

Artikel 2

by Fajar Apriani

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Public Opinion on Corruption in Public Health Service at Hospital X in Kutai Kartanegara Regency: Perception Survey of Service Users

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Abstract: This research seeks to collect the opinions of health-care users at Hospital X in Kutai Kartanegara Regency on corrupt practices, and analyze it. This is a deductive-qualitative research by data collecting through observation and distributing questionnaires to healthcare users. Research respondents are 400 users of public service Hospital X in Kutai Kartanegara Regency, consisting of patients and families of patients. The survey focuses on a number of important aspects related to corruption including: the practice of commission requests in the maintenance of services, the practice of offering service delivery faster / easier with certain rewards, the practice of giving a sign of gratitude from service users to service providers for the services they have received, even without being asked, news of the involvement of hospital staff in corrupt acts that incur losses of the state and the acts of corruption. The research results showed that generally, the quality of public health service of Hospital X perceived to be free from corrupt practices.

Keywords: Corruption, Perception, Public Service, Health Service.

1. Introduction

Hospitals as one part of the health service system plays an important role in helping the government to achieve social welfare through services in the health sector and support human resources physical and spiritual well-needed in development. Hospitals that have social and economic functions, assume substantial responsibility in society.

Hospital X was established since November 12, 1983 in Tenggarong. In 2004 Hospital X has been changed to Health Service Board of Regional Hospital X in accordance with Regional Regulation of Kutai Kartanegara Regency Number 6 Year 2002. Hospital X conducts health service to society through preventive, promotive, curative and rehabilitative action. To support the government program, the Health Service Board of Hospital X also provides health services to the participating community called BPJS (Social Security Management Agency), Jamkesda (Regional Health Insurance), and companies that have cooperation with Hospital X in accordance with applicable provisions.

One measure of the improvement that has been done in health service body of Hospital X is by obtaining Certification of Basic Hospital accreditation Level (five services) in January 2009. In accordance with the development of time in the field of health services in the Kutai Kartanegara Regency, then at the end of 2009 Health Service Board of Regional Hospital X of type C was appointed to type B Non Education by the Minister of Health of the Republic Indonesia on December 16, 2009 with number 1222/Menkes/SK/XII/2009, and directed to General Service Agency (called BLU). To be able to meet

these demands required the full support of the Regional Government of Kutai Kartanegara Regency.

Surveys to measure the corruption perception index people who receive essential services to be undertaken in order to improve the quality of public services and reduce acts of corruption in public service providers. The survey will be able to reveal how the public perception of corruption in the implementation of health services so that will be the material evaluation of the performance of Hospital X in Kutai Kartanegara Regency. As mentioned that corruption in the health sector is a worldwide phenomenon that constitutes a deadly and complete challenge, says the Global Corruption Report, which specifically focuses on corruption and health [1].

2. Literature Survey

2.1. Public Service

Service is a form of activities undertaken by service providers with service users, whether conducted by government agencies or private. Service as a form of fulfillment, either in the form of goods or services in the framework of survival.

Service is the process of fulfilling needs through the activities of others. Serving means helping, preparing taking care of what one needs [2]. While the public service is any action or activity which may be offered by one party to another that is essentially intangible and does not result in any ownership [3].

Other meanings concerning public service refers to the Decree of the Minister of State for Administrative Reform of the Republic of Indonesia Number 63 Year 2003 concerning Guidelines for the Implementation of

Public Service, that public services is a manifestation of the function of the state apparatus as a public servant as well as a state servant, so that the implementation should be improved in accordance with development goals [4].

In relation to the need to avoid acts of corruption in the provision of public services, there are several things that must be considered by the service providers [5] as follows:

1. Force the service providers to be responsible to their customers.
2. Depoliticize the decision on the choice of the service provider.
3. Stimulate more innovation.
4. Allowing people to choose between different ministries.
5. Less waste because supply is tailored to demand.
6. Encourage customers to make choices and push to become committed customers.
7. Create opportunities for justice.

The concept of service demonstrates that to ensure the quality of public services it is necessary to determine the right instruments as a precondition, including the avoidance of unfair and irresponsible practices, including acts of corruption.

For that, conceptually each service provider needs to understand some basic principles of service [6] :

- a. The principle of Accessibility, ie essentially every service must be reachable by every service user, place, distance and service system wherever possible near and easy to reach / accessed by service users,
- b. The principle of Continuity, ie each type of service must be continuously available to the public with certainty and clarity of the provisions applicable to the service process,
- c. The principle of Technicality, ie each service process must be handled by personnel who truly understand technically based on the clarity, accuracy and stability of system procedures and instruments services,
- d. The principle of Profitability, ie the service process should ultimately be implemented effectively and efficiently and provide economic and social benefits for the government as well as for society at large,
- e. The principle of Accountability, namely the process, product and quality of services that have been given must be accountable to the community because the government apparatus in essence has the task of providing good service to the community.

Thus, the provision of good public services can be said to be free of unwarranted practices in the principles and standards of public service that have been established.

2.2. Corruption in Public Service

Before being linked with the provision of public services, the concept of corruption needs to be understood on its own meaning. According to the legal perspective applicable in Indonesia, the definition of corruption has been described in 13 articles in the Law of the Republic of Indonesia Number 31 Year 1999 jo Law of the Republic of Indonesia Number 20 Year 2001 concerning the Eradication of Corruption. Based on these articles, corruption is formulated into three forms / types of corruption. The articles describe in detail the actions that could be imposed on imprisonment for corruption.

Thirty forms of corruption can basically be classified as follows: 1) State financial losses, 2) Bribery, 3) Embezzlement in office, 4) Extortion, 5) Fraud, 6) Conflict of interest in procurement, 7) Gratification [7].

Corruption related to the financial loss of the state contained in articles 2 and 3 of the Corruption Eradication Act in Indonesia, which is against the law to enrich themselves and can harm the state finance is called corruption, misusing the authority to benefit themselves and can harm the state's finances is corruption [7].

Corruption related to bribery contained in articles 5, 6 and 12 of the Corruption Eradication Act in Indonesia, namely bribing civil servants, rewarding civil servants for their positions, public servants accepting bribes, public servants receiving rewards related to their positions, called corruption [7].

Corruption related to embezzlement in positions contained in articles 8, 9 and 10 letters a, b, c of the Corruption Eradication Act in Indonesia, ie civil servants embezzled money or allowed embezzlement, public servants falsified books for administrative checks, public servants damaged evidence, civil servants allowed others destroying evidence, civil servants help others corrupt evidence, called corruption [7].

Corruption related to extortion contained in articles 12 letters e, g, f of the Corruption Eradication Act in Indonesia, namely civil servants extorting, civil servants extorting other civil servants, are called corruption [7]. Corruption related to fraudulent by civil servants contained in articles 12 letter h of the Corruption Eradication Act in Indonesia, namely civil servants take over state land to the detriment of others, called corruption [7].

Corruption related to Conflict of interest in procurement contained in articles 12 letter i of the Corruption Eradication Act in Indonesia, ie civil servants participating in the procurement dealt with, is called corruption. And corruption related to gratification contained in articles 12 B jo article 12 C of the Corruption Eradication Act in Indonesia, ie civil servants receive gratuities and not report to the Corruption Eradication Commission (called KPK in Indonesia), called corruption [7].

Related to the act of corruption in the provision of health services in hospitals, several studies have been conducted by researchers in other countries, including: Corruption 2007 Special Reports from Live Mint E-Paper [8] stated that the India Corruption Study has classified Indian states into high, medium and low performance, based on the UNDP composite health indicator. Kerala, Karnataka, Tamil Nadu, Gujarat and Maharashtra, with low levels of corruption have better health indicators and fall in the first category. Andhra Pradesh, Haryana, Punjab, Assam, Himachal Pradesh and Orissa belong to medium performance category, while West Bengal, Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan have the worst health indicators and belong to the last category. 67% respondents felt corruption was widespread in government hospitals and 43% of respondents felt quality of service in government hospitals was poor.

While petty corruption in various forms is on the rise in state hospitals in Colombo district, according to the recent research from a survey involving 200 households. Based on the research, a fuller account covering overall

corruption in state hospitals will be released shortly. The study highlights petty corruptive malpractices such as bribe taking, unethical behavior, theft, favoritism¹⁵ and gift taking in all areas of the public health sector. Almost all the respondents, 98,5% said personal connections were "necessary" to get a decent hospital service [9].

2.3. Health Public Service

¹²Based on article 10 of Law Number 23 Year 1992 on Health, health is a prosperous state of body, soul and social that allows every person to live productively socially and economically [10].

The limitations raised from health restrictions according to World Health Organization (*WHO*) is indeed more widespread and dynamic because it is said that health includes four aspects, namely¹¹ physical (body), mental (soul), social and economic. This means that a person's health is not only measured from the physical, mental and social aspects but also measured from his productivity in the sense of having a job or producing economically. For those who have not entered the working age, child or adolescent, or for those who are not working (retired) or old age, productively produces socially that has activities, such as school or college for children and adolescents, and social service activities for the elderly. These four dimensions of health affect each other in realizing the level of health in a person, group or community. That is why health is holistic or comprehensive [11].

According ⁷Levey and Loomba [12] the meaning of health services is any effort that is held alone or jointly in an organization to maintain and improve health, prevent and cure diseases and restore the health of individuals, families, groups and or society.

Health service delivery efforts are generally divided into three [11]:

- 1) Primary health care facilities.
Are facilities or health services for cases or minor illnesses. This primary health facility is the closest means to the community, meaning the very first health service that touches health problems in the community, such as Public Health Centers (called Puskesmas in Indonesia), polyclinics, private practice doctors, and so on.
- 2) Second level health care facility.
Referral health facilities or services for cases or diseases of primary health care facilities. It means that this health service facility handles cases that are not or cannot be handled by primary healthcare facilities because equipment or expertise does not exist yet. Such as Public Health Centers with inpatient (called Puskesmas Pusat in Indonesia), Regency Hospital, D and C type hospitals, and maternity hospital.
- 3) Health care facilities level three (tertiary care).
Are referral health care facilities for cases that cannot be addressed by primary health care facilities and secondary health services eg provincial hospital, hospital type B or A.

Primary health care facilities in addition to curative services also perform rehabilitative, preventive and promotive services [11]. Therefore the hospital in particular, said to perform comprehensive²² health services. Based on the four dimensions of health (physical, mental, social and economic), then health services must also

²²perform physical, mental, social and even economic health services. In social reality, these four aspects are difficult to separate. Therefore good health services are holistic in that they cover all four types of services.

With the development of science and technology, there have been several changes in health services. These changes on the one hand do have many advantages, such as the increase in the quality of services that can be seen from the decreasing morbidity, disability and mortality and increasing life expectancy on average. But on the other hand, this kind of change has also caused many problems as follows:

- 1) The fragmentation of health services.
The emergence of denominations in health care is closely related to the emergence of specialization and sub-specialization in health services. The negative impact that is caused is difficult for the public to obtain health services, which, if sustainable in turn, will not meet the needs of the community towards health services.
- 2) The changing²⁹ nature of health services.
This change arises as a result of the fragmentation of health services, whose influence is primarily found in patient physician relationships. As a result of the emergence of specialization and sub-specialization, causing the attention of health service providers can no longer be given thoroughly. Attention is only directed to the complaints and or the body organs are sick [12].

3. Problem Definition

The formulation of the problem of corruption perception survey activities in public services are:

1. How is the satisfaction of the community as the service user of Hospital X in Kutai Kartanegara Regency?
2. What⁴ are the disadvantages of public service delivery of Hospital X in Kutai Kartanegara Regency as unit of public service provider at local level, seen from aspect of potency of corruption in service which is held?

4. Methodology / Approach

This study is a quantitative research, which identifies the characteristics of service users in Hospital X in Kutai Kartanegara Regency, and clarified and measured their opinion on perceptions of corruption in public health services organized by the hospitals.

Thus, through this type of research it can be explained in detail about the opinion of service users Hospital X at Kutai Kartanegara most dominant, so that the results or research can finally provide recommendations to the apparatus of public service providers Hospital X at Kutai Kartanegara Regency.

This research uses two kinds of data collection methods that are survey which is then completed with interview to some of the respondents encountered in the survey.

The implementation of this corruption perception survey took place from July to September 2016 on all areas of service by distributing questionnaires to 400

respondents who are users of public service Hospital X at Kutai Kartanegara Regency (look figure 1).

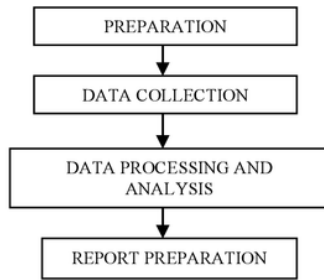


Figure 1. Survey Stages.

The data analysis tool used is quantitative data analysis. The survey data of all respondents is processed and analyzed based on frequency distribution tables and answer classification graphs.

5. Results and Discussion

5.1. Respondent Characteristics

Respondents in this survey are representative of the people of Kutai Kartanegara Regency who have received health services in X Regional Hospital which amounted to 400 people, consisting of patients and families of patients.

In collecting this research data, respondents were asked to provide identity as a supporting data to provide a clear picture of the background of the community of service users as shown at table 1, 2, 3, 4:

Table 1. Distribution of Respondents Based on Age Classification.

No.	Age (year)	Frequency (f)	Percentage (%)
1	13 – 17	4	1,00
2	18 – 22	54	13,50
3	23 – 27	64	16,00
4	28 – 32	64	16,00
5	33 – 37	45	11,25
6	38 – 42	55	13,75
7	43 – 47	35	8,75
8	48 – 52	25	6,25
9	53 – 57	21	5,25
10	58 – 62	15	3,75
11	63 – 67	7	1,75
12	68 – 72	5	1,25
13	73 – 77	4	1,00
14	78 – 82	2	0,50
Total		400	100,00

Source : Results of Primary Data, 2016.

Table 2. Distribution of Respondents Based on Gender.

No.	Gender	Frequency (f)	Percentage (%)
1	Male	221	55,25
2	Female	179	44,75
Total		400	100,00

Source : Results of Primary Data, 2016.

Table 3. Distribution of Respondents Based on Formal Education.

No.	Education	Frequency (f)	Percentage (%)
1	Primary School / under Primary School	70	17,50
2	Junior High School	74	18,50
3	Senior High School	204	51,00
4	Diploma	11	2,75
5	Bachelor	40	10,00
6	Magister and up	1	0,25
Total		400	100,00

Source : Results of Primary Data, 2016.

Table 4. Distribution of Respondents Based on Job Classification.

No.	Age (year)	Frequency (f)	Percentage (%)
1	Civil servants / national army / police force.	42	10,50
2	Private employees	55	13,75
3	Entrepreneurs	88	22,00
4	Students	38	8,50
5	Others	181	45,25
Total		400	100,00

Source : Results of Primary Data, 2016.

Based on the above table it can be seen that the respondents of the community of users of health services in Hospital X of Kutai Kartanegara Regency is dominated male respondents (55,25%). In addition, respondents were 23-27 years old and 28-32 years old, 64 people (16,00%), junior high school education (51,00%), employment other than civil servants, national army / police force, private employees, entrepreneur, student (45,25%).

5.2. Presentation of Public Opinion on Corruption in Public Health Service at Hospital X in Kutai Kartanegara Regency Data.

The following outlines the results of research in the form of graphic aspects in the survey of respondent's perception of corruption in public service:

1. The Offer Gets Faster / Easier Service with Certain Rewards.

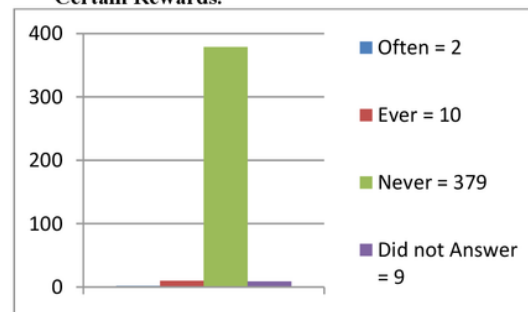


Figure 2. Opinions of Respondents about the Offer Gets Faster / Easier Service with Certain Rewards.

2. Regarding Requests for Commission in Service Management.

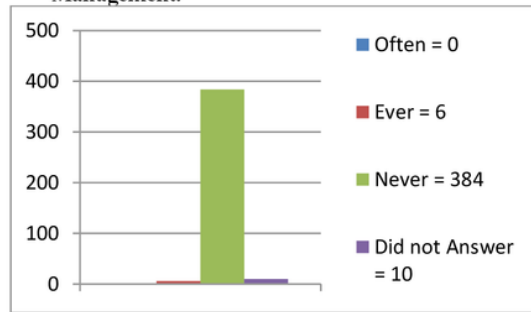


Figure 3. Opinions of Respondents Regarding Requests for Commission in Service Management.

3. Giving a Token of Thanks for the Service Received (Though Unasked).

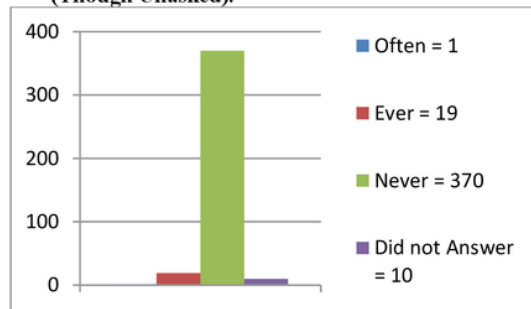


Figure 4. Opinions of Respondents about Giving a Token of Thanks for the Service Received (Though Unasked).

4. Knowledge in Seeing / Hearing the Occurrence of Corrupt Practices.

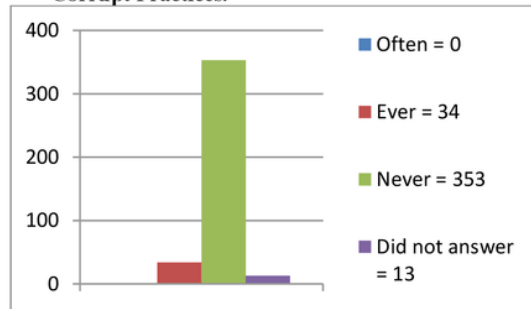


Figure 5. Opinions of Respondents about the Knowledge in Seeing / Hearing the Occurrence of Corrupt Practices.

5. Knowledge in Hearing the News of Hospital Staff Involved Corruption Actions that Cause Losses of the State.

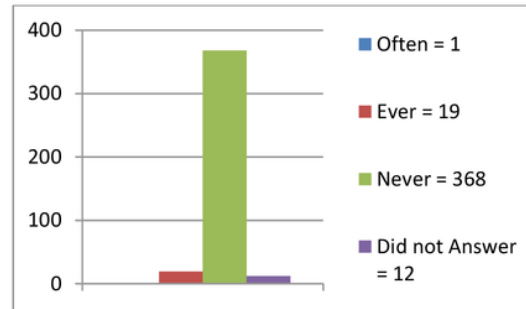


Figure 6. Opinions of Respondents about the Knowledge in Seeing / Hearing the News of Hospital Staff Involved Corruption Actions that Cause Losses of the State.

5.3. Discussion

Based on data obtained in the field, can be known some points of opinion community of Kutai Kartanegara Regency as the service users of public health service of Hospital X about corruption are:

1. Service users of public health service of Hospital X stated that in the provision of health services in Hospital X at Kutai Kartanegara Regency is free from the practice of offering service delivery faster / easier with certain rewards. 94,75% of respondents said they never got an offer or knew about it.
2. Service users of public health service of Hospital X stated that in the provision of health services in Hospital X at Kutai Kartanegara Regency is free from the practice of commission requests in the management of services. 96,00% of respondents said they never experienced a request or knew about it.
3. Service users of public health service of Hospital X stated that in the provision of health services in Hospital X at Kutai Kartanegara Regency is free from the practice of giving thanks from service users to service providers for service that have been received, even without being asked. 92,5% of respondents said they never did or knew about it.
4. Service users of public health service of Hospital X stated that in the provision of health services in Hospital X at Kutai Kartanegara Regency was never accompanied by acts of corruption. 88,25% of respondents said they never saw, heard or knew about it.
5. Service users of public health service of Hospital X stated that in the provision of health services in Hospital X at Kutai Kartanegara Regency there has never been any news involvement of hospital staff in corruption acts that cause losses of the state. 92,00% of respondents said they never saw, heard or knew about it.

Thus, it can be concluded based on the result of perception survey of corruption on public service of Hospital X at Kutai Kartanegara Regency that the things that society wants service users in public service in Hospital X have been fulfilled well and do not indicate the existence of corrupt practices so that people feel satisfied to public health services held by Hospital X at Kutai Kartanegara Regency.

6. Conclusion

The research showed the opinion of service users of public health service of Hospital X are:

1. Generally, the quality of public health service of Hospital X perceived to be free from corrupt practices, it makes people have a good level of satisfaction on health services held.
2. The majority of service users of public health service of Hospital X argue that the provision of health services at Hospital X in Kutai Kartanegara Regency is free from the practice of commission requests in the maintenance of services, free from the practice of offering service delivery faster / easier with certain rewards, free from the practice of giving a sign of gratitude from service users to service providers for the services they have received, even without being asked, there has never been any news of the involvement of hospital staff in corrupt acts that incur losses of the state and never accompanied by acts of corruption.

7. Future Scope

Related to the conclusions obtained from this study, the authors suggest that research should be continued on the object of other regional hospitals so that the scope of the study more widely and can generate conclusions that apply to the wider region as well.

8. Acknowledgement

We are very grateful to Head of Hospital X in Kutai Kartanegara Regency for permissions to visit and to research in their hospital. We also gratefully acknowledge two excellent men of helpful suggestions, Prof. Sarosa Hamongpranoto and Hairan from the Legal and Social Review Institute of Mulawarman University.

9. References

- [1] Moszynski, Peter, 2006, "Corruption in Health Care "kills en masse", v.332(7536), Feb, BMJ Publishing Group, USA, download from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1360388/>
- [2] Moenir, Manajemen Pelayanan Umum di Indonesia, 2001 Cetakan, Jakarta : Bumi Aksara, 2002.
- [3] Kotler, Philip. Marketing Management: Analysis, Planning, Implementation and Control, New Jersey : A Paramount Communications Company Englewood Cliffs, 1999.
- [4] Keputusan Menteri Negara Pendayagunaan Aparatur Negara Nomor 63 Tahun 2003 tentang Pedoman Penyelenggaraan Pelayanan Umum , Jakarta.
- [5] Osborne, David and Ted Gaebler, Reinventing Government, 2001.
- [6] Islamy, M. Irfan, Reformasi Pelayanan Publik, Malang: Universitas Brawijaya Press, 2000.

- [7] Komisi Pemberantasan Korupsi (KPK), Memahami untuk Membasmi: Buku Saku untuk Memahami Tindak Pidana Korupsi, Cetakan Kedua, Jakarta: KPK, 2006.
- [8] Corruption 2007 Special Reports: Corruption in Governmental Hospitals, Apr 2007, livemint E-Paper, download from www.livemint.com/Specials/mIEGAqUFIUj1vJYXv23ZWM/Corruption-in-government-hospitals.html
- [9] Fazlulhaq, Nadia, 2009, "Corruption in the Rise in Government Hospitals and Clinics", Oct, Sundaytime 35 ws, download from www.sundaytimes.lk/091025/News/nws_10.html.
- [10] Undang-undang Republik Indonesia Nomor 23 Tahun 1992 tentang Kertanatan, Surabaya: Arkola.
- [11] Notoadmodjo, Soekidjo, Pendidikan dan Perilaku Kesehatan, First Edition, Jakarta: Rineka Cipta, 2003.
- [12] Azwar, Azrul, Pengantar Administrasi Kesehatan, Third Edition, Cetakan Pertama, Jakarta: Binarupa Aksara, 1996.

10. Authors Short Profile



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Muhammad Zainal Arifin, is a lecturer at Public Administration Department of Social and Political Sciences Faculty of Mulawarman University, Samarinda City, East Kalimantan Province, Indonesia. Born at June 6th 1957, completed his magister studies at the master degree program of Public Administration of Brawijaya University, Malang at 2003. Undergraduate degree is completed at 1983 at Public Administration Program of Mulawarman University, Samarinda. Has been a lecturer since 2005 with expertise in the Development Administration.

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