INTRODUCTION

The hospital industry in Indonesia has become an attractive industry for investors both at home and abroad. Not from business or business, still awake, but on the confidence of more and more investors in this sector and make competition between hospitals is getting tighter. This is the business view of the developing hospital (MOH, 2003). Hospitals as one subsystem integrated health services two types of services for the community that is health services and administrative services. Medical services between medical services, medical support services, medical rehabilitation and nursing services. The services are conducted through emergency unit, ambulatory unit, and inpatient unit. In the development of hospital services can not be separated from the economic development of society. Hospitals in the subordinate only provide care services (curative) to patients through hospitalization. Hospital exposure then shifted due to the advancement of specialized science in medicine, income generation and community education.

Health services in hospitals today can not be curative (healing), but also recovery (rehabilitative), Preventive Implementation. Thus, the goal of hospital health services is not only for individual patients, but also for the families of patients and the general public. The focus of attention is indeed the patients who come or who care as individuals and part of the family. On the basis of such attitudes, health care in hospitals is a comprehensive health service for promotive, preventive, curative and rehabilitative scopes (Widayat, 2010). Leadership in an organization is a factor that determines the success or failure of an organization or business. Effective leadership. An effective leadership mark is the regularity, outcome, and development in the organization. But the effort to show the existence of effective leadership. Leadership is highly dependent on the personality that expands the position of leader. Any effective leadership skills should be inherent in every leader, regardless of the scope of responsibility. Attitudes and style and behavior greatly influence the organization he leads, even worse to the productivity of his organization (PERSI, 2015).
MATERIALS AND METHODS

This study focuses on the individual's performance on job competencies according to the person-job fit (Goodstein and Prien, 2006). Important performance model built for the establishment of a performance model are identified according to the needs of an invention through the exploration of performance-related aspirations of the organization (Bogner and Thomas, 2012) and critical success in doing the job (Schoemaker, 2012). Theoretical studies above provide a conceptual basis of the relationship with job satisfaction motivation competence and performance.

The analysis in this study using SEM analysis to test the performance model of hospital managers and hypothetical relationships that exist in the model. The identification of the variables in the model are described as follows.

**Endogenous variables**: performance (Y1), motivation (Y2), job satisfaction (Y3), and Leadership (Y4)

**Exogenous variables**: competence (X1), commitment (X2), organizational culture (X3), motivation (Y2), job satisfaction (Y3), and Leadership (Y4) (exogenous to performance).

RESULT AND DISCUSSION

This study used a sample of 30 hospital managers of PKU Delanggu which is one of the business entities of the Muhammadiyah organization. The result shows the description by age category, the category of working life and education category of hospital managers. The result described three categories of hospital managers, including age, tenure, and education level. A total of 12 (39.6%) managers had ≤10 years of tenure, while the number of managers with 10.1 to 15 years of tenure was 10 (36.0%), and 8 (24.4%) managers had > 15 years of tenure. The latest education level was dominated by undergraduate level, as many as 14 (48.1 percent) managers, then followed by postgraduate and diploma level, with approximately 11 managers (36.0%) and 5 managers (15.5%) of managers respectively.

**SEM Model of Hospital Manager Performance**

The influence of competence on motivation has coefficient 0.193 with CR 2.224 (P = 0.026 <0.05). The value of P at competence <0.05 thus this result rejects H0 and accepts Ha. Where competence has a positive effect on motivation. The influence of organizational culture on motivation has a coefficient of 0.279 with CR 4.058 (P = 0.000 <0.01).

The findings in this study show the performance of hospital managers, from the five factors that become predictors, by motivation, commitment and leadership. Two other predictors were found to have no significant effect, ie job satisfaction and organizational culture. Motivation becomes the factor with the strongest influence on performance. A strong influence after motivation is commitment and leadership. Performance in this work performance is a multi-dimensional concept, in which many forming factors and individual determinants have high performance (Sonnenstag et al., 2008). The strong influence of motivation on the performance of foresight because the individual needs encouragement to do and achieve a goal. Maslow's motivational concept explains the lower fulfillment objectives, encouraging individuals to achieve higher goals (Pardee, 1990). The goal or purpose of the individual is full of. In this case, individuals who achieve a certain (low) performance, encourage to achieve higher performance. By satiety, motivation becomes a factor that has a strong influence on the performance of managers in the hospital. The individual's desire to serve, work, and survive in the organization of individual causes has a high performance. Strong organizational commitment makes individuals provide the best for the organization. Although organizational commitment differs for one individual against another individual (Mayer-Allen, 1991), the commitment itself exists to organize an organization.
Organization or so-called normative commitment. Provisions made by the organization not only as binding members but also in terms of work standards. This explains the stronger the commitment to the organization, the higher the individual's performance on the organization. Individual performance is also influenced by leadership. The nature of leadership that is a relationship leads to a leadership factor (Locke, 1991), although influential on performance, but not as strong as motivation and commitment. In this case it is due to the nature of leadership that can be said to be an external agent to the individual. Unlike the motivations and commitments that can come from within the individual or from outside the individual. Individuals who have feelings in accordance with a particular type of leadership tend to be motivated to do something according to the direction of the leader.

Job satisfaction does not show significant influence on the performance of hospital managers. In this case the explanation of high job satisfaction from hospital managers not necessarily provide maximum performance. Job satisfaction is formed by many factors from the nature of moral (intangible) to job satisfaction that is material (tangible). Performance is generally determined by clear standards and indicators. In other words, job satisfaction derived from within the manager of the hospital is not necessarily the same as achieving the performance of the program or activities run by managers. Another explanation does not affect the job satisfaction on the performance of managers is the absence of reward system that is run in Muhammadiyah and Aisyiyah hospitals. As mentioned that one aspect of job satisfaction comes from material satisfaction, such as incentives and rewards. Without incentive and reward system support on performance achievement, job satisfaction felt by managers stems not from reciprocal achievement of performance. In addition to job satisfaction, organizational culture shows results that have no significant effect on the performance of managers.

The appropriate organizational culture provides reinforcement to work motivation. Strengthening work motivation will encourage individuals to do the job as much as possible. Organizational culture is closely related to the values that exist in the individual. Individuals whose values are in harmony with the values of the organization have a strong impetus to work better. Performance as described, is a standard achievement and the indicators are clear. Thus, without the support of organizational culture in accordance with the expected hospital managers, is still able to provide performance in accordance with established standards. In this case the manager does not have the drive to provide more performance or maximize the ability and only aimed at achieving specific targets. Not influencing organizational culture on performance can also be explained organizational culture does not give direct effect, but mediated by motivation factor.

Conclusion

The relationship formed in the modified model found that performance is influenced by motivation and commitment. Motivation also plays an explanatory factor related to job satisfaction. According to the modification model, performance and job satisfaction are variables that have no relationship or influence with each other. The role of leadership, managerial competence, commitment and organizational culture is to elevate the manager's work motivation.

In the end, the competence of the hospital manager becomes an important factor. Competence of hospital managers plays a role in motivation, job satisfaction and leadership. The competence of managers is also necessary to achieve high performance, especially in hospital health promotion and show the central role of motivation as a mediator variable in raising job satisfaction and performance in the modified model of hospital manager performance.

REFERENCES


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