

RESEARCH ARTICLE

THE EFFECT OF TRAINING PARTICIPATION, TEAM WORK AND MOTIVATION OF NURSES' WORK ON THE QUALITY OF HEALTH SERVICES IN RSAU DR. ESNAWAN ANTARIKSA IN JAKARTA

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Abstract : Health services in hospitals are one form of public service implemented in Indonesia. The Hospital as a part of the health care system broadly provides services to the community in the form of health services including medical services, medical support services, medical rehabilitation and care services. The service is carried out through the emergency unit, outpatient unit and inpatient unit. Hospital development initially only provided certified healing (curative) services to patients through hospitalization. Furthermore, the Hospital is due to the advancement of science, especially medical technology, increasing income and public education. Health services at the hospital are not only curative but also recovery (rehabilitative). Both services are integrated through health promotion efforts (promotive) and prevention (preventive). Thus, the goal of health services in hospitals is not only for individual patients, but also for the families of patients and the general public. The focus of attention is indeed for patients who come or are treated as individuals and part of the family. On the basis of such an attitude, health services in hospitals are complete health services that can provide satisfaction to patients, families and the general public. Patient, family and community satisfaction at the hospital can be seen from the high and low quality of health services provided. Satisfaction is seen as a determinant of the assessment of the good and bad of a hospital. The high and low quality of health services is largely determined by the ability / performance of employees. The low quality of health services can be caused by poor employee abilities / performance, and conversely the high quality of health services can be caused by maximum ability / performance.

Keyword: Work Motivation, Health, Hospital

JEL Classifications: M1, E0

INTRODUCTION

A. Background of the problem

Hospital of Air Force (RSAU) dr. Esnawan Antariksa is one of the hospitals that organizes public services under the Air Force Health Service. RSAU dr. Esnawan Antariksa are able to develop

quite rapidly until now. RSAU dr. Esnawan Antariksa maintains the quality of service by implementing excellent service where excellent service is the maximum effort that is able to be given health services in order to meet customer needs in achieving a certain level of satisfaction, aimed at

winning competition in health services. Management of RSAU dr. Esnawan Antariksa with a vision that is to become the ideal hospital for all members of the Indonesian Air Force and their families and communities around Jakarta, and Missions namely: 1. Carrying out professional and high quality services, both preventive and curative towards members of the Indonesian Air Force in particular and the community around the hospital generally. 2. Organizing health support in the operations of TNI / TNI AU. 3. Improve service satisfaction in each work unit in accordance with the regulations in the hospital. 4. As a national health sub-system, it helps the community around the hospital in terms of emergencies and disasters as well as educational research hospitals, namely general hospitals related to research and education activities in the faculties of medical, faculties of nursing and others.

RSAU dr. Esnawan Antariksa in its management uses the "Three Zero" strategy, namely 1. Zero Accident contains the meaning of no danger to patients or officers due to negligence or procedural errors. 2. Zero Cost is a minimum or even no cost incurred by members of the Air Force and their families for examination, maintenance and even procurement of drugs to cure patients. 3. Zero Complain means there is no patient complaint against health service standards in RSAU. Competition in every hospital / company certainly happens. If a company is not strong in the face of competition, the company will not last long. For that, every company must have its own way to be able to develop their company.

Achieving high quality health services is a priority that must be carried out by all parties, including leaders, staff and employees. To achieve high quality health care achievement RSAU dr., Esnawan Antariksa is trying to implement the Vision, Mission and strategy of the hospital. The vision, mission and strategy of the hospital are the goals and objectives to be achieved collectively among its members. All work steps of employees are directed towards achieving these goals and objectives. RSAU dr. Esnawan Antariksa is currently accredited by the Hospital Accreditation Commission with the title of passing the plenary level in accordance with the accreditation certificate Number: KARS-SERT / 168 / XII / 2015 dated December 10, 2015. Complete hospital accreditation has also been achieved by other hospitals such as RSAU dr. M. Salamun Bandung, RSPAU dr. S. Hardjolukito Yogyakarta, RSGM angkatan udara Jakarta, RSAU dr. Hasan Toto Lanud Atang Sendjaja, Bogor and dr. M. Munir, Abdurahman Saleh Malang, and other accredited hospitals, RSU

Roesmin Nuryadin Lanud RSN Pekanbaru and RSAU dr. Soemitro Lanud Surabaya.

Identification of problems

To understand about health services in hospitals there are several problems that can be identified as follows:

1. The quality of health services is still low as a result of the lack of performance of nurses in providing services to patients.

There are still nurses who have a lack of trust in their abilities, especially in work.

Lack of solid teamwork carried out by nurses.

Motivation of nurses' work to improve employee performance on duty needs to be improved.

Lack of welfare of nurses.

Interpersonal communication has not been well established.

The Education and Training Program for the development of frequency competencies is still lacking.

Reward and punishment have not been effective.

Self-awareness of assignments is still weak.

Nurse discipline is lacking.

Inadequate distribution of educational opportunities for nurses.

Inadequate method of education given to nurses

THEORETIC STUDY

A. Conceptual Description

1. Service Quality

Quality is the level of perfection of the appearance of something being observed. Quality can also mean the nature of a program. According to ISO 8402 quality is the totality of the form and characteristics of an item or service which contains the sense of security or fulfillment of the needs of users. According to Susatyo Herlambang, quality does not have to be in the form of expensive services or goods. However, quality is an adequate, easy to reach, efficient, effective and safe product or service that must be continuously evaluated and improved. Quality can be known if previously an assessment has been made of the level of perfection, the nature, form and characteristics of service, and or of compliance with service standards.

In everyday practice doing quality assessments is not easy, because everyone has a different background, and has their own interests. According to Abbas Karimi et. al quality is achieved when the product or service meets the expectations and needs of internal and external customers.

Thomas S. Bateman and Scott A. Snell argue:

"...In general, quality is the excellence of your product or service. The importance of quality and

the standards for acceptable quality have increased dramatically. Customers now demand high quality goods and services”.

In general, quality is the advantage of a product or service. The importance of acceptable quality and quality standards has increased dramatically. Customers now demand high quality goods and services.

Associated with service to customers, Thomas S. Bateman and Scott A. Snell stated:

In a competitive context, service means giving customers what they want need, when and where they want it. So service is focused on continually meeting the changing needs of customers to establish mutually beneficial long term relationships. Service is also an important offering for many companies that sell tangible goods.

Service means giving customers what they want, when and where they want it. So that the service is focused on continuing to meet changes in customer needs over a long period of time

Dallas Hanson et.al has opinions regarding quality related to the following strategies:

“...From a strategic perspective, we consider quality to be an outcome of how the firm completes primary and support activities. Thus, quality exists when the firm’s goods or services meet or exceed customers’s expectations”. From a strategic perspective, quality is the result of how the company completes its main activities and support. Thus, quality exists when goods or services are met by the company and exceed customer expectations.

In the eyes of customers, quality is about doing relatively right things to performance measurement that is important to them. Customers may be interested in measuring the quality of goods and service of the company to various dimensions. According to Dallas Hanson et. al Dimensions of service / service quality are:1. Timeliness: done in the promised time period, 2. Good manners: appear cheerful, 3. Consistency: give all customers a similar experience at any time, 4. Comfort: accessibility for customers, 5. Completeness: full service as needed, 6. Accuracy: done correctly at all times.

Fitzsimmons argues that service quality can be seen from five dimensions, namely: 1. Reliability, willingness to provide precisely and correctly, the type of service that has been promised to consumers or customers. 2. Responsiveness, awareness or desire to help consumers and provide fast service. 3. Assurance, knowledge or insight into politeness, self-confidence of service providers, and respect for consumers. 4. Empathy, the willingness of service providers to approach, provide protection, and try to find out the desires and needs of consumers. 5. Tangibles, the appearance of employees and other physical facilities, such as equipment or equipment that support services. Mohd Akmal Hakim Mohamad Zabri et. al using five dimensions of service quality (reliability, responsiveness, assurance, empathy and tangibles) to measure the quality of the public service sector in Malaysia has always been a sensitive issue.

Furthermore Vincent Gespersz stated that service quality includes the following dimensions: 1. Timeliness of service related to waiting time and process, 2. Service quality is related to the accuracy and or accuracy of service, 3. Service quality is related to the politeness and friendliness of business people, 4. Service quality is related to the responsibility in handling customer complaints, 5. Service quality is related to the small number of service officers and other supporting facilities, 6. Quality of service is related to location, room where parking services are located, availability of information, and instructions or guidance other, 7. Service quality is related to environmental conditions, cleanliness, waiting room, music facilities, air conditioning, communication equipment and others.

Research Methods and Design

This research was conducted using a survey method with a path analysis approach. The way to collect the data needed in this research is done through questionnaires and tests that have been prepared in advance. This study will examine the relationship between research variables, and measure the influence of one variable with other variables. In this study there are four variables to be studied, namely training participation, teamwork, work motivation, and service quality. The theoretical model of the research variable is shown in the following figure;

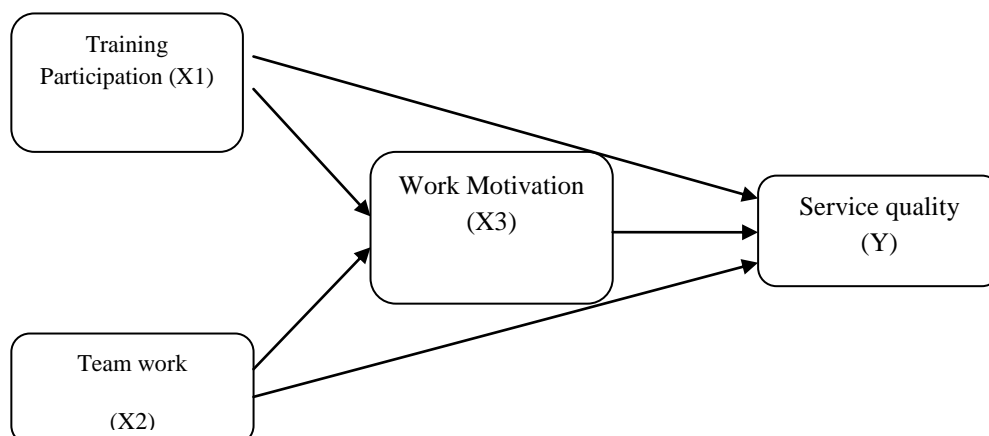


Figure 1. Theoretical Model of Research Variables

RESEARCH RESULT

The results of this research include data description of each research variable, testing the requirements of the analysis, testing the research hypothesis, discussing the results of the study and the limitations of the study.

Data Description

In this study, the data collected were data from four variables which included health service quality as endogenous variables, training participation, teamwork and work motivation as

exogenous variables. The description of each research variable can be explained as follows:

1. Quality of Health Services

Based on data obtained from 147 research respondents after being processed statistically showed the following results: The minimum score obtained was 78 and the maximum score were 101 from the calculated range, Subsequent calculations, give an average value (\bar{X}) as many as to 88.47, Median (Me) of 88 and Mode (Mo) of 88, standard deviation of 4.74 and range of scores of 23. If the data is arranged in a frequency list there are 8 classes presented in the frequency distribution table. To find out more detailed data descriptions can be seen in the frequency distribution table presented below.

Table 1. Frequency Distribution of Quality of Health Services

No	Interval class	Absolute Frequency	Relative Frequency
1	78 - 80	7	4,76
2	81 - 83	15	10,20
3	84 - 86	28	19,05
4	87 - 89	39	26,53
5	90 - 92	33	22,45
6	93 - 95	13	8,84
7	96 - 98	7	4,76
8	99 - 101	5	3,40
	Total	147	100,00

111

From the distributive frequency table, it can be seen that the highest score was in the score group 87-89 (26.53%), followed by the group score 90-92 (22.45%), group score 84-86 (19.05%), score group 81 - 83 (10.20%), group score 93 - 95 (8.84%), group score 96 - 98 (4.76%), group score 78 - 80

(4.76%) and the last group score 99 - 101 (3.40%). The average value is in the class 87-89, about 49.66% of respondents' answers are below the average value and around 50.34% of respondents' answers are in the average value and above the average value.

Table 2. Data Analysis of Research Results of Health Service Quality Variables

No	Indicator	Item	Average	Lowest score	Highest score
1	Tangibles	2-3	3,65	3,46	3,65
2	Reliability	4 - 6	3,63		
3	Responsiveness	7 - 9	3,57		
4	Competence	10 - 12	3,56		
5	Courtesy	14 - 15	3,56		
6	Credibility	16 - 17	3,59		
7	Security	19 - 20	3,56		
8	Access	22, 24	3,51		
9	Communications	25 - 27	3,46		
10	Understanding The Customer	28 - 30	3,51		

Based on the table above shows that the lowest score is communications (3.46) and the highest score tangibles (3.65).

2. Training Participation

Based on data obtained from 147 research respondents, after being processed statistically showed the following results: The minimum score obtained was 72 and the maximum score was 118 from the calculated range. Subsequent calculations, give an average value (\bar{X}) as many as 94.38,

Median (Me) value of 95 and Mode (Mo) of 95, standard deviation 11.04 and score range of 46. If the data is arranged in a frequency list there are 8 classes presented in the frequency distribution table. To find out more detailed data descriptions can be seen in the frequency distribution table presented below.

Table 3. Frequency Distribution of Training Participation

No	Interval class	Absolute Frequency	Relative Frequency
1	72 - 77	12	8,16
2	78 - 83	14	9,52
3	84 - 89	25	17,01
4	90 - 95	29	19,73
5	96 - 101	27	18,37
6	102 - 107	19	12,93
7	108 - 113	14	9,52
8	114 - 119	7	4,76
	Total	147	100,00

From the distributive frequency table it can be seen that the highest score is in the score group 90 - 95 (19.73%), followed by the group score 96 - 101 (18.37%), group score 84 - 89 (17.01%), score group 102 - 107 (12.93%), score group 108 - 113 (9.52%), group score 78 - 83 (9.52%), group score

72 - 77 (8.16%) and the last group score 114 - 119 (4.76%). The average score is in class 108 - 113, around 47.71% of respondents' answers are below the average value and around 52.29% of respondents' answers are in the average value and above the average value.

Table 4. Data Analysis of Research Results on Training Participation Variables

No	Indicator	Item	Average	Lowest score	Highest score
1	Active in training	1,2, 4 – 10	3,65	3,57	3,65
2	Application of training results	13 – 20	3,63		
3	Success in carrying out tasks	21 - 30	3,57		

Based on the table above shows that the lowest score is success in carrying out tasks (3.46) and the highest score of activity in training (3.65).

3. Team Work

Based on data obtained from 147 research respondents, after being processed statistically showed the following results: The minimum score obtained was 106 and the maximum score was 137 from the calculated range. Subsequent calculations provide an average value (\bar{X}) of 120.24, a median (Me) value of 120 and a Mode (Mo) of 119, a

standard deviation of 7.00 and a score range of 46. If the data is arranged in a frequency list then there are 8 classes presented in the frequency distribution table. To find out more detailed data descriptions can be seen in the frequency distribution table presented below.

Table 5. Frequency Distribution of Team Work

No	Interval class	Absolute Frequency	Relative Frequency
1	106 - 109	8	5,44
2	110 - 113	20	13,61

3	114 - 117	26	17,69
4	118 - 121	31	21,09
5	122 - 125	27	18,37
6	126 - 129	21	14,29
7	130 - 133	8	5,44
8	134 - 137	6	4,08
	Total	147	100,00

From the distributive frequency table, it can be seen that the highest score is in score group 118 - 121 (21.09%), followed by group score 122 - 125 (18.37%), group score 114 - 117 (17.69%), score group 126 - 129 (14.29%), score group 110 - 113 respondents' answers are in the average value and above the average value.

(13.61%), group score 106 - 109 (5.44%), group score 130 - 133 (5.44%) and the last group score 134 - 137 (4.08%). The average value is in the class 118 - 121, about 52.38% of respondents' answers are below the average value and around 47.62% of

Table 6. Data Analysis of Team Work Research Variables

No	Indicator	Item	Average	Lowest score	Highest score
1	Goal	1 - 4	3,67	3,54	3,73
2	Cooperation	5 - 8	3,65		
3	Consistency	9 - 12	3,60		
4	Interaction	13 - 15	3,64		
5	Role	17 - 19	3,73		
6	Responsible	21 - 24	3,65		
7	Will	25 - 28	3,66		
8	Integration	29 - 32	3,54		
9	Trust	33,35,36	3,59		
10	Goal	1 - 4	3,67		

Based on the table above shows that the lowest score is cohesiveness (3.46) and the highest score of the role (3.73).

4. Work motivation

Based on data obtained from 147 research respondents, after being processed statistically showed that the following results: The minimum score obtained was 76 and the maximum score was 107 from the calculated range. Subsequent calculations provide an average value (\bar{X}) of

90.50, a median (Me) value of 90 and a Mode (Mo) of 91, a standard deviation of 6.77 and a score range of 46. If the data is arranged in a frequency list then there are 8 classes presented in the frequency distribution table. To find out more detailed data descriptions can be seen in the frequency distribution table presented below.

Table 7. Frequency Distribution of Work Motivation

No	Interval class	Absolute Frequency	Relative Frequency
1	76 - 79	6	4,08
2	80 - 83	18	12,24
3	84 - 87	28	19,05
4	88 - 91	35	23,81
5	92 - 95	24	16,33
6	96 - 99	19	12,93
7	100 - 103	13	8,84
8	104 - 107	4	2,72
	Total	147	100,00

From the distributive frequency table, it can be seen that the highest score is in the score group 88 - 91 (23.81%), followed by the group score 84 - 87 (19.05%), group score 92 - 95 (16.33%), score group 96 - 99 (12.93%), group score 80 - 83 (12.24%), group score 100 - 103 (8.84%), group score 76 - 79

(4.08%) and the last group score 104 - 107 (2.72%). The average score is in the 88 - 91 class, about 52.38% of respondents' answers are below the average value and around 47.62% of respondents' answers are in the average value and above the average value.

Table 8. Data Analysis of Research Results of Work Motivation Variables

No	Indicator	Item	Average	Lowest score	Highest score
1	Needs	1-6, 8-10	3,475	3,66	3,513
2	Encouragement	11-17, 20	3,513		
3	Incentive	21 - 29	3,466		

Based on the table above it can be seen that the lowest score is incentives (3,466) and the highest score of encouragement (3,513).

Analysis of Requirements Analysis

Before the data is analyzed further, to test hypotheses based on existing data it is necessary to do some test requirements analysis. Testing requirements analysis for path analysis is the relationship between variables in the model must be linear, so that the requirements meet the requirements of regression analysis. The tests

included normality tests and linearity tests and the significance of regression and correlation.

1. Normality test

Normality test is used to determine whether the regression model is normally distributed or does not use Shapiro-Wilk that is comparing the probability value with the critical value of 0.05.

Table 9. Shapiro-Wilk Test Results

Variable	Statistic	p	Description
Service quality (Y)	0,986	0,140	Normal
Training participation (X1)	0,985	0,119	Normal
Team work (X2)	0,985	0,121	Normal
Work motivation (X3)	0,987	0,173	Normal

Based on the results of the calculation above the significance value ($p = 0.140$) on service quality variables greater than 0.05, the data on these variables are normally distributed. The significance value ($p = 0.119$) in the training participation variable is greater than 0.05, so the data on the variable is normally distributed. The significance

value ($p = 0.121$) on the team work variable is greater than 0.05, so the data on the variable is normally distributed. The significance value ($p = 0.173$) in the work motivation variable is greater than 0.05, so the data on the variable is normally distributed.

2. Linearity Test

The guidelines used to test the linearity of the regression line are carried out by testing the

significance of the F value. The linearity test results of the relationship can be seen in the following table:

Table 10. Linearity Test Results

Relationship	F	p	Description
Training participation (X1) and work motivation (X3)	1,368	0,100	Linear
Team work (X2) and work motivation (X3)	0,867	0,665	Linear
Training participation (X1) and service quality (Y)	1,163	0,265	Linear
Team work (X2) and service quality (Y)	1,155	0,288	Linear
Work motivation (X3) and service quality (Y)	0,881	0,645	Linear

(Y)			
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Based on the calculation results above the p value on the relationship between training participation and work motivation (0.100) is greater than 0.05, the relationship between these variables is linear. P value on the relationship between team work and work motivation (0.665) is greater than 0.05, so the relationship between these variables is linear. P value on the relationship between training participation and service quality (0.265) is greater than 0.05, so the relationship between these variables is linear. The p value on the relationship between team work and service quality (0.288) is greater than 0.05, so the relationship between these variables is linear. P value on the relationship between work motivation and service quality (0.645) is greater than 0.05, so the relationship between these variables is linear.

Testing of Path Coefficient Calculation

As tested by the model, using the path analysis method, as previously explained, the research results have been tested and fulfilled all the requirements.

One of the most important requirements that must be fulfilled is the existence of a significant correlation between variables that are related and related to one another. However, the relationship that has been proven through the magnitude of the

correlation coefficient does not conclude a causal relationship exists between these variables. This is based on the belief that the correlation coefficient is a coefficient that states the degree or degree of relationship between a number of variables. Data obtained from the field, processed after going through various tests required, so that the next stage is to examine the causal model with path analysis.

Based on the causal model that is formed theoretically, a path analysis diagram will be obtained so that the coefficient value for each path can be calculated. To obtain the path coefficients and correlation coefficients, steps are taken, namely: a) Finding the recursive equation from each relation path, b) Calculating the correlation coefficient between variables (simple correlation coefficient), c) Calculating the path coefficients between variables.

Before calculating the path coefficient, the calculation of the correlation coefficient between variables is carried out. The calculation results show that all correlation coefficients between variables are positive. This shows that there is a positive relationship between variables contained in the structural model. All of the correlation coefficient values are significant at a = 0.05. A summary of simple correlation coefficients between research variables can be presented in the following matrix table.

Table 11. Matrix of Simple Correlation Coefficients between Variables

	X1	X2	X3	Y
X1	1			
X2	0,340	1		
X3	0,414	0,356	1	
Y	0,397	0,474	0,401	1

The next step is to calculate the path coefficient. The path diagram studied can be described as follows;

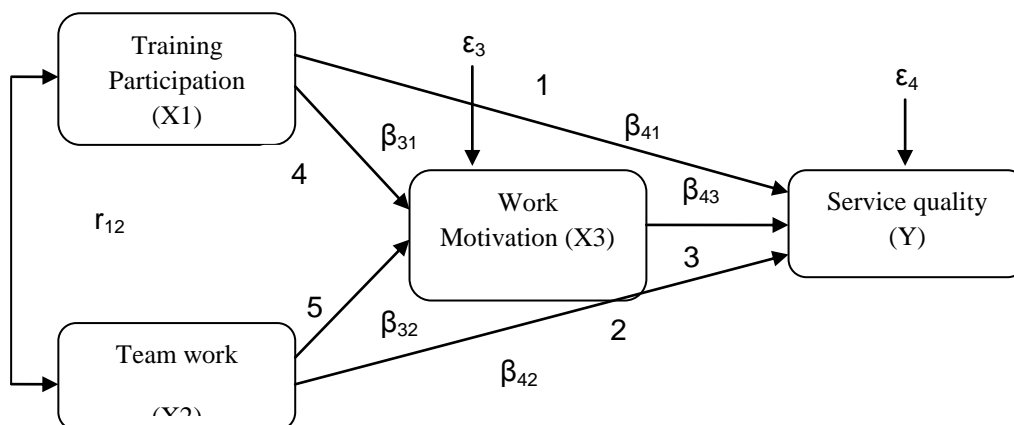


Figure 2.. Causal relationship between variables X1, X2, X3, and Y

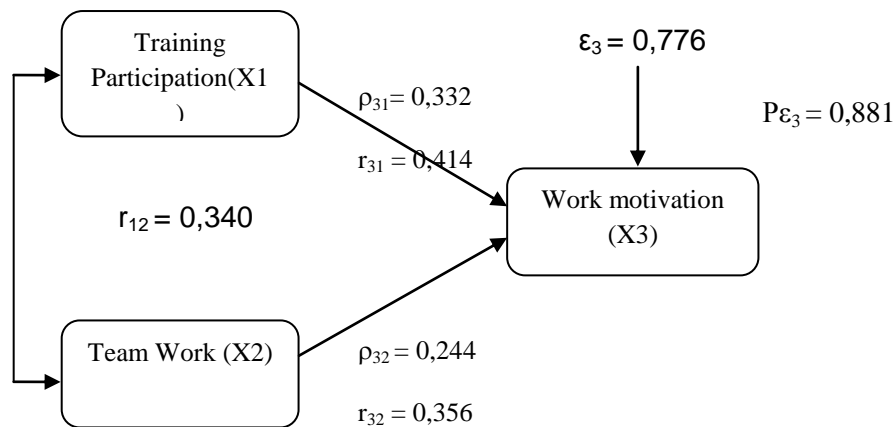
Based on the calculation of the path coefficients with SPSS 12.0 for Windows, the following results are obtained;

Table 12. Calculation Results Using SPSS for Windows Program for Exogenous X1 and X2 and Endogenous

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	42,928	8,674		4,949	,000
	Training Participation	,203	,048	,332	4,251	,000
	Team work	,236	,076	,244	3,124	,002

a. Dependent Variable: Work Motivation

Based on the table above it can form the second sub structure X1, and exogenous X2 and endogenous X3 are as follows;



Picture 3. Path Diagram in Sub Structure 1

Table 13. Calculation Results Using SPSS for Windows Program for X1, X2, and Exogenous X3 and Endogen

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	40,548	6,177		6,565	,000
	Training Participation	,086	,033	,201	2,583	,011
	Team Work	,227	,051	,335	4,410	,000
	Work Motivation	,138	,055	,198	2,524	,013

a. Dependent Variable: Service Quality

The first sub-structure forms for X1, X2, and exogenous X3 and endogenous Y are as follows;

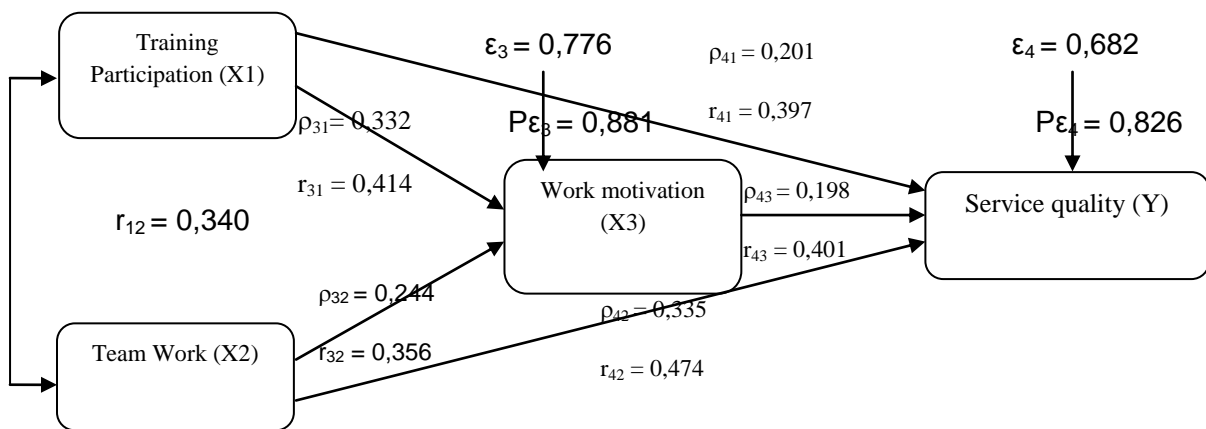


Figure 4. Path Diagram in Sub Structure 2

After calculating using the formula and entering the values of the correlation coefficients in Tables 12 and 13, a summary of the results of the

calculation of the path coefficient and the simple correlation coefficient is shown in the following table.

Table 14. Summary of results of calculation and path coefficient testing

Correlation coefficient	Path coefficient	t_{count}	t_{table}		Description
			$\alpha = 0,05$	$\alpha = 0,01$	
$r_{31} = 0,414$	$\rho_{31} = 0,332$	4,251	1,980	2,358	Good Path
$r_{32} = 0,356$	$\rho_{32} = 0,244$	3,124	1,980	2,358	Good Path
$r_{41} = 0,397$	$\rho_{41} = 0,201$	2,583	1,980	2,358	Good Path
$r_{42} = 0,474$	$\rho_{42} = 0,335$	4,410	1,980	2,358	Good Path
$r_{43} = 0,401$	$\rho_{43} = 0,198$	2,524	1,980	2,358	Good Path

Based on the results of the calculations in the table above, it turns out the value of t_{hitung} which has a path coefficient greater than the value t_{table} , at $\alpha = 0,01$ is ρ_{31} , ρ_{32} , ρ_{41} , ρ_{42} , dan ρ_{43} . So it can be stated that ρ_{31} , ρ_{32} , ρ_{41} , ρ_{42} , dan ρ_{43} Path coefficient is very significant.

D. Research Hypothesis Testing

After analysis of the structural model of the pathway, the results of the path coefficients obtained are used to test the research hypothesis. The criteria used in testing the hypothesis is that if the path coefficient is less than 0.05, it can be considered that the pathway is meaningless.

1. Effect of training participation on service quality

The first hypothesis states that training participation has a direct positive effect on the quality of health services.

Statistical hypothesis:

$H_0 : \rho_{41} \leq 0$

$H_1 : \rho_{41} > 0$

Based on the calculation results show that training participation has a positive effect on the good servicequality, this can be seen from the coefficient of $\rho_{41} = 0.201$. To find out whether or not the effect of training participation is significant whether it has a direct effect on the quality of service, a significance test with t test is carried out. The path coefficient is significant if the value of $t_{count} > t_{table}$. The results of the t test calculation obtained $t_{count} = 2.583$, while $t_{table} = 2.358$ at $\alpha = 0.01$ for $dk = 145$, so that $t_{count} > t_{table}$, or $2.583 > 2.358$, then H_0 rejected or H_1 accepted. Thus training participation has a direct positive effect on the quality of health services.

2. Effect of team work on service quality

The second hypothesis states that team work has a direct positive effect on the quality of health services.

Statistical hypothesis:

Ho : $\rho_{42} \leq 0$

H1 : $\rho_{42} > 0$

Based on the results of the calculation, the team work has a positive effect on the good service quality; this can be seen from the path coefficient $\rho_{42} = 0.335$. To find out whether or not the influence of team work has a direct effect on the quality of service, the significance test is done by t test. The path coefficient is significant if the value of $t_{count} > t_{table}$. The results of the t test calculation obtained $t_{count} = 4.410$, while $t_{table} = 2.358$ at $\alpha = 0.01$ for $dk = 145$, so that $t_{count} > t_{table}$, or $4.410 > 2.358$, Ho accepted or H1 rejected. Thus team work has a direct positive effect on the good servicequality.

3.Effect of work motivation on service quality

The third hypothesis states that work motivation has a direct positive effect on the quality of health services.

Statistical hypothesis:

Ho : $\rho_{43} \leq 0$

H1 : $\rho_{43} > 0$

Based on the results of the calculation, it shows that work motivation has a positive effect on the good service quality; this can be seen from the frequency coefficient of $\rho_{43} = 0.198$. To find out whether or not the effect of work motivation has a significant effect on the quality of service, the significance test is done by t test. The path coefficient is significant if the value of $t_{count} > t_{table}$. The results of the calculation of the t test obtained $t_{count} = 2.524$, while $t_{table} = 2.358$ at $\alpha = 0.01$ for $dk = 145$, so that $t_{count} > t_{table}$, or $2.524 > 2.358$, then reject Ho or accept H1. Thus work motivation has a direct positive effect on the quality of health services.

5.Effect of training participation on work motivation

The fourth hypothesis states that training participation affects teamwork.

Statistical hypothesis:

Ho : $\rho_{21} \leq 0$

H1 : $\rho_{21} > 0$

Based on the results of the calculation shows that training participation has a positive effect on teamwork, this can be seen from the coefficient of $\rho_{21} = 0.340$. To find out whether or not the effect of training participation has a significant effect on teamwork, a significance test with t test is carried

out. The path coefficient is significant if the value of $t_{count} > t_{table}$. The results of the t test calculation obtained $t_{count} = 4.354$, while $t_{table} = 2.358$ at $\alpha = 0.01$ for $dk = 145$, so that $t_{count} > t_{table}$, or $4.354 > 2.358$, then Ho rejected or H1 accepted. Thus training participation has a direct positive effect on teamwork.

4.Effect of training participation on work motivation

The fifth hypothesis states that training participation has a direct positive effect on work motivation.

Statistical hypothesis:

Ho : $\rho_{31} \leq 0$

H1 : $\rho_{31} > 0$

Based on the results of the calculation shows that training participation has a positive effect on work motivation, this can be seen from the coefficient of $\rho_{31} = 0.332$. To find out whether or not the effect of training participation is significant or not, it has a direct effect on work motivation, so the significance test is done by t test. The path coefficient is significant if the value of $t_{count} > t_{table}$. The results of the t test calculation obtained $t_{count} = 4.251$, while $t_{table} = 2.358$ at $\alpha = 0.01$ for $dk = 145$, so that $t_{count} > t_{table}$, or $4.251 > 2.358$, then Ho rejected or H1 accepted. Thus training participation has a direct positive effect on work motivation.

1. Effect of team work on work motivation

The sixth hypothesis states that team work has a direct positive effect on work motivation.

Statistical hypothesis:

Ho : $\rho_{32} \leq 0$

H1 : $\rho_{32} > 0$

Based on the results of the calculation shows that the team work has a positive effect on work motivation, this can be seen from the coefficient of $\rho_{31} = 0.244$. To find out whether or not the influence of team work has a direct effect on work motivation, the significance test is done by t test. The path coefficient is significant if the value of $t_{count} > t_{table}$. The results of the calculation of the t test obtained $t_{count} = 3.124$, while $t_{table} = 2.358$ at $\alpha = 0.01$ for $dk = 145$, so that $t_{count} > t_{table}$, or $3.124 > 2.358$, then Ho rejected or H1 accepted. Thus team work has a direct positive effect on work motivation.

In the following table is shown a recapitulation of research hypothesis testing.

Table 15. Recapitulation of Hypothesis Testing

No	Hypothesis	Statistic test	Path coefficient	T _{count}	Decision Ho
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1	Training participation has a direct positive effect on the quality of health services	Ho : $\rho_{41} \leq 0$ H ₁ : $\rho_{41} > 0$	$\rho_{41} = 0,201$	2,583	Ho ditolak
2	Team work has a direct positive effect on the quality of health services	Ho : $\rho_{42} \leq 0$ H ₁ : $\rho_{42} > 0$	$\rho_{42} = 0,335$	4,410	Ho ditolak
3	Work motivation has a direct positive effect on the quality of health services	Ho : $\rho_{42} \leq 0$ H ₁ : $\rho_{42} > 0$	$\rho_{43} = 0,198$	2,524	Ho rejected
4	Training Participation has a positive direct effect on teamwork	Ho : $\rho_{12} \leq 0$ H ₁ : $\rho_{12} > 0$	$\rho_{12} = 0,340$	4,354	Ho rejected
5	Participation Training has a direct positive effect on work motivation	Ho : $\rho_{31} \leq 0$ H ₁ : $\rho_{31} > 0$	$\rho_{31} = 0,332$	4,251	Ho rejected
6	Team work has a direct positive effect on work motivation	Ho : $\rho_{32} \leq 0$ H ₁ : $\rho_{32} > 0$	$\rho_{32} = 0,244$	3,124	Ho rejected

E. Discussion

The results of hypothesis testing show that training participation has a positive effect on the quality of health services. This positive influence shows that high training participation will have implications for improving the quality of health services. A nurse who often participates in training / training participation will change, improve and develop the capacity of the employee in planning, organizing, implementing, monitoring and evaluating organizational tasks successfully to produce better quality health services. The results of this study in line with Abdul Rahim Zumrah (2015) also prove the influence of training transfers on service quality.

Participation of nurse training in RSAU dr. Esnawan Antariksa are still lacking in the indicators of success in the task. This of course must be addressed in the current training. The training that is held is often not in accordance with the work of nurses at this time or is still considered theoretical so that in its implementation nurses still feel difficulties and result in success in carrying out their duties.

Ayşe Banu Elmadag et al (2013) also supports the two opinions above that training conducted by companies has a strong influence on employee commitment to improve service quality. Training is one of the efforts in improving the quality of human resources in the world of work. Nurses, both new and those who have worked need to attend training because of the demands of work that can change due to changes in the work environment, strategies, and

2. Team work has a positive effect on the quality of health services

The results of hypothesis testing show that team work has a positive effect on the quality of health services. This positive influence shows that high team work will have implications for improving

1. Training participation has a positive effect on the quality of health services

so forth. Training is an activity from the hospital that intends to be able to improve and develop attitudes of behavior, skills, and knowledge of nurses in accordance with the wishes of the hospital concerned.

This is in line with what was expressed by Evans / Lindsay that hospitals that are committed to improving high-quality and high-performing performance, so training and education are such investments giving added value in total quality initiatives. Training generally includes quality awareness leadership, project management communication, team work interpreting problem solving and using data that meets customer requirements, analysis process, simplifying the process of reducing waste cycle reduction times, checking errors, and other issues that affect effectiveness, efficiency and security .

Mira Asmal and Haryanto F Rosyid (2012) stated that training had an influence on the quality of services for nurses in regional public hospitals. Training will help nurses to understand what is done at work and provide opportunities to increase knowledge and expertise. Every person has their own abilities, but their abilities are not necessarily in accordance with the specifications sought and needed by the hospital, so it is important for the company to carry out training so that nurses know what to do and how to do it. Training means the process of helping nurses to master specific skills or to correct deficiencies in carrying out work.

the quality of health services. Preparation of strategies to improve the quality of service, teamwork becomes something that must be the main concern, because team work has a direct influence on the quality of health services in RSAU dr. Esnawan Antariksa. Nine dimensions of teamwork

consisting of goals, cooperation, consistency, interaction, roles, responsibilities, willingness, integration, and trust must truly be implemented in the field.

The work of the nursing team in RSAU dr. Esnawan Antariksa is still lacking in integration indicators. This of course must be addressed in the future so that all team members have the same direction and goals, the team leader must be able to see the potential of each member so that it will be easier to integrate the abilities of the team members. Simulations can be done so that the integration between members is more solid.

Teamwork is a process of people doing joint work to accomplish general goals. Team work is not only a group of people, but also a process that starts from formation to doing work together. The concept presented by Schermerhorn can be stated that teamwork is the process of a group of people who work together to do work to complete goals and teams need to be developed to improve the performance of its members, which means that it will improve the quality of service.

The results of this study in line with Slamet Heri Winarno (2010) states that to improve service quality can be done by developing soft skills and hard skills of each employee. One dimension of soft skills is working with teams in addition to initiative, integrity, critical thinking, willingness to learn, be responsible, communicate, deft, trustworthy and able to solve problems. Tuti Anggarawati and Novita Wulan Sari (2016) stated that improving the quality of care for patients must pay attention to patient care management that is managed by doctors, nurses and other health workers who must collaborate, coordinate, collaborate with each other to provide information and have a common goal of healing patients.

3. Work motivation has a positive effect on good service quality

The results of testing hypotheses show that work motivation has a positive effect on the quality of health services. This positive influence shows that high work motivation will have implications for improving the quality of health services. Furthermore, it can be said that in the preparation of service quality improvement strategies, work motivation is something that must be considered, because work motivation has a direct influence on the quality of health services in RSAU dr. Esnawan Antariksa. Three dimensions of motivation are considered in relation to the quality of service, namely needs, encouragement and initiative.

Quality of health services in RSAU dr. Esnawan Antariksa is still lacking in communication indicators. This of course must be improved again

both the nurse communication with patients and families. This communication is important to know what is desired from the patient so that what is the patient's complaint can be overcome. The existence of good communication nurses can convey advice to patients and families more easily.

Nurse work motivation is stimulation caused by a need that moves and directs the nurse's behavior in order to achieve certain goals. If work motivation is understood and applied it will cause work passion and enthusiasm for nurses in the form of high work productivity which in turn will affect the quality of health services. This means that nurses who have high motivation tend to have high work performance so that they will provide good services to patients. Therefore by giving motivation to the nurse, it means that it will give the nurse the urge to exert their skills, expertise and skills in carrying out their duties and obligations. It is this high work motivation that encourages nurses to always improve the quality and quantity of their work so that the quality of hospital services will increase.

Michael Armstrong also has a similar opinion that the key to performance is ensuring that evaluations and results are structured so that employees will focus their actions according to the desires desired by the organization, resulting in the type of performance needed and appropriate rewards. The stronger the relationship between each element in the motivation process, the greater the motivation given to employees can improve their performance which ultimately can improve service quality. The process must aim to strengthen the perceived relationship between action and results.

The results of this study are in line with Sunarto (2008) which reveals that changes in work motivation can affect service quality. Enceng et al (2013) states that the motivation of working for government officials has a significant influence on the quality of public services. This means that the increasing work motivation of the sub-district government officials will improve the quality of community services.

4. Training participation has a positive effect on teamwork

The results of hypothesis testing indicate that training participation has a positive effect on teamwork. This positive influence shows that high training participation will have implications for increasing teamwork. The results of this study are in line with Amin Akhavan Tabassi, et. al (2011) shows that improving teamwork has a strong relationship with training in human resource development practices. The team is a formal working group consisting of people who work

together to achieve the same group goals. The team's words are not identical to the group. The team consists of three or more interdependent individuals who consciously work together to achieve common goals, such as product development, delivery services, or process improvements.

To reach a team that has high togetherness, it is necessary to increase training participation for all team members. Through high training participation for all team members, participants are trained to be able to understand and respect each other among team members. They will feel mutual dependence and need each other to do an activity in order to achieve common goals. Through training participation for all team members, it is also expected that a solid collaboration will be formed.

Neelam Saraswat and Shilpi Khandelwal (2015) suggest that training has an influence on teamwork. Efforts to increase members or staff in an organization or company in terms of cooperation in one team (teamwork), is not enough if only given briefing and direction in the form of theory or knowledge only. One effort that can be taken is through training. One type of training that can be chosen is outbound by utilizing natural advantages (Outbound Training) so that it frees all the confines and burdens of nurses on a job. This outbound training can improve the ability of employees to work in teams, can increase motivation and self-confidence in their ability and be able to think creatively, be able to improve togetherness and mutual trust, and in the form of refreshing and breaking rigidity in organization.

5. Training participation has a positive effect on work motivation

The results of hypothesis testing show that training participation has a positive effect on work motivation. This positive influence shows that high training participation will have implications for increasing work motivation. The results of this study are in line with Rangga Puger Raharjo, et al (2014) indicating that training methods and materials have a significant influence on work motivation. Yuyun Yuniar Darmawan, et al (2017) gave the same statement that training had a positive and significant effect on work motivation.

6. Work Has a Positive Effect on Work Motivation

The results of hypothesis testing show that team work has a positive effect on work motivation. This positive influence shows that high team work will have implications for increasing work motivation. The results of this study are in line with Misbah Irfan and Samreen Lodhi (2015) which states that managers and upper bodies create

teamwork in their organizations so teamwork has a major impact on organizational productivity and employee motivation. Mba Okechukwu Agwu (2015) states that there is a significant relationship between team work and an increase in employee motivation / commitment.

Work motivation of nurses in RSAU dr. Esnawan Antariksa are still lacking in intensive indicators. This of course must be addressed by the Head of RSAU dr. Esnawan Antariksa consider the existence of rewards or bonuses that refer to performance so that in the nurse there will be an urge to work harder.

Team work reflects team spirit or the spirit of togetherness of members of a group or organization. The spirit of group togetherness is a driving force that motivates teamwork to do or not do something. As a spirit of togetherness, in teamwork there is a feeling of loyalty in the inner members that expresses a sense of belonging between one another, or one for all, all for one. The emergence of a collective positive attitude is triggered by the existence of a match between the expectations of the team's work and the goals of the organization. If the spirit of togetherness can be understood positively, it will also have a positive effect on the solidity of a team or organizational work that will ultimately improve the ability or professionalism of the team's work. But if the motivation of togetherness is understood negatively, it will have a detrimental effect, including the feeling of boredom and lack of commitment to achieve a goal.

Alexandros G. Sahinidis and John Bouris (2008) also mentioned that teamwork has a positive relationship with motivation. The more effective team work, the higher motivation will be. Groups and teams are not the same thing, groups as two or more individuals, interacting and interdependent, who together achieve specific or specific goals. Working groups are groups that primarily interact to share information and make decisions to help each member carry out their respective responsibilities.

CONCLUSIONS, IMPLICATIONS AND SUGGESTIONS

Based on the statistical analysis performed, the research findings are as follows:

First. Training participation has a direct positive effect on the quality of health services. This means that if training participation increases, it will lead to an increase in the quality of health services.

Second. Team work has a direct positive effect on the quality of health services. This means that if teamwork increases it will lead to an increase in the

quality of health services. Team work is the variable that has the most influence on service quality compared to training participation and motivation.

Third. Work motivation has a direct positive effect on the quality of health services. This means that if work motivation increases, it will lead to an increase in the quality of health services.

Fourth. Training participation has a direct positive effect on teamwork. This means that if training participation increases, it will lead to an increase in team work.

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