

**EXTRA ROLE BEHAVIOR OF THE APPARATUS IN THE
IMPLEMENTATION OF THE *PERATURAN GUBERNUR PROVINSI DKI
JAKARTA NOMOR 115 TAHUN 2016* CONCERNING *KETUK PINTU
LAYANI DENGAN HATI* PROGRAM**

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ABSTRACT

This article aims to describe the extra role behavior carried out by the apparatus in implementing *Ketuk Pintu Layani Dengan Hati* Program and the factors that influence it. As an effort to reduce the rate of disease transmission in DKI Jakarta, the Provincial Government issued *Peraturan Gubernur Provinsi DKI Jakarta Nomor 115 Tahun 2016* concerning *Ketuk Pintu Layani Dengan Hati* Program. The scope of this program includes promotive, preventive, and curative with a door-to-door service mechanism. In implementing the program, it involves Public health center officers and health cadres in the DKI Jakarta province. To explain extra role behavior, Organ's theory of Organizational Citizenship Behavior is used. The research method used is descriptive qualitative. Data was collected by means of interviews, observations, and documents. The technique of determining informants is through purposive sampling, by determining key informants who develop into snowballs. The results of this study indicate that in the implementation of the *Ketuk Pintu Layani Dengan Hati* Program in DKI Jakarta Province, the apparatus must apply extra role behavior. Doctors, nurses, midwives, and health cadres must carry out their duties beyond their main duties. This can be identified from the dimensions of altruism, sportsmanship, civic virtue, conscientiousness, and participation. While the factors that influence the extra role behavior of the apparatus are cultural factors and organizational climate and job satisfaction factors.

Keywords: *Extra Role Behavior, Apparatus, Implementation, Ketuk Pintu Layani Dengan Hati Program*

A. INTRODUCTION

DKI Jakarta Province as the capital city of Indonesia has a dynamic life. This has implications for the number of diseases suffered by the community. This can be explained in Table 1 below:

Table 1: Number of Cases, Ratio, Patients and Percentage of Infectious Diseases in DKI Jakarta Province in 2015

Year	Disease			
	TBC	Diare (*)	HIV/AIDS	DBD (**)
2015	794.897 cases	68,23%	1.230 cases	81,71

Source: Ministry of Health of the Republic of Indonesia (processed by the author) (*) percentage of sufferers, (**) ratio/100,000 population.

With the conditions described in table I.1, the government of DKI Jakarta as the capital city of Indonesia responded to this situation by taking affirmative action by issuing the *Peraturan Gubernur Provinsi DKI Jakarta Nomor 115 Tahun 2016* concerning the *Ketuk Pintu Layani Dengan Hati* (KPLDH) Program. This program is an approach to health services that prioritizes promotive and preventive efforts starting with data collection for each house and or door to the house until the fulfillment of basic health rights, monitoring family health status to evaluating the results, this includes the family's obligation to carry out clean and healthy living behavior healthy. The target of this program is all community members in the DKI Jakarta area, including those living in the location of simple rented flats, row villages and slum areas by health workers who have been formed. The results of the implementation of *Ketuk Pintu Layani Dengan Hati* Program can be seen in table 4 below:

Table 4: Number of Cases, Ratio, Patients and Percentage of Infectious Diseases in DKI Jakarta Province in 2015-2017

Year	Disease			
	TBC	Diare (*)	HIV/AIDS	DBD (**)
2015	794.897 kasus	68,23%	1.230 kasus	81,71
2016	44.728 kasus	88,70%	6.872 kasus	199,80
2017	36.998 kasus	79,96%	7.210 kasus	32,13

Source: Kementerian Kesehatan Republik Indonesia (processed by the author) (*) percentage of sufferers, (**) ratio/100,000 population.

From table 4 above, it can be seen that the achievements of DKI Jakarta Province in overcoming several diseases are considered very good, cases of Tuberculosis or TBC which from 2015 to 2017 experienced a significant decline. Then, cases of Dengue Hemorrhagic Fever experienced an increase in the ratio of sufferers from 2015 to 2016 but decreased again with a significant number from 2016 to 2017. Diarrhea cases also experienced the same condition, there was an increase in the range from 2015 to 2016 and experienced However, for the case of HIV/AIDS sufferers in DKI Jakarta Province, there has always been an increase and quite drastic from 2015 to 2017. This means that the efforts of the DKI Jakarta provincial government in reducing the transmission of HIV/AIDS have not succeed.

In carrying out *Ketuk Pintu Layani Dengan Hati* Program, the institution that is obliged to run the program is the Public health center. This is because the Public health center is one of the public service facilities in the health sector

which is closest to the community. *Ketuk Pintu Layani Dengan Hati* Program is a program with a service approach to families, which requires the main referral facility for this program to run. According to the Ministry of Health of the Republic of Indonesia (2017), a nursing health center is a health center based on a Decree of the Regent or Mayor who carries out the maintenance function and to carry out its duties and functions, is given additional rooms and inpatient facilities which are the referral center between non-referral health centers and hospitals. reference.

The implementation of *Ketuk Pintu Layani Dengan Hati* Program is carried out by health workers who are formed into a team consisting of 1 doctor, 1 midwife, and 1 nurse who carry out promotive and preventive efforts to the community by conducting house-to-house visits. Ideally, each *Ketuk Pintu Layani Dengan Hati* team will serve a number of 1,250 residents as the target of *Ketuk Pintu Layani Dengan Hati* Program. Furthermore, the number of doctors, midwives and nurses on duty can be seen from table 5 below:

Table 5: Number of Medical and Nursing Personnel in Public Health Centers in the Regency/City of DKI Jakarta Province in 2019

No.	Working Unit Area	Doctors (person)	Midwife (person)	Nurse (person)
1.	Central Jakarta Administrative City	240	229	275
2.	North Jakarta Administrative City	201	292	271
3.	West Jakarta Administrative City	324	387	402
4.	South Jakarta Administrative City	367	401	395
5.	East Jakarta Administrative City	431	598	552
6.	Thousand Islands District	51	62	83

Source: DKI Jakarta Provincial Health Office 2019 (processed by the author)

Furthermore, it will be explained about the main tasks and functions of each element in *Ketuk Pintu Layani Dengan Hati* team. Referring to the guidelines for the description of the duties of the Public health center, the following is the description of the professional duties of the Public health center apparatus which will be explained in table 6 below:

Table 6: Main Duties and Functions of Apparatus in Public Health Center

No	Apparatus	Main Duties and Functions
1	General practitioners	Prepare medical devices and forms to support BPU; Performing medical services; Take medical action when necessary, whether planned or unplanned; Conduct public health education outside the building; Serving consulting from outside; Serving consulting from within; Conduct health coaching for health workers & cadres; Serving Health checks;

		Conducting regeneration in the field of Health; Carry out field duties in the field of Health; Carry out certain disease/epidemic control activities; Carry out supervision activities in the Health sector; Carrying out Monitoring in Service Units
2	Expert Nurse	Coordinate the implementation of the duty of the nurse on duty in the 24-hour unit, including job descriptions; Carry out coordination, monitoring and supervision of nurses in the treatment room; Supervise and monitor and evaluate the implementation of the duties of implementing nurses in the sub-district/k in fostering special groups; Perform recapitulation and sorting of proposed credit points for skilled nurse functional positions; Carry out mini health workshops at the Public health center level; Carry out advocacy for the development of special groups in the community to relevant stakeholders; Making project proposals (innovation activities); Create or compile and publish the results of the activities of skilled nurses; Doing dissemination; Organizing a "clinical afternoon"
3	Skilled Nurse	Provide Nursing Care to Individuals / Families both inside and outside the building; Implementing Basic Level Nursing Actions. 1; Conducting basic assessments on individuals; Provide counseling or education to individuals / groups; Responsible for the maintenance and security of medical and non-medical devices in the Service; Carry out community activities outside the building.
4	Midwife	Performing Maternal and Child Health Services; Performing Family Planning services; Performing Clinical Actions on the installation of Contraceptives; Implementing Maternal and Child Health Services in the community; Carry out outreach in the community; Implementing Dasa Wisma Development; Midwifery Services in the Delivery Room Normal delivery care; Implementing Abnormal Childbirth Care; Performing midwifery care for postpartum mothers; Carrying out Nursing Care for Neonates; Carry out guard duties in the maternity home; Carry out standby duties.

Source: DKI Jakarta's public health center work document

In carrying out its main task, which in public health efforts, both of doctors, nurses and midwives in the Public health center have working hours. In general, the working hours set at the Public health center in the DKI Jakarta Province are from 07.00 am to 16.30 pm. From this explanation, it can be seen that the Public health center officers as actors in implementing *Ketuk Pintu Layani Dengan Hati* Program are required to apply Extra Role Behavior, apart from the fact that the implementation is outside the established working hours, also in the

implementation of the *Ketuk Pintu Layani Dengan Hati* Program they are required to carry out tasks outside of the obligations that must be fulfilled.

To explain the state of the art of this article, previous research studies will be described. State of the art itself is a term which describes the position of the research being carried out. The position of the research is within the scope of the scientific clump studied by the researcher. In this case, the scientific family used is the Public Policy Analysis scientific family, where one of the fields of study is Extra Role Behavior. Research conducted by Nainggolan et al. (2017) entitled *Evaluasi Program Ketuk Pintu Layani Dengan Hati (KPLDH) Puskesmas Kelurahan Duren Sawit* which carried out an evaluation that assessed the effectiveness and perceived benefits of implementing *Ketuk Pintu Layani Dengan Hati* Program by residents of Duren Sawit sub-district, East Jakarta. The result is an increase in the number of people who come to the Public health center for treatment and public awareness of environmental health which is in accordance with the *Peraturan Gubernur Provinsi DKI Jakarta Nomor 115 Tahun 2016* concerning *Ketuk Pintu Layani Dengan Hati* Program in the realization of improving health services. Furthermore, the research conducted by Setijaningrum (2019) entitled *Extra Role Behavior of the Apparatus in the Efforts to Provide Better Service to the Eldery: A Study of the Innovation of "Santun Lansia" Program in Indonesia* which aims to see the implementation from the innovation of the "Santun Lansia" program and how the apparatus carries out extra role behavior in carrying out their duties. The results show that in implementing the "Santun Lansia" program innovation, several aspects are applied, such as service process innovation, service product innovation, service method innovation, service system innovation, and service policy innovation. Then, it was found that apparatus from metropolitan, medium, and small city health centers must perform the same extra role behavior including aspects of altruism, civic virtue, conscientiousness, courtesy and sportsmanship. Research conducted by Eran et al. (2011) entitled *Change-Oriented Organizational Citizenship Behavior in Public Administration: The Power of Leadership and the Cost of Organizational Politics* which aims to expand the meaning of the 'good soldier' syndrome beyond the general boundaries of the business sector. The researcher follows the conceptualization of the Bettencourt model (2004) and the Organizational Citizenship Behavior (OCB) model to explain why and how public employees engage in targeted activities to change and improve the public work environment and work processes even when no formal rewards are offered in return. Research conducted on 217 public personnel in a large public health care organization yielded interesting findings, demonstrating the uniqueness of change-oriented Organizational Citizenship Behavior compared to classical Organizational Citizenship Behavior measures (individual and organizational), the general positive effect of leadership on Organizational Citizenship Behavior. and moderate perceptual effects politics in this connection. The implications of the findings are developed and discussed in the context of modern public administration. The difference in the author's research this time is to identify the extra role behavior of officers in the implementation of *Ketuk Pintu Layani Dengan Hati* program for the people in DKI Jakarta Province by using several

theories related to extra role behavior. Which, researchers used Organizational Citizenship Behavior theory to identify the factors behind the apparatus to carry out extra role behavior in the implementation of *Ketuk Pintu Layani Dengan Hati* program in DKI Jakarta Province.

Based on the preliminary description above, the formulation of the problem that can be drawn from the researcher is: How do the officers carry out the extra role behavior in the implementation of *Ketuk Pintu Layani Dengan Hati* Program? What are the factors that influence the apparatus to perform extra role behavior in the implementation of *Ketuk Pintu Layani Dengan Hati* Program?

B. LITERATURE REVIEW AND THEORY

Extra Role Behavior

Greenberg (2010) explains that Organizational Citizenship Behavior is a behavior carried out by employees to improve social relations and cooperation with organizations but this behavior is outside of their formal duties. Robbins et al. (2015) defines Organizational Citizenship Behavior as optional behavior that is not part of an employee's formal work obligations, but supports the effective functioning of the organization. Furthermore, Organ et al. (2006) explained that Organizational Citizenship Behavior is behavior that is carried out by individuals voluntarily, not directly or explicitly by the formal reward system, which is carried out by the individual in order to achieve effective and efficient organizational functions.

Extra Role Behavior comes from an approach that is specifically related to spontaneous human actions to do something useful for others. Extra-role behavior was introduced for the first time by Organ in 1977 with the term Organizational Citizenship Behavior or OCB. According to Organ, Organizational Citizenship Behavior is defined as an individual trait that is voluntary, indirectly or explicitly recognized in the formal remuneration system, and overall increases the effectiveness of organizational functions. Officers with extra high role behavior are willing to be more involved in the organization, and tend to be involved in giving back to the organization (Organ et al., 2006). This means that Extra Role Behavior is carried out outside the required role in the organization, and in the end this behavior will benefit the organization. This behavior is expressed as behavior that can preserve and enhance the social and psychological context that supports the performance of organizational members to do their jobs. Thus, Extra Role Behavior is a construct that is separate from the construction of task or role behavior. Extra Role Behavior involves unsolicited behavior from an employee in doing a certain job, but it is still shown by members of the organization to improve the quality of work and indirectly increase the effectiveness of the organization.

Chen et al. (2008) explained that the behavior referred to as extra-role behavior in the related literature is discussed at two basic levels as organizational citizenship behavior and counterproductive behavior. Davoudi (2012) explains that extra role behavior is considered from the aspect of organizational benefits and is assessed within the scope of organizational citizenship behavior. Van Dyne et al. in Hardaningtyas (2005) explains that Extra Role Behavior is behavior that

benefits the organization which is carried out voluntarily and exceeds what the task or role demands. Bambale (2014) explains that Extra Role Behavior is behavior that is not formally required by certain jobs. It can also be described as a descriptive endeavor aimed at benefiting the organization. There are several examples related to Extra Role Behavior such as supporting organizational values and acting according to them, voluntary and discretionary efforts. Extra Role Behavior is often termed as Organizational Citizenship Behavior which is often referred to as prosocial behavior (Penner et al., 2005). This is because the concept of Extra Role Behavior is a behavior that is in-role and beyond the job, namely working outside the main tasks and functions that have been determined. It is clear that Extra Role Behavior has some similarities in several aspects with Organizational Citizenship Behavior. These two concepts have two main aspects in common as behavior is not defined by job descriptions and is not recognized by formal reward systems. Thus, it can be concluded that Extra Role Behavior is extra behavior carried out by officials beyond their formal responsibilities. In this study, Extra Role Behavior is a behavior carried out by the apparatus, namely the Public health center team consisting of doctors, midwives and nurses and a team of health cadres in implementing *Ketuk Pintu Layani Dengan Hati* Program.

Organizational Citizenship Behavior

Katz et al. in Dewayani (2005) explains that Organizational Citizenship Behavior is a form of cooperative behavior such as:

1. Willing to join and stay
Is the willingness or desire to join and survive in a system or organization
2. Dependable role performance
That is a behavior that can be relied on to be able to meet and be able to exceed the minimum criteria both qualitatively and quantitatively.
3. Innovative and spontaneous behavior
Which is a form of behavior outside the role required by a job so that the person concerned can complete his duties.

It can be concluded, that Organizational Citizenship Behavior is behavior carried out by employees who are not fixated on one obligation and responsibility of their work, but more than that where employees do more work than their responsibilities without any awards or rewards from the organization and this carried out in the interests of the organization to achieve its goals

Dimensions in Organizational Citizenship Behavior

Organs et al. (2006) explained that there are several dimensions in Organizational Citizenship Behavior, these will be explained in table 8 below:

Table 8: Dimensions of Organizational Citizenship Behavior

No	Dimensions	Explanations
1.	<i>Altruism</i>	This dimension shows a behavior to help others voluntarily and is not a duty and obligation. This behavior is carried out by individuals as an effort to prevent problems at work.
2.	<i>Sportsmanship</i>	This dimension shows a willingness or tolerance to

		persist in working for an organization or company without complaining even though the company's conditions are not pleasant. This construct has a wider scope; in the sense that the individual is not only able to survive in dissatisfaction but he must also remain positive and be willing to sacrifice his own interests for the sake of the group
3.	<i>Organizational Compliance</i>	Shows an individual attitude that accepts the rules and procedures that apply to the organization. This is reflected by the behavior of these individuals who have never violated company regulations even without supervision or sanctions.
4.	<i>Organizational Loyalty</i>	Demonstrate individual behavior related to efforts to promote the image of the organization to outsiders; besides that, they try to protect the organization from external threats and he continues to work in the organization or company even though the organization's circumstances are less favorable and full of risks.
5.	<i>Civic Virtue</i>	This dimension shows individual involvement in an organizational activity and cares about the survival of the organization. Voluntarily participate, take responsibility and be involved in overcoming the problems faced by the organization. The individual is also active in expressing his ideas and through his observations of the business environment both in terms of threats and opportunities.
6.	<i>Conscientiousness</i>	That is an individual behavior that shows a voluntary effort in improving the way in carrying out their duties creatively so that organizational performance increases. Such behavior involves voluntary creative and innovative actions
7.	<i>Self-development</i>	Refers to an individual behavior related to efforts to increase knowledge, skills and abilities without being asked. In this dimension, George and Brief are "self-supporting" with their will and if necessary, at their own expense, for example attending courses or training so as not to lag behind progress in their fields. Even more than that, an employee learning new knowledge or skills can contribute more to the organization

Source: Organ et al. (2006)

Factors that affect Organizational Citizenship Behavior

In Organizational Citizenship Behavior, there are several factors that influence this behavior which will be explained in table 9. below:

Table 9: Factors Affecting Organizational Citizenship Behavior

No	Factor	Explanations
1.	Organizational Culture and Climate	According to Organ et al. (2006), there is strong evidence that suggests that organizational culture is the main condition that can lead to organizational citizenship behavior among employees. Organizational climate and culture can be a strong cause for the growth of organizational citizenship behavior in an organization. According to Sondang in Melinda et al. (2004), employees prefer to do their work more than the demands of the task or exceed what is stated in the job description and will always support the organization's goals in order to achieve progress and development of the organization if they are in a positive organizational culture and climate.
2.	Job satisfaction	Organs et al. (2006) explained that there is a relationship between job satisfaction and organizational citizenship behavior, which can use social exchange theory to explain this. Blau in Organ et al. (2006) uses an approach in social exchange theory which argues that when employees are satisfied with their work, they will reciprocate. Which, the retaliation includes a strong sense of belonging to the organization and the emergence of behaviors such as organizational citizenship behavior.
3.	Mood	The mood felt by employees can affect the emergence of organizational citizenship behavior. When employees have a positive mood, it will increase the opportunity for the employee to be able to help others at work.
4.	Perception of operational support	Shore et al. (1993) in his research found that the perception of organizational support is the cause of organizational citizenship behavior (OCB). Employees who feel supported by the organization will provide feedback to the organization by displaying organizational citizenship behavior.

Source: processed by the author

C. METHODS

In this study, which focuses on the Extra Role Behavior of the apparatus in implementing *Ketuk Pintu Layani Dengan Hati* Program, the researcher uses qualitative research methods. This method is the only relevant way to understand social phenomena (human action). According to Moleong (2011), qualitative research is research that intends to understand the phenomena of what is experienced by research subjects such as behavior, perception, motivation, action, and others holistically. Furthermore, detailed and in-depth descriptions of the conditions in a natural context (natural setting), about what actually occurred in accordance with what existed in the field of study, are the results of qualitative research, which tries to comprehend the state of a context (Kumara et al., 2022).

This research is descriptive research in which according to Creswell & Creswell (2018) is a research method that seeks to explore and understand the meaning that a number of individuals or groups of people consider to be derived from social or humanitarian problems. The research location is in DKI Jakarta Province. Determination of informants is done through a purposive procedure, namely by determining the group of participants who become informants according to selected criteria that are relevant to certain research problems (Bungin, 2007) which then develops into a snowball. In the implementation of data collection there are six sources, namely: documents, archive records, interviews, direct observations, participant observations, and physical devices (Yin, 2011). The technique of checking the validity of the data used in this study is the data triangulation technique (Moleong, 2011). Data analysis was carried out by data reduction, data presentation and conclusion drawing (Miles et al., 2014)

D. EXPLANATION

Implementation of *Ketuk Pintu Layani Dengan Hati* Program in DKI Jakarta Province

Health is an important aspect in social life so that people can have high competitiveness and productivity to improve their standard of living. It is undeniable that the existence of the community in the midst of the state certainly has implications and reciprocal relations between the community and the government related to all aspects of their lives. DKI Jakarta Province as the capital city of Indonesia certainly has a fairly strong dynamic of life, supported by increasing population growth. However, the higher population growth is not accompanied by the condition of the people who are increasingly healthy and productive. This is due to the lack of public awareness of the DKI Jakarta Province regarding the health conditions of themselves and their environment. Thus, the number of disease transmission in DKI Jakarta Province increases from year to year. Therefore, the DKI Jakarta Provincial Government carried out affirmative action by issuing *Ketuk Pintu Layani Dengan Hati* Program. *Ketuk Pintu Layani Dengan Hati* Program was first implemented based on the *Surat Keputusan Kepala Kantor Kesehatan Provinsi DKI Jakarta Nomor 3977/2015* concerning the Determination of a *Ketuk Pintu Layani Dengan Hati* teams, the DKI Jakarta Provincial Health Office, which stipulates several contract workers who are recruited by the DKI Jakarta Provincial Health Office to carry out *Ketuk Pintu Layani Dengan Hati* Program on a regular basis for the people of DKI Jakarta Province. Then, in its implementation in the community, all contract workers who are members of the Service Knock Door Team are provided with a *Surat Edaran Kepala Kantor Provinsi DKI Jakarta Nomor 83/SE/2015* concerning *Ketuk Pintu Layani Dengan Hati* Program as an introduction to the *Ketuk Pintu Layani Dengan Hati* team in their duties to the community. community and regional health cadres to demonstrate the legality of the program. After that, the DKI Jakarta Provincial Government then issued the legal basis for *Ketuk Pintu Layani Dengan Hati* Program, namely the *Peraturan Gubernur Provinsi DKI Jakarta Nomor 115 Tahun 2016* concerning *Ketuk Pintu Layani Dengan Hati* Program which contains activities aimed at improving the quality of

human life both in terms of individual health and environmental health. Furthermore, the stages in the implementation of *Ketuk Pintu Layani Dengan Hati* Program will be explained in table 10 below:

Table 10: Stages in the Implementation of *Ketuk Pintu Layani Dengan Hati* Program in DKI Jakarta Province



No.	Implementation Stages	Explanation
1.	Data Collection and Mapping of Health Problems	<p><i>Ketuk Pintu Layani Dengan Hati</i> Program is motivated by the existence of two basic programs in the community, namely the program from the Family Welfare Empowerment Organization and the program from the local Health Office, which is the National Health Insurance. The two programs have one thing in common, namely starting with data collection, both in terms of demographics and population environmental conditions from the Family Welfare Empowerment Program (PKK) and from a health perspective from the local Health Office program. In the data collection and mapping process, <i>Ketuk Pintu Layani Dengan Hati</i> team in collaboration with local health cadres began to visit resident's door-to-door. This activity was carried out first by health cadres, which aimed to build public confidence in carrying out data collection in the community. Also, in the process of data collection and mapping, this is usually done outside of working hours from health cadres and also from <i>Ketuk Pintu Layani Dengan Hati</i> team from referral health centers. Some of the things that are seen are the health conditions of both individuals and families, and health problems that are being faced. Then, from this data, the <i>Ketuk Pintu Layani Dengan Hati</i> team will map out the condition of health problems in the environment for further follow-up activities carried out by <i>Ketuk Pintu Layani Dengan Hati</i> Program team.</p> 

Figure 1. Data collection conducted by *Ketuk Pintu*

		<p><i>Layani Dengan Hati</i> Team at a resident's house in DKI Jakarta Province (source: author's documentation)</p> <p>The data collection here is carried out in several forms according to DKI Jakarta Governor Regulation Number 115 of 2016 concerning <i>Ketuk Pintu Layani Dengan Hati</i> Program:</p> <ol style="list-style-type: none"> 1. Health data collection using the e-form provided by <i>Ketuk Pintu Layani Dengan Hati</i> team; 2. Health data collection conducted by <i>Ketuk Pintu Layani Dengan Hati</i> Program team assisted by health cadres on duty; 3. Information technology-based data collection; 4. <i>Ketuk Pintu Layani Dengan Hati</i> sticker is affixed in front of the house indicating that the data collection has been carried out by <i>Ketuk Pintu Layani Dengan Hati</i> team.
2.	Health Problem Analysis	<p>After the data collection was carried out by health cadres in the area, here the data that had been taken was then collected and analyzed by <i>Ketuk Pintu Layani Dengan Hati</i> team which would be used as consideration for them to follow up on any activities that must be carried out by the community. <i>Ketuk Pintu Layani Dengan Hati</i> team and also these health cadres. Then, this health problem analysis activity will be carried out in the form of:</p> <ol style="list-style-type: none"> 1. Classify all e-forms that have been filled out by local residents; 2. Recapitulating data from all conventional and electronic formats at the Neighborhood Association level; 3. Identify the available resources as an input factor, which consists of: <ol style="list-style-type: none"> a. The need for doctors and health workers based on the ratio determined by the Health Office; b. The total population in the area; c. Facilities, facilities, and human resources in the area; d. The rate of disease sufferers and the number of visits by residents to first-level health care facilities; and e. The amount of capitation funds owned. 4. Formulate public health problems; and 5. Grouping public health problems both individually and in the community
3.	Compilation of	From the mapping that has been carried out by <i>Ketuk</i>

	<p>Joint Work Plans</p>	<p><i>Pintu Layani Dengan Hati</i> team, a conclusion can be drawn about the health conditions of individuals, families and the environment. In delivering the analysis results from <i>Ketuk Pintu Layani Dengan Hati</i> team, a Forum Group Discussion was conducted in the area involving health cadres, <i>Ketuk Pintu Layani Dengan Hati</i> team, village heads and local communities aimed at formulating strategic activities that will solve problems that exist in the community which will then be carried out by <i>Ketuk Pintu Layani Dengan Hati</i> team. In the implementation of the Forum Group Discussion, this is usually done during village meetings which are usually held at night. The results of this Forum Group Discussion will be in the form of a plan of action which must be agreed with the Public health center, medical personnel on duty, and health cadres.</p>  <p>Figure 2. Community Deliberation conducted by <i>Ketuk Pintu Layani Dengan Hati</i> Team in one of the district in DKI Jakarta Province (Source: author's documentation)</p>
<p>4.</p>	<p>KPLDH Program Implementation</p>	<p>After the Forum Group Discussion was carried out and resulted in according to DKI Jakarta Governor Regulation Number 115 of 2016 concerning <i>Ketuk Pintu Layani Dengan Hati</i> Program, in its implementation there were 5 stages carried out by <i>Ketuk Pintu Layani Dengan Hati</i> team in promotive and preventive efforts to deal with health problems that exist in an area. in DKI Jakarta Province. The implementation of this program itself is carried out in the afternoon, which is carried out after the doctors, nurses, and midwives have finished their duties at the main health center where they work.</p>

1. *Home Visit*

This stage refers to monitoring the health status of each family member on a regular basis through visits to the homes of local residents. Several things are monitored as revealed by health cadres in all regions in DKI Jakarta Province with different regional conditions.



Figure 3. Home Visit conducted by *Ketuk Pintu Layani Dengan Hati* Team with health cadres in DKI Jakarta Province (source: author's documentation)

2. *Home Education*

This stage refers to counseling to families so that they always carry out clean and healthy living behavior by providing education and personal counseling. Furthermore, *Ketuk Pintu Layani Dengan Hati* team also provides assistance to people who have been hospitalized or post-hospitalized in order to overcome post-hospitalization problems for the community. Health cadres here also play a role in deepening public knowledge related to health education.

3. *Home Care*

This stage refers to the care for family members including counseling about complementary therapies by utilizing biodiversity or family medicinal plants. In addition, at this stage, palliative care is also carried out for family members in need. Furthermore, almost all health cadres in DKI Jakarta Province oversee home care activities carried out by *Ketuk Pintu Layani Dengan Hati* team. *Ketuk Pintu Layani Dengan Hati* Team also provided counseling about complementary therapies by utilizing biodiversity or family medicinal plants which also involved health cadres in conducting counseling in the DKI Jakarta Province.

		<p>4. <i>Home Surveillance</i> In this stage, <i>Ketuk Pintu Layani Dengan Hati</i> team conducts environmental health coaching including monitoring the spread of infectious and non-communicable diseases to special groups in certain community areas. The guidance carried out cannot be separated from the role of health cadres in the DKI Jakarta Province.</p> <p>5. <i>Provision of Referrals</i> This stage is optional, because this stage will be carried out if during the Home Visit process an emergency condition is found that requires the patient to enter a first-level health facility, <i>Ketuk Pintu Layani Dengan Hati</i> team will issue a referral document that can facilitate the patient's access to the first health facility. It also pays attention to the condition of the residents having public health insurance or not. However, problems also often arise from this stage which is the difficulty of accessing transportation in making referrals to the first health facility above the Public health center. So, sometimes this referral process is difficult to do.</p>
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Source: Processed by the Author (2021)

Extra Role Behavior of Apparatus in Implementing *Ketuk Pintu Layani Dengan Hati* Program in DKI Jakarta Province

Ketuk Pintu Layani Dengan Hati Program is carried out by a Public health center team consisting of doctors, nurses, and midwives as well as a team of health cadres consisting of posyandu cadres, posbindu cadres, and jumentik cadres. They have formal duties in their respective fields, so in implementing *Ketuk Pintu Layani Dengan Hati* Program they are required to perform extra tasks outside of their formal duties. From the document study conducted, it can be identified the formal duties and extra duties of the officers in charge of implementing the program. This can be seen from table 11 below:

Table 11: Outline of Formal Duties and Extra Duties of Implementing Apparatus of *Ketuk Pintu Layani Dengan Hati* Program in DKI Jakarta Province

No	Apparatus	Formal Duties	<i>Extra Role Behavior</i>
1.	Head of <i>Ketuk Pintu Layani Dengan Hati</i> Program Coordinator	Performing personnel administration at the Public health center	Get off the field with the health center team

	at Public health center in DKI Jakarta Province		
2.	Doctor in Public health center	Prepare medical devices and forms to support BPU; Performing medical services; Take medical action when necessary, whether planned or unplanned; Conduct public health education outside the building; Serving consulting from outside; Serving consulting from within; Conduct health coaching for health workers & cadres; Serving Health checks; Conducting regeneration in the field of Health; Carry out field duties in the field of Health; Carry out certain disease/epidemic control activities; Carry out supervision activities in the Health sector; Carrying out Monitoring in Service Units	participate in the preparation of a work plan with the community in the form of a Forum Group Discussion with a team of health cadres conducted outside of working days and hours; Socialization of environmental and health education conducted outside of working days and hours; Counseling on the importance of TOGA conducted outside of working days and hours; Participate in environmental development in the form of community service that is carried out outside of working days and hours
3.	Nurse in Public health center	Expert Nurse: Coordinate the implementation of the duty of the nurse on duty in the 24-hour unit, including job descriptions; Carry out coordination, monitoring and supervision of nurses in the treatment room; Supervise and monitor and evaluate the implementation of the duties of implementing nurses in the sub-district/kelurahan in fostering special groups; Perform recapitulation and sorting of proposed credit points for skilled nurse functional positions; Carry out mini health workshops at the Public health center level; Carry out advocacy for the development of special groups in the community to relevant stakeholders; Making project proposals (innovation activities); Create or compile and	Conducting data collection and mapping of health problems with a team of health cadres conducted outside of working days and hours; conduct an analysis of health problems with a team of health cadres outside of working days and hours; participate in the preparation of a work plan with the community in the form of a Forum Group Discussion with a team of health cadres conducted outside of working days and hours; Socialization of environmental and health education conducted outside of working days and hours; Counseling on the importance of TOGA conducted outside of working days and hours; Participate in environmental development in the form of community service carried out outside of working days

		publish the results of the activities of skilled nurses; Doing dissemination; Organizing a "clinical afternoon" Skilled Nurse: Provide Nursing Care to Individuals / Families both inside and outside the building; Implementing Basic Level Nursing Actions. 1; Conducting basic assessments on individuals; Provide counseling or education to individuals / groups; Responsible for the maintenance and security of medical and non-medical devices in the Service; Carry out community activities outside the building.	and hours; Provide first aid in the form of palliative care
4.	Midwife in Public health center	Performing Maternal and Child Health Services; Performing Family Planning services; Performing Clinical Actions on the installation of Contraceptives; Implementing Maternal and Child Health Services in the community (Posyandu); Carry out outreach in the community; Implementing Posyandu/Dasa Wisma Development; Midwifery Services in the Delivery Room (RB) Normal delivery care; Implementing Abnormal Childbirth Care; Performing midwifery care for postpartum mothers; Carrying out Nursing Care for Neonates; Carry out guard duties in the Maternity Home; Carry out standby duties.	Conducting data collection and mapping of health problems with a team of health cadres conducted outside of working days and hours; conduct an analysis of health problems with a team of health cadres outside of working days and hours; participate in the preparation of a work plan with the community in the form of a Forum Group Discussion with a team of health cadres conducted outside of working days and hours; Socialization of environmental and health education conducted outside of working days and hours; Counseling on the importance of TOGA conducted outside of working days and hours; Participate in environmental development in the form of community service carried out outside of working days and hours; Provide first aid in the form of palliative care
5.	Jumantik Cadre	Monitoring the mosquito larvae in people's homes	Conducting data collection and mapping of health problems with a team of health cadres conducted outside of working days and hours; conduct an analysis of health problems with a team of health

			<p>cadres outside of working days and hours; participate in the preparation of a work plan with the community in the form of a Forum Group Discussion with a team of health cadres conducted outside of working days and hours; Socialization of environmental and health education conducted outside of working days and hours; Counseling on the importance of TOGA conducted outside of working days and hours; Participate in environmental development in the form of community service carried out outside of working days and hours; Provide first aid in the form of palliative care</p>
6.	Posyandu cadres	<p>Activity 1, Registering a baby / Toddler, namely writing the name of the baby / Toddler on the KMS and a piece of paper inserted in the KMS and Registering pregnant women, namely writing the name of the pregnant woman on the Maternity Form or Register</p> <p>Activity 2, Weighing babies / toddlers and Recording the results of weighing on a piece of paper to be transferred to KMS</p> <p>Activity 3, Fill out the KMS or transfer the notes from the toddler's weighing results from a piece of paper into the child's KMS.</p> <p>Activity 4, Explain the KMS data or the child's condition based on the weight gain data depicted by the KMS chart to the mother of the child concerned; Provide advice to each mother by referring to her child's KMS data or from observations regarding the problems experienced by the target</p>	<p>Conducting data collection and mapping of health problems with a team of health cadres conducted outside of working days and hours; conduct an analysis of health problems with a team of health cadres outside of working days and hours; participate in the preparation of a work plan with the community in the form of a Forum Group Discussion with a team of health cadres conducted outside of working days and hours; Socialization of environmental and health education conducted outside of working days and hours; Counseling on the importance of TOGA conducted outside of working days and hours; Participate in environmental development in the form of community service carried out outside of working days and hours; Provide first aid in the form of palliative care</p>

		<p>and Provide referrals to the Public health center if needed, for toddlers, pregnant and lactating women</p> <p>Activity 5 is a sector service activity that is usually carried out by health workers, PLKB, and others. Services provided include: Immunization Services; Family Planning Services (KB); Treatment; Giving blood-added tablets (iron tablets), vitamin A and other drugs; Pregnancy checks for Posyandu that have adequate facilities and other related sectors.</p>	
7.	Posbindu Cadre	<p>Coordinator for the implementation of PTM Posbindu; Movers the community to participate in the PTM Posbindu; Monitoring the measurement of PTM risk factors; Counselors for PTM Posbindu participants; Recorder of the results of PTM Posbindu activities</p>	<p>Conducting data collection and mapping of health problems with a team of health cadres conducted outside of working days and hours; conduct an analysis of health problems with a team of health cadres outside of working days and hours; participate in the preparation of a work plan with the community in the form of a Forum Group Discussion with a team of health cadres conducted outside of working days and hours; Socialization of environmental and health education conducted outside of working days and hours; Counseling on the importance of TOGA conducted outside of working days and hours; Participate in environmental development in the form of community service carried out outside of working days and hours; Provide first aid in the form of palliative care</p>

Source: Public health center and Health Cadre Work Documents

Dimensions of Extra Role Behavior of Apparatus in the Implementation of *Ketuk Pintu Layani Dengan Hati* Program in DKI Jakarta Province

The extra role behavior carried out by the apparatus in the implementation of *Ketuk Pintu Layani Dengan Hati* Program can be viewed from several dimensions which will then be explained in table 12 below.:

Table 12. Dimensions of Extra Role Behavior of Officials in the Implementation of *Ketuk Pintu Layani Dengan Hati* Program in DKI Jakarta Province

No	Dimensions	Explanation of Apparatus Extra Role Behavior
1.	<i>Altruism</i>	<p>This dimension is a behavior to help others voluntarily which is not a duty and obligation. This behavior is carried out by individuals as an effort to prevent problems at work. In the implementation of <i>Ketuk Pintu Layani Dengan Hati</i> Program, voluntary behavior is carried out by health cadres and officials from the Public health center team. Extra role behavior from the Altruism dimension carried out by the health cadre team and the Public health center team at the home care and home education stages. The extra actions they take are as follows:</p> <ol style="list-style-type: none"> 1. <i>Home care</i>: <ol style="list-style-type: none"> a. TOGA counseling and disease treatment methods are often conducted outside of working days (Saturday – Sunday) b. TOGA counseling and disease treatment methods are carried out outside working hours (19.00 – 21.00) 2. <i>Home education</i>: <ol style="list-style-type: none"> a. Counseling on PHBS is often done outside of working days (Saturday – Sunday) b. Counseling on PHBS is conducted outside of working hours (19.00 – 21.00)
2.	<i>Sportsmanship</i>	<p>This dimension is an attitude that shows a willingness or tolerance to continue working in an organization or company without complaint, even if the circumstances of the task are not pleasant. This attitude of tolerance was apparently carried out by health cadres and also <i>Ketuk Pintu Layani Dengan Hati</i> team. Extra role behavior from the Sportsmanship dimension carried out by the health cadre team and the Public health center team at the home care and home surveillance stages. The extra actions they take are as follows:</p> <ol style="list-style-type: none"> 1. <i>Home care</i>: <ol style="list-style-type: none"> a. Palliative care is often done outside of working days (Saturday – Sunday) b. Palliative care and disease treatment methods are carried out outside working hours (19.00 – 21.00) 2. <i>Home surveillance</i>: <ol style="list-style-type: none"> a. Counseling on environmental health development is often conducted outside of working days (Saturday – Sunday) b. Counseling on environmental health development is carried out outside working

		hours (19.00 – 21.00)
3.	<i>Civic Virtue</i>	<p>This dimension is a manifestation of individual participation in the organization and maintain the continuity of the organization. In the implementation of the KPLDH program, this attitude of participation was actually carried out by health cadres and <i>Ketuk Pintu Layani Dengan Hati</i> team. Extra role behavior from the Civic Virtue dimension carried out by the health cadre team and the Public health center team at the stages of preparing the Joint Work Plan, home care, home education and home surveillance. The extra actions they take are as follows:</p> <ol style="list-style-type: none"> 1. Preparation of Joint Work Plan: <ol style="list-style-type: none"> a. Community meetings are often held outside of working days (Saturday – Sunday) 2. <i>Home Care</i>: <ol style="list-style-type: none"> a. TOGA counseling and disease treatment methods are often conducted outside of working days (Saturday – Sunday) 3. <i>Home Education</i> <ol style="list-style-type: none"> a. Palliative Care is often done outside of working days (Saturday – Sunday) 4. <i>Home Surveillance</i> <ol style="list-style-type: none"> a. Counseling on environmental health development is often conducted outside of working days (Saturday – Sunday)
4.	<i>Conscientiousness</i>	<p>This dimension indicates a voluntary effort to increase the creative fulfillment of a person to increase the effectiveness of his organization. In the implementation of <i>Ketuk Pintu Layani Dengan Hati</i> Program, health cadres and also <i>Ketuk Pintu Layani Dengan Hati</i> team demonstrated voluntary behavior. Extra role behavior from the Conscientiousness dimension carried out by the health cadre team and the Public health center team at the home care and home education stages. The extra actions they take are as follows:</p> <ol style="list-style-type: none"> 1. <i>Home care</i>: <ol style="list-style-type: none"> a. TOGA counseling and disease treatment methods are carried out outside working hours (06.00 – 08.00) 2. <i>Home education</i>: <ol style="list-style-type: none"> a. Counseling on PHBS is conducted outside working hours (06.00 – 08.00)
5.	<i>Participation</i>	<p>This dimension describes the willingness of employees to actively develop all aspects of organizational life. In the implementation of <i>Ketuk Pintu Layani Dengan Hati</i></p>

		Program, it is seen that there is a willingness of the apparatus to actively develop all aspects of organizational life both socially and functionally. Extra role behavior from the Participation dimension carried out by the health cadre team and the Public health center team at the stage of preparing the Joint Work Plan. The extra action they take is the preparation of the Joint Work Plan which is carried out outside of working days (Saturday – Sunday)
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Source: Processed by the Author (2021)

Factors Affecting the Extra Role Behavior of Apparatus in the Implementation of *Ketuk Pintu Layani Dengan Hati* Program in DKI Jakarta Province

Furthermore, there were several factors that influence the Extra Role Behavior of Apparatus in the Implementation of *Ketuk Pintu Layani Dengan Hati* Program in DKI Jakarta Province in which will be explained in table 13 below:

Table 13: Factors Affecting the Extra Role Behavior of Apparatus in the Implementation of *Ketuk Pintu Layani Dengan Hati* Program in DKI Jakarta Province

No	Factors	Explanations
1.	Organizational Culture and Climate	This factor refers to the organizational culture that triggers the emergence of organizational citizenship behavior. This factor causes employees or officers to want to do work beyond their formal duties and always support organizational goals in order to achieve organizational progress and development. In the implementation of <i>Ketuk Pintu Layani Dengan Hati</i> Program, it is seen that organizational culture is one of the factors that influence the extra role behavior of the apparatus. This factor underlies the concern of both Public health center officers who are members of the <i>Ketuk Pintu Layani Dengan Hati</i> team and health cadres in handling and resolving cases and health problems in the area where they live and those in the work area. This concern arises because the presence of Public health center and programs run by health cadres in the area where they live are a manifestation of efforts to improve the health level of individuals and the environment in the area where they live. So that the cultural factors and organizational climate that affect the extra role behavior in <i>Ketuk Pintu Layani Dengan Hati</i> Program in DKI Jakarta Province
2.	Job satisfaction	This factor explains that employees are satisfied with their work so they will automatically respond. Which,

		<p>the retaliation includes a strong sense of belonging to the organization and the emergence of behaviors such as organizational citizenship behavior. In the implementation of <i>Ketuk Pintu Layani Dengan Hati</i> Program, it is seen that job satisfaction is one of the factors that influence the extra role behavior of the apparatus. This factor underlies the implementation of the program, especially for health cadres in the area where they live. Because, there is a sense of belonging that is felt by the health cadres in the area where they live after <i>Ketuk Pintu Layani Dengan Hati</i> Program is implemented and are able to contribute in terms of reducing the rate of disease transmission, especially in DKI Jakarta Province. Thus, this job satisfaction factor affects the extra role behavior in <i>Ketuk Pintu Layani Dengan Hati</i> Program in DKI Jakarta Province.</p>
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Source: researcher data

E. CONCLUSION

Overall, it can be concluded that in implementing *Ketuk Pintu Layani Dengan Hati* Program in DKI Jakarta Province, the officers in charge, namely the Public health center team consisting of doctors, midwives, and nurses as well as a team of health cadres consisting of posyandu, posbindu, and jumantik cadres must implement extra role behavior that will explained as follows:

1. The apparatus consisting of the Public health center team and the Health Cadre team demonstrated Extra Role Behavior by conducting counseling on the importance of TOGA and counseling related to clean and healthy living behavior which was carried out outside of working days and hours. This is based on the empathy possessed by the Public health center team and the health cadre team which led to voluntary behavior to provide more services to residents in their homes by being willing to work outside of their working hours. The sense of empathy that appears shows one of the dimensions of extra role behavior, which is Altruism.
2. The apparatus consisting of the Public health center team and the Health Cadre team demonstrate Extra Role Behavior by carrying out palliative care and conducting counseling related to environmental health development which is often done outside of working days and hours. This is based on the interests of many people to be able to improve the quality of health in the area where they live. Putting the interests of the community first here shows one of the dimensions of extra role behavior, which is Sportsmanship.
3. The apparatus consisting of the Public health center team and the Health Cadre team demonstrated Extra Role Behavior by carrying out palliative care and conducting counseling related to environmental health development which was often carried out outside of working days and hours. This is based on concern for the condition of the community related to the problem of disease transmission so that they feel a sense of concern for the rampant cases of

disease transmission in the community. The sense of caring here shows one of the dimensions of extra role behavior, which is Civic Virtue.

4. The apparatus consisting of the Public health center team and the Health Cadre team demonstrated Extra Role Behavior by innovating in providing counseling or information related to complementary therapies by utilizing biodiversity or family medicinal plants and also about the importance of maintaining environmental cleanliness or promoting clean living behavior. and healthy in the area where they live. The innovation provided is by conducting informal counseling carried out by health cadres in providing information or counseling that is carried out outside of working hours. Innovation here shows one dimension of extra role behavior, which is Conscientiousness.
5. The apparatus consisting of the Public health center team and the Health Cadre team demonstrated Extra Role Behavior with the participation of officers in the preparation of a joint work plan which was carried out in the form of a Group Discussion Forum and the implementation of the program outside the working hours that had been set for Public health center officers who were members of the Public health center team. and a team of health cadres. Participation and program implementation time show one of the extra role behavior dimensions, which is Participation.

Then, in carrying out extra role behavior, the officers on duty have several reasons that are influencing factors in implementing *Ketuk Pintu Layani Dengan Hati* Program in Duren Sawit District, East Jakarta Administrative City. First, there is concern from both the Public health center team and the health cadre team in handling and resolving health problems in the area where they live and those in the work area. This concern arises because the program run by the Public health center team and the health care team in the area where they live is an embodiment of efforts to improve the health level of individuals and the environment in the area. This sense of concern is included in the cultural factors and organizational climate in extra role behavior. Second, there is a sense of belonging that is felt by health cadres in the area where they live after *Ketuk Pintu Layani Dengan Hati* Program is implemented. The sense of belonging is included in the job satisfaction factor.

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