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Organizational Transformation at Regional General Hospital of Prof. Dr. H. M. Anwar Makkatutu, Bantaeng Regency

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Abstract

Hospital organizational transformation as an adaptation process for its existence. Hospitals can no longer maintain the status quo and are forced to change or move because otherwise their survival will be threatened. Regional General Hospital (RGH) of Prof. dr.H.M. Anwar Makkatutu has undergone a transformation journey from class changes from class D to class C and from class C to class B, the hospital has also changed financial management by implementing the Financial Management Pattern of the Regional Public Service Agency, but a number of indicators do not show optimal performance. The objectives of study to describe the implementation, identify of determinant factors and describe the hospital organizational transformation strategy. The method used in this research is descriptive with a qualitative approach. The informants of this study consisted of structural officials, the head of the installation and staff. This study collects primary data and secondary data. The results showed that RGH Prof dr. H. M. Anwar Makkatutu had implemented a transformation referring to 10 steps which completed the 8 steps of transformation according to Kotter and brought changes to the structure, culture and increased number of types of services. Organizational culture factors and transformative leadership have influenced Prof dr. H. M. Anwar Makkatutu Hospital to transform. Finding strategies for better transformation with quality improvement activities through accreditation and by developing business strategies.

Keywords

implementation, determinant, organizational transformation, hospital

Introduction

Transformation as an adaptation process for the existence of an organization. There are times when an organization can no longer maintain the status quo and is forced to change or move because if not, then the sustainability of an organization will be threatened (Thalib, 2015). Organizations need to adapt to environmental changes that take place rapidly and dynamically. According to Ferbriaty et al., (2020) states that the challenges of global expansion, domestic and international competition, cultural shifts and behavior control, challenges to creating quality products and services, demands for more creative, dare to take risks, able to work in increasing demands and pressures to improve performance in order to exist, able to compete and realize competitive advantage. This is the reason for the need for management or organization to follow the dynamics of change. This is the reason for the need for management or organization to follow the dynamics of change.

Furthermore, according to the Republic of Indonesia Law Number 44 of 2009 concerning Hospitals, the dynamics of change will bring the organization from the old forms and systems to the new forms and systems. Meanwhile, for health facilities, organizational change is intended to meet patient needs in improving public health status (Basabih, 2017) and more guaranteeing future discoveries (Anderson et al., 2014). According to Handy (1996) and David (1995) in Widayat (2009) to anticipate global competition and increase hospital competitiveness, according to Sajadi et al. (2017) improve access and quality of services in hospitals. With the use of information technology, it will increase operational efficiency and hospital resilience (Kraus et al. 2021; Singh et al., 2021).

Synergistic with the explanation of Article 36 of the Republic of Indonesia Law Number 44 of 2009 that good hospital governance is the application of hospital management functions based on principles including transparency, accountability, and responsibility. The status brings the organization from the old form and system to the new form and system by adapting all its elements. This is an effort to respond to changes in the external and or internal environment of the hospital (Law RI No. 44 of 2009) and in order to meet the demands of excellent public services (Law of the Republic of Indonesia No. 25 of 2009).

According to the explanation of the Law of the Republic of Indonesia Number 25 of 2009 concerning Public Services, that today the implementation of public services is still faced with conditions that are not in accordance with the needs and changes in various fields of social, national and state life. This can be caused by unpreparedness to respond to the transformation of values that have broad dimensions and the impact of various complex development problems. Meanwhile, the new order of Indonesian society is faced with global hopes and challenges

triggered by advances in science, information, communication, transportation, investment, and trade. This also applies to regional general hospitals (Müssig & Graupner, 2020; Takacs, Miri, & Kovach, 2020).

Organizational transformation at Regional General Hospital (RGH) of Prof. Dr. H.M. Anwar Makkatutu with higher types, transformation of quality culture with more complete accreditation and implementation of Financial Management Pattern of the Regional Public Service Agency, further competition with other health facilities, changes to the tiered referral policy from Social Security Administrator and the existence of the pandemic of corona virus disease 19 should make this hospital have a good performance as a the only reference in the internal area and one of the external referrals in Bantaeng Regency. In accordance with the vision as a prima donna hospital in the southern region of South Sulawesi Province, however, there are still a number of gaps in performance achievement. In 2020, patient visits decreased by 52,121 22.13% from the previous year in 2019 with a total of 66,937. The bed occupancy rate (BOR), which is the percentage of home bed users in 2020, is only 54.66% (below the value of 65-85%, the Indonesian Ministry of Health Standards, 2005 and the Indonesian Ministry of Health, 2011). AVLOS (average length of stay) is the average length of stay of patients with values from 2016-2020 under standard (6-9 days). This indicator also provides an overview of the service quality culture, which is not yet included in the standard category. BTO (bed turn over) which is the number of bed turnover or the frequency of bed use in a period of one year also has not shown consistency in the standard area from 2016-2020 (40-50 times). Compliance with clinical pathways (clinical flow), namely the compliance of medical staff or doctors in charge of services in using clinical pathways to provide standardized and integrated clinical care for patients. Achievement in this aspect is only 80%. The hand hygiene indicator, namely the culture of six steps of hand washing according to accreditation standards as part of the quality culture, shows that it is still low and far from the 85% standard. In 2018 the achievement was 49.3%, in 2019 the achievement was 67% and in 2020 it was 75%. The use of personal protective equipment (PPE) has not shown achievement according to the 100% standard, while hand hygiene and PPE facilities are sufficient, including during the pandemic of corona virus disease 19. The achievement of PPE uses in 2018 was 53%, in 2019, 54% and in 2020 amounting to 86%.

Furthermore, the culture of compliance with filling in the initial medical record file (during registration) until 2020 is only 78% and filling out medical records after 24 hours of completion of service until 2020 has only achieved 80% of the 100% standard. Furthermore, the culture of adherence to service readiness by complying with the service schedule from specialist doctors is still low, up to 2020 at 60%. The interesting thing about the achievement of these indicators is that this hospital has been accredited by five service groups in 2009- and five-star plenary accreditation in 2018, where accreditation is an acknowledgment of the quality of hospital services. On the other hand, the increasing number of health

facilities, both within and outside the Bantaeng Regency, can become a rival and a threat to RGH of Prof. dr. H.M. Anwar Makkatutu, especially hospitals with PPK-BLUD status. The data shows the increase in two hospitals within the scope of Bantaeng Regency, a private hospital, namely a maternal and child hospital and an government hospital unit of type D. The growth of specialist clinics which until now has seven units and the existence of an integrated nutrition service unit.

The change in the Social Security Administrator tiered referral system policy which was implemented as an adjustment to the change in hospital type from type C to type B hospitals, and with the corona virus disease 19 pandemic, has caused a decrease in patient visits by 22.13% in 2020. The decline in visits will have an impact on decrease in hospital income, and affect the hospital's ability to finance its operations. The level of hospital independence in 2020 is only 44%, which means that the hospital's ability to finance capital expenditures/assets is still 44%, thus requiring other sources of income, to increase capacity. Therefore, it is necessary to adapt and innovate services according to customer needs and changes in the hospital environment. Organizational transformation of RGH. Prof.dr. H.M. Anwar Makkatutu has not shown a significant increase in performance. This can be seen from the achievement indicators of a number of performance indicators. Ideally, hospitals should be able to transform by adapting to the needs and changes in their environment. Achievement of sub-optimal performance can occur if they have an unequal understanding of the direction of organizational change, or a number of parties do not accept change, and do not learn to make change happen. It is suspected that the transformation steps were not carried out effectively and efficiently.

This study aims to describe the implementation of organizational transformation, identify of determinant factors and describe the hospital organizational transformation strategy at RGH of Prof.dr. H.M. Anwar Makkatutu.

Research Methods

The method used in this research is descriptive with a qualitative approach. The informants of this study consisted of hospital management (structural officials), the head of the installation, staff and patients. This study collects primary data and secondary data. Primary data were obtained from in-depth interviews and observations. Secondary data obtained from documentation and literature study. The data collection tools are in the form of interview guidelines, recording devices, documentation and field notes.

Results And Discussion

1. Implementation of organizational transformation

RGH of Prof. dr. H.M. Anwar Makkatutu Bantaeng, which was founded in 1921, has undergone many changes. a type D hospital based on the Decree of the Minister of Home Affairs of the Republic of Indonesia in 1994 concerning Organizational Guidelines and Work Procedures for Regional General Hospitals with

the status of the Technical Implementation Unit of the Bantaeng District Health Office. Decree of the Minister of Health of the Republic of Indonesia number 1284/MENKES/XII/2004 dated December 17, 2004 concerning Class Improvement of Regional General Hospital of Prof.dr. Anwar Makkatutu became a class C hospital. Changes in hospital structure based on Government Regulation number 41 of 2007 concerning Regional Apparatus Organizations. Furthermore, based on Government Regulation Number 72 of 2019 concerning Regional Apparatus, and based on the Decree of the Governor of South Sulawesi number 5/J.09/PTSP/2020 concerning the Operational Permit of the RGH of Prof. dr. H.M. Anwar Makkatutu Bantaeng as a class B hospital. In addition to the change in the hospital class, there was a change in financial management, namely becoming a hospital that implements the pattern of financial management of regional public service agencies based on the results of the 2013 assessment with half and then in 2016 set with full.

RGH of Prof dr. H.M. Anwar Makkatutu Bantaeng has undergone a number of transformations, both changes in organizational structure, culture, business strategy, infrastructure, competence and number of people. This is in accordance with Walton (2000) in Kadjatmiko (2003) that organizational transformation is organizational change from current conditions to expected conditions. The transformation involves elements of organizational structure, organizational culture, business strategy, infrastructure, competencies and people. Meanwhile, the theory of Generic Process Transformation Model according to Hernaus (2008) is transformation with a focus on process changes in organizations. This model has 3 (three) stages, namely: (1) a strategic phase where the organization realizes the importance of change for the progress of the organization; (2) the transitional phase, namely the transition phase of the organization to make changes; (3) the operative phase, namely making changes based on the processes implemented in the organization.

In the implementation of organizational transformation at RGH of Prof.dr.H.M. Anwar Makkatutu, what was done was as follows

- a. Identify of problems, possible solutions by analyzing strengths, weaknesses, opportunities and threats.
- b. Convey the importance of changing hospital classes, or changing financial management. Class changes will change the organizational structure and become an opportunity for employees to occupy structural positions and increase the quantity and quality of services as well as the flexibility of financial management. Information is conveyed predominantly through meetings and morning apples.
- c. Forming a working group or team with a director's decision letter consisting of management or structural elements and to prepare documents to meet the requirements of the intended change and guard it until it is determined.
- d. The vision of the hospital was changed according to the dream the hospital wanted to achieve as a prima donna hospital in the southern region of South Sulawesi. Likewise, changing the mission to adapt to the changing vision of the hospital.

- e. Changes in vision and mission are socialized through meetings, morning apples, posters in every installation within the hospital area. The mission change only involved a small team, did not involve all installation units. The weakness is that the hospital does not have a regular meeting schedule, both weekly and monthly. Meetings are only held if there are urgent and or emergency interests.
- f. Furthermore, according to the 2012 version of the accreditation standard, every household employee is required to know and memorize the vision and mission, including cleaning service and security. Leaders encourage the achievement of the vision with the support of resources.
- g. Hospitals have annual and five-year plans through the hospital's strategic plan or strategic business plan. Annual and five-year performance indicators are included in the document.
- h. The leadership together with officials and heads installations conducts evaluation meetings every 6 months to assess the achievement of the coverage of service quality indicators and hospital performance indicators, synergistic with the preparation of budget changes. Each section and installation is given the opportunity to convey the problems faced (gaps between reality and standards), possible solutions. the leadership determines solutions and steps for acceleration and improvement to increase the achievement of these indicators. Furthermore, the planning section compiles a change document to accommodate programs and activities.
- i. In the evaluation meeting, new steps or approaches which are considered to have had a successful impact on the achievement of indicators, are stipulated in the director's policy regulations, guidelines and standard operating procedures are made in the hope that they will form a culture. Furthermore, it will be part of the main tasks and functions of the related sections and installation. Thus the urge becomes strong and can be grounded in the hospital. This is in line with hospital accreditation.
- j. Hospitals transformation through collaboration and partner with non-government external parties to oversee and help achieve higher hospital performance and quality indicators. Collaborating with legal aid institutions, namely legal aid agency Suardi and Partners and the non-governmental organization Balang Institute.

The hospital realizes the importance of transforming in order to achieve its vision and mission and adapt to the demands of society. The transformation steps carried out by the hospital still refer to the 8 steps of organizational transformation (Kotter, 2011), with the addition of two aspects so that it becomes 10 steps, namely identifying problems and collaborating or partnering with external parties. non-government. This is intended to make the transformation step more effective and efficient. This is supported by research. According to Zhenxiang (2014) a SWOT analysis (strengths, weaknesses, opportunities, and threats) is needed in hospital transformation, strengths related to marketing systems and facilities as well as

complete types of services, while weaknesses is related to weaknesses in resource management, technology, human resources, asset accumulation and fixed asset scale. lack of professional and technical personnel, poor executive cultural strengths, and poor structure. Opportunities with the increase in people's living standards, public health awareness also increases, the desire to pursue a high-quality life and respect health. The community's need for quality medical services is increasingly real and on the other hand, the health insurance system is optimized. Threats namely the existence of competition in the form of hospital construction, improvement of government policies to support the development of private hospitals.

The changes from organizational transformation in hospitals are changes in organizational structure, changes in culture and additional types of hospital services. Changes in structure are in line with changes or increases in hospital class (class D, class C and B) and changes by the existence of laws and regulations, for example by Government Regulation number 41 of 2007 concerning Regional Apparatus Organizations which give rise to heads of fields/sections (echelon III.B) under the director. Regulation of the Minister for Empowerment of State Apparatus and Bureaucratic Reform Number 17 of 2021 concerning Equalization of Administrative Positions into Functional Positions, which eliminates section heads and sub-sections (echelon IV A) in the organizational structure and is equated with functional positions and Regulations of the Minister for Empowerment of State Apparatus and Bureaucratic Reform number 25 of 2021 concerning Simplification of Organizational Structure in Government Agencies for Bureaucracy Simplification. Meanwhile, cultural changes in hospitals consist of positive cultural changes and negative cultural changes. Positive and negative cultures that arise from the long journey of transformation are the emergence of the following cultures. This is consistent with Kirk, Andersen, and Petersen (2019) statement that sustainable transformation in organizations focuses on structural change and cultural aspects.

The organizational structure of the hospital is a horizontally complex type, which is profession-intensive, specialist-intensive with service units whose growth in the number of units is increasing, which in 2007, amounted to 12 installations and 2 committees, growing until 2021 as many as 22 installations and 10 committees and with the addition of structural officials from 4 echelon III to 8 people. Furthermore, with the Regulation of the Minister for Empowerment of State Apparatus and Bureaucratic Reform Number 17 of 2021 concerning Equalization of Administrative Positions into Functional Positions, there was a reduction in the bureaucracy, there was a cut at the hierarchical level. There is no section head, and directly to the head of the field. The role of functional positions is more open and larger in hospital operations. All personal functional positions for service operations, and structural officers are in one location of the hospital complex, making it easier for decision making and coordination quickly and with digital communication tools facilities will make everything easier. Since the accreditation activities and the implementation of regional public service bodies, there have been

additional regulatory documents, not only sub-district regulations related to main tasks and functions, but also other regulations such as hospital by law, minimum service standards, hospital governance patterns, and policy documents as in hospital accreditation standards. On the other hand, by simplifying the bureaucracy, the equalization of the positions of section heads becomes functional, so that centralization is also reduced. Installations with specializations have more space in making service operational decisions. Decision makers are not focused on the hospital director. With these conditions, the hospital is more directed to a combination of simple operating care.

The hospital structure is simplified because it adapts to the needs of the bureaucracy to speed up decision making, administration and delivery of public health services. The obstacles are the appointment of officials who are not in accordance with the competence in the structure of the hospital, the allocation of activities that are not in accordance with the sections and the centralization of budgeting in certain sections, so that other fields and sections cannot carry out their activities quickly.

The main elements of organizational structure according to Robbin (1990) in Kusdi (2018), are complexity, formality, and centralization. Complexity describes the degree of horizontal, vertical, and spatial differentiation. Horizontal differentiation is the degree of separation among units in the organization, as measured by the number of units in the organization. Vertical differentiation describes the hierarchical layers in the organization or the depth of the hierarchy which is usually measured by the number of organizational levels. Meanwhile, spatial differentiation describes the extent to which the organization's facilities and personnel are geographically dispersed. Formalization in the organizational structure, concerning the number or number of written rules in the organization. Centralization is defined as the degree to which formal authority to make free choices is concentrated on a person, unit or level. Meanwhile, according to Henry Mintzberg in Budihardjo (2011), there are five basic elements to form an organizational structure, namely Apex, middle line, technostructure, supporting staff and operating staff/cares. The form of the structure is based on the dominance of one of its elements. If the dominant element is the apex, then the form of the structure is simple structure. If the dominant element is technostructure, then the structure is machine bureaucracy. If the dominant element is supporting staff, then the form of the structure is professional Bureaucracy. If the dominant element is the middle line, then the structure is a divisional structure. If the dominant element is operating care, then the adhocracy structure. But in reality there can be a mixture of structures, for example simple technostructure, simple machine bureaucracy and others.

So there is a change in the structural and contextual dimensions in the transformation of the hospital organization. Structural dimensions related to formality are getting higher, specialization is getting more and more, standardization is getting stricter with accreditation, centralization is reduced, span of control is getting shorter,

and the division of activities is getting more diverse horizontally, and getting simpler vertically, professionalism is getting higher with increasing master's education, specialist and sub specialists and configuration of activity divisions by director's decree. Changes in the contextual dimension, where the number of personal hospital employees was 215 people in 2007 (112 civil servants and 112 non civil servants, balanced position) and in 2021 there were 658 people (245 civil servants or 37.39% and 412 non civil servants or 62.61%). Agility and speed of work are higher for non-civil servants and those with information technology skills. The medical technology owned by this hospital is in accordance with the standards of a class B hospital, with excellent services for heart care, eye care, and several service innovations. This is in accordance with what was conveyed by Lubis (2015), that organizational transformation will cause changes in structural and contextual dimensions.

Table 1. Cultural Changes in RGH of Prof.dr.H.M. Anwar Makkatutu

Old Culture
Closed
Based on Habits
Focus on officers
Awaited
Low learning motivation
Just doing the routine
Mutual cooperation
Unmeasured service sharing
Manual
High brotherhood
culture of shame and mutual respect is upheld (in Makassar language: " <i>siri' sipakatau</i> ")
Patience and resolution of conflicts or complaints is low
Patients are treated equally for all
innovation culture has not received attention
Paramedics don't have high confidence yet
Authoritarian and closed leadership culture
don't want to risk
New Culture
Transparency, public openness
Accreditation quality standard culture
Focus on the patient
Waiting (discipline)
Learning for competency development
There is concern for the task
Calculation according to main duties and SOP
Fairly measurable service distribution with the principle of remuneration
Information technology (digitalization)
High competition
culture of shame and mutual respect is no longer respected
Patience for conflict or high complaints and resolution becomes more effective and integrated
There are priority services for the elderly and special disabilities in outpatient care
Innovation is starting to be encouraged in the installation
Paramedics have equal trust and partners with medical personnel
Transformative and open leadership culture
want to take the risk

The impact of changes in the form of additional services, illustrated that the transformation journey has increased the quantity of services in hospitals. Since class D until 2004, the hospital has 19 types of services. At the time of class C, it had 20 types of services. Class C with changes based on Government Regulation of the Republic of Indonesia Number 41 of 2007 to 2016, 38 types of services. Class C with the implements the pattern of financial management of regional public service agencies until 2021, has 56 types of services and since becoming class B until 2022 it has had 59 types of services. The innovation services that have been born in hospitals include:

a. Lotus continues to develop is a physiotherapy service for children with special needs and integrated growth and development for all, namely integrated integrated services between health centers, special schools, pediatrician services, nutrition specialists and physiotherapy. This service started in 2019

b. Pandora Gesit is an integrated blood donor service, which is an external blood donor activity in hospitals by actively involving regional government agencies, central, professional organizations, community organizations, schools and mosques to meet blood needs in the health services of RGH Prof.dr.H.M. Anwar Makkatutu and the house. neighboring district hospitals (Jeneponto and Bulukumba district). Innovation born since 2017

c. Raja Smile's innovation, which was born in 2019, is an outpatient service with an excellent service information system, namely an online registration service using an application with the name SI PANDAI application. It has been developed with the addition of priority services (elderly and the child with special needed/disabled, patient escort services and drug couriers to patients' homes. These services are contested in national innovation competitions and have won the top 45.

d. The innovations that have been born by each candidates for civil servants starting from acceptance in 2019 are through the candidates for civil servants basic training actualization program. The innovation from the basic training actualization program is a simple innovation that was born as an adaptation and solution to the problems faced by the unit/installation, so that innovation still exists today.

According to Basabih (2017), the establishment of a hospital as a unit that implements the Financial Management Pattern of the Regional Public Service Agency is one form of hospital transformation. The purpose of the hospital implementing this is to improve services, and accelerate the response to customer needs because they get convenience in financial management. flexibility in financial management, is expected to stimulate growth and at the same time fulfill resources for developed innovations.

The existence of service innovation as a form of adaptation to suit the demands and needs of the community, as stated by Sisca et al., (2021) the products produced by the transformation will be in accordance with customer needs. Synergistic with this opinion, there are experts who state that the dynamics of change will give birth to ideas for improvement (Akib, 2011), organizations are

more adaptive, and proactive in dealing with change and reducing reactive behavior (Kotter, 2011), to achieve goals effectively and efficiently (Budihardjo, 2011), behavior change and organizational performance improvement (Schneider and Betty in Ritonga, Manurung, and Tan, 2019), improve bureaucratic performance (Martini et al., 2019), and the resulting product will be in accordance with customer needs (Sisca et al., 2021).

There are 8 main factors that influence cultural transformation in RGH Prof.dr.H.M. Anwar Makkatutu are: 1) the breadth of health information and other information with increasingly open information technology, 2) increasing the quantity of learning through education and training, especially health functional positions, 3) integrated improvement activities through hospital accreditation activities 4) inspiring transformational leadership and provide obedience, 5) justice in the distribution of services, 6). the factor of fear and wanting to be safe from danger or epidemics, so adapting and the birth of a new culture, for example the fear of being infected with the corona virus, so that a new culture is born, for example the culture of keeping a distance, using personal protective equipment (masks, handsoons, face shields, hazmat clothes) , boots) and avoiding crowds. Furthermore, washing hands in five conditions, namely before touching the patient, before carrying out aseptic procedures, after being contaminated with the patient's body fluids, after touching the patient and after touching the patient's environmental area. Furthermore, 7) choosy nature (like being picky) and likes to demand from patients or patients' families and 8) regulatory changes, including from the guarantor, for example Social Security Administrator.

On the other hand, there are 11 (eleven) things that hinder the change in the culture of innovation, namely 1). experience is treated unfairly, 2). the local culture of " siri'sipakatau" or culture of shame and respect is thinning, 3) not being invited to participate, 4) not wanting to be busy outside the main tasks and functions and feeling safe in the comfort zone, 5) having a monopoly on certain parts or units 6). the unit in charge is closed, 7) the principle is about to retire, 8) support is not available in full, 9) The explanation is not given in full, open and clear, 10) Rewards are given unfairly and 11) the distribution of service fees for employees has not been fair. The pattern of distribution of services has not used a remuneration system, so that still 35% of employees receive income less than the regional minimum wage. The Yamali study (2018) found evidence that there is a significant positive relationship between compensation and organizational culture

Efforts made by the management or elements of the leadership of the hospital in anticipating the rejection of transformation are: (1) providing information, socializing and convincing the importance of change, (2) directing, (3) team approach, (4) inviting and providing support, (5) increasing creativity and innovation, (6) open communication, (7) comparative study. Efforts to anticipate the rejection of transformation according to Sutrisno (2018) are: (1) providing information, socializing and convincing, (2) inspiring, (3) directing, (4) individual approach, (5) providing support, (6) preparing and develop individual abilities, (7)

increase creativity and innovation, (8) let individuals choose attitudes, (9) negotiation, (10) team approach, (11) provide concrete examples/results, (12) develop a design and organizational climate that conducive and (13) coercion.

According to Kurniawan & Maarif (2017) in the transformation at the unfreezing stage, there is an element of determining the reasons as the basis for the transformation and the process of the transformation resulting in changes in goals, culture, technology improvements, organizational structure improvements and an increase in the volume of activities. As also found in the research of Buvat et al. (2017) that some of the inhibiting factors for transformation include a culture that is difficult to change, lack of employee digital skills, small change initiatives because employees are not empowered, not compensated for learning and there are no incentives. According to Santiago, Baro, and Anna (2019), there are 3 (three) factors that influence transformation, namely digitalization, sustainable evolution and humanization.

According to Anderson et al. (2014) stated that organizations with creativity (idea generation) and innovation (idea implementation) will guarantee greater depth in future inventions. According to Ferbriaty et al., (2020) states that the challenges of global expansion, domestic and international competition, cultural shifts and behavior control, challenges of creating quality products and services, demands to be more creative, dare to take risks, able to work in increasing demands and pressures. to improve performance in order to exist, be able to compete and realize competitive advantage.

2. Determinant Factors of Transformation

a. Hospital organizational culture

There is a culture contained in the hospital strategic plan, namely 1) honesty, 2) hard work, 3) humility, 4) willingness to serve patiently, sincere, empathetic and sincere, 5) competent, 6) rational, 7) commitment and 8) tolerance. Meanwhile, from the interview, it was found that what had an effect on the transformation in the hospital were 1) hard work, 2) mutual assistance and mutual assistance even though it later became thin, 3) honesty 4) Mutual respect, along with changes then became thin 5) open and friendly communication , 6) learning culture and 7) use of information technology.

In Zhenxiang's research (2014), the function of hospital culture, (1) The function of cohesion and stability, namely core values are widely recognized and the stronger the belief in accepting core values, the stronger the hospital culture and the greater its influence on behavior; (2) The function of motivation and restraint is to restrain the behavior of every employee and to encourage civilization to advance and the formation and development of a new healthy and orderly environment in the hospital; (3) The guiding and shaping function is that a good hospital culture will guide employees to voluntarily comply with the principles of serving the community wholeheartedly, fulfilling responsibilities and working with integrity and being able to solve problems at work. Companies that are in a period of transformation, various foreign cultures, traditional corporate cultures and

modern cultures will intertwine, collide and clash with each other. Then there is cultural integration, namely the process by which different cultures adapt and coordinate with each other, and then cultural innovation is carried out by selecting and integrating appropriate cultural elements to form a new culture. Furthermore, the need for cultural reconstruction in the transformation of culture in hospitals. The birth of a number of service innovations as an effort to promote a culture of innovation is an effort to improve service quality. Synergistic with Hill (2017), in the digital era, companies must be able to innovate faster than competitors and to encourage rapid innovation, leaders build a culture of creativity. Confidence at every level from new hires, to an active role-modeling culture that encourages risk taking and discovery. Companies that avoid risk will be too slow to innovate. According to Wisnu (2019), organizational culture can be developed, regulated, and changed through organizational design. Organizations need structures and cultures that accelerate adaptation and respond quickly to changing environmental conditions and need flexibility to accelerate decision-making and discovery of new goods and services. Meanwhile, according to Thyagaraju (2018), no organization can develop without having a strong organizational culture

b. Transformative Leadership

In the aspect of transformative leadership in the transformation of hospital organizations, it was found that leadership that was successful in bringing about transformation was leadership that had the characteristics of 1) having hospital knowledge skills 2) tiered disciplinary control 3) having speed of execution of strategies 4) paying attention to employee welfare, 5) empowering staff 6) developing staff potential, 7) encouraging organizational learning, 8) conflict resolution management, 9) encouraging cultural and structural change, 10) encouraging the growth of innovation, 11) open and friendly communication and 12) establishing and encouraging cooperative partnerships.

In this study, organizational culture and leadership have a major influence in transformation. The fulfillment of the number of human resources, capital adequacy and structure will not optimally deliver transformation without soft elements including positive culture in hospitals and leadership. This is still in accordance with the theory proposed by Ritonga et al. (2019) that the influential elements in organizational transformation are hard factors, namely structure, number of human resources, and capital adequacy, while soft factors are organizational culture, communication, leadership and team work. Meanwhile, according to Saxena and Prasad (2020), there is a relationship between leadership ethics and an innovative work culture. Innovative work behavior forms a competitive advantage. Ethical leadership at individual and collective levels has a positive impact on an innovative work culture. Synergy with Parashakti, Rizki, & Saragih (2016) in their research states that organizational culture and transformational leadership have a significant effect on innovative behavior in companies. The hospital transformational leadership according to Dlamini et al. (2017), occurs when the leader motivates, inspires, and intellectually stimulates

subordinates by behaving charismatically and employees follow a series of activities in achieving organizational goals. Synergistic with this, Pearch and Robinson, (2017) in Hartawan, Mas'ud, & Sopanah, (2021) state that the leadership of an organization must take action to direct the organization in dealing with changes that occur continuously by building an organization and forming an organizational culture. to suit the opportunities and challenges so as to be able to face change. Meanwhile, according to Tika (2006) in Hartawan, Mas'ud, & Sopanah (2021) leaders who succeed in forming a strong organizational culture will encourage attitude change, self-alignment, be proactive and reactive in dealing with environmental changes to achieve better performance.

Table 2 Typical Characteristics of Leadership RGH Prof.dr.H.M. Anwar Makkatutu Bantaeng

Category	Typical Characteristics of Hospital Leadership	Transformation in Hospital
Category 1	The ability of the hospital is very good, Honesty is maintained, Discipline, Hard work, according to the vision and mission, commitment to patient care, firm and commitment to staff performance standards, high commitment to learning culture, very concerned about staff welfare, resolution of internal conflicts, open with staff, lack of tolerance with any party if it is not in accordance with regulations and is quite empowering	Hospital class upgrade from class D to class C
Category 2	Moderate discipline, there are staff performance targets, closed with staff, employee welfare is not a concern, does not build conflict resolution, lacks tolerance with any party if it is not in accordance with interests. Less empowering	Changes to the structure without changing the hospital class
Category 3	Lack of hospital control, very little discipline control, lacking in staff welfare arrangements, not building conflict resolution, less empowering	No changes
Category 4	Hospital science capabilities, discipline is controlled in stages, there is a strategic plan/strategic business plan, strategy execution, pays attention to staff welfare, empowers staff/develops staff potential, encourages learning and education, pays great attention to conflict resolution, encourages structural change, encourages cultural change, encourages innovation, open/friendly communication, establish and encourage partnerships	Five service group accreditation certificate 2009 and 2018 plenary accreditation, implements the pattern of financial management of regional public service agencies with full status in 2016, increased hospital class from C to B class

A hospital that is characterized by capital-intensive, labor-intensive, technology-intensive, profession-intensive, problem-intensive. On the other hand, it must move dynamically and adapt to exist and at the same time meet the demands of the community regarding health services. If the hospital is transformed without a model or reference, or trial and error, it will be possible to move inappropriately and inefficiently, thus requiring a trajectory with certain aspects as the key to its strategy. There are 2 things raised in this research, namely the implementation of accreditation and business strategy.

a. Implementation of Hospital Accreditation

Accreditation activities at RGH of Prof.dr.H.M. Anwar Makkatutu has been carried out since 2007 and in 2009 he received an accreditation certificate for 5 service groups (management administration, medical records, emergency department, medical services, and nursing services) and in 2018 received a five star accreditation certificate version of the accreditation version. 2012 with 15 chapters (323 standards and 1,218 assessment elements). The implementation of accreditation begins with preparations which include the preparation of all licensing documents, the director is a doctor, and all medical personnel have a registration certificate and a practice license. RGH of Prof.dr.H.M. Anwar Makkatutu conducts standardization socialization, budget planning, sends training participants, forms an integrated and collaborative team with director's decree, team meeting, guidance from the hospital accreditation committee. At the accreditation implementation stage, RGH quarantines document creation, ensures with verification by internal assessors that the documents that have been made are suitable for assessment, evaluates the achievements of each working group, sends documents, conducts pre-surveys, conducts surveys (tracing and field visits) and assessments. Post-accreditation, announcement of graduation and submission of accreditation certificate valid for three years, evaluation and follow-up for improvements based on recommendations for improvement from the hospital accreditation committee. Accreditation version 2012, every year an accreditation verification survey is conducted. In 2019 an accreditation verification survey was carried out, but in 2020 and 2021 it was not carried out due to the corona virus disease pandemic and the accreditation certificate was automatically extended. Currently, the hospital is preparing to implement the 2022 version of the accreditation

The strategy that is the key to the success of accreditation at RGH of Prof dr.H.M. Anwar Makkatutu

- 1) Establishment of a working group team, a combination of units/installations in accordance with chapters, standards and assessment elements, between old and new employees.
2. The division of work of the working group members according to the standards and elements of the assessment with their respective main tasks and functions.
- 3). Exemption from the main duties and functions in the quarantine of document preparation.

- 4). Evaluate team achievement every week
- 5) learning within the organization through in-house training and education.
- 6). Document storage and sharing management
- 7). Strong control from leaders, team leaders and internal assessors.
- 8). Communication and use of information technology.

From the results of the interview, the benefits obtained from accreditation related to hospital transformation are 1) accreditation ensures that the implementation of the hospital structure's main tasks and functions is getting better, faster and more precise in order to encourage the creation of a quality culture to increase the quantity of services and improve their quality, 2). encourage changes in the structure and main functions in accordance with the needs of services to customers, 3) become a requirement in cooperation with the guarantor (social security administrator and other insurance) and a requirement for an increase in hospital class.

According to Barnas et al. (2019) Globally, healthcare leaders are making efforts to instill principles of continuous quality improvement in their organizations. Empower staff to provide safe, high-quality, and reliable care/services in change to achieve results.

b. Business strategy

RGH of Prof.dr.H.M. Anwar Makkatutu initially had a strategic plan in 2008 (2008-2013 strategic plan). The Strategic Plan contains 4 (four) chapters. Chapter 1 contains information on the legal basis of the Bantaeng Regency Regional Regulation Number 27 of 2007 concerning the Establishment of the Organization, Position, Duties and Functions of the Bantaeng Regency Regional Technical Institution, the duties and functions of the hospital, vision and mission statements. Mission with 2 (two) statements with each explanation. His vision is to realize RGH of Prof.dr. H.M. Anwar Makkatutu Bantaeng as a quality and affordable hospital in the Southern region of South Sulawesi in 2010. Its mission is to (1) provide quality, fast, precise, accurate and friendly emergency services (2) implement quality and affordable health services for all community with a touch of love. Next is the organizational structure. Chapter 2, contains projections of problems and obstacles, Chapter 3, discusses general policies, program activities for the 2008-2013 fiscal year and targets to be achieved. Policies include; (1) increasing the type of hospital from type C to type B (2) providing health services for the poor in class, (3) improving health service facilities and infrastructure (4) procurement of hospital equipment and supplies (5) improving referral health services (6) increasing and developing the professionalism of hospital staff and (7) improving the quality of health services.

The application of the strategic plan is the emergence of quality improvement activities in hospitals with accreditation activities, planning and construction activities of a modern 8-floor hospital building and the procurement of sophisticated medical equipment which began in 2010 and then began to be utilized in 2016, encouraging the addition of doctor services. specialists and sub-specialists,

the change of status to a hospital that applies the Financial Management Pattern of the Regional Public Service Agency which has been in effect since January 2016. The Strategic Business Plan for 2016-2020 at the Regional Public Service Agency has a study that looks at the customer perspective, internal business processes, growth and learning and financial perspectives. Analysis of the external environment was analyzed using a competitive setting profile method to assess competitive conditions in the hospital business. The Strategic Business is also a reference in submitting a class upgrade to a class B hospital.

The results of the interview stated that the hospital business plan has the following benefits: 1) a guideline that becomes a reference for hospitals in moving to transform to fulfill their vision and mission as a dream hospital in the southern region of South Sulawesi, 2) as an assessment standard in determining the progress or achievement of home performance. hospital, 3) as a trigger for inspiration in making changes or transformations for hospitals in adapting to the service needs of the community in Bantaeng Regency and its surroundings, and 4) documents that become concoctions in bringing out superior hospital services.

The weaknesses and obstacles in the preparation of business strategic plans and achieving results are:

- 1). Installations and supervisory boards of regional public service agencies as representatives of owners, are not present in the preparation of the strategic plan
- 2). The hospital has not yet formed a team tasked with specifically reviewing the strategic plan in order to maximize the hospital's transformation
- 3). Evaluation has not been carried out regularly and periodically related to achievements as indicators in the strategic plan.
- 4). the strategic plan has not referred to the potential for development, and the addition of unit services as market potential, so there are still a number of opportunities that have not been taken as additional services.
- 5). Slow execution of strategy from the leadership
- 6). A number of activities are not mandated to related fields.

According to Pella (2020) the wrong strategy will contribute to failure in organizational transformation. Strategy execution is the main job of every top leader of the organization. There is a range of 70% to 90% of organizational failures caused by strategy execution. So what is really important is after choosing a strategy that is considered appropriate, then the next is how to execute it.

The results of the interview found several opportunities that have not been glimpsed but have promising market potential, including: 1). Home care physiotherapy is physiotherapy services to patients' homes, especially for stroke patients, 2). Home care laboratory, namely taking samples at the patient's home and providing information on results via whatsapp, 3). Laundry service for patient companions, families, and officers, so that the needs for clean clothes can be met quickly and in a short and affordable time, 4). Healthy food services for companions, families and staff, so that they can meet the needs of healthy food and balanced

nutrition, 5). Medical gas sales services to the general public, clinics and hospitals within Bantaeng Regency, 6). Maintenance repair clinic that can provide repairs and maintenance for patient office/home equipment, patient companions, community and staff, 7). Place/room rental services, such as rental housing for students/patients, canteen and supermarket rentals within the hospital area.

The transformation strategy built through integrated and comprehensive quality improvement activities with the implementation of hospital accreditation, which measures a number of performance indicators and evaluation of hospital programs, ensures the implementation of regulations, policies and standard operating procedures (SOPs) as quality assurance efforts. Furthermore, there is a business plan that maps out objectives, how to reallocate resources, proper placement of activities, and hospital development.

Hospitals need to make strategic efforts in improving business plan documents in the following ways

- 1). Business planning starting from the unit/installation by actively involving the supervisory board to explore development potential, and adding unit services as market potential.
- 2). Formation of a work team to specifically examine the strategic plan in overseeing hospital transformation
- 3). Periodically evaluate the achievement of strategic plan indicators.
- 4). Increase the speed of execution of strategy from the leadership
- 5). Placement of business potential according to related fields.

Accreditation activities are an effort to overcome weaknesses and improve the system in hospitals at RGH of Prof dr.H.M. Anwar Makkatutu. According to Adisasmito (2008) in the face of globalization, hospitals make changes by overcoming weaknesses by: (1) improving systems in hospitals; (2) improving human support facilities and systems, (3) transforming hospital management. Thus, the implementation of the transformation that has been designed in the business strategy with the fulfillment of resources, will be formulated with accreditation activities, so that the output of the transformation will be of high quality. This is still in line with Timmons et al. (2019) there are 10 (ten) strategies in organizational transformation, namely (1) clear and consistent goals, (2) agency culture, (3) proper work placement, (4) strong external and internal communication planning, (5) reallocation/restructuring of resources, (6) professional development, (7) consumer focus and engagement, (8) performance measurement, quality assurance and program monitoring, (9) holistic approach and (10) multi-community partnerships.

Conclusion

RGH of Prof dr. H. M. Anwar Makkatutu has implemented a transformation referring to the 10 steps that complete the 8 steps of transformation according to Kotter so as to perfect the theory. Organizational culture factors and transformative leadership have influenced RGH of Prof dr. H. M. Anwar Makkatutu in transforming

so as to produce changes in structure, culture and an increase in the number of types of services. Finding strategies for better transformation with quality improvement activities through accreditation and by developing business strategies

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