

RINGKASAN

Studi Komparasi Penerapan *MBO* Dan *MBP* Terhadap Proses Belajar Mengajar dan Prestasi Belajar Mahasiswa Di Akademi Keperawatan Dharma Husada dan Akademi Keperawatan RS Baptis Kediri

Soemarmi

Mutu pendidikan yang baik dapat dupayakan dengan menekankan pada perbaikan Sumber Daya Manusia baik dari unsur organisasi penyelenggara pendidikan dan mahasiswa (Pusdiknakes, 1997). Dalam mencetak perawat yang profesional dan berkualitas sangat terkait dengan prestasi belajar, ini dapat dilihat nilai yang didapat selama pendidikan dari evaluasi. Penyelenggara pendidikan mempunyai pengaruh terhadap hasil prestasi, perlu diteliti seberapa besar pengaruh pendekatan manajemen pendidikan yang digunakan terhadap prestasi belajar mahasiswa. Permasalahan pada penelitian ini adalah masih rendahnya nilai Indeks prestasi kumulatif mahasiswa Akademi Keperawatan Dharma Husada dan RS Baptis Kediri.

Penelitian ini secara umum bertujuan membandingkan penerapan manajemen pendidikan dengan pendekatan *Management by Objective (MBO)* dan *Management by People (MBP)* terhadap proses belajar mengajar dan prestasi belajar mahasiswa di Akademi Keperawatan Dharma Husada dan Akademi Keperawatan RS Baptis Kediri.

Rancangan penelitian yang digunakan adalah studi kasus (*Case Study*) atau disebut juga penelitian diskriptif. Lokasi penelitian di dua institusi pendidikan yaitu Akademi Keperawatan Dharma Husada dengan 60 mahasiswa dan Akademi Keperawatan RS Baptis sebanyak 81 mahasiswa sebagai responden. Teknik pengumpulan data yaitu wawancara dengan pimpinan institusi yaitu direktur dan pembantu direktur I dan kuesioner terhadap mahasiswa semester VI.

Hasil penelitian ini sebagai berikut: ciri manajemen pendidikan dengan pendekatan *MBO* di AKPER Dharma Husada Kediri yaitu aspek identifikasi tujuan (pembuatan tujuan mengacu pada visi dan misi yang melibatkan bawahan dengan membentuk tim penyusun, ada pertemuan 3 dan 6 bulanan, pembuatan program kerja dibuat setiap satu semester); aspek pengembangan standar prestasi (pendidikan dosen harus setingkat lebih tinggi dari mahasiswa, standar batas lulus adalah nilai mutu 2, tenaga non pendidikan minimal memiliki kemampuan komputer dan pendidikan formal minimal setingkat SMU); aspek pengukuran dan penilaian prestasi (dilakukan akhir semester, tidak ada tim nilai tersendiri, bagi dosen dikoordinir oleh Pudir I, bagi yang non dosen oleh Pudir II, belum ada alat ukur penilaian, dasarnya hanya kegiatan dosen sehari-hari yang dicatat oleh Pudir, pada akhir semester mahasiswa memberi penilaian kepada dosen, sedangkan laporan administrasi pembimbing disusun di BAAK dan Pudir I). Ciri Manajemen Pendidikan dengan pendekatan *MBP* di AKPER RS Baptis Kediri yaitu aspek kebutuhan perubahan dari lingkungan, SDM, organisasi (status pendidikan dari Sekolah Perawat Kesehatan menjadi Akademi Keperawatan, menerima mahasiswa pria (20 %) dan menerima dosen pria, menambah sarana fisik seperti membangun asrama pria dan menyewa gedung Sekolah Dasar yang ada disebelah kampus untuk tempat kuliah, menerima peserta didik dari lulusan SMU atau

SMK, muatan lokal kurikulum berupa, bahasa Inggris, komputer, dan *Home Care*, menambah jumlah dosen serta meningkatkan pendidikan dosen menjadi D4 dan S1, tenaga pendidik adalah tenaga di Rumah sakit dan diberi tugas di pendidikan, direktur ditunjuk oleh pimpinan Rumah Sakit sehingga ada jabatan rangkap, lulusan semuanya kontrak kerja selama satu tahun bekerja di Rumah Sakit Baptis); aspek perubahan perilaku dan organisasi, dan dukungan kepemimpinan (perubahan kurikulum yang disertai muatan lokal, Kepala Keperawatan Rumah Sakit menjadi direktur AKPER, dukungan berupa budaya organisasi Rumah Sakit Baptis yaitu kedisiplinan, ketertiban, kerapian, kebersihan, keamanan, kesehatan, kekeluargaan yang terkenal dengan 7 K, budaya disiplin, setiap hari ada komunikasi dengan pimpinan ke bawahan, jam 7.00 berkumpul berdoa bersama, direktur memberi arahan harian); aspek perubahan perilaku, pengembangan organisasi, penataan pekerjaan (rekrutmen dosen dengan orientasi di Rumah Sakit lebih dahulu, baru bila cakap, dan cocok untuk pendidikan maka di pindah ke pendidikan, gaya kepemimpinan situasional yang suatu saat tegas, dan tidak semuanya demokratis).

Kebijakan Direktur Pada Proses Belajar Mengajar yang menggunakan pendekatan *MBO* di AKPER Dharma Husada Kediri, sebagai berikut : Bagi Dosen yaitu SAP dibuat minimal 20 %, kesempatan belajar kejenjang yang lebih tinggi, dibentuk Satgas pengajar, pendidikan dosen harus setingkat lebih tinggi dari mahasiswa, kerjasama antar unit, budaya disiplin tidak ada, dosen bertugas 7 jam sehari, jam pendidikan 07.30 – 13.30, tidak ada shift, dipantau dengan buku. Bagi mahasiswa yaitu standar kelulusan adalah 2 (nilai mutu), nilai tidak diinformasikan, reward bagi mahasiswa berprestasi mendapat SPP 1 – 3 bulan, mahasiswa wajib mengikuti tes kompetensi, reward dilaksanakan setiap semester atau kelulusan, penerimaan mahasiswa laki-laki tidak dibatasi. Kebijakan Direktur AKPER RS Baptis Kediri, sebagai berikut: Bagi Dosen yaitu SAP bagi dosen tetap wajib membuat keseluruhan 100 %, memberi kesempatan belajar, pendidikan dosen harus setingkat lebih tinggi dari mahasiswa, kerjasama antar unit, budaya kedisiplinan dengan berkumpul tiap pagi, berdoa bersama dengan arahan harian yang dipimpin oleh direktur, dosen bertugas selama 7 jam/ hari, jam buka pendidikan 07.00-14.00 dan jam 14.00 – 21.00, dosen dan karyawan bekerja shift pagi dan sore, jika dinas luar maka dosen SMS ke direktur, dosen dan keluarga mendapat dukungan kesehatan dari Rumah Sakit. Bagi mahasiswa yaitu standar kelulusan adalah 2 (nilai mutu), nilai baik > 2,76 diinformasikan kepada mahasiswa, reward bagi mahasiswa berprestasi mendapat SPP 1 – 3 bulan, mahasiswa wajib mengikuti tes kompetensi, reward dilaksanakan setiap semester atau kelulusan, lulusan wajib bekerja di Rumah sakit Baptis dengan kontrak selama satu tahun setelah itu bebas memilih, menerima mahasiswa putra 20 % dari jumlah satu kelas.

Proses Belajar Mengajar pada Akademi Keperawatan Dharma Husada Kediri yang menggunakan pendekatan *MBO*, sebagai berikut: pembuatan silabus (51,7%), pembuatan SAP (65 %), tersedianya buku literatur (61,6 %), tersedianya fasilitas pembelajaran (53,3 %), kesesuaian materi (53,3 %), suasana belajar mengajar (71,7 %), penilaian inovasi pembelajaran (70 %), pelayanan dosen (65 %), kemampuan dosen (63,3 %), penampilan dosen (73,3 %), penggunaan media (58,4 %), penilaian terhadap penggunaan metode (71,7 %), pengelolaan kelas (68,3 %), penilaian terhadap efektifitas

waktu (41,7 %), penilaian terhadap evaluasi selama proses pembelajaran (41,7 %), dan penilaian terhadap evaluasi semester (63,3 %). Sedangkan Proses Belajar Mengajar pada Akademi Keperawatan Rumah Sakit Baptis yang pendekatan *MBP*, sebagai berikut: pembuatan silabus (81,5 %), pembuatan SAP (97,3 %), tersedianya buku literatur (93,8 %), tersedianya fasilitas pembelajaran (91,4 %), kesesuaian materi (91,3 %), suasana belajar mengajar (91,3 %), penilaian inovasi pembelajaran (95,1 %), pelayanan dosen (88,8 %), kemampuan dosen (86,4 %), penampilan dosen (92,6 %), penggunaan media (91,4 %), penilaian terhadap penggunaan metode (88,9 %), pengelolaan kelas (91,2 %), penilaian terhadap efektifitas waktu (90,2 %), penilaian terhadap evaluasi selama proses pembelajaran (84 %), dan penilaian terhadap evaluasi semester (91,3 %). Prestasi belajar (IPK) Akademi Keperawatan Dharma Husada Kediri yang menggunakan pendekatan *MBO* menunjukkan rata-rata IPK adalah $(2,73 \pm 0,18)$, sedangkan pada Akademi Keperawatan Rumah Sakit Baptis yang pendekatan *MBP* rata-rata IPK adalah $(2,208 \pm 0,26)$. IPK pada pendekatan *MBO* lebih baik dari pendekatan *MBP*.

Pada proses belajar mengajar, pendekatan *MBP* terlihat lebih baik menurut pendapat mahasiswa dibandingkan dengan pendekatan *MBO*. Hal ini bisa dilihat pada hasil penelitian yang menggambarkan pendekatan *MBP* lebih banyak mendapat penilaian baik (sesuai dan sangat sesuai). Namun jika dilihat dari hasil pembelajaran (IPK) mahasiswa, maka rata-rata IPK dengan pendekatan *MBO* lebih besar dibandingkan dengan pendekatan *MBP*.

Kesimpulan penelitian ini adalah Proses Belajar Mengajar pada Akademi Keperawatan Rumah Sakit Baptis yang pendekatan *MBP* lebih baik dari Akademi Keperawatan Dharma Husada Kediri yang menggunakan pendekatan *MBO*. Prestasi belajar (IPK) yang menggunakan pendekatan *MBO* menunjukkan rata-rata $2,73 \pm 0,18$ lebih baik dari pada yang pendekatan *MBP* rata-rata IPK $2,208 \pm 0,26$. Pendekatan kedua bentuk manajemen tersebut (*MBO* dan *MBP*) terhadap proses belajar mengajar dan hasil belajar (IPK) memberikan pengaruh yang berbeda. Proses belajar mengajar yang baik belum tentu menghasilkan prestasi belajar yang baik.

SUMMARY

MBO and MBP Application Comparative Study towards Teaching-Learning Process and Student's Academic Achievement at Dharma Husada and Kediri Baptist Hospital Nursing Academies

Good quality education can be achieved by putting emphasis on human resource improvement both in the provider organization as well as the students (Pusdiknakes=Health National Education Center, 1997). To produce high quality, professional nurses is very much related to students' study achievement where students' grade illustrate their performance. Education environment and education providers present huge influences upon academic results. It is compulsory to scrutinize how far the utilized institution management approach has its influence on students' academic achievement. The problem faced by this research was the visible students' low cumulative academic achievement (GPA=Grade Performance Average) of Dharma Husada and Kediri Baptist Nursing Academies.

This research compares Management by Objectives (MBO) and Management by People (MBP) approaches. The purpose of this research was to compare the management influence on teaching-learning process and student's academic achievement by applying MBO and MBP at Dharma Husada and Kediri Baptist Hospital Nursing Academies.

This was a case study comparing the execution of education management by MBO and MBP. A descriptive research by nature, the research location was at two education institutions namely Dharma Husada (60 students) and Kediri Baptist Nursing Academies (81 students as respondents). Data collection was done by interviewing the Director and the First Vice Director of both institutions and by giving questionnaires to sixth semester students.

The result showed: at Dharma Husada Nursing Academy (DHNA), the education management characteristics were MBO i.e. goal identification aspect (goal formulating referring to its vision and mission did involve the subordinates by forming a formulating team, tri-monthly and six-monthly meetings, work program was produced every semester); achievement standard development aspect (lecturer's level of education must be one level higher than the students, the passing grade was GPA 2, non-educative personnel must be high school graduates and able to handle computer); achievement evaluation and assessment aspect (done at the end of every semester, no specific evaluation team, lecturer's evaluation was coordinated by the First Vice Director, for non-lecturers was done by the Second Vice Director, no assessment tool, was based on lecturers everyday's activities jotted down by the Vice Directors, students gave their evaluation of their lecturers at the end of semester, while the counsellor administrative report was arranged at BAAK and at the First Vice Director). At Kediri Baptist Hospital Nursing Academy (KBHNA), the education management characteristics were MBP i.e. the need to change from the environment aspect, human resource and organization aspects (the educational status from the School of Health Nurse to be converted into a Nursing Academy, accepting male students (20%) and male lecturers, adding more physical facilities such as a male boarding house and renting an Elementary School building adjacent to the campus for additional

class rooms, accepting students from high school and vocational school graduates, the local contents of curriculum were English language, computer, and home care, adding the number of lecturers, improving lecturers education level to become D4 or S1, educative personnel was hospital personnel with a specific task to educate, the Director was appointed by the Hospital Director generating a double function, all graduates signed a contract to do one-year job at Baptist Hospital); behavioral change and organization aspect, and leadership support (curriculum change with local content, the Head of Hospital Nursing to become the Nursing Academy Director, support in the form of Baptist Hospital organization culture of discipline, orderliness, neatness, cleanliness, safety, health, familial = 7K, disciplinary culture, everyday communication from Director to staff, a 7 o'clock gathering to pray together, daily direction from the Director); behavioral change, organization development, work order aspects (hospital orientation prior to lecturer's recruitment, if capable and suitable for educating, transferred to education institution, situational leadership style: firm at one time, yet not all democratic).

The policy of the DHNA Director for the teaching-learning process by MBO was as follows: 1) for lecturers: SAP was only 20% (minimal), study opportunity for higher level of education, formulation of lecturer's task force, lecturer's level of education must be one level higher than students, inter-unit coordination, no disciplinary culture, lecturer's working time was 7 hours/day, no shift from 7.30 – 13.30 education hour, surveillance only by books; 2) for students: the passing grade was GPA 2, the transcript was not to be publicized, reward for high GPA with free 1 – 3 months tuitions, a compulsory to do student's-competence-test, student's reward every semester or graduation, no limitation for accepting male students.

The policy of the KBHNA Director was as follows: 1) for lecturers: compulsory to make SAP 100%, an opportunity to study further, lecturer's level of education must be one level higher than the students, inter-unit coordination, disciplinary culture with every morning gathering to pray together completed with daily direction given by the Director, lecturer's working hour was 7 hours/day, education office hours was 07.00-14.00 and from 14.00 to 21.00, lecturers and staff worked in morning and afternoon shifts, for any outside duty the lecturer should sms (short message service via cellphone) to the Director, the lecturers and their family got health facilities from the hospital; 2) for students: the passing grade was GPA 2, good GPA > 2.76, publicized to students, reward for high GPA with free 1 – 3 months tuitions, a compulsory to do student's-competence-test, student's reward every semester or graduation, the graduates must work at Kediri Baptist Hospital with one-year contract, afterwards they are free to stay or move-out, accepting more than 20% male students in one class.

The teaching-learning process at DHNA by MBO approach was as follows: syllabus creation (51.7%), SAP formulation (65%), literature's availability (61.6%), learning facilities' availability (53.3%), substance appropriateness (53.3%), teaching-learning atmosphere (71.7%), learning innovation evaluation (70%), lecturer's service (65%), lecturer's skill (63.3%), lecturer's performance (73.3%), used-media (58.4%), evaluation of utilized-method (71.7%), class management (68.3%) evaluation of time-effectivity

(41.7%), assessment on learning process evaluation (41.7%), and assessment on semester evaluation (63.3%).

The teaching-learning process at KBHNA by MBP approach was as follows: syllabus creation (81.5%), SAP formulation (97.3%), literature's availability (93.8%), learning facilities' availability (91.4%), substance appropriateness (91.3%), teaching-learning atmosphere (91.3%), learning innovation evaluation (95.1%), lecturer's service (88.8%), lecturer's skill (86.4%), lecturer's performance (92.6%), used-media (91.4%), evaluation of utilized-method (88.9%), class management (91.2%), evaluation of time-effectivity (90.2%), assessment on learning process evaluation (84%), and assessment on semester evaluation (91.3%).

Dharma Husada Nursing Academy students using MBO approach, performed mean GPA of 2.73 ± 0.18 . While Kediri Baptist Hospital Nursing Academy students using MBP approach performed mean GPA of 2.208 ± 0.26 . The GPA by MBO approach was better than the GPA by MBP approach.

In the teaching-learning process, the students believed that MBP approach was better than MBO. This result can be seen from the approved MBP (appropriate and very appropriate), while student's GPA showed a different result, the mean GPA by MBO approach was higher than the GPA by MBP approach.

The conclusion of this research: the teaching-learning process at Kediri Baptist Hospital Nursing Academy (KBHNA) using MBP was better than the Dharma Husada Nursing Academy (DHNA) which applied MBO. The Grade Performance Average (GPA) using MBO approach was 2.73 ± 0.18 , it was better than the GPA by MBP which was 2.208 ± 0.26 . Both management approaches (MBO and MBP) towards teaching-learning process and the academic achievement (GPA) showed different influences. A good teaching-learning process presented no guarantee to produce good academic achievement.

ABSTRACT

MBO and MBP Application Comparative Study towards Teaching-Learning Process and Student's Academic Achievement at Dharma Husada and Kediri Baptist Hospital Nursing Academies

To produce high quality, professional nurses is very much related to students' study achievement. The problem faced by this research was the visible students' low cumulative academic achievement (GPA=Grade Performance Average) of Dharma Husada and Kediri Baptist Nursing Academies.

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The result showed: the education management characteristics at Dharma Husada Nursing Academy (DHNA) was by MBO. While the management characteristics at Kediri Baptist Hospital Nursing Academy (KBHNA) was by MBP although not all complying to the approach. DHNA Director's policy for the teaching-learning process by MBO was almost the same with the policy of the KBHNA Director which applied MBP. Several differences were: SAP, education task-force, disciplinary culture, office hours, surveillance with books, lecturer's permission procedure, information of student's transcript, compulsory job after graduation, male student's admission.

DHNA students using MBO performed mean GPA of 2.73 ± 0.18 . While KBHNA students using MBP approach presented mean GPA of 2.208 ± 0.26 . The GPA by MBO approach was better than the GPA by MBP approach.

In the teaching-learning process, the MBP approach was better than MBO according to the students. This result can be seen from the approved MBP (appropriate and very appropriate), but student's GPA showed a different result, the mean GPA by MBO approach was higher than the GPA by MBP approach.

The conclusion: both MBO and MBP approaches towards teaching-learning process and the academic achievement (GPA) showed different influences. A good teaching-learning process presented no guarantee to produce good academic achievement.

Key words: MBP, MBO, teaching-learning process, Grade Performance Average (GPA)