

STRATEGIC LEADERSHIP IN PRIVATE HOSPITALS IN THE ERA OF NATIONAL HEALTH INSURANCE

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Abstract

There are various challenges in implementing Public Health Insurance in Indonesia. It is caused by various things, including the applicable regulations. The management of Public Health Insurance in Indonesia cannot be separated from the leadership role of health institutions. This study explores the practice of strategic leadership, leadership models and leadership roles in private type C hospitals in Tangerang City against the National Health Insurance regulations. This research uses a qualitative approach with a phenomenological study method. The study results indicate that type C private strategic leadership in implementing the National Health Insurance program. Top leaders in type C private hospitals participating in the National Health Insurance program are experiencing dynamic changes in the implementation of this program. For this reason, leaders are expected to have strategic leadership to achieve goals in this JKN era. Strategic leadership, according to previous researchers. Elements of strategic leadership in the National Health Insurance. Researchers asked various questions about strategic leadership in 3 type C private hospitals participating in the National Health Insurance program. The answers from the informants made the researchers mix elements of strategic leadership in the National Health Insurance. The three elements of strategic leadership are visionary leadership, adaptive organization and resource capacity development. The role of strategic leadership in the JKN era. As a strategic leadership director, the top leadership communicates regularly to the team below it. The delegation process by continuously monitoring the implementation is one of the efforts that increase work motivation and builds trust in the team.

Keywords: Leadership, Strategic Leadership, National Health Insurance

Introduction

Implementation of the National Health Insurance (JKN) as social insurance for the health of all Indonesian people. The Health Insurance Program has existed for a long time, such as Health Insurance (ASKES) for Civil Servants and Regional Health Insurance (Jamkesda) in each region. The Ministry of Health, through BPJS Health, provides certainty of the number of participants to health service providers who register themselves as JKN providers. Private hospitals as advanced health facilities are interesting to study. Private hospitals have no obligation to participate in this National Health Insurance program. The health facilities that are required to participate in this program are owned by the Ministry of Health, the Government, and the Army and Police of the Republic of Indonesia. JKN has a tiered referral system where the hospital, as an advanced health examiner type D and C, is the main gate to receiving patients

from FKTP.

National Health Insurance is a health program organized by the state with a national scale coverage. In its implementation, there are various challenges in this program. The challenges for hospitals in the era of National Health Insurance are as follows:

1. Implementation of a definite National Health Insurance. The government is the organizer of the National Health Insurance program. The state is present in our midst to ensure that all Indonesians are protected by comprehensive, fair and equitable health insurance.
2. The number of participants has continued to grow since January 1, 2014, until now. The government also sanctions employers who do not include their workers in this program. It ensures that this program gets the full attention of the government.
3. The changing dynamics of health care providers. There are several dynamics of change for Health care providers.
4. Various health regulations are continuously updated. In addition, implementing JKN with health service tariffs prepared nationally by JKN organizers causes the need to harmonize various health regulations.

The National Health Insurance Program provides changes and adds to the complexity of hospitals that are known for being capital-intensive and labor-intensive. These complexities, such as: Belrhiti, et al., (2016); Figueroa, et al., (2019), states that "the health system is recognized as a complex and constantly changing system in various contexts and levels of health care". The complexity, as mentioned above, is focused by researchers more on the existing resources in the hospital. Human resources consist of medical, namely human resources with medical expertise and non-medical resources, namely human resources with hospital administration expertise. Including resources such as equipment and technology available in the hospital. Several previous researchers stated the need for leadership in the world of health. This statement was conveyed by Kiyak et al., (2011), Trastek et al., (2014), Nicol et al., (2014), and Waring et al., (2018). They stated that a hospital or a very complex health system requires strategic leadership in managing complex health services consisting of human resources. Human resources who handle medical and non-medical.

Waring (2018) fully states, "The implementation of strategic health system change is often complicated by the informal politics and power of health systems, such as competing interests and resistant groups. Evidence from other industries shows that strategic leaders need to be aware of and manage such 'organizational politics' when implementing change, which involves developing and using forms of political 'skill', 'savvy' or 'astuteness'". The ability of a leader to communicate and select problems in the implementation of new policies, stated by Kiyak et al., (2011) states that, "Leadership is an imitative, selective, role-taking, empathetic process besides it is how to handle the implementation of the strategies and source and target in leadership is crucial. Leadership is an effective process that creates and communicates the team in an organization".

The previous studies above are related to leadership theory. There are many theories of leadership. This research is limited to 3 leaderships: transformational leadership, servant

leadership and strategic leadership. Researchers analyzed these three leadership theories more deeply in applying for the National Health Insurance in hospitals. Several scientific studies, as stated by, "Ghiasipour et al., 2017 that leadership is "a long-term process of influencing people towards the completion of the mission and specific goals of a group or organization. This process establishes goals and strategies, increases commitment to and adherence to organizational goals and productivity, and promotes team culture and dynamics within the organization. The practice of structuring or restructuring external conditions and perceptions and expectations of members. The research above illustrates that strategic leadership has a long-term effect. Leaders implement the mission and vision of the organization. Leaders provide direction in achieving goals. Leaders delegate and implement organizational values into organizational culture. Every step of a leader is in line with the vision and mission of the organization.

Based on the above background, the researcher sees the phenomenon of strategic leadership. Researchers analyze more deeply the role of leaders in type C private hospitals in responding to the National Health Insurance program. A strategic leadership model that is suitable for type C private hospitals participating in the JKN program. Core leaders carry out the practices in implementing the JKN program. This research focuses on constructing a strategic leadership model at Class C Private Hospital in Tangerang in the era of National Health Insurance. Researchers study there are various models of strategic leadership. The novelty in this study, constructing the strategic leadership model in private hospitals. The data taken in this study are from type C private hospitals that have participated in the JKN program since the beginning. This type C private hospital is located in an industrial area with several JKN participants from factory workers. This private hospital still survives and continues to undergo the JKN program to this day. The background of the research presented above, along with the focus of the researchers analyzed more deeply, raises research questions such as the following: 1.) How is the practice of strategic leadership in a private type C hospital in Tangerang City against the National Health Insurance regulations? 2.) How is the strategic leadership model in the hospital in dealing with the dynamics of change? 3.) What is the role of strategic leadership in the JKN era?

Literature Review

National health insurance

The National Health Insurance is a government program established on January 1, 2014. This program is established based on Law no. 40 of 2004 concerning the National Social Security System (SJSN), which stipulates that everyone has the right to social security to be able to fulfill the basic needs of a decent life and increase his dignity towards the realization of a prosperous, just and prosperous Indonesian society. Law 40 of 2004 concerning the National Social Security System. This law regulates the implementation of the National Social Security System, which includes health insurance, work accident insurance, pension insurance, old age insurance, and death insurance for the entire population through mandatory worker contributions. The implementer of the National Health Insurance Program is the Health Social

Security Administering Body (BPJS).

Meanwhile, work accident insurance, pension insurance, old age insurance, and death insurance are included in the Employment Security with BPJS Employment implementers. The target for implementing JKN is to achieve Universal Health Coverage (UHC) in 2019. The JKN program provides access to quality and effective promotive, preventive, curative and rehabilitative health services. Implementing the National Health Insurance (JKN) program applies a tiered referral system in providing health services. First-level health facilities (FKTP), namely community Health centers or private clinics, treat patients with mild complaints. Patients who experience more severe complaints are referred to advanced health facilities (FKTL), namely hospitals. The FKTL determined by the Ministry of Health through the determination of health service standards that are carried out in a measurable and accredited manner is assigned classes A, B, C and D.

Leadership

According to George et al. (2005), "leadership is " the exercise of influence by one member of a group organization achieve its goal". Leadership influences group members in the organization and helps organizational members to achieve goals. Schermerhorn explained (2010:341), "Achievement-oriented leadership is predicted to encourage subordinates to strive for higher performance standards and to have more confidence in their ability to meet challenging goals. For subordinates in the ambiguous, nonrepetitive jobs, achievement-oriented leadership should increase their expectations that effort leads to desired performance". Therefore, achievement-oriented leadership can be expected to encourage subordinates to achieve higher performance standards and have more confidence that their abilities can achieve future goals. Another thing about leadership is stated in Morrill, 2010, "Leadership is a fundamental and relational term. It describes the dynamics of the inevitable form of social interaction by naming the relationship between certain individuals (and groups) who influence each other. The relationship is reciprocal between the leader and the individual he leads.

Wren stated, "If leadership is seen as a process by which groups, organizations, and societies seek to achieve common goals, it includes one of the fundamental streams of the human experience". A leader influences people in his organization to achieve goals. How to achieve goals can be motivated by the different experiences of each human being in the organization. Another researcher, Daft (2005), stated, "Leadership is an influence relationship among leaders and followers who intend real changes and outcomes that reflect their shared purposes". Leadership is a relationship of mutual influence between leaders and followers. In this process of mutual influence has a purpose. Figure 1 is Daft's theory, which states that an organization has a process of influence between leaders and followers to achieve goals. In the process of influencing each other, they vary and make changes.

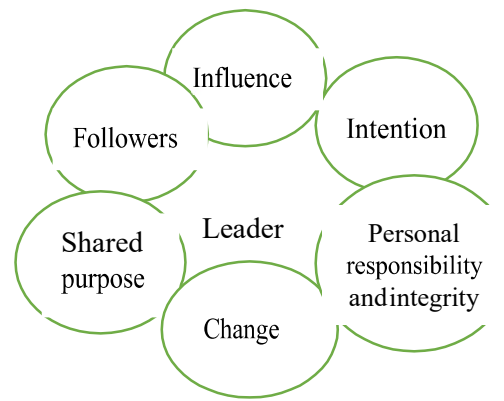


Figure1. What Leadership Involves, Daft (2005)

Ghiasi-pour, stated, "Leadership is a long-term process of influencing people towards the completion of the mission and specific goals of the organization. This process establishes goals and strategies, increases commitment to and adherence to organizational goals and productivity, and builds team culture and organizational dynamics, including structuring member conditions and expectations. Studies have revealed that most of the health care system problems are due to poor communication and leadership." Effective leadership is an important component of the health care system and has multiple functions in increasing organizational effectiveness and efficiency. Speziale (2015) says "the first step in any strategic transformation is to clarify the mission, vision, and goals of the institution. The mission states the organization's specific goals or reasons for being an effective and efficient organization. ' Neil (2008) states that good leadership and management beliefs can be learned and practiced at all levels. The principles of this approach are: (1) focus on health outcomes, (2) work in teams to solve problems, (3) apply leadership practices to real challenges, (4) create a climate that fosters change, (5) sustain change by providing solutions in management and (6) systems. In carrying out the leadership process, as stated in the quote above, leaders focus and work in teams to solve problems. In implementing his leadership, a climate that encourages change and provides solutions in management and systems is created.

Burn, in Stedman, (2012), "The reciprocal process of mobilizing, by persons with certain motives and values, various economic, political, and other resources in a context of competition and conflict, to realize goals independently or mutually held by both leaders and followers". Leadership is a reciprocal process between leaders and followers for the process of achieving goals. Leaders with their leadership carry out the process of achieving goals through the vision, mission and values adopted by the organization and the individuals in it who focus on working to solve problems that exist in an organization or company. The research above, states that leadership is really a process and takes time; in influence, there needs to be instilling confidence in followers in the organization to believe in the people who lead them, so they want to be influenced. Followers, in this case, are not only internal employees but also the ability of leaders to convince shareholders, suppliers, and patients of the decisions taken.

Transformational leadership

According to Burns in Cherry (2020), transformational leadership is a leadership style that can inspire positive change in those who follow it. Transformational leaders are generally energetic, enthusiastic, and passionate. Not only are these leaders concerned and involved in the process, but the leader is also focused on helping each group member succeed. This transformational leadership was initiated by Burns, who stated that leaders and followers make each other move to higher levels of morale and motivation. This transformational leadership continues to be researched and developed; one of the researchers is Bass, stating, that transformational leadership is defined based on its impact on followers. Leader, garnering trust, respect, and admiration from his followers. Bass also states, that transformational leadership, is how the leader influences followers, which is intended to trust, admire and respect the leader. Bass (2010) identified transformational leadership in 3 ways: 1. Increasing their awareness of the importance of tasks and values. 2. Get them to focus first on the goals of the team or organization, rather than their own interests. 3. Activate their higher-order needs. Transformational leadership is where the leader becomes a role model for his followers, so it requires a charismatic leader, although not absolute, because charismatic only prioritize emotional attachment, while in transformational leadership provides mentoring and coaching for followers.

Servant Leadership

According to Greenleaf, a servant-leader is servant-first. Someone with a natural feeling that he wants to serve and serve first. Then conscious choice leads one to aspire to lead. This leader is very different from the one who became the first leader, the need to serve to assuage unusual impulses of power or to acquire material possessions. Master-leader and first-servant are the two extreme types. Between them, some nuances and mixtures are part of the infinite diversity of human nature. Greenleaf in Kenton (2020) is a leadership style and philosophy in which an individual interacts with others—whether in a management capacity or with fellow employees—to achieve authority rather than power. This system embodies a decentralized organizational structure. Leaders who follow this style include employees who face customers in corporate decision-making. These employees have close relationships with customers and can make better decisions to keep those customers and acquire new ones. This leadership focuses on the growth and well-being of the followers around him. In traditional leadership, the exercise of power is generally at the top of the pyramid. Leaders serve this, share power, put the needs of others first and help people develop and perform as high as possible.

Strategic Leadership

Effective strategic leadership is needed to improve all the circumstances that occur. This strategic leadership model, began to be developed in the late 1990s. Javidan et al., in Hitt (2010) state, that strategic leaders must have global thinking, and leaders must have a complete understanding of their organization that fits the global competitive landscape; although competing globally, strategic leaders must pay attention to competitors who are global

multinationals. Pellet in Hitt (2010) argues, "strategic leaders must develop and maintain a culture that encourages innovation, and invests in the development of innovation exploitation". This culture exists in some of the world's biggest companies, Apple being one of them. The company is committed to innovation, and providing satisfaction to customers. Lahinsky in Hitt (2010) states, "Apple's success brought Steve Jobs as CEO in the first 10 years of the 21st century. Strategic leadership is a combination of leaders who have managerial and visionary abilities. A leader in strategic leadership can detect various potentials, both potential threats and opportunities that exist in the organization. Adapting to change makes existing change an opportunity, not a threat.

Successful performance in health care providers depends on human resources knowledge, skills, and personal incentives. Given the importance of these resources, consistent leadership is needed to achieve high performance and enhance employees' ability to improve the quality of care and outcomes. Leading quality in the healthcare improvement process requires leaders who manage uncertainty and drive cultural change and behavior. Strategic leadership has to manage the unique resources that exist within each organization. Burt in Hitt (2010), states, that the most valuable resources are human capital and social capital. Human capital in the form of knowledge acquired and maintained as well as a competitive advantage. Social capital is important for the organization's success, in the form of relationships with customers, suppliers, partners and stakeholders in general. Social capital also provides information about customer needs and technological developments and innovations that can facilitate various parties, including the government. Both of these capitals absolutely must be able to be managed by strategic leaders. Hitt (2010) states that strategic leaders must be careful in managing human and social capital effectively to achieve an agile organization and stay ahead of competitors. Flexibility to be proactive against the competitive actions of other organizations, with due regard to business ethics.

Methods

This research begins with a preliminary study that aims to get an important picture of real phenomena that occur in the field related to strategic leadership in class C hospitals in Tangerang. Based on the initial study, the researcher raised a research theme that was considered interesting to study. The initial observation made by the researcher was at the Tangerang class C hospital as one of the hospitals located in industrial areas and densely populated areas, which from the beginning were also active in activities launched by the government such as Jamsostek and Jamkesmas, so participation in the National Health Insurance this is an opportunity for the hospital. The results of the initial research study indicate an interesting issue to be explored, as the problems that arise in implementing the National Health Insurance are considered detrimental to hospitals as health service providers. Therefore, it is a strategic reason to research strategic leadership issues for class C hospitals in Tangerang. Qualitative research is carried out because it requires a detailed and complete understanding of a problem (Creswell, 2018). Creswell also stated that conducting qualitative research requires a strong commitment to research problems and meeting the demands of time and resources.

This research assigns several informants. Informants were selected related to the research objectives. The informant carried out the interview process. The time in informant interviews was carried out according to the researcher's information needs. Table 1 describes the role of informants in job responsibilities in the hospital:

Table 1. Informants

ROLES	Time Depth
President Director of An-Nisa Hospital, Tangerang	According to the needs
Medical Service Manager at An-Nisa Hospital, Tangerang	According to the needs
Finance Manager at An-Nisa Hospital, Tangerang	According to the needs
JKN Team Leader (casemix) An-Nisa Hospital, Tangerang	According to the needs
Managing Director of Melati Hospital, Tangerang	According to the needs
Manager of Medical Services at Melati Hospital, Tangerang	According to the needs
Finance Manager at Melati Hospital, Tangerang	According to the needs
JKN Team Leader (casemix) Melati Hospital, Tangerang	According to the needs
President Director of Bhakti Asih Hospital, Tangerang	According to the needs
Medical Service Manager at Bhakti Asih Hospital, Tangerang	According to the needs
Finance Manager at Bhakti Asih Hospital, Tangerang	According to the needs
JKN Team Leader (casemix) Bhakti Asih Hospital, Tangerang	According to the needs

Interviews were conducted with 12 people who were considered information by the researchers: the President Director of the Hospital, the Manager of Medical Services, the Manager of Finance, and the Head of the JKN Team (Casemix) of the hospital. When the interview was conducted as needed, the informant answered a series of questions that the researcher had prepared in a structured manner but did not rule out the possibility of the interview form being developed according to the answers and experiences felt by the informant when making decisions, listening to directions and while working in these hospitals. Following their duties and responsibilities in the era of National Health Insurance. Data collection was initially carried out in the period 2021 - 2022. The data collection process will continue throughout the process

of preparing the dissertation report. The process is still being carried out to complete the information. The process is also needed for further clarification and explanation to fulfill data triangulation.

Results and Discussion

Exploration of Elements of National Health Insurance Strategic Leadership

Many elements of strategic leadership exist in other studies. Previous researchers stated that the elements of strategic leadership are developing and communicating the vision, building core competencies, empowering human resources, and so on. These elements of strategic leadership vary according to the opinion of the researchers. Elements of strategic leadership in the National Health Insurance. Researchers asked various questions about strategic leadership in 3 type C private hospitals participating in the National Health Insurance program. The answers from the informants made the researchers mix elements of strategic leadership in the National Health Insurance. The three elements of strategic leadership are visionary leadership, adaptive organization and resource development.

Visionary Leadership

Visionary leadership is one element of strategic leadership. Visionary leadership has sub-elements that are examined more deeply: future mitigation, risk management and hospital development planning. In visionary leadership, top management prepares strategic plans for problems that may arise in achieving goals. All alternative solutions are prepared to manage the risks that may exist.

Adaptive Organization

Private hospitals as participating organizations of the National Health Insurance program. Hospitals are obliged to follow the regulations applied in the National Health Insurance program. Various regulations that emerged forced the hospital as a participant to adapt to these regulations. Hospitals are learning again to apply various rules to all hospital stakeholders. Sub elements in the adaptive organization. The sub-elements that the hospital applies as an adaptive organization are the application of organizational culture, the application of health regulations in hospitals and controlling the implementation of the National Health Insurance program.

The researcher gave questions to 12 informants. These informants came from 3 private type C hospitals in Tangerang City. These 12 informants consist of 3 directors, 7 managers and 2 chairpersons of the institution. Managers selected as informants are medical service managers, human resource managers, and financial managers. The head of the institution here is the head of the hospital's JKN program, also called the chairman of Casemix. The concept of research questions regarding strategic leadership to 12 informants is divided into 3 major concepts: visionary leadership, adaptive organization and resource capacity development. Placement of the informant's answers to the 3 concepts of the researcher's questions. Each informant's answer can be placed into 3 research question concepts. Explanation of the concept,

scope and theme of research questions to informants. The researcher's questions regarding strategic leadership are divided into 3 concepts: visionary leadership, adaptive organization and resource capacity development. Each concept, is built on the scope and theme, such as visionary leadership, with the scope of: future mitigation, risk management, and hospital development planning.

The concept of adaptive organization has a scope: the application of organizational culture, the application of health regulations in hospitals and controlling the implementation of the National Health Insurance program. Meanwhile, resource capacity development includes optimizing hospital revenues, developing technology to improve hospital services, and increasing human resource competencies. Therefore, the informants' answers can be interpreted into various concepts. For example, one informant's answer could be entered into the concept of visionary leadership, adaptive organization and resource capacity development.

Mitigation of the future

Hospitals and predictions for the future. The future of an organization such as a hospital in today's era has many major changes. Future predictions can be right; they can be wrong, like the example of the pandemic that occurred in 2019 at this time from an estimate of only 3-6 months and continues to this day. To that end, organizational leaders mitigate the future to achieve organizational goals. Informants' answers to questions about visionary leadership. The researcher conveyed the visionary leadership with the scope of future mitigation to the informants. Several informants' answers fall within this scope, namely focusing on technology and always adopting new technology. Another answer was, "Focus on patient care. Like creating programs on health services using trending information media such as Iglive, these programs developed during the pandemic when regular meetings were held to socialize patient services who could not meet face-to-face". Future mitigation analysis based on informant interviews. The interview results with informants categorized the elements of risk mitigation into 3 themes: service innovation, calculation of the dynamics of change, and future scenarios. The manager's role is the recipient of a delegation from the director. Managers think about calculating dynamics and changes that occur externally and internally. The results of this calculation are discussed with the director and applied to the team to mitigate problems that will arise in the future.

Visionary leadership considers the various risks that arise in the leadership process. Various risks that arise can come from internal or external to the hospital. Risks that arise in the future require good management to achieve success. Detailed elements in risk management that can be obtained from the interviews with informants are accuracy in decision making and risk mapping of hospital services. Characteristics of informants by position. As the recipient of the director's delegation in hospital health services, a manager carries out the risk management process. Managers carry out risk mapping of hospital services. A manager analyzes the problems that arise from each unit and its risks. Meetings held by each unit, getting reports and finding solutions are one of the efforts in risk management. Risk management by informants based on education. The informants studied have a minimum education of S1 and S2. The

researcher gave questions to the informants regarding risk management. Risk management by informants based on the patient's background. Patients who receive services come from different backgrounds, such as factory workers, office workers and the general public. Risk management is analyzed by the characteristics of informants who come from hospitals. Hospitals have a broader service focus, namely accepting JKN patients but still accepting private insurance patients. Hospitals have a higher risk and require greater risk management because they are not focused on providing health services.

Hospital as a health service provider. Many patients come to the hospital to receive health services. Patients come with various complaints and from various circles. Patients need services that are fast and easily accessible. Planning for hospital development for the sustainability of the hospital in the future. There are many ways for hospitals to survive in the future. Determining the focus of hospital services is one of the efforts in planning for hospital development to last in the long term. The development of hospital governance is also an effort for hospitals to grow even bigger. Top management carries out hospital development planning.

Furthermore, this study shows the director and the manager doing hospital development planning. Hospital development planning is in the form of determining service focus and developing hospital governance. The two aspects that are included in the hospital development plan are expected to make the hospital competitive. For example, they manage patient care so that patients clearly know the various procedures carried out during the patient's healing process. It can make the hospital the hospital of choice and referral for the Tangerang City area. Hospital leaders carry out development planning; they think about the focus of services and the development of governance for the hospital's sustainability. Service focus becomes important. Hospitals do not have a clear focus when prioritizing various patients using health care providers. The high risk, and variety of patient diagnoses and procedures, make it necessary for hospitals to carry out development planning by establishing the focus of hospital services.

Adaptive Organization

Rapid changes in the hospital industry are forcing hospitals to change. Changes from the speed of technology. The number of health regulations in improving the quality of services. People who can access health information through the internet. Forcing hospitals to adapt to these changes. The hospital is an adaptive organization. Adapt to change. Implementation of a more transparent culture. Communication with various stakeholders. Complying with and understanding health regulations constantly evolving to create quality services with controlled operational costs.

Application of organizational culture

Adaptive organizations that have an impact on the implementation of organizational culture. The hospital makes breakthrough changes by becoming a learning organization for various health regulations that are updated continuously. Build communication to all parties and provide governance transparency to employees, patients, and suppliers. Hospital commitment to providing the best service. Patients recover and receive an education. Providing

health services without giving patients excessive drug consumption is one of the hospital's commitments as a value of integrity. Applying culture such as effective communication and building team togetherness in finding solutions to problems. Top management pays attention to problems that arise and seeks solutions that positively impact all parties. Service focus plays a role in implementing organizational culture. The service focus also influences the organizational culture that is built in organizations such as hospitals. Hospitals with various service focus require a stronger team to find solutions because of the various problems that arise.

Implementation of health regulations in hospitals

Implementation of health regulations in providing health services. Hospitals as health service providers have various regulations in operation. Application of regulations in terms of non-medical and medical. The regulations set are adjusted to the health regulations set by the ministry of health, including by the Health Social Security Administration Agency (BPJS Kesehatan) for hospitals participating in the National Health Insurance program. Implementation of health regulations at the manager level. Managers, as leaders at the top of the organization and supervisors on technical implementation, play an important role in implementing health regulations. The application of health regulations takes into account the focus of the service. Hospitals with various service providers have different rules from the providers they follow. For this reason, the focus of service is important for hospitals so that standardization of health services and application of regulations does not vary.

Controlling the implementation of the National Health Insurance Program

The National Health Insurance Program is an option for running the hospital's sustainability. The government has implemented the National Health Insurance program for all Indonesian people since January 1, 2014. The community must follow this program with a guarantee that there is a hospital that will provide health services to participants of the JKN program. Government and regional hospitals are required to participate in the JKN program. Meanwhile, private hospitals see the opportunity for many JKN participants to become this program as a support for the hospital's sustainability. All top leaders feel the need for hospitals to participate in the JKN program. The directors, managers and heads of Casemix/JKN who make decisions for hospitals to join the JKN program, see not only opportunities but also see challenges. Quality and cost control is a concerns. Implementing the JKN program requires cost control, each unit paying attention to the effectiveness and efficiency of health services. The quality of service still needs to be maintained so that patients can recover promptly according to medical observation. Cooperation and network building in the implementation of the JKN program. Medical observation quickly and precisely, requires the cooperation of an internal team. Network outside the hospital is needed with tiered referrals. Build synergies with first-level health facilities, namely community Health centers and private clinics. Build a network with type B and A hospitals for patients with higher severity referrals.

Resource Capacity Development

Resources in hospitals that need to be optimized. Hospitals as capital-intensive, labor-intensive and people-intensive organizations have various resources. These resources need to be optimized to achieve organizational goals, namely the hospital's sustainability in the future. Utilization and resource development. Resources in the form of human resources, medical equipment, medical technology and administrative technology need to be utilized optimally. Human resource capacity development. The operator of all resources in the hospital is human. Therefore, doctors as core competencies play a role in being development. A doctor's competence in soft and hard skills is adjusted to the dynamics of changes.

Hospital revenue optimization

Private hospitals as participants in the National Health Insurance program. As discussed earlier, the National Health Insurance Program was launched by the government with various opportunities and challenges. For this reason, hospitals need to think quickly about developing hospitals that impact optimizing hospital revenues. Managers as organizational supervisors. Managers in between top management and technical workers analyze the team below them on competitiveness, health care delivery, revenue and hospital productivity. Optimization of revenue from all lines of the hospital. Managers from various fields such as medical services, finance and human resources, and the Chair of Casemix/JKN jointly optimize productivity, increase revenue and control health services. Hospital competitiveness. Hospitals have competitiveness and become the choice for the community to be an important role for human resource managers and medical services, in addition to creating skilled and certified employees, doctors, nurses and support personnel with integrity. The medical service manager maximizes each service optimally. Doctors practice on time, and the necessary medical equipment is met.

Technology development in improving hospital services

Technology and convenience of health services. Hospital visitors who are healthy or sick need the speed of service. For this reason, technology is a necessary tool for improving these services.

Medical and non-medical health services. Health services in the form of patient registration at the hospital, can be done online so that patients coming to the hospital do not have to wait too long. Medical services such as medical equipment used for medical observation are expected to expedite doctors in taking medical action on the resulting diagnoses and procedures. The development of technology that is not cheap makes hospitals determine the priority scale for developing service technology. The leadership conducts an analysis based on the number of patients and the number of services that are often used to be selected first in developing the technology.

Conclusion

Type C private strategic leadership in implementing the National Health Insurance program. Top leaders in type C private hospitals participating in the National Health Insurance

program are experiencing dynamic changes in the implementation of this program. For this reason, leaders are expected to have strategic leadership to achieve goals in this JKN era. Strategic leadership, according to previous researchers. Elements of strategic leadership in the National Health Insurance. Researchers asked various questions about strategic leadership in 3 type C private hospitals participating in the National Health Insurance program. The answers from the informants made the researchers mix elements of strategic leadership in the National Health Insurance. The three elements of strategic leadership are visionary leadership, adaptive organization and resource capacity development.

Strategic leadership model in a private hospital. This research not only produces a strategic leadership model but also provides information on strategic leadership practices that need attention, such as risk management, effective communication in teams, building team togetherness in finding solutions to problems and being competitive in a competitive environment in the JKN era. The role of strategic leadership in the JKN era. As a strategic leadership director, the top leadership communicates regularly to the team below it. The delegation process by continuously monitoring the implementation is one of the efforts that increase work motivation and builds trust in the team. In addition, each implementation and responsible unit leader is asked for opinions in finding solutions to service problems that arise. It builds team togetherness in finding solutions to service problems in hospitals.

Bigger change. Research findings regarding strategic leadership in the dynamics of change, which researchers see in the future, will experience even greater changes given the rapid development of technology. Mitigation of the future in strategic leadership is something that needs to be analyzed by the top leadership periodically. Commitment and integrity in healthcare. The top leadership directs doctors in implementing core competencies to continue to carry out self-integrity and commitment to providing health services to patients. Understanding of health regulations. The National Health Insurance Program is relatively new in its implementation, which has only been running for its 7th year, for that there are still many health regulations that are being implemented and undergoing many changes. Top management provides direction to unit heads and technical implementers to jointly understand the applicable health regulations and recognize the substance of the regulations.

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