

HOSPITAL STRATEGIC OF LEADERSHIP: A PHENOMENOLOGY OVERVIEW

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Abstract:

The National Health Insurance Program provides changes and adds to the complexity of hospitals that are known for being capital-intensive and labor-intensive. This study aims to examine phenomenological studies related to the practice of strategic leadership in applying the National Health Insurance regulations in type C private hospitals in Tangerang City, and to reveal the role of strategic leadership in survival in the era of National Health Insurance. This research is a qualitative research with a phenomenological approach. Observations show that many strategic leaderships have leadership models, namely visionary leadership, adaptive organization and resource development. The head of a type C private hospital in Tangerang City. Leaders in type C private hospitals consist of directors, managers and heads of institutions equivalent to managers. These top leaders are jointly concerned with the sustainability of hospitals in this era of National Health Insurance.

Keywords: Leadership, Health Insurance, Phenomenology

Introduction

Health service providers in the JKN era. The Ministry of Health (Kemenkes) ensures that the number of health service providers is sufficient according to the number of registered participants. The Ministry of Health, through BPJS Health, provides certainty of the number of participants to health service providers who register themselves as JKN providers. These health service providers are divided into first-level health care facilities (FKTP) and advanced health facilities (FKTL). FKTP consists of community Health centers and private clinics. FKTL consists of government and private hospitals of types D, C, B and A. 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 belong to the Ministry of Health, the Government, the Army and the Indonesian National Police. 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.

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), state that "the health system is recognized as a complex and constantly changing system in various contexts and levels of health care". Human resource development has several supporting factors that can improve the hospital's quality. It is said in the research of Wardhani et al., (2008), "stating that there are 6 supporting and limiting factors in the implementation of the Quality Management System in hospitals,

namely (1) organizational culture, (2) design, (3) leadership, (4) physician involvement, (5) quality structure and (6) technical competence".

Selection of type C private hospital in Tangerang City as the object of research. BPJS Kesehatan stated that 2 private hospitals participated in the JKN program. The signing of the BPJS Health MOU with type C private hospitals, namely An Nisa Hospital in Tangerang City, Banten and Al Islam Hospital Bandung, West Java. In its development, type C private hospitals in Tangerang City continue to grow to become JKN providers. Statistical data shows that Tangerang City is the city with the third largest population in Banten Province. Tangerang City is known as the city of 1000 industries. The industry's obligation to include its workers in the JKN program accelerates the need for health services. Type C hospital is an advanced health facility due to the high injury rate in the industry. There is only one government hospital in Tangerang City. Other available hospitals are private hospitals. It is the interest of researchers to analyze more deeply about type C private hospitals in Tangerang City.

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. 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 a process, an effect which creates and communicates the team in an organization". Leadership is a process carried out by a leader to lead effectively. In his leadership, communication was carried out within the team in his organization. Leaders play a role in implementing important leadership strategies and targets. Some leadership theories include: transformational leadership, servant leadership and strategic leadership. Each of these leadership continues to be developed according to the movement of resources in the organization at that time. 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. Many previous empirical studies on the construction of strategic leadership models. Effective strategic leadership across various industries. This study contracts 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. Details of the strategic leadership model construct that is the latest research are described in the following table:

Table 1. Strategic Leadership, in the view of Hitt and Gani

Strategic Leadership Effective in competitive change (Hitt, 2010)	Strategic Leadership in the era of National Health Insurance (Gani, 2022)
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1. Develop and communicate vision	1. Visionary Leadership
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|---|--|
| 2. Build dynamic core competencies | 1.1. Future Mitigation |
| 3. Emphasize and effectively use human capital | 1.2. Risk Management |
| 4. Invest in the development of new technologies | 1.3. Hospital Development Planning |
| 5. Engage in valuable strategies | 2. Organisasi Adaptive |
| 6. Build and maintain an effective organizational culture | 2.1. Application of Organizational Culture |
| 7. Develop and implement balanced controls | 2.2. Implementation of Health Regulations in Hospitals |
| 8. Engage in practical practices | 2.3. Controlling the Implementation of the Guarantee Program |
| | 2.4. National Health |
| | 3. Resource Capacity Development |
| | 3.1. Hospital Revenue Optimization |
| | 3.2. Technology Development in Hospital Service Improvement |
| | 3.3. Human Resources Competency Improvement |
| | 3.4. Increased Work Motivation |

This study aims to examine phenomenological studies related to several points: 1.) To reveal the practice of strategic leadership in applying the National Health Insurance regulations in type C private hospitals, Tangerang City. 2.) Constructing a strategic leadership model in dealing with the dynamics of change. 3.) Reveal the strategic leadership role to survive in the era of National Health Insurance.

Literature Review

Leadership

According to George et al., (2005:363), "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 job, achievement-oriented leadership should increase their expectations that effort loads 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.

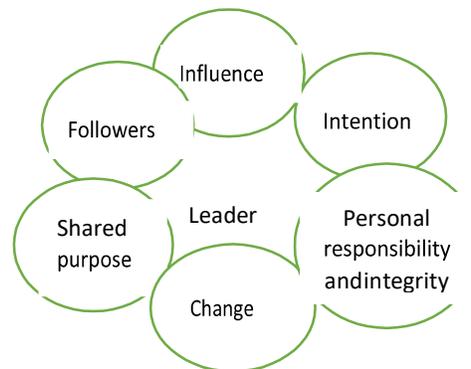


Figure 1. What Leadership Involves, Daft (2005)

Leadership is a long-term process of influencing people toward completing 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. Therefore, 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 institution's mission, vision, and goals. 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. Leaders, in carrying out the leadership process as stated in the quote above, 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.

Another quote, according to (Burn, in Stedman, 2012; 9), "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 leaders are also focused on helping each member of the group succeed." This transformational leadership was initiated by Burns, who stated, "leaders and followers make each other move to higher levels of morale and motivation". Cherry (2020) says, "Transformational leadership can be very effective when used appropriately, but it may not always be the best choice for every situation. In some cases, the group may require a more managerial or autocratic style that involves closer control and greater direction, especially when group members are unskilled and require a lot of supervision.

Servant Leadership

Greenleaf in Kenton (2020), "a leadership style and philosophy in which an individual interacts with others—whether in a management capacity or 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. In addition, 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. Instead, leaders serve this, share power, put the needs of others first and help people develop and perform as high as possible.

Spears, a second researcher after Greenleaf in 2011, identified 10 characteristics of servant leaders: "listening, empathy, healing, awareness, persuasion, philosophy, conceptualization, foresight, stewardship, commitment to the growth of people, and building community". These characteristics make the leader prioritize others in his team to develop and perform better. However, this servant leadership has several shortcomings, which are conveyed by Quain (2018), which states that servant leadership has 4 limitations as follows: 1.) Working contrary to traditional authority, the leader releases his authority and ego to be given to his ranks or subordinates, this is contrary to the leader. traditional ones who make decisions and communicate them to subordinates; 2.) Employees are less motivated; Servant leaders naturally tend to step in and fix problems or complete tasks that an employee failed to complete. It leads employees to believe that managers will step in to take care of needs or resolve issues that arise; employees will sit back and put less effort into their day-to-day tasks; 3.) Lowering managerial authority, and prioritizing the needs of employees can lead to a depreciation of the authority of the overall management function; 4.) Not suitable for every business, the fact that one size is not suitable for another organization. Not every business benefits from this type of

approach. Building a successful servant leadership system takes time, as it requires a commitment to developing staff and encouraging personal and professional growth. Businesses that are experiencing a changing work culture will not respond well to servant leadership because a lack of stability makes it difficult for managers to implement this system.

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, "strategic leaders must have global thinking, 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, according to Rowe (2001), Daft (2005), Ireland and Hitt (1999), Boal and Hooijberg (2001), and Speziale (2015), regarding strategic leadership is the leader translating the mission, vision and institutional goals. This mission states the specific purpose or rationale of the organization. This strategic leadership can anticipate, have the ability to see the future, have flexibility, think strategically, and create and initiate change to excel in competition by empowering every individual in an organization or company; then, the leader creates strategies that adapt to change on the situation and conditions encountered.

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. The performance of Health services depends on the knowledge, skills, and personal incentives of human resources. 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 and behavioral change. Strategic leadership has to manage the unique resources that exist within each organization. In Hitt (2010), Burt states, "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. Nutt in Hitt (2010) states, "strategic leaders must be careful in managing effective human capital and social capital to achieve an agile organization and stay ahead of competitors. Flexibility to be proactive about the competitive actions of other organizations, while still paying attention to business ethics.

Methods

Phenomenology

Phenomenologists describe what all participants who experience a phenomenon have in common (e.g., universally experienced grief). "The basic aim of phenomenology is to reduce an individual's experience with phenomena to a description of a universal essence" ("an understanding of its nature," van Manen, 1990, p. 177). To this end, qualitative researchers identify a phenomenon, an "object" of human experience (van Manen, 1990, p. 163). Van Manen (2014), "describes phenomenological research as the beginning of "amazement" at what happens to himself and how something affects him. It can be felt when you are around a state of amazement." This human experience may be a phenomenon such as insomnia, abandonment, anger, sadness, or undergoing coronary artery bypass surgery (Moustakas, 1994). The investigator then collects data from people who have experienced the phenomenon and develops a composite description of the essence of the experience for all individuals. This description consists of "what" they experienced and "how" they experienced it (Moustakas, 1994). Phenomenology has a strong philosophical component. It is particularly interesting from the writings of the German mathematician Edmund Husserl (1859-1938; 1970) and those who expanded his views, such as Heidegger, Sartre, and Merleau-Ponty (Spiegelberg, 1982).

In current field research, researchers use an instrument known as an in-depth interview with several informants who can provide information about hospitals and the process of participating in the National Health Insurance program. With this instrument, researchers seek to explore data and express ideas, thoughts, experiences, knowledge, and skills related to the strategic formulation, strategic implementation and strategic evaluation in the three class C hospitals in Tangerang City, both categorized as "tacit knowledge" and "explicit knowledge". During the data mining, knowledge interpretation was also carried out through note-taking and recording techniques. Some of the main concepts are presented in the drawings, including their dimensional aspects or points related to these concepts. The line of thought of this research is structured based on the formulation of the problem and a theoretical review that includes some of the main concepts used in the research. Class C hospital in Tangerang City, of course, differs from other hospitals in the application of strategic leadership and the problems that arise both in the process of formulation, implementation to evaluation, including improvement efforts that need to be made as a solution to problems that arise regarding leadership.

The application of strategic leadership in hospitals in Tangerang City, considering specific internal and external environmental aspects, in this chapter also describes the initial propositions that explain the relationship between the concepts of the flow of thought in solving research problems. The line of thought of the researcher described here observes that hospitals have leaders who have strategic leadership that is aligned with the vision, mission and organizational policies, including applicable laws and regulations. This strategic leadership also anticipates the environment around the hospital, both internally and externally. The external environment includes opportunities (opportunities) and threats (threats), while the internal environment that is considered in the implementation of strategic leadership are strengths and weaknesses. The implementation of Strategic Leadership includes: (1) strategic formulation and (2) implementation of strategic leadership in hospitals in Tangerang City (the first problem formulation in this study), (3) strategic evaluation and improvement (second problem formulation in this study). Strategic leadership in achieving the success of an

organization requires alignment with the organization's vision and goals, applicable legislation, long-term directions set by the organization, and stakeholder support for efforts to make the organization able to adapt to changes and to increase organizational effectiveness.

Hospitals as providers of health services to the public participating in the National Health Insurance carry out the process of claiming health services to BPJS Health, then the financial management and process of claiming health services must be transparent and accountable, meaning that hospital services must be able to provide financial and transparency accountability which includes aspects of financial integrity. (financial integrity), transparent and not making up coding claims or choosing codes that are not following the services provided. The integrity aspect describes the honesty of claims for hospital health services in Tangerang City to BPJS Health so that the claims submitted follow the actions or medical observations given to patients so that there is no misleading or harmful engineering. The integrity that is upheld in providing health services at this hospital is strengthened by technology; this hospital builds a hospital management information system that is integrated with the information system in BPJS Kesehatan, so that updated information about the availability of beds to treat patients can be seen immediately by BPJS Health Institutions. Hospital claims submitted by the JKN team at the hospital go through various layers of processes to ensure that these claims are also correct data based on medical observations made by doctors. The doctors, consisting of general practitioners and specialists, are given special training by management by involving training institutions that provide training on writing correct diagnoses according to medical observations and international standards used in the JKN payment system, namely the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) to write codes and descriptions of disease diagnoses and procedures that are in accordance with the actions taken by doctors, namely The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).

Qualitative data was extracted related to the map of problems in the strategy formulation process, problems of strategy implementation and problems of strategy evaluation practice, and efforts deemed necessary to be carried out as solutions to related problems. Then, based on the interpretive paradigm, analyzed and described in depth, presented in a narrative how strategic leadership brought class C hospitals in Tangerang City, was successfully aligned with the above points. The stages of research are carried out to find a proposition (a logical relationship between two concepts). The first stage is the determination of the research concept. The second stage looks for issues related to the research to be carried out. The third stage, gathering facts, among many facts, selected facts related to research. The fourth stage, analyzing and concluding, this is done by re-checking the research concept that has been built, then analyzed and concluded. The reason for choosing the object of research in hospitals is because the implementation of the National Health Insurance is still relatively new, namely on January 1, 2014, there were many studies on the implementation of the National Health Insurance program as well as on hospitals but focused more on medical aspects or medical actors. The selection of class C private hospitals in Tangerang became the object of research because Tangerang is a labor-intensive city, so it is suspected that the surge in patients with the implementation of the National Health Insurance program provides easy access for sick people to get complete treatment, not only at the first-level health facility level. However, getting to a class C hospital is the first tiered referral after a level 1 health facility. This study identified

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 2 describes the role of informants in job responsibilities in the hospital:

TABLE 2. INFORMANT DATA

President Director of An-Nisa Hospital, Tangerang
Medical Service Manager at An-Nisa Hospital, Tangerang
Finance Manager at An-Nisa Hospital, Tangerang
JKN Team Leader (casemix) An-Nisa Hospital, Tangerang
Managing Director of Melati Hospital, Tangerang
Manager of Medical Services at Melati Hospital, Tangerang
Finance Manager at Melati Hospital, Tangerang
JKN Team Leader (casemix) Melati Hospital, Tangerang
President Director of Bhakti Asih Hospital, Tangerang
Medical Service Manager at Bhakti Asih Hospital, Tangerang
Finance Manager at Bhakti Asih Hospital, Tangerang
JKN Team Leader (casemix) Bhakti Asih Hospital, Tangerang

Researchers choose the positions mentioned as informants are expected to provide an overview of the phenomena that occur regarding the situation of hospitals in Indonesia, especially class C in Tangerang. These selected sections appear to have direct experience in receiving directions from the government and also feel the phenomena that occurred before the start of the National Health Insurance program and during the implementation of the National Health Insurance Program.

Results and Discussion

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. Figure 4.9. shows the director together with 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.

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 that are constantly evolving to create quality services with controlled operational costs. 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.

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 who are at the top of the organization and also supervisors on technical implementation play an important role in the implementation of 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 regulations do not vary.

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 part of this program to support 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 in a timely manner 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. 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. Doctors as core competencies play a role in being developed. A doctor's competence in soft and hard skills is adjusted to the dynamics of changes.

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. The location of the hospital plays a role in optimizing hospital revenue. Factory workers are participants in the National Health Insurance program. The government regulates that health insurance organized by BPJS Health must protect every worker. Factory employers are required to register workers as participants in the National Health Insurance program because of the high rate of work accidents. Top management makes health care programs to optimize revenue. A large number of factory workers is an opportunity for hospitals that have various work programs for factory workers to have their health checked at the hospital. Top management cooperates with the factory to implement this service program. The service program is a competitive advantage for hospitals in optimizing revenue. Factories with workers and various complaints of illness become a source of income. Factory workers who work to meet industrial targets cause various physical complaints of workers. The hospital anticipates these various physical complaints or work accidents by providing health 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. In addition, 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 changes that occur encourage hospitals to use fast-growing technology. For example, the patient's health test results can be released quickly and in digital form. This digital record also makes it easier for patients to store because they can be placed in the smartphone they are wearing.

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. Human resources as actors in the implementation of the National Health Insurance program. Doctors, medical personnel, health workers, support staff and

administrators are hospital human resources. The JKN program, which was launched in 2014, requires all actors who provide health services to improve their competence. The manager's record also includes competencies that need to be improved in the face of changes requiring human resource expertise. The patient's background and the complaints of visiting patients are a priority in improving the competence of human resources. Organizational leaders analyze patient visits, complaints, and work backgrounds that lead to diagnoses and procedures. Information for hospital leadership to improve the area of expertise of human resources in dealing with increasing complaints. Focused services make prioritizing human resource competency improvement easier for top leaders.

Capacity building of resources through work motivation. Resources consisting of all employees, medical equipment, technology and non-medical equipment can be utilized optimally. Humans as actors in increasing the capacity of these resources require motivation to work. Statement of the informant in answering the researcher's questions. Researchers conducted interviews and field observations in three type C private hospitals in Tangerang City. Researchers recorded and recorded interviews that took place with twelve informants. The results of the interviews were written into the interview transcript.

Informant coding. These twelve informants were coded 001 – 012 by the researcher in recording the research answers. Informants were divided into seven characteristics: position, education, years of service, job responsibilities, area mapping, patient background and service focus. Sort out the elements in strategic leadership. The sorting of elements in strategic leadership is based on strategic leadership theory. The strategic leadership theory presented by Hitt, 2010. Hitt stated, 1. Develop and communicate vision, 2. Building dynamic core competencies, 3. Emphasize and effectively use human capital, 4. Invest in the development of new technologies, 5. Engage in valuable strategies, 6. Build and maintain an effective organizational culture, 7. Develop and implement balanced control, 8. Engage in practical practices. These eight elements were re-analyzed by researchers and combined with field observations, namely, type C private hospitals that participate in the National Health Insurance program. The results of the interview found three elements regarding strategic leadership: visionary leadership, adaptive organization and resource capacity development.

The scope of the three elements is detailed in more detail. Each informant's answer is included in the scope. In each answer, the informant can be placed into each scope. The researcher analyzed the meaning of each informant's answer. A data processing program carries out this coding process. The data processing program used in this qualitative research is NVivo. All interview transcripts are included in this application. The application sorts based on the specified codes. The results of this coding were confirmed with peer review. Elements that researchers have created are compared with Hitt's theory. Finally, researchers make coding on these elements. Peer review performs analysis and provides input in the coding process.

Achievement of the goals and vision of the hospital. Directors, managers and heads of institutions make concepts to achieve the goals and vision of the organization. The hospital has a goal as a hospital that becomes a reference for the people of Tangerang City, so that the hospital's sustainability will occur in the future. The sustainability of the hospital in the future in this study is emphasized by increasing the capacity of resources such as optimizing hospital revenues, developing service technology, developing human resource competencies and increasing work motivation. Achievement of hospital goals. Achieving the hospital's goal as a

referral and continuing to improve health services is an effort to achieve competitiveness. The leadership directs the Achievement of competitiveness by improving the integrity of doctors and employees in service and competence of human resources. Strategic leadership model in change. The National Health Insurance, which the government has established as a national health service program for the Indonesian population since January 1, 2014, has brought many changes, for example, hospitals from price makers to price takers. Hospitals face many challenges, such as technological advancements so fast that medical equipment developing very quickly is another problem. Research findings on strategic leadership. Researchers conduct a deeper analysis of strategic leadership. The findings of this study indicate that many strategic leaderships have leadership models, namely visionary leadership, adaptive organization and resource development. The head of a type C private hospital in Tangerang City. Leaders in type C private hospitals consist of directors, managers and heads of institutions equivalent to managers. These top leaders are jointly concerned with the sustainability of hospitals in this era of National Health Insurance.

Top leaders prepare the team to achieve organizational goals. The process of achieving goals is carried out in stages. As the hospital's highest leader, the director delegates authority to managers and heads of institutions for the implementation of services and the application of rules. Top management's emphasis on achieving goals in the dynamics of change. Various changes in technology and regulations in the hospital industry are analyzed more deeply by the director to the head of the institution. In strategic leadership, they emphasize risk management, effective communication, building team togetherness in finding solutions to problems and being competitive. It will create the sustainability of the hospital in the future.

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. In addition, more detailed observations in hospital organizations complement this strategic leadership, especially in type C private hospitals by Gani, 2022.

Table 2. Hitt vs. Gani Strategic Leadership

Strategic Leadership Effective in competitive change (Hitt, 2010)	Strategic Leadership in the era of National Health Insurance (Gani, 2022)
1. Develop and communicate vision	1. Visionary Leadership
2. Build dynamic core competencies	1.1. Future Mitigation
3. Emphasize and effectively use human capital	1.2. Risk Management
4. Invest in the development of new technologies	1.3. Hospital Development Planning
5. Engage in valuable strategies	2. Adaptive Organization
	2.1. Application of Organizational Culture

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|---|--|
| 6. Build and maintain an effective organizational culture | 2.2. Implementation of Health Regulations in Hospitals |
| 7. Develop and implement balanced controls | 2.3. Controlling the Implementation of the Guarantee Program |
| 8. Engage in practical practices | 2.4. National Health |
| | 3. Resource Capacity Development |
| | 3.1. Hospital Revenue Optimization |
| | 3.2. Technology Development in Hospital Service Improvement |
| | 3.3. Improvement of Human Resources |
| | Competence Improvement of Work Motivation |

The differences in Strategic Leadership in Hitt and Gani's view are illustrated in table 2 above. This table illustrates Hitt's findings that state 8 essential elements of effective strategic leadership. Gani, 2022 added three major elements in strategic leadership in the era of National Health Insurance: Visionary Leadership, Adaptive Organizations and Resource Capacity Development. Elements of strategic leadership. 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, every 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. Therefore, 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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