

MK : OM Kesehatan

DASAR PEMAHAMAN & TEORI ORGANISASI

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ORGANISASI (PROFIT & NON PROFIT)

PENCAPAIAN TUJUAN KEMASYARAKATAN



SISTEM & FORMASI SOSIAL



NEGARA /
STATE
(**Nirlaba**)

PASAR /
MARKET
(**Laba**)

MASY. SIPIL /
SOCIETY
(**Nirlaba**)

ORGANISASI

PRINSIP FUNGSI : MEMBERI PELAYANAN PADA MASYARAKAT

ORGANISASI SWASTA YANG MENCARI UNTUNG
(*PRIVATE FOR PROFIT*)

ORGANISASI SWASTA SETENGAH PEMERINTAH
(*PRIVATE QUASI PUBLIC*)

ORGANISASI SWASTA NON PROFIT
(*PRIVATE NON PROFIT*)

ORGANISASI PUBLIK / BADAN PEMERINTAHAN
(*PUBLIC ORGANIZATION*)

TEORI ORGANISASI

1. SISTEM TERTUTUP (*CLOSE - SYSTEM APPROACH*)

Didasarkan pada asumsi bahwa gambaran terpenting organisasi adalah pada aktivitasnya dengan struktur internal dan proses yang terisolasi / tertutup secara relatif dengan lingkungan eksternalnya.

2. SISTEM TERBUKA (*OPEN - SYSTEM APPROACH*)

Perilaku organisasi sangat dipengaruhi oleh kondisi lingkungannya.

Struktur organisasi, proses dan performance / kinerjanya sangat dipengaruhi oleh kondisi input dari lingkungannya dan output yang dihasilkan (outcome).

CLOSED SYSTEM APPROACH

1. *Rational Approach*

2. *Natural System Approach*

OPEN SYSTEM APPROACH

1. *Rational Approach*

- a. Contingency Theory
- b. Decision Theory Approach

2. *Natural Approach*

- a. Resources Dependences /
Political Negotiation /
Strategic Contingencies
- b. Population Ecology

I. CLOSED SYSTEM APPROACH

1. *Rational Approach*

- By Taylor, Gullick & Urwick, Mooney (Principles of Management)
- Fokus pada :
 - span of control
 - unity of command
 - appropriate delegation of authority
 - departemenisasi
 - metode kerja
- Taylor (Scientific Management) menyarankan :
 - Programming the job
 - Choosing the right person to match the job
 - Training the person to do the job
 - Job design, etc

Max Weber (Theory of Bureaucracy) konsisten dengan model tertutup diatas, dengan memberikan 5 kriteria ideal birokrasi (ideal type of bureaucracy) :

- 1. Kejelasan organisasi secara eksplisit, prosedur kerja spesifik untuk aktivitas pemerintahan.**
- 2. Distribusi / pembagian kerja / aktivitas tertentu diantara office holder.**
- 3. Struktur hierarki kewenangan yang digambarkan jelas.**
- 4. Seleksi berdasarkan kemampuan dari kompetensi teknis yang dimiliki**
- 5. Fungsi-fungsi official yang lebih bersifat hubungan impersonal**

2. Natural Approaches

- Dikembangkan sebagai reaksi atas pendekatan rasional.
- Menekankan pada “ human relation “ individual (perilaku individu dalam organisasi)
- Keberhasilan organisasi ditentukan oleh keberhasilan individu dalam pencapaian tujuan (satisfaction of individual)
- Tokohnya antara lain : Chester I Barnard, Douglas Mc Gregor, Chris Argyris, Rensis Likert, dll.

ORGANISASI

PRINSIP FUNGSI : MEMBERI PELAYANAN PADA MASYARAKAT

PERSAMAAN :

1. MELAYANI LINGKUNGAN

2. MENGHADAPI TANTANGAN DARI LINGKUNGAN, antara lain :

a. Birokrasi

b. Internal dan Eksternal Organisasi yang tolak PERUBAHAN

c. Tekanan - tekanan dari Interest Group

d. Kesulitan untuk membagi “ ADIL “ (keadilan) karena sifatnya yang cenderung relatif.

3. PERTANGGUNGJAWABAN (ACCOUNTABILITY SYSTEM)

4. KARAKTERISTIK ORGANISASI (menyangkut prinsip2 organisasi) :

• Struktur Organisasi

• Departemenisasi

• Pembagian Kerja

• Hierarki Wewenang & Kontrol

(untuk mencapai prinsip : TO GET THE JOB DONE)

KLASIFIKASI ORGANISASI NON PROFIT

PUBLIC – CONSUMPTION GOODS

VS

PRIVATE – CONSUMPTION GOODS

By : KOTTEN

1. Badan Pemerintah yang dibentuk dengan UU & diberi wewenang untuk memberi pelayanan & pungut pajak.
2. Organisasi Non Profit Swasta / Sektor Independen yang diorganisir diluar kewenangan Pem & UU.
3. Organisasi Swasta Quasi Pemerintah, dibentuk berdasar wewenang legislatif.

By : OLECK (ditinjau dari sudut mencari untung)

1. PUBLIC BENEFIT
2. MUTUAL BENEFIT
3. PRIVATE BENEFIT

ORGANIZATIONS AND MANAGERS

- Organization Theory and Health Care Management
- * Managerial Role

Need to ...

MOTIVATE AND LEAD PEOPLE AND GROUPS

- Satisfying individual needs and values (Perception, Motivation, Negotiation)
- Providing direction (Leadership and Managership)
- Recognizing the nature of groups (Social Structure of Work Groups)

By

In response to problems of personnel (Commitment, Absenteeism, Turnover, Apathy & Conflict among Professionals)

OPERATE THE TECHNICAL SYSTEM

- Determining the appropriate work design
- Establishing communication & coordination mechanism
- Controlling Performance (Authority, Power & Influence)

By

In response to problems of technical performance (Productivity, Efficiency, Quality & Consumer Satisfaction)

RENEW THE ORGANIZATION

- Determining appropriate organization design
- Acquiring resources & managing the Environment
- Managing change & Innovation
- Attaining goals (Effective & Efficient)

By

In response to problems of the environment (Complexity & uncertainty, Technological & Social change, Competitive force, Multiple performance demands)

CHART THE FUTURE

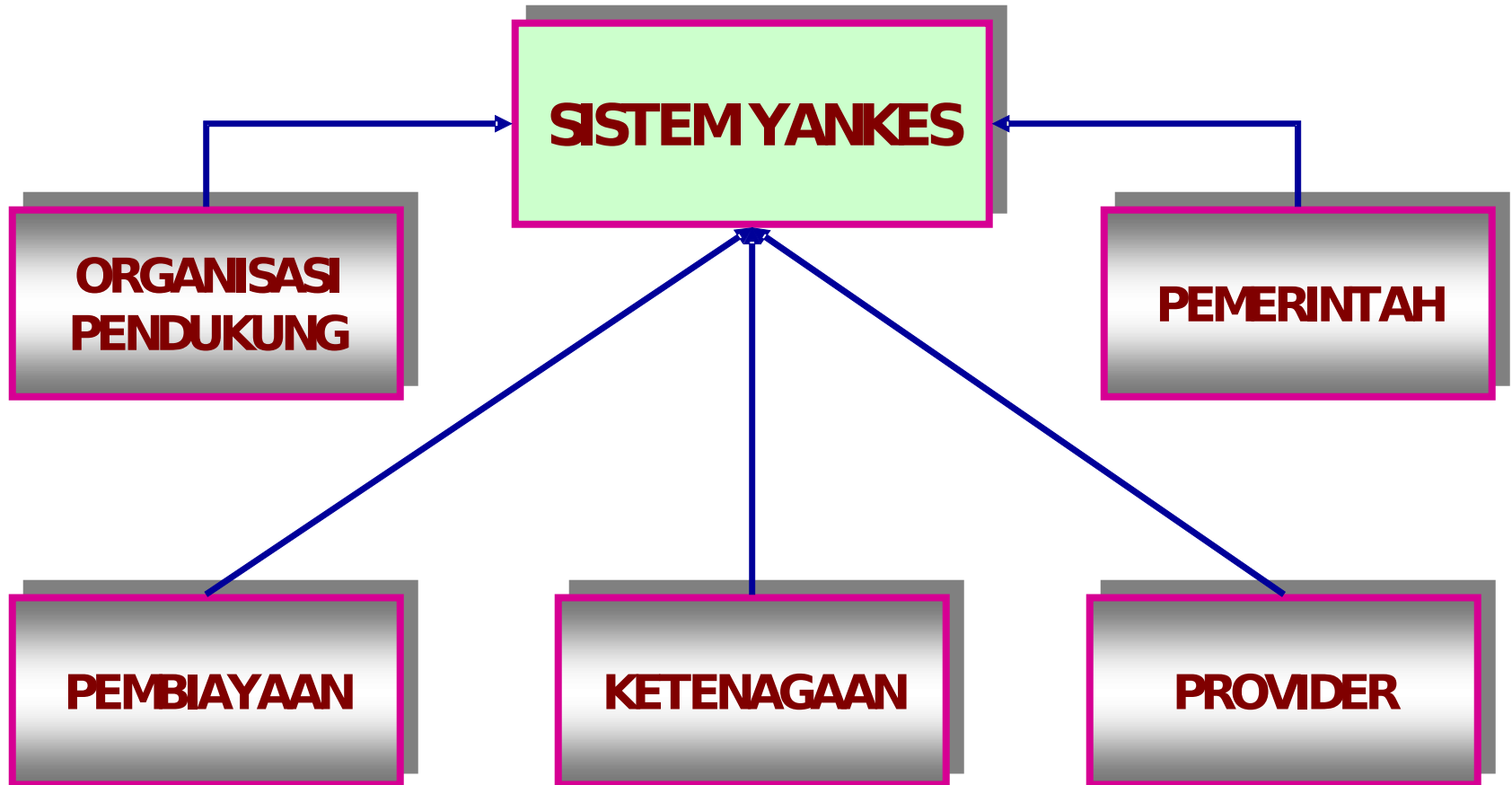
- Managing Strategically
- Anticipating the Future

By

In response to problems of survival and growth (long-run survival, long-run performance and growth)

TEORI ORGANISASI & MANAJEMEN PELAYANAN KESEHATAN

- 1. Sistem & Komposisi ?**
- 2. Jenis & Karakteristik Organisasi Yankes ?**
- 3. Persamaan & Perbedaan Organisasi Yankes dengan Organisasi Lain ?**
- 4. Dukungan Teori Organisasi dalam Kerangka Manajemen & Organisasi Yankes ?**
- 5. Issue – Issue Penting ttg Organisasi dan Manajemen Yankes ?**
 - * Efisiensi dan Efektivitas**
 - * Konflik dan Perubahan**
 - * Kelangsungan Hidup dan Pertumbuhan**
 - * Kemampuan dalam Bercerubi Lingkungan**



KARAKTERISTIK SISTEM YANKES

DIVERSITY OF PROVIDERS

- VARIANS PROFESSIONAL
- VARIANS KUALIFIKASI
- TERORGANISIR & AKTIVITAS dlm BERBAGAI BENTUK & JENIS

COMPLEXITY OF CARE

- BERSIFAT INDIVIDUAL s/d ORGANISASIONAL



PROFIL ORGANISASI YAKES

(BERDASARKAN TIPE/ BENTUK PELAYANAN YANG
DIBERIKAN)

1. IN - PATIENT SERVICES

2. AMBULATORY SERVICES

3. COMMUNITY - BASED SERVICES

4. OTHER SERVICES

* HOSPICES

* HOME HEALTH AGENCIES



ORGANISASI PENDUKUNG / PENYOKONG SISTEM PELAYANAN KESEHATAN

1. Regulatory and Quasi Regulatory
(Planning Services)
2. Third Party Financing Organizations
3. Professional Association
4. Pharmaceutical & Medical Equipment Supply
Corporation
5. Educational and Training Facilities

ORGANISASI PELAYANAN KESEHATAN

1. Sulit mendefinisikan & mengukur output
2. Variabel yang mempengaruhi kinerja sangat banyak & kompleks
3. Pekerjaan cenderung bersifat kegawatdaruratan / *emergency* dan dalam suasana yang serba tidak terduga.
4. Aktivitas pekerjaan dengan tingkat ketergantungan yang tinggi diantara variasi kelompok profesional.
5. Ijin toleransi yang sangat kecil untuk kesalahan – kesalahan.
6. Pekerjaan / aktivitas dipengaruhi tingkatan spesialisasi yang tinggi (spesialisik)
7. Mengutamakan profesionalitas & loyalitas terhadap profesi
8. Eksistensi organisasi & manajemen yang lebih efektif dalam mengontrol semua kelompok dalam pertanggungjawaban & pembiayaan
9. Eksistensi pada 2 sisi kewenangan :
 - a. Dalam " *create* " masalah – masalah koordinasi.
 - b. Dalam akuntabilitas & " *confusion* " peranan masing-masing.

Pelayanan Kesehatan



VALUES / NILAI



A Typology of Four Health Care Organizations

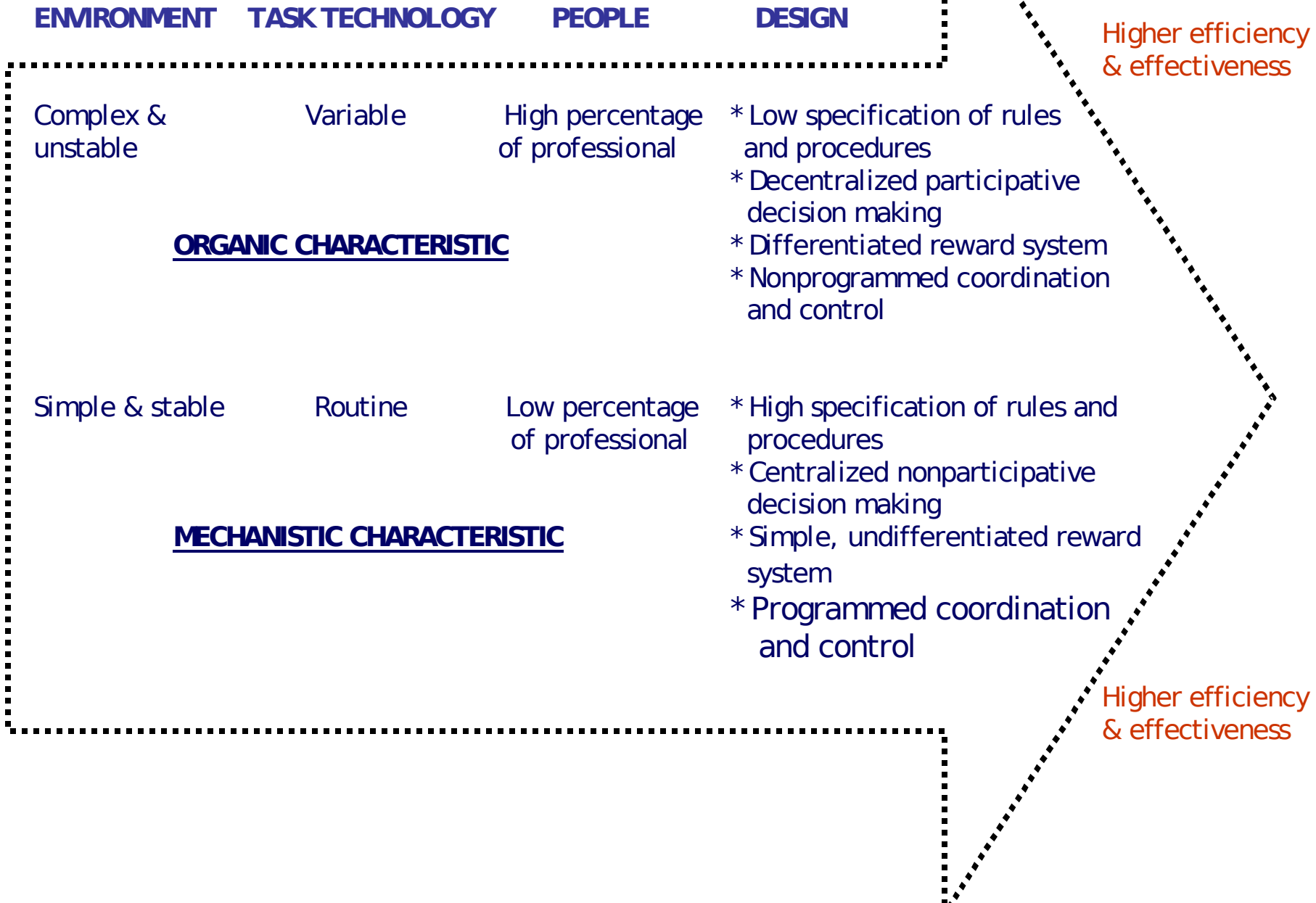
ATTRIBUTES	In-Patients Services	Ambulatory Services	Community Based Services	Nursing Homes
ENVIRONMENT (COMPLEX & DINAMIC)	Highly complex & dinamic, large number of external regulation & high degree of competition	Somewhat less complex env, but competitive & regulatory factors increasing	Complexity limited primarily to wide variety of federal & state funded programs	Fairly complex environment due to state regulations and third party financing
MISSION & GOALS	Primarily treatment oriented	Primarily individual diagnosis, treatment & prev oriented	Community-wide prevention, diagnosis & treatment oriented	Maintenance and social supported oriented
GOAL CONGCRUENCE	Goals not particularly well integrated or congcruence	Relatively high degree of goal congcruence	Somewhat lower degree of goal congcruence & integration due to wide range of services typically offered	High degree of goal congcruence centered around maintenance and social support
TIME ORIENTATION TOWARD PATIENTS	On Average, Six days	Minutes	Hours	Months / Years
DEGREE OF SPECIALIZATION	Highly specialized	Dependent on the number of different specilaities in the practice	Highly specialized depending on range of programs & services offered	Least highly specialized
DEGREE OF TASK INTERDEPENDENCE	High degree of task interdependence	Relatively low interdependence	As a function of number of programs & services that must be coordinated	Moderate interdependence
CONCENTRATION OF DECISION MAKING	Low level of concentration, decision making diffused	Most highly concentrated in the patient's physician	Low level of concentration, decision making diffused among the various programs	Decision making moderately concentrated
MANAGER - PHYSICIANS RELATIONSHIP	Impersonal, Structured	Personal, Unstructured	Peer to peer	Distant, transistory

WARNING ... !!!!

1. ADANYA PERBEDAAN VARIASI SUBSTANSIAL (ukuran, kepemilikan , lokasi & hubungan faktor-faktor lainnya)

2. PERBANDINGAN YG DI LAKUKAN HANYA BERSIFAT RELATIF

Summary of Mechanistic & Organic Design Characteristic)





"Thanks you and see you next time"