

Shared Risk of Intersectoral Bodies on Family Planning Program Performance: Prospective Longitudinal Time Series Design

Anif Prasetyorini^{1,2*}, Thinni Nurul Rochmah^{3,4}, Fendy Suhariadi^{5,6},
Dwi Rukma Santi⁷

¹ Doctoral Program, Faculty of Public Health, Airlangga University, Surabaya, Indonesia

² Hospital Administration, STIKES Yayasan RS Dr. Soetomo, Surabaya, Indonesia

³ Department of Health Policy and Administration, Airlangga University, Surabaya, Indonesia

⁴ The Airlangga Center for Health Policy Research Group, Surabaya, Indonesia

⁵ Doctoral in Human Resources Development-Postgraduate School, Airlangga University, Surabaya, Indonesia

⁶ Department of Psychology, Faculty of Psychology, Airlangga University, Surabaya, Indonesia

⁷ Faculty of Psychology and Health, UIN Sunan Ampel, Surabaya, Indonesia

Corresponding author: anifp.unair2019@gmail.com

ABSTRACT

Background: Shared risk to occupy a minor role in implementing family planning program. Both parties' responsibilities are still being carried out independently. This leads in an ego program that is sustainable but not in accordance with the ministry of health's mandate

Aim: This study aimed to investigate shared risk effects on family planning program performance.

Method: This was an observational study with a prospective longitudinal time series design. One team consist of 1 coordinator midwife in charge of the family planning program and 3 member midwives from The Community Health Center, 1 coordinator and 3 members from the family planning service team. This study distributed questionnaires to 30 teams which were taken by simple random sampling to provide agreed answers. The measurement of shared risk and performance was carried out 3 times. Linear regression was then used to analyze the data. The shared leadership team qualified as adequate.

Result: During a three-month evaluation, in the first two months the family planning program performance was inadequate, but it was proven to be adequate in the third month. RMANOVA test showed that the data of the shared risk and teamwork of the Family Planning Program were significant different (Sig.< 0.05) for all three periods. The beta coefficient value indicated that shared leadership had a medium impact on team performance of the family planning program with a value of 0,261 (p=0.004).

Conclusion: Shared risk affects the team performance of family planning program. Once the shared risk is more effectively utilized, the team performance of family planning program will improve.

Keywords: Family planning, intersectoral, shared risk, performance

1. Introduction

In Indonesia, two bodies namely the Population Control and Family Planning Service and the Community Health Center are in charge of carrying out strategic plans of the family planning program, including to provide prospective acceptors with family planning services (Direktorat Jenderal Bina Kesehatan Ibu dan Anak, 2014). Based on the findings of interviews with the Family Planning (FP) Program coordinator and the FP Program extension coordinator in one sub-district, the role of shared risk in FP program implementation remains low.

Based on the Ministry of Health's 2014 Family Planning Service Management Guidelines, at the sub-district level those who are directly responsible for the Family Planning Program are the Head of the Office of Population Control and Family Planning in the District and the Head of the Community health center. So that the members of the family planning program management team in this study were limited to the sub-team of the sub-district population control and family planning services and the sub-team of the Community health center. The sub-team of the Sub-district Population and Family Planning Office is primarily responsible for finding acceptors and providing information and education. In its implementation, sub-team of community health center was assisted by the Family Planning Program Coordinator and the village midwife who was responsible for family planning services. The performance of the sub-district family planning program is a collaboration through shared risk to achieve the targets.

Both parties' tasks are still being carried out independently. According to recent data, Lamongan Regency is among the lowest ten regencies in terms of active family planning participant coverage (70.93 percent), which is lower than the East Java Province average (75.56 percent) (Dinas Kesehatan Provinsi Jawa Timur., 2021).

Inter-organizational partnerships are inherently risky endeavors (Ada, 2013). Collaboration in several previous studies explained more about shared responsibilities (Lindeke & Block, 1998), shared decision-making (Liedtka & Whitten, 1998), shared planning and intervention (Lindeke & Block, 1998), sharing resources (Boughzala & De Vreede, 2015; Valaitis et al., 2018) share the same vision for the company, and share ideas, information and/or resources (Kahn, 1996). However, one of the characteristics of collaboration at the inter-organizational level is risk sharing (Ada, 2013). In order to conduct family planning programs in Indonesia, the concept of shared risk is critical. Collaboration is not just sharing resources, communication or leadership, but the benchmark is the extent to which both parties are willing to share risks.

So far, shared risk research has only been undertaken in one or a few businesses. There is no research on shared risk at the team level in various enterprises. Using group-consensus interviews in the family planning program, we quantify shared risk as the amount of risk assigned to a group. Therefore, this study was aimed to investigate shared risk impact on the family planning program performance of a team whose members belonging to different organizations.

2. Research Method

Purpose

This study was aimed to investigate shared risk impact on the family planning program performance of a team whose members belonging to different organizations.

Design

The study used a observational study using a longitudinal prospective time series design. In this study, the population consisted of the whole family planning program team in Lamongan Regency, which consisted of 33 teams. The analysis unit of this study was the family planning program team of Lamongan Regency. This study's sample is the Lamongan Regency's chosen family planning program team. The team referred to in this study is combination of two agencies: Community Helath Center staff (1 coordinator and 3 midwives as representatives) and sub-district Family Planning Program Extension (1 FP program extension coordinator and 3 FP program extension agents as representatives). In this investigation, a basic random sample technique was applied.

Assesment & Instruments

After the samples were calculated, there were 30 teams to provide agreed answers. Shared leadership and performance characteristics were assessed three times during a three-month period, in November, December 2021 and January 2022.

Shared risk is measured based on 3 things, namely risk reduction, risk mitigation, and risk coping (Sagar et al., 2020). The performance of the family planning program team was examined using two sub-variables: coverage of both new and active family planning participants. The two sub-variables are drawn from previously collected secondary data. Meanwhile, the item correlation coefficient and Cronbach's Alpha are used to measure validity and indicator reliability. Regression Linier used for analysis.

Ethical Considerations

This study had been approved by the Decree of Faculty of Public Health Universitas Airlangga with reference number 39/EA/KEPK/2021.

3. Result and Discussion

Shared risk is efforts to share the risks that occur in increasing the coverage of family planning participants on both sides of the team in the first measurement with indicator: there is risk reduction, there is risk mitigation dan there is risk coping.

Table 1 Results of Shared Risk and Team Performance Identification on Interim Family Planning Program for 3 Months

Variables	Indicator	Average			Sig. RM ANOVA	Description
		T1	T2	T3		
Shared Risk	Risk reduction	3,30	3,33	3,40	0.001	Significant different (Hypothesis accepted)
	Risk mitigation	2,90	2,93	3,07		
	Risk coping	2,43	2,53	2,60		
	Average	2,88	2,93	3,02		
	Category	Good enough	Good enough	Good enough		
Team Performance	Coverage of new family planning participants	64.71	61.27	77.05	0.050	Significant different (Hypothesis
	Coverage of active family	93.43	93.70	93.39		

Variables	Indicator	Average			Sig. RM ANOVA	Description
		T1	T2	T3		
	planning participants					accepted)
	Average percentage	79.07	77.48	85.22		
	Category	Low	Low	Enough		

Based on table 1, it is clear that the risk leadership category was in the same category throughout the three testing periods, namely adequate. Risk reduction has the highest average, whereas risk coping has the lowest average. The team performance of the family planning program was low in all measurement periods. The percentage of new family planning participants who had coverage changed. Every month, the percentage of active family planning participants who have coverage has climbed. The metric with the lowest percentage was coverage of new family planning participants. The measurement data of shared risk and team performance were found to be different (sig. < 0.050) based on the results of Repeated Measure ANOVA.

The independent variable comes from the value of the difference between the first and third measurements and the value of the third measurement. The difference value is used for effect analysis if there is a difference in value between the three measurements. The results of the third measurement are used for influence analysis if there is no difference in value between the first and third measurements. The dependent variable used for the influence analysis comes from the third measurement data.

Table 2. Effect of Shared Risk on Team Performance in Family Planning Program

Variable	Beta coefficient	p-value
Shared Risk	0.261	0.004

According to the table 3, team with excellent shared risk perform well. Based on the findings of the linear regression test, the shared risk significantly affected the team performance (p= 0.004).

Discussion

Risk reduction has the highest average, whereas risk coping has the lowest average. The team performance of the family planning program was low in all measurement periods. Risk reduction includes actions that reduce the possibility of an adverse event affecting the organization. For example, cooperation with other parties to secure production inputs (for example, staff at the Community health center and sub-district of Population Control and Family Planning are used together, share promotional media, share birth control drugs, share rooms in discussions, share budgets for the same activities), have access to various suppliers inputs.

Risk mitigation denotes strategies that enable the occurrence of risks, but lessen the impact. As well as risk reduction is also used before the risk occurs. Mitigation strategies reduce the potential impact of a risk if it occurs. For example, organizational membership (between) organizations that handle family planning, collaboration with third parties such as

providers of technology, equipment and birth control drugs, cooperation with various types of insurance.

Risk handling (risk coping) related to the restoration of all or part of the damaged property. This is basically a leftover strategy if everyone else has failed. For example, providing family planning services in a general polyclinic if the family planning polyclinic cannot handle it, cooperating with other programs in mapping targets, coordinating between programs, planning and evaluating with agreements that have a certain timeframe.

The risks discussed in this study are more focused on the implementation of family planning programs related to problems of facilities, methods and personnel, not the risks that occur due to the division of responsibilities ranging from planning to evaluation in shared responsibility.

Management of inherent tensions between organizational partners in achieving individual organizational missions and maintaining distinct identities of collaborating parties and collaboration interests. In achieving collaboration goals and maintaining accountability to collaborative partners and stakeholders is a biological and psychological problem, varied and dynamic and can be influenced by various things. The collaboration between the Community health center sub-team and the sub-district of Population Control and Family Planning sub-team is a mandated non-profit partnership. One of the reasons why mandated nonprofit partnerships can have more conflict and poor handling of conflict.

There are differences value of shared risk in all measurement periods. Self-efficacy, optimism, and resilience have been shown to impact individual-level outcomes. At the team level, the level of team optimism and resilience also influences the results. Team optimism appears to be the most functional team level. Team-level psychological capacities influence team processes and outcomes depend on the degree of interaction between teammates (West et al., 2009).

In addition to these reasons, the difference in the method of discussion is what causes the difference in the mean value of this research variable. Discussion is one way to share knowledge. The results of this study indicated that almost 50% of the sub-team members took turns explaining the meaning of the questions in the questionnaire to the team members. Managers need to be agile and flexible to help their companies grow and maintain an edge in an increasingly competitive global world. Organizations must identify knowledge, transfer it to employees, and update it continuously. Sharing knowledge is another important aspect of remaining competitive (Tapia et al., 2014).

The linear regression test results showed consistency as the shared risk directly impacted the family planning program team performance. Good conflict management is a force for developing collaboration effectiveness (Ada, 2013). A voluntary non-profit partnership is that when parties have control over who their partner is, and it is their choice to work with them, they are more likely to commit and invest in the success of the partnership (their choice) (Saz-Carranza & Ospina, 2011).

The impacted areas of shared risk implementation covered activities of coordination, commitment toward goals, and transmission of knowledge. They all had positively impacted the team performance. Every individual process aspect of the team had impact of mediation. This resulted in different findings in terms of diversity settings. In a more diverse team, the shared risk had a stronger connection to the team performance. In Indonesia, to implement

the family planning program, the shared risk is necessary for broadening the program scopes. Team member might share risk responsibilities.

4. Conclusion

The performance of the family planning program team can benefit from shared risk. Every adjustment in one unit of shared risk can result in more or less an 26% increase in team performance. The family planning program team's performance will improve when shared risk is executed more effectively. The shared leadership maintains an important role to achieve team success, regardless the fact that the family planning program includes people from several organizations. The limitation of this study is measurement of performance program only from number of family planning program participants. Further research need measure performance based on their main duties and functions.

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