

The Effect of Management Function On The Mental Health Status of Millennials Health Workers In Community Health Centers In Gorontalo City

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ABSTRAK

Mental health is someone who is free from tension and anxiety. Mental health in general is behavior that can be accepted by the community, his lifestyle is in accordance with the norms prevailing in the community so that there is a satisfying relationship between individuals in his social life, the individual's psychological life is relatively stable, does not harbor many internal conflicts, his mood is calm and even his body is always in good health. Whereas someone with an unhealthy personality is someone who is mentally disturbed both because of inner conflict, so that his soul is unstable, does not have attention to the environment, feels always right, separated and or avoided by the environment, feels scared, and is also restless. This study aims to determine the effect of management functions on the mental health status of millennial health workers in Community Health Centers throughout Gorontalo City. This research uses quantitative research methods with a survey approach. The research sample of 116 millennial health workers spread in 10 Community Health Centers throughout Gorontalo City. Data collection uses a questionnaire containing a mental health questionnaire and management functions. Data were analyzed by simple linear regression analysis through the SPSS program for windows. The results showed that the management function had no effect on mental health status with a t-value of $0.730 > 0.05$. It is expected that in future studies need to consider other factors that affect mental health

INTRODUCTION

At the moment many people are physically visible that they are not disabled, socially able to communicate well with their environment, productive, they are able to give and or do activities that benefit themselves and others but sometimes we can not know that someone's mental state is good or not.

Mental health in general is behavior that can be accepted by the community, his lifestyle is in accordance with the norms prevailing in the community so that there is a satisfying relationship between individuals in their social life, the individual's psychological life is relatively stable, does not harbor many internal



conflicts, his mood is calm and even his body is always in good health (Johansen et al., 2015). Whereas someone with an unhealthy personality is someone who is mentally disturbed both because of inner conflict, so that his soul is unstable, does not have attention to the environment, feels always right, separated and or avoided by the environment, feels scared, and is also restless (Kayaş et al., 2016).

In 2017, WHO reports that there are around 450 million people with mental problems. Psychiatric / mental problems are characterized by schizophrenia (21 million people), MDD (35 million), dementia (47.4 million) and BD (66 million) of the total world population of 7.53 billion. In Southeast Asia suicide is the first cause of death at the age of 15-29 years (Kemenkes RI, 2018).

Bipolar is the sixth leading cause of disability in the world and it is predicted that depression will be the second leading cause of disability in 2020. That is, although mental health has not been seen as an epidemic problem, in fact it has a significant impact in making millions of people live with disabilities.

In Indonesia, more than 20 million people have mental disorders, 1 of them has severe mental disorder. Central Sulawesi and Gorontalo are provinces with the highest mental / mental health cases at age ≥ 15 years (Kemenkes RI, 2018). Only 9% of survivors of depression take medication / undergo medical treatment.

In 2020, the year the demographic bonus starts, millennial generation will be in the age range of 20 years to 40 years. This age is the productive age which will be the backbone of the Indonesian economy. Three years before that era, the

millennial generation was dominant compared to other generations. According to the Susenas (2017) in KPPP and BPS (2018) the number of millennials reaches around 88 million people or 33.75 percent of the total population of Indonesia. This means that the proportion is greater than the proportion of the previous generation, namely generation X which is only 25.74 percent, the baby boom + veterans generation is only 11.27 percent and generation Z is around 29.23 percent.

In this connection, it can be concluded that Indonesian workers are dominated by millennial generation whose work is influenced by several factors and these factors play an important role in mental health status. Good mental health status if the percentage of not disturbed mental health is high. Cheng et al (2017) found that health workers had a higher prevalence of mental disorders than general workers, and they tend to have longer hours of work, psychologically more strenuous work demands, higher job control, more workplace violence and a high prevalence of work shifts (Cheng et al., 2017). Therefore, the focus of this research will be to raise millennial health personal as the object of this study.

Gorontalo Province is a province with a prevalence of depression in the first place of 10.3 percent in the population aged ≥ 15 years and second in the province with the highest prevalence of emotional disturbances in the population in the age of 15 years at 17.7 percent after Central Sulawesi Province (19.8 percent) (Kemenkes RI, 2018) with the percentage of each cut off point ≥ 6 and ≥ 9.8 . Based on the description this research aims to "Effect Of Management Functions On The



Mental Health Status Of Millennials Health Workers In Community Health Centers In Gorontalo City”.

METHOD

Research Design and Location

This research uses quantitative research methods with a survey approach. The study was conducted in August to September 2019 in 10 Community Health Centers throughout Gorontalo City. The Health Centers that become research sites are Pilolodaa Health Center, Kota Barat Health Center, Duingingi Health Center, Selatan Kota Health Center, Timur Kota Health Center, Hulonthalangi Health Center, Dumbo Raya Health Center, Utara Kota Health Center, Health Center Kota Tengah and Pusat Sipatana Health Center.

Population and Sample

The population in this study were all millennial health workers in Health Center in Gorontalo City born in 1980 to 1999 (KPPPA, 2018) totaling 116 people. The sample in this study using total sampling which means that the entire population is sampled in this study.

Data Collection

Data collection was carried out by distributing questionnaires about mental health and management functions of millennial health workers spread in community health centers in Gorontalo City.

Data Analysis

The data analysis technique of this study used linear regression analysis with SPSS 16.0 for Windows.

RESULTS

Table 1 shows the characteristics of respondents consisting of gender, education, length of work and age presented by the Community Health Center. The majority of respondents were women (85.4%) with the dominant educational characteristics being diploma III (43.1%). The dominant working time characteristic is 1-2 years (39.6%) while the dominant age characteristic is in the 24-28 year group (50.9%).

Table 2 shows the distribution of respondents based on research variables. The majority of respondents were mentally undisturbed at 98.3% and it seems that respondents considered good the management function of the head of the community health center at 100%.

Table 3 shows the results of the assumption test in assessing the requirements of the linear regression model with the prerequisite test analysis performed including the linearity assumption test, the data normality test (Kolmogorov Smirnov test) with $\alpha = 0.05$, the assumption test for autocorrelation the test statistic is Durbin-Watson, and homoscedasticity test (the test statistic used is the Glejser test) (Stang, 2014).

The results of the normality test obtained a significance of $0.260 > 0.05$ which means the data is normally distributed. Furthermore, the autocorrelation test obtained a value of 1.566 or $du < d < 4 - du$, which means no autocorrelation occurred. As for the homoskedacity test, the significance value obtained for each variable > 0.05 , which means that the data is heteroscedacity free.



Table 1. Distribution of Respondents based on Gender Characteristics of Education Years of Work and Age (Years) at the Center Public Health

| Community Health Centers | Gender | | Education | | | | | Length of Work | | | Age (Year) | | | | 39 |
|--------------------------|--------|------|-----------|------|------|------|------------|----------------|------|------|------------|-------|-------|-------|------|
| | M | F | DI | DIII | DIV | SI | Profession | 1-2 | 3-4 | 5-6 | 19-23 | 24-28 | 29-33 | 34-38 | |
| Pilolodaa n | 3 | 13 | 1 | 8 | 1 | 5 | 1 | 9 | 2 | 5 | 5 | 7 | 3 | 1 | 0 |
| % | 18,7 | 81,3 | 6,25 | 50 | 6,25 | 31,3 | 6,25 | 56,3 | 12,5 | 31,3 | 31,3 | 43,8 | 18,7 | 6,25 | 0 |
| Kota Barat n | 0 | 9 | 0 | 3 | 0 | 2 | 4 | 7 | 2 | 0 | 1 | 7 | 1 | 0 | 0 |
| % | 0 | 100 | 0 | 33,3 | 0 | 22,3 | 44,5 | 77,7 | 22,3 | 0 | 11,1 | 77,8 | 11,1 | 0 | 0 |
| Dungingi n | 0 | 7 | 0 | 7 | 0 | 0 | 0 | 0 | 5 | 2 | 0 | 6 | 1 | 0 | 0 |
| % | 0 | 100 | 0 | 100 | 0 | 0 | 0 | 0 | 71,5 | 28,5 | 0 | 85,8 | 14,2 | 0 | 0 |
| Kota Selatan n | 0 | 7 | 1 | 3 | 2 | 1 | 0 | 5 | 0 | 2 | 3 | 4 | 0 | 0 | 0 |
| % | 0 | 100 | 14,2 | 42,8 | 28,5 | 14,2 | 0 | 71,5 | 0 | 28,5 | 42,8 | 57,2 | 0 | 0 | 0 |
| Kota Timur n | 0 | 9 | 2 | 3 | 0 | 3 | 1 | 6 | 1 | 2 | 1 | 7 | 0 | 1 | 0 |
| % | 0 | 100 | 22,3 | 33,3 | 0 | 33,3 | 11,2 | 66,7 | 11 | 22,3 | 11,1 | 77,8 | 0 | 11,1 | 0 |
| Hulonthalangi n | 0 | 10 | 0 | 5 | 0 | 4 | 1 | 5 | 1 | 4 | 2 | 5 | 3 | 0 | 0 |
| % | 0 | 100 | 0 | 50 | 0 | 40 | 10 | 50 | 10 | 40 | 20 | 50 | 30 | 0 | 0 |
| Dumbo Raya n | 3 | 3 | 0 | 2 | 2 | 2 | 0 | 4 | 0 | 2 | 3 | 3 | 0 | 0 | 0 |
| % | 50 | 50 | 0 | 33,3 | 33,3 | 33,4 | 0 | 66,7 | 0 | 33,3 | 50 | 50 | 0 | 0 | 0 |
| Kota Utara n | 1 | 15 | 2 | 5 | 1 | 7 | 1 | 2 | 2 | 12 | 0 | 4 | 5 | 4 | 3 |
| % | 6,2 | 93,8 | 12,5 | 31,2 | 6,2 | 43,8 | 6,7 | 12,5 | 12,5 | 75 | 0 | 25 | 31,2 | 25 | 18,8 |
| Kota Tengah n | 9 | 12 | 3 | 9 | 0 | 8 | 1 | 2 | 9 | 10 | 1 | 11 | 6 | 1 | 2 |
| % | 42,9 | 57,1 | 14,2 | 42,9 | 0 | 38,1 | 4,8 | 9,6 | 42,9 | 47,6 | 4,8 | 52,3 | 28,5 | 4,8 | 9,6 |
| Sipatana n | 1 | 14 | 0 | 5 | 4 | 3 | 3 | 6 | 4 | 5 | 4 | 5 | 3 | 2 | 1 |
| % | 6,7 | 93,3 | 0 | 33,3 | 26,6 | 20 | 20 | 40 | 26,7 | 33,3 | 26,6 | 33,3 | 20 | 13,4 | 6,7 |
| Total n | 17 | 99 | 9 | 50 | 10 | 35 | 12 | 46 | 26 | 44 | 20 | 59 | 22 | 9 | 6 |
| % | 14,6 | 85,4 | 7,7 | 43,1 | 8,7 | 30,2 | 10,3 | 39,6 | 22,5 | 37,9 | 17,3 | 50,9 | 18,9 | 7,7 | 5,2 |

Table 4 shows the conclusions of the research hypothesis test using the t test with $\alpha < 0.05$. The analysis shows that the research hypothesis is no effect. The management function does not affect mental health with a t-value of 0.730.

DISCUSSION

This study shows that the mental health status of millennial health workers in community health centers in Gorontalo city is not influenced by the management function. This is caused by the percentage

of mental health disruption of health workers with a high percentage. In addition, the acquisition of research results that the function of management and mental health has a tendency to get better both percentage and disruption of each variable measured in millennial health workers.

Millennial health workers in Gorontalo City Community Health Centers have good mental harmony, are able to deal with and overcome shocks, can adjust and overcome difficulties, meet



Table 2. Distribution of Respondents Based on Mental Health and Management Functions in Community Health Centers

| Community Health Centers | Variable | | | |
|--------------------------|---------------|-----------------|---------------------|------------|
| | Mental Health | | Management Function | |
| | Terganggu | Tidak Terganggu | Baik | Tidak Baik |
| Pilolodaa | | | | |
| n | 0 | 16 | 16 | 0 |
| % | 0 | 100 | 100 | 0 |
| Kota Barat | | | | |
| n | 0 | 9 | 9 | 0 |
| % | 0 | 100 | 100 | 0 |
| Dungingi | | | | |
| n | 0 | 7 | 7 | 0 |
| % | 0 | 100 | 100 | 0 |
| Kota Selatan | | | | |
| n | 0 | 7 | 7 | 0 |
| % | 0 | 100 | 100 | 0 |
| Kota Timur | | | | |
| n | 0 | 9 | 9 | 0 |
| % | 0 | 100 | 100 | 0 |
| Hulonthalangi | | | | |
| n | 1 | 9 | 10 | 0 |
| % | 10,0 | 90,0 | 100 | 0 |
| Dumbo Raya | | | | |
| n | 0 | 6 | 6 | 0 |
| % | 0 | 100 | 100 | 0 |
| Kota Utara | | | | |
| n | 0 | 16 | 16 | 0 |
| % | 0 | 100 | 100 | 0 |
| Kota Tengah | | | | |
| n | 1 | 20 | 21 | 0 |
| % | 4,8 | 95,2 | 100 | 0 |
| Sipatana | | | | |
| n | 0 | 15 | 15 | 0 |
| % | 0 | 100 | 100 | 0 |
| Total | | | | |
| n | 2 | 114 | 116 | 0 |
| % | 1,7 | 98,3 | 100 | 0 |

Table 3. Analysis Prerequisite Test Results

| Assumption Test | Results | Interpretation | Conclusion |
|--------------------------------------|-------------------------|---------------------------------------|-----------------------------|
| Unstandardized Residual | | | |
| Kolmogorov-Smirnov Test | 0,260 | Sig. (2-tailed) > 0,05 | Normal distribution of data |
| Multicollinearity (VIF Value) | | | |
| Management Function | T (0,994) dan V (1,006) | Tolerance \geq 0,01 & VIF \leq 10 | Multicollinearity free |
| Autocorrelation | | | |
| Durbin-Watson | 1,566 | $d_u < d < 4 - d_u$ | No autocorrelation occurred |
| Homoskedasitas (Glejser Test) | | | |
| Management Function | 0,479 | Sig > 0,05 | Heteroskedacity free |

Table 4. Conclusions of The Hypothesis

| Hypothesis | Variabel | T-Value | Sig. | Conclusion |
|------------|--------------------------------------|---------|--------|-----------------------|
| H1 | Management function to mental health | 0,730 | > 0,05 | There is no influence |

needs naturally and take responsibility, have a sense of humor, have a sense of freedom and independence of life and always feels happy, has a healthy outlook

on life, emotional balance and does not depend on others. In addition to the millennial health personnel management function by the head of the Community



Health Centers in Gorontalo City is good, in terms of the planning, organizing, directing and supervision of the head of the Community Health Centers in Gorontalo having been able to carry out the management function properly. Millennial health workers assume that the management function in each of the Community Health Centers is good because their personal condition is good. This means that if their mental health is disrupted then the response to the management function of the head of the Community Health Center will not be good either.

The results of this study indicate that more millennial health workers perceive that the head of the community health center has performed its management function properly. This is a positive capital for the head of the community health center in leading and mobilizing millennial health workers in general to always utilize the potential of existing resources in the environment of each community health center in the city of Gorontalo.

In line with research by Fithriyani et al (2017) which states that the perception of health workers in this case the executive nurse about the managerial function of the head consisting of planning functions organizing direction and supervision are mostly good. In addition, Nawawi (2017) stated that personality traits show the consistency of a picture of the stability or instability of a person's behavior in various work situations that are being faced. The head of community health center is as a line manager must be able to understand the behavior of certain people in order to be able to influence it to work

in accordance with the goals of the community health center (Burns, 2009).

This is consistent with the results of research by Buheli (2012) which states that there is a relationship between the physical environment of the workplace and employee performance. Good employee performance if his mental health is not disturbed. Lestary et al (2017) state that the work environment has a significant effect on employee performance. This means that the better the work environment of the organization, the performance of the head of the Community Health Center in carrying out management functions will be better too.

Different from Ayuningtyas et al (2018) which states that there is a relationship that is an association or a statistically significant relationship between social disability and emotional mental disorders of respondents. Social disability is understood to be a factor that greatly influences psychiatric conditions. Other than that, Zanah et al (2016); Mustika et al (2015); Anwar et al (2016) which states that the management function is one of the factors affecting the performance of health workers.

Thus is can be understood that the result of research that measure the effect of management functions on mental health have no effect. This is in accordance with research conducted by Sari et al (2012) stating that there is no relationship between management functions and personality. Personality is one of several indicators measured in the mental health of this study.

CONCLUSION AND SUGGESTION

Based on the results of research and



discussion, it can be concluded that the management function does not affect the mental health status of millennial health workers in the Community Health Centers in Gorontalo city. It is hoped that the head of the Community Health Center can maintain and /or improve the functioning of good management, to millennial health workers who are distrubed by mental health in order to process emotions to be positive and to the researchers further need to consider other factors that affect mental health.



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