

TANGIBLE AND INTANGIBLE FACTORS AFFECTING THE ORGANIZATIONAL PERFORMANCE OF REMOTE HEALTH WORKERS

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ABSTRACT: The poor performance of local health workers in Indonesia has often been voiced in the regional health facility. This study investigates whether the bureaucratic behaviour, facilities and infrastructure, and organizational culture will increase local health workers' motivation and job performance. This study collects data from 22 local health facilities across Maros Regency, Indonesia, for a quantitative investigation. A response rate of 294 samples is obtained following the normal distribution sampling. The data is then analyzed using the covariance-based Structural Equation Model (CB-SEM) with AMOS software. The results indicate that only facilities, infrastructures, and cultures are crucial for increasing health-worker motivation and job performance. The direct and mediating effects are also reported, with the results discussed with the following implication.

Keywords: Bureaucratic Behavior; Facilities; Infrastructure; Organizational Culture; Job Performance; Health Workers.

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INTRODUCTION

Poor people are not allowed to be sick. This term has been widely shared between middle and low-income citizens in mainly developing/underdeveloped countries. This experience is transmitted by a local patient that has to rent a car to get to the local healthcare following the absence of an ambulance for an emergency. Other similar stories are experienced, with Indonesia being no exception. The voluntary national review by the United Nations has indicated that public services in basic needs have to increase, focusing on the supply side (the government policy support) (Source: [UN-sustainable development goals](#), accessed on 10/02/2023).

Public services in the era of mandated regional autonomy are subject to the touch of local "kings" or bureaucrats (Reinsberg et al., 2019). The freedom granted to Indonesian regencies and cities covers all sectors of administrative authority in addition to the powers that have been exercised by the central and provincial governments, including public works, health, education, culture, agriculture, transportation, industry, trade, investment, environment, land affairs, cooperatives, and workforce (Erb, 2011). The pattern of services with bureaucracy continues to improve as long as they are market-based and controlled from corruption (Pepinsky et al., 2017). Initially, it aims to bring public service bureaucrats closer to the community (Hadiz, 2004; Hadiz & Robison, 2005). Researchers have suggested that the behaviour of bureaucrats provides government support for public services, bureaucrats' interest is generally high in the field of public services, and bureaucratic support for the job is beneficial for public service employees (Bednarczuk, 2018; Mattsson, 2020).

While public service quality has to be continuously maintained (Fute et al., 2015; Osei-Kojo, 2017), work facilities are also the primary benchmark in establishing community satisfaction (Bulto et al., 2020). The strong motivation of public servants is also the main factor that strengthens the commitment to provide the best service to the people (Kim, 2012; Vandenabeele, 2009). These works provide the basis for constructing several factors affecting public servant performance, e.g., work facilities, leadership, quality of work, workability, initiative, motivation, endurance or reliability, the quantity of work, and work discipline (Robbins & Judge, 2009). They constitute the public service motivation as a form of encouragement possessed by bureaucrats to serve the community by having beliefs, values, and attitudes that go beyond personal interests for the benefit of the organization, which can encourage employees to do good to others and contribute their devotion to the welfare of the organization and society (Perry, 1996).

According to Perry (1996), public service motivation (MPP) dimensions are interest in public policy making, commitment to the influence of service motivation, public interest and obligations as citizens, empathy, and self-sacrifice. The concept of New Public Service (NPS) proposed by Denhardt and Denhardt (2000) criticizes the main ideas of the pro-market state management paradigm. They advocate that the regional government management development pattern be based on community services. Moreover, some

governmental units like health facilities are one of the most vital public services in developing countries like Indonesia. Furthermore, constructing the investigation in the context of underdeveloped areas in Indonesia will enhance the understanding of organizational behaviour under particular circumstances. This study collects data from the site with a low Human Development Index, i.e., Maros Regency-Indonesia. This selected area, we believe, can represent the majority experience of the public service conditions in Indonesia, moreover the under-developed or developing countries.

While the research on job performance has been abundant, the experience of healthcare workers in underdeveloped areas still needs further clarification. How the innate high level of bureaucracy and the low level of facilities are related to motivation and job performance, either direct or mediated, will provide extended neglected information on the field. This article is structured to accommodate a better presentation of the research ideas in the introduction. We then presented the theoretical construction to pave the way for the employed research method. The obtained data is delivered according to the CB-SEM criteria and is discussed. A further recommendation is also provided.

THEORETICAL REVIEW

Public Management

The role of public management in a country is so vital that Karl Polanyi, a famous development economist, even states that the economic condition of a country is highly dependent on the dynamics of public management (Block, 2003). Their role in society ensures equitable distribution of national income to the poor equitably, protects people's rights to ownership of wealth, and guarantees freedom for the people to carry out their responsibilities upon themselves (Denhardt & Denhardt, 2000; Denhardt & Denhardt, 2015), thus preserving the traditional values of a highly varied society (Anyidoho & Manuh, 2010).

There are four components of public management, such as policy influence, political actions, the basics of authority, Government Organizational Facilities and Infrastructure, goal setting, administrative policies into plans, how the government regulates the organization, personnel, financing, business, and management structure from a legal perspective, how administrators create cooperation, how the government remains responsible for both executives, judicial and legislative oversight (Stever, 1997). They divide the scope of it by public policy, public bureaucracy, public management, leadership, public service, personnel management, performance, and general management ethics. These constructions aim to improve service delivery and enhance the well-being of citizens.

The New Public Service (NPS) concept has also gained prominence in public management. NPS is a paradigm shift from the traditional public management model, which focuses on efficiency and effectiveness in service delivery, to one emphasizing citizen participation, collaboration, public service motivation, ethical leadership, organizational culture, and transparency. It challenges the traditional view of bureaucracy as a hierarchical, rule-bound, and hierarchical organization

by designing more flexible, innovative, and collaborative public service (Denhardt & Denhardt, 2015).

The Basis for Excellent Public Service Management

Organizational facilities and infrastructure is the organization's ability to provide facilities and infrastructure that support achieving goals and implementing work operations of Public Service Management (PSM) (Chiang & Hsieh, 2007). According to (Klein et al., 2001), the quality of work of public service is primarily determined by the availability and adequacy of working facilities as an indicator of capability in an organization. The support for organizational facilities and infrastructure can be seen from two indicators, namely implementation policies and practical policies (Wolch et al., 2014). The policy aims to support procuring these work facilities and infrastructure and regulate their use (Wiewiora et al., 2016). The characteristics of organizational facilities and infrastructure are administrative policies, implementation practices, training in the service, the introduction of tools, and proper use of tools (Orji, 2019).

Another factor affecting PSM is bureaucratic behaviours. It constructs leadership by motivating employees to do a job or task better than what subordinates want and even higher than previously estimated (Mikkelsen et al., 2022; Oliveros & Schuster, 2018). According to (Prendergast & Topel, 1996), bureaucratic behaviour creates favouritism behaviour and can reduce employee motivation. Furthermore, this problem is also escalated to the customer side as their rights are compromised, and even public users will be induced to fall under the red tape for their needs (Prendergast, 2016). This argument is foundational for the hypothesis formulation.

Hypothesis 1. Bureaucratic behaviour is related in a negative way to work motivation.

Hypothesis 2. Bureaucratic behaviour is related in a negative way to the employee performance.

Under the New Public Service (NPS) theory, the facilities and infrastructures of public health facilities in emerging economies can significantly impact organizational cultures and public service performance (Yoo et al., 2019). The NPS emphasizes the importance of public values, democratic governance, and citizenship in public service delivery, and it recognizes the role that organizational culture plays in achieving these values (Denhardt & Denhardt, 2015). Inadequate facilities and infrastructures can negatively affect the corporate culture of public health facilities (Piper et al., 2018; Shumba et al., 2017). On the other hand, well-equipped and modern public health facilities can contribute to a positive organizational performance that values innovation and collaboration, thereby improving the well-being of citizens (Capolongo et al., 2020; Harrison et al., 2022). The lack of sufficient health facilities has been an ongoing pattern in the developing, underdeveloped region, thus prompting the establishment of research hypotheses.

Hypothesis 3. The presence of sufficient facilities and infrastructure increases the motivation of public employees.

Hypothesis 4. Sufficient facilities and infrastructure lead to better performance of public employees.

Organizational culture (OC) can motivate employees in public services. It can relate to healthcare employees' task-sharing cultures (Ebenso et al., 2020). Corporate culture plays a crucial role in healthcare delivery, and a negative culture can have severe consequences (Simpson et al., 2019); however, the interpretation in the health sector still requires further investigation (Harhash et al., 2020). It may affect patient safety, quality of care, and staff well-being (Lu et al., 2022). A toxic culture can lead to staff burnout, turnover, and medical errors, harming patients (Chen et al., 2013), although other study finds otherwise (Garrouste-Orgeas et al., 2015). Therefore, it is essential for healthcare organizations to prioritize a positive OC to ensure high-quality, safe, and effective care for patients. The investigation is still underrepresented in the previous study, thus prompting the establishment of the hypotheses.

Hypothesis 5. Organizational culture increases the motivation of public employees.

Hypothesis 6. Organizational culture leads to better performance of public health care employees.

The importance of public service motivation in public servant performance is one core of the New Public Service theory (Denhardt & Denhardt, 2015). Motivated public servants are more likely to perform well, be committed to their organizations, and be responsive to changing general needs (Deng et al., 2019). They are also more likely to be ethical, enhancing public trust and confidence (Dehghani, 2020). Conversely, public servants lacking motivation may be less committed, less innovative, and more prone to poor performance and unethical behaviour, damaging public trust (van Roekel & Schott, 2021). Creating a work environment that fosters public service motivation and upholds public service values is essential for improving public service delivery, ultimately contributing to citizen well-being. This consideration leads to the hypothesis proposal.

Hypothesis 7. Motivated healthcare employees are essential for their performance

A strong bureaucracy can strengthen employee motivation and performance (Crewson, 1997). This kind of leadership will, from the start, raise awareness and high commitment from the group to the goals and mission of the organization and will arouse the responsibility of workers to see the world of work beyond the boundaries of personal interests for the benefit of many (Panagiotis et al., 2014). It is highly understood that incentives motivate employees (as Scientific Management posits). However, they are not motivated and feel disappointed if the presence of good bureaucracy provides satisfaction (Svedahl et al., 2019). Thus, bureaucratic behaviour can motivate employees by providing opportunities to achieve organizational goals (Oliveira et al., 2020).

Healthcare facilities and infrastructure are also foundational to the establishment of motivated and excellent performance among employees. As sufficient infrastructures may foster innovative and motivated behaviour, these positive strands can enhance organizational performance (Capolongo et al., 2020; Harrison et al., 2022). The experience of the Covid-19 pandemic leaves a trace of

how innovation is urgently critical in the reconstruction of healthcare facilities and infrastructures, and successful application leads to better treatment and a more flexible workload (Harrison et al., 2022). This environment creates more motivation and higher performance among healthcare workers (Marjanovic et al., 2020). Furthermore, flexible organizational culture supports this agenda (Ebenso et al., 2020; Haun et al., 2021; Springs, 2021). These conversations lead to the construction of hypotheses.

Hypothesis 8. Bureaucratic behaviour increases the motivation of healthcare employees as well as the performance

Hypothesis 9. Healthcare facilities affect employees' performance, mediated by motivation

Hypothesis 10. Motivated healthcare employees mediate the organizational culture and their performance

METHODOLOGY

This research approaches the investigated theme by applying quantitative analysis. We designed this research under the explanatory investigation, as it is trying to explain the causal relationship between the determinant variables, namely bureaucratic behaviour, organizational infrastructure, and organizational culture, on motivation and performance of Health Services in the underdeveloped region of Maros Regency, Indonesia. The data collection was conducted for six months (June - December) 2021.

Several methods were used to collect data in this study. For primary data retrieval, the researchers directly took from the research respondents by conducting oral and direct persuasion to fill the distributed surveys. The population of the study is all health service personnel in the region, with as many as 1,102 workers over 22 sub-districts throughout Maros Regency. The researchers employed probability sampling, where every member of the population has a chance of being selected. Following this research procedure, we obtained 294 valid responses for further analysis. This sample size suffices the 200 minimum sample size for SEM analysis (Kline, 1998). It also aligns with the ten times rules of independent paths from Hair et al. (2014).

The measures are all self-developed and tested according to the rules of covariance-based structural-equation modelling. Thus, this study draws the model in the SEM-based Amos software and conducts a modification when needed. This restructuring is undertaken upon the insufficiency of the goodness of fit indexes. Some criteria needing attention are the degree of freedom (df), Chi-square, GOF, RMSEA, TLI, CFI, and AGFI. Table 1 presents the initial test of the relationship formulation.

RESULTS

This study constructs the exogenous variables and endogenous variables in a path analysis. The exogenous variables include measurements of the work environment, organizational culture, and job satisfaction, while those belonging to endogenous variables are employee commitment and performance. The model is said to be good if empirical data theoretically support the development of a

hypothetical model. The initial results of the Structural Equation Modeling (SEM) analysis can be seen in Figure 1.

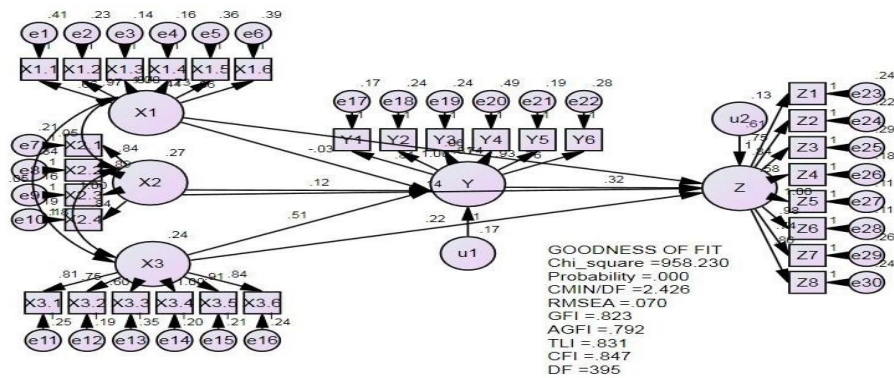


Figure 1. The Path Presentation
 Source: Amos Software

The model evaluation shows that of the eight goodness of fit indices criteria models, the results do not meet the criteria, as detailed in Table 1. All indexes present a moderate acceptance and thus still require further modification to make the model fitter. The model is modified by doing a correlation between error indicators following the instructions from the modification indices on the condition that the changes are carried out without obstructing the meaning of the relationship between variables.

Table 1. Initial Goodness of Fit of the Model

GOF Index	Result	Criterion	Decision
X2- Chi-Square	958.230 > (0.05:395) = 442.340	Expected Small	Marginal
Sig. Probability	0	≥ 0.05	Marginal
CMIN/DF	2.426	≤ 2.00	Marginal
GFI	0.823	≥ 0.90	Marginal
AGFI	0.792	≥ 0.90	Marginal
TLI	0.831	≥ 0.90	Marginal
CFI	0.847	≥ 0.90	Marginal
RMSEA	0.07	≤ 0.80	Good

Source: Adapted Amos Data (2022)

The model test results presented in the figure above are evaluated based on goodness of fit criteria. The initial model does not meet the cut-off values. Following the preliminary unsatisfactory results, we construct a model modification with the final result in Table 2. We correlate the standardized errors from the same variables with specific selections to those with high errors. This procedure will decrease the chi-square to obtain a better statistical presentation. Another consideration in this step is ensuring the newly-connected lines are not against the conventional wisdom of theoretical background in the variables. Therefore, we try not to overconnected the paths to avoid overfitting and spurious results.

Table 2. The Final Goodness of Fit Indices

GOF index	Model Result	Cut-off Value	Explanation
X2- Chi-Square	117.886 > (0.05:326)=366.525	Expected Small	Good
Sig. Probability	0.06	≥ 0.05	Good
CMIN/DF	1.124	≤ 2.00	Good
GFI	0.929	≥ 0.90	Good
AGFI	0.896	≥ 0.90	Marginal
TLI	0.895	≥ 0.90	Good
CFI	0.989	≥ 0.90	Good
RMSEA	0.021	≤ 0.75	Good

Source: Adapted Amos Output (2022)

The model evaluation shows that after connecting the potential correlation with those with a high score of standardized deviation, all GOF criteria meet the cut-off value. This step clears the path for the use of path analysis construction. This study evaluates the proposed hypothesis on the structural equation model, with the criteria of a *p*-value less than 0.05. The results are presented in Table 3.

Table 3. Total Influence, Direct and Indirect Effects Between Variables

Relationships	<i>P</i> -Value	Z-Value	Decision
Bureaucratic behavior (X1)-->Work motivation (Y1)	0.568	-0.032	H-1 Rejected
Bureaucratic behavior (X1)-->Performance (Y2)	0.233	0.065	H-2 Rejected
Facilities and infrastructure (X2)--> Motivation (Y1)	0.013	0.248	H-3 Accepted
Facilities and infrastructure (X2)-->Performance (Y1)	0.031	0.212	H-4 Accepted
Organizational culture (X3)-->Motivation (Y1)	0.000	0.373	H-5 Accepted
Organizational culture (X3)-->Performance (Y2)	0.018	0.232	H-6 Accepted
Motivation (Y1)-->Performance (Y2)	0.000	0.291	H-7 Accepted
Bureaucratic behaviour-->Motivation-->Performance	0.571	0.033	H-8 Rejected
Facilities -->Motivation-->Performance	0.058	0.021	H-9 Rejected
Organizational culture-->Motivation-->Performance	0.007	0.304	H- 10 Accepted

Source: Adapted Amos Output (2022)

DISCUSSION

The statistical analysis results have proven that the bureaucratic behaviour variable has a negative and insignificant effect on work motivation, implying its inability to contribute positively to the positive behaviour of healthcare workers in Maros Regency. Initially, it is expected that the healthcare workers act as service and public servants instead of showing an attitude that displays power and strength to the patients (Pohwah et al., 2006). The experience in the UK reveals that public services in government institutions are considered less able to fulfil their duties per public expectations (Njoku et al., 2010).

Max Weber (1948) has long pointed out that the ideal bureaucratic organization includes structural characteristics, legalized rules, regulations, standardized procedures, and the direction of action of organizational members in achieving administrative tasks (Mikkelsen et al., 2022). Initially, the hierarchy of formal executive authority and the legitimacy of corporate members' power

roles are based on individual incumbents' expertise, helping to direct intra-personal relationships among organizational members to complete administrative tasks (Mikkelsen et al., 2022). Ideally, this bureaucracy should create the interchangeability to develop a more dynamic organization (Lam & Lambermont-Ford, 2010). This teamwork must not jeopardize the individual skill; instead, of empowering (Meterko et al., 2004). Bureaucratic behaviour is also discovered to have an insignificant effect on the performance of healthcare workers. This finding reveals the negativity of extensive bureaucracy in the public service domains.

The result has indicated that the variables of facilities and infrastructure positively and significantly affect work motivation. This implies that better facilities and infrastructure are essential in underdeveloped areas' healthcare units. This study employs five measures for the facility and infrastructures, i.e., policy, implementation, availability, sufficiency, and appropriate tools. Of those five dimensions, the availability of qualified facilities is a significant concern for the workers. The availability problems have been ongoing, and waste management is even more critical following the Covid-19 pandemic (Anayah et al., 2021). The presence of a safe climate is still lacking further discussion, as a review study found (Noor Arzahan et al., 2022). Indonesian healthcare units must also be resilient to incoming disasters as it is located in the fire belts of mountains (Rayawan et al., 2021). Furthermore, optimizing the use of facilities and infrastructure before an emergency occurs requires extensive training and simulations (Kaba & Barnes, 2019; Umoren et al., 2020).

Facilities and infrastructure will also benefit the performance of health service personnel, as evident from the significant relationship. According to (Klein et al., 2001), the performance of public services is primarily determined by the availability and adequacy of work facilities as an indicator of capability in an organization. Regional governments must have one vision that believes in preserving patients' best outcomes, especially in a rural or remote areas with difficult health access (Morris-Paxton et al., 2020; Soewondo et al., 2019). Evidence from the rural regions of India reveals the need for constant training in the facility to effectively enable the mostly local workers (Amin et al., 2020).

This study also reports that organizational culture positively and significantly affects work motivation. Corporate culture will become a bond for fellow workers to be used to achieve goals (Harhash et al., 2020). The strength of togetherness can thus create values that must be maintained (Meterko et al., 2004). The value in a positive sense is challenging to develop because of different interests, so it is necessary to have a shared vision and mission that must be carried out together (Dombrádi et al., 2021). Organizational culture can realize values by implementing quality and practical management (Lu et al., 2022). It must embrace collaboration, patient-centeredness, inclusivity, and interconnectedness (Rider et al., 2021). Instead, the organization must not fall into an unhealthy organizational culture that adheres to the term hierarchical culture, which always looks at seniority, age, and rank and ignores the organization's goals (Cole, 2011). While professionalism and skills must come first (Gunawan &

Marzilli, 2022), the culture of seniority must aid the most benefits of the patient outcomes (Wang & Yang, 2008).

This indicates that healthcare workers' organizational culture must encourage them to improve their performance in providing the best patient service, confirming the hypothesized relationship. A strong culture can produce effects that significantly affect individuals and performance, even in a competitive environment. The cultures of quick responses, standardized health service, and continuous improvement must get a place in the healthcare units. Ongoing reporting and communication must enable strong teamwork for a safety culture (Ghahramanian et al., 2017).

The statistical analysis also supports the relationship between work motivation and the performance of healthcare workers corresponding to the many studies. While motivation has been predominantly incentive-based, the socio-demographic and working environment is critical in the establishment of motivation for those in a remote area (Muthuri et al., 2020a). The evidence in China reveals the urgency of the local government to support the life, and money, of healthcare workers (Millar et al., 2017). The harsh workplace in the healthcare business, especially in a remote area, reveals that the economic factor has to come first as the motivating factor, as evident from the systematic literature review (Muthuri et al., 2020b).

This study also reports the acceptance of most mediating effects, but the relationship of facilities, motivation, and performance. Government bureaucratic ethics are required to develop creative and innovative thinking to formulate policies, programs and services to the community and empower productive assets for people's welfare (Panagiotis et al., 2014). The bureaucracy must not fall to consumerism as it may jeopardize healthcare functions (Bellieni, 2019). Healthcare units in remote areas can obtain further benefits from a strong culture that can appreciate the native condition of the workplace (Ebenso et al., 2020). This culture may serve as the counterpart agenda of incentive-based motivation (Janus, 2014). The overall result of the study may contribute to the interconnected issues in preserving healthcare function in remote areas. A strong commitment by the government is urgently required in most cases, with sufficient funding essential for basic healthcare functioning.

FURTHER STUDY

This study contributes to the need for a comprehensive view of public service administration, especially for those in seemingly remote, periphery regions. Indeed, this study departs from past individual papers; however, further, improvement is necessary. We recommend the creation of measurement of bureaucracy, infrastructures and the cultures that best represent the issue of underdeveloped areas. While the problems of healthcare access and facility have been evident, the specific measurement is not. Further study could also compare the data from the underdeveloped and developing regions across nations to obtain a more comprehensive view of the issues. These we leave to further aspiring researchers.

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