% per month.

The completion of FKTP service commitment indicator target would then become a base for basic capitation tariff of service commitment fulfillment. FKTP that satisfy:

- 3 service fulfillment indicator targets within prestige zone would receive capitation tariff as much as 115% of the appointed capitation norm.
- 2 service fulfillment indicator targets within prestige zone and one other indicator within the safe zone would receive capitation tariff as much as 110% of the appointed capitation norm.
- 1 service fulfillment indicator target within prestige zone and 2 other indicators within the safe zone would receive capitation tariff as much as 105% of the appointed norm.
- 3 service commitment indicator targets within the safe zone would receive as much as 100% of the appointed norm
- 2 service commitment indicator targets within the safe zone and 1 unachieved indicator within the safe zone would receive as much as 90% of the appointed norm
- 1 service commitment indicator target within the safe zone and 2 unachieved indicators within the safe zone would receive as much as 80% of the appointed norm
- 2 service commitment indicator targets within the prestige zone and 1 in achieved indicator within the safe zone would receive as much as 98% of the appointed norm
- 1 service commitment indicator target within the prestige zone, 1 indicator target within the safe zone and 1 other unachieved indicator within the safe zone would receive as much as 95% of the appointed capitation norm
- 1 service commitment indicator target within the prestige zone and 2 other unachieved targets within the safe zone would receive as much as 90% of the appointed capitation norm
- FKTP that didn't achieve any of the appointed service commitment indicator target within the safe zone would the receive as much as 75% of the appointed norm

#### 2.4. FKTP Accreditation

*PeraturanPresidennumber 72, 2012* regulates the division of healthcare subsystem that includes:

- Healthcare effort
- Fasyankes
- Healthcare effort's resources
- guidance and supervision

Guidance and supervision of the healthcare effort including

- Healthcare services should be based on the standard that have been created by the government, while paying attention to the suggestion of the local government, professional organization, and the people itself

- Guidance and supervision of the health care effort have to be conducted progressively through standardization, certification, licensing, accreditation, and law enforcement that is conducted by government along with professional organization and the people themselves.

Healthcare service toward the health care members have to be attentive toward the service quality, oriented toward the patient's safety, treatment's efficiency, congruency toward the patient's need, and its cost efficiency. The appliance of Health care service's quality control system includes health care facility's quality, making sure that the process of the health care service is in accord with the standard.

Puskesmas's accreditation is an external grading process by accreditation commission or its representative within the province toward the Puskesmas in order to grade the quality of its management, its system of service management, and its basic function, whether these aspects have been conducted, and are in accord with the standard. The purpose of puskesmas's accreditation are:

- Alleviate the quality of its service and patient's safety
- Alleviate the protection toward their human resources, the people, and its environment, including the puskesmas itself as an organization.
- Alleviate performance, especially in individual healthcare service.

In the accreditation process, CHC would be graded by surveyor team and would be categorized into several levels, that is:

- Unaccredited
- Basic accreditation
- Medium accreditation
- Primary accreditation
- Plenary accreditation

### 3. Research Methodology

In accordance with the problem formulation and the conducted purpose, the type of research used in this study is causal research. Population in this study is all medical personnel and paramedic of Community Health Centers all over West Lombok District of 53 medical personnel and 480 paramedics in total population of 533. Sampling methods used in this study is *stratified random sampling*. According to the calculation of Slovin formula, the size of sample for this research is 228 respondents. The type of data in this study is quantitative data. The sources of data used in this study are primary source and secondary data source, data collection techniques used in this study is by interview, documentation, and questionnaire, variable which will be analyzed in this study is RJTP reference (X1), commitment-based capitation (X2), accreditation demand (X3), and work stress (Y). In this study, every question/statement on the researched questionnaire is measured by using score referred to Likert Scale (scoring form). Instrument validity testing in this research is by expressing that validity shows how good the instrument is which was made to measure particular concept which was desired to be measured at the moment.

### 4. Discussion

Based on research conducted to 228 respondents, answers or response of respondents in answering the list of statements submitted by the researcher can provide an overview of respondents based on the variable studied

No.	Gender	Frequency (person)	Percentage (%)
1.	Male	78	34,2%
2.	Women	150	65,8%

Table 1: Characteristics of Respondents by Sex  
Source: Primary Data Processed

Based on Table 1 shows descriptive statistical analysis of gender background, most women medical personnel and paramedics are 150 people (65,8%) and male are 78 people (34,2%). Thus, it is known that the work force in CHC in West Lombok district is women. This is in line with the CHC needs in the medical personnel and paramedics job descriptions of which more needed are women. This is because the government of West Lombok are focusing on decreasing mortality of mother.

No.	Age (Years)	Frequency (Person)	Percentage
1.	20-30	68	30%
2.	31-40	77	33,7%
3.	41-50	60	26,3%
4.	51-60	23	10%

Table 2: Characteristics of Respondents by Age  
Source: Primary Data Processed

Based on Table 2 shows a descriptive statistical analysis of the age background, most CHC in West Lombok district are dominated by medical personnel and paramedics who was on productive age between 31-40 as many as 33,7 percent. This is show that medical personnel and paramedics are ready to serve people more better.

No.	Work Period	Frequency (Person)	Percentage
1.	<1	63	27,6%
2.	1-5	97	42,5%
3.	5-10	68	29,9%

Table 3: Characteristics of Respondents by Work Period  
Source: Primary Data Processed

Based on Table 3, the statistical analysis of the working period, indicate that the medical personnel and paramedics is dominated by medical personnel and paramedics who have a working period of 1-5 years as many as 97 person or 42,5 percent. This shows that medical personnel and paramedics have experience for serving the people of West Lombok. The results of multiple regression analysis to predict the variation of work stress when affected RJTP referral system changes, Commitment-based Capitation system change and accreditation Demands presented on table 4.1 are as follows:

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.029	.194		5.294	.000
	X1	.409	.052	.466	7.804	.000
	X2	.198	.051	.205	3.859	.000
	X3	.142	.041	.191	3.420	.001

Table 4.1 Multiple Regression Coefficient Value Coefficients  
a. Dependent Variable: Y

According to the results of multiple regression analysis on table 4.1, known constants value is 1.029, value of RJTP referral system changes regression coefficient variable of 0.409, value of commitment-based capitation system changes regression coefficient variable of 0.198, and value of accreditation demands regression coefficient variable of 0.142, then the multiple regression equations are as follows:

$$Y = a + b_1X_1 + b_2X_2 + b_3X_3$$

$$Y = 1,029 + 0,409X_1 + 0,198X_2 + 0,142X_3$$

Where:

Y	: Work Stress
X <sub>1</sub>	: RJTP Referral System Changes
X <sub>2</sub>	: Commitment-based Capitation System Changes
X <sub>3</sub>	: Accreditation demands
a	: Constants
b <sub>1</sub>	: RJTP referral system changes regression coefficient
b <sub>2</sub>	: Commitment-based capitation system changes regression coefficient
b <sub>3</sub>	: Accreditation demands regression coefficient

#### 4.1 .The Effect of RJTP Reference System Changes Against Work Stress

From the result of analysis, it is known that RJTP referral system changes affect the work stress of medical personnel and paramedics of Community Health Centers (CHC) in West Lombok District positively and significantly so that hypothesis 1 which stated "Referral system changes of RJTP is expected to affect work stress of medical personnel and paramedics of CHC in West Lombok District positively and significantly" is accepted.

According to empirical data in this study, there are 97 personnel who have worked in CHC all over West Lombok District in 1-5-year range, this shows that medical personnel and paramedics in CHC have acknowledged deeply organizational changes whether prior to National Health Care and after the National Health Care program and according to the analysis, RJTP referral system changes take place quickly. This changes the ways of working, culture, and cost of the CHC in West Lombok District. Meanwhile, medical personnel and paramedics of the CHC in West Lombok District are not prepared to accept the ongoing changes. Since the changes conducted by the governments are done quickly and very sudden so that it will affect the work stress. This is appropriate to what has been stated by Robbins and Timothy (2008) that a rapid change due to adjustment to a policy, technology, economy, social condition, and political condition place someone experience the threat of stress.

Changes that happen in the CHC are the ones that happen in the blink of an eye. According to Gibson et al, (1996) discontinuous change is a change which is marked by rapid shifts of strategy, structure, or culture or the three at a time.

#### *4.2. The Effect of Commitment- Based Capitation System Changes against Work Stress*

The results of analysis show that commitment-based capitation system changes affect the work stress of medical personnel and paramedics of CHC in all of West Lombok District positively and significantly so that the hypothesis 2 which stated "Commitment-Based Capitation System Changes is expected to affect work stress of medical personnel and paramedics in West Lombok District positively and significantly" is accepted.

According to empirical data in this study, there are 105 personnel whose profession is midwife and 100 personnel whose profession is nurse and only 23 personnel whose profession is doctor. This shows that CHC all over West Lombok District is filled by people who hold vital roles in order to keep the CHC going in medical services. Meanwhile, commitment-based capitation is adjustment of capitation tariff rates based on assessment result of achievement of the indicator in individual medical service which was agreed as commitment of First Level Medical Facility service in order to improve the service quality. This demands the service given by midwife and nurse as well as doctor of the CHC must be in maximum level since the payment done to the CHC is based on the quality of the service given to the people. This surely burdens the medical personnel and paramedics of CHC in West Lombok District. In fact, medical equipment of CHC in West Lombok District is still few in number and limited but the doctors, nurses, and midwives are demanded to give the maximum service without the required equipment.

According to James et al (1992) work stress is an internal condition, which is caused by physical or environmental demands and social situation which has the potential to inflict damage and uncontrollable. The ongoing changes with the new payment system or commitment-based capitation are the organizational demand that must be run since it has legal effect. Therefore, this brings up or causes stress from the medical personnel and paramedics of CHC in West Lombok District.

#### *4.3. The Effect of Accreditation Demands against Work Stress*

Based on the result of analysis it is known that accreditation demands affect the work stress of medical personnel and paramedics of CHC in West Lombok District positively and significantly so that the hypothesis 3 that stated "Accreditation demands is expected to affect work stress of medical personnel and paramedics in West Lombok District positively and significantly" is accepted.

Accreditation demands of CHC are an external assessment progress by Accreditation Demand Commission and/or Representatives in Province of CHC to assess the quality management system and the service provider system and if CHC main effort is already appropriate to the standard set. The purpose of CHC accreditation demands is to improve the service quality and the safety of patients, improve protection for medical human resource, people and environment, also the CHC as an institution, improve the CHC's performance in the individual health service and/or well-being. In fact, each CHC has to hold the best accreditation demand, causing the medical personnel and paramedics to prepare and reserve more time to fulfill those demands.

According to the empirical data in this study, 150 medical personnel and paramedics of CHC in West Lombok District are woman or more than man personnel. In fact, medical personnel and paramedics of CHC in West Lombok District are all married and have family so that in fulfilling or making preparations for the demands they cannot do it maximally. Since they need time to take care for the family, the existence of accreditation demands of the CHC will add more burden and work time.

According to Ivancevich (2006), action, situation or event that put certain burden to someone is called stressor. One of the stress sources that may trigger someone to be stressful is an excessive work burden and work time put on each individual. This will pose serious impact to the individual. From medical point of view, stress may cause headache, nausea, chest pain, and even unconsciousness. Meanwhile from cognitive point of view, someone who experiences work stress can be seen from the poor decision making, lack of concentration, forgetful, frustration, and apathetical.

## **5. Conclusion and Suggestion**

### *5.1 Conclusion*

According to the analysis of multiple linear regressions conducted through SPSS version 16.0, it can be concluded:

- Referral system changes of RJTP positively and significantly affect work stress of medical personnel and paramedics of CHC in West Lombok District
- Commitment-Based Capitation System Changes positively and significantly affect work stress of medical personnel and paramedics in West Lombok District
- Accreditation demands positively and significantly affect work stress of medical personnel and paramedics in West Lombok District
- RJTP Referral system changes, Commitment-based Capitation system changes, and accreditation demands simultaneously affect the work stress.

### 5.2. Suggestion

Based on the conclusions above, then the suggestions that can be offered from this research are as follows:

- West Lombok District Government Particularly Public Health Department may hold seminars or trainings to the medical personnel and paramedics in West Lombok District so that they will be more prepared in anticipating policy changes ordered by the central government.
- Additional medical personnel as well as paramedics in CHC all over West Lombok District is required, since there are additional matters which must be done to adapt with the current policy, because medical service for the people still need to be run.

### 5.3. Implication

The theories supporting the result of this study is work stress of medical personnel and paramedics of CHC in West Lombok District affected by the organizational changes factor within CHC in the Era of National Health Care. The factors affecting the organizational changes within CHC in National Health Care Era are RJTP referral system changes, commitment-based system changes, and accreditation demands.

In relation to the work stress of medical personnel and the paramedics of CHC in West Lombok District, then socialization or acknowledgement must be given earlier before the implementation of organizational changes within CHC in National Health Care Era. This must be done in order to reduce the work stress level for medical personnel and paramedics of CHC in West Lombok District.

### 5.4 Limitations and Directions Of Future Research

There are certainly limitations in this study and directions of future research

#### 5.4.1. Research Limitations

This research is aimed to examine the effect of RJTP system changes, Commitment-based system changes, and accreditation demands towards work stress of medical personnel and paramedics of CHC in West Lombok District. Even though the result of this study may give depictions of the effects, there is still a lot of limitations in it, among others are this study is only in the scope of West Lombok District, by using multiple linear regression analysis tool, and only test RJTP referral system changes, Commitment-based system changes and accreditation demands variable, while there are still other variables which may affect work stress, so that work stress testing by using other variables is needed or combinations of different variables in order to obtain the more comprehensive result.

#### 5.4.2. Directions of Future Research

In the future, his study is expected to:

- Expand the scope of study such as in provincial level
- Use other analysis tools beside multiple regression such as PLS or Amos.

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