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**Title: THE PLACEMENT EVALUATION OF HEALTH WORKERS WHO
FUNCTION AS PROMOTIVE AND PREVENTIVE PERSONNEL IN THE
BANJARBARU CITY HEALTH CENTER**

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Abstract: This study aims to evaluate the placement of health workers who function as promoters of health and disease prevention in Indonesian health centers (Puskesmas). This is because the placement of health workers who carry out these functions in the Puskesmas is still not standard. It is characterized by the absence of government regulations, both central and regional, which explicitly state the right type of functional public health positions to be placed in the puskesmas. As a result, the presence of various infectious diseases is still high. Community visits to seek treatment at the Puskesmas have also increased, which means the level of public health is still low. Through in-depth interviews conducted with six Heads of Puskesmas in the city of Banjarbaru, South Kalimantan province, as well as three officials related to this function in the Banjarbaru City Health Office, the results of this case study show that the function of health promotion and disease prevention even though it has been listed in the Puskesmas tasks there is no executive personnel yet. The current function of health promotion and disease prevention is mostly held by existing health workers, such as Midwives and/or Nurses. Rarely is this function carried out by professionals who are specifically tasked with promoting health and preventing disease. This dual position certainly causes other consequences and problems in human resource management at the Puskesmas.

Keywords: Health Workers, Human Resource Management, Promotive and Preventive, Puskesmas, Health Center

Introduction

The main function of the Puskesmas should emphasize prevention and health promotion in this case Public Health Efforts (preventive). Puskesmas become more preoccupied with curative functions rather than preventive. Whereas as the backbone of health

services, the focus of primary health care is promotion, prevention, and education which encourages the increasing role and independence of the community in overcoming various health risk factors, which will reduce the cost of curative health services ¹.

Case in point, almost every year the Health Service nationally is still struggling with the eradication of Dengue Hemorrhagic Fever (DHF). Also, in 2017, Indonesia was shocked by the Diphtheria Extraordinary Event in 142 districts/cities in 28 provinces ². This incident is considered the largest in the world. Recorded from January to November 2017 there were 593 Diphtheria cases with a death rate of 32 cases. What needs to be watched is the tendency of the number of cases of this disease to increase since 2007 (183 cases) and its peak in 2012 (1192 cases). After that, it declined but the numbers are still hundreds of cases. Even though Diphtheria immunization has been running for 5 decades, and must be given to babies under 1 year. Then there is also a follow-up vaccine or booster given at several levels of the child's age ².

The Diphtheria outbreak not only spread in areas where health services were considered poor but also attacked residents in Banjarbaru City, South Kalimantan province who were considered to have a relatively good health care system. From 2017 to February 2018, there were 28 cases of diphtheria sufferers in South Kalimantan Province. Of these 4 people came from the City of Banjarbaru ³. A study in the city of Banjarbaru concluded that the quality of service on the perception of satisfaction of National Health Insurance patients in the Banjarbaru City Health Center laboratory was good and patients were satisfied ⁴.

Concept

To meet the needs of people's lives to grow and develop, the government has three main tasks, namely service tasks, development tasks, and empowerment tasks or also called community missions ⁵. Service duties are given to the public for free or at affordable costs without differentiating community groups.

Eighty per cent of Puskesmas success is determined by the health workers who run it, consisting of (1) Doctors, (2) Dentists, (3) Nurses, (4) Midwives, (5) Pharmaceutical Workers,

(6) Public health officials, (7) Environmental officials, (8) Nutrition Workers, and (9) Medical Laboratory Experts. The World Health Organization (WHO) defines health workers as "... all people engaged in actions whose primary intent is to enhance health." ⁶.

Concerning personnel carrying out promotive and preventive efforts, it is first necessary to understand the difference between curative and preventive functions. A curative approach is an attempt to provide good physical, psychological, mental, and social treatment to patients in need. While the preventive approach tends to make efforts to prevent disease and improve health (promotion) before the occurrence of disease through community organizing efforts aimed at; (1) Improvement of environmental sanitation; (2) Eradication of infectious diseases; (3) Education for personal hygiene; (4) Organizing medical services and treatments for early diagnosis and treatment; and (5) Development of social engineering to ensure everyone is fulfilled the needs of a decent life in maintaining their health ⁷.

Research at the Palembang Campus Puskesmas shows that promotive and preventive programs that have been designed at the Puskesmas often do not go according to their original purpose, where the most important inhibiting factors in implementing promotive and preventive activities are ¹⁸ lack of funds, lack of public health officials, lack of collaboration of public health officials, cadres and the community and there is no good management system in carrying out these activities ⁸. Not only in Indonesia, due to a shortage of public health officials, in India all health workers who work at HSC (Health Sub Centers) have a role as preventive as well as curative ⁹.

¹⁶ The limited availability of public health officials as one of the factors that influence the quality of Puskesmas services. The results of research at the Mamuju City Health Center showed that the lack of public health officials made the workload even higher and not following the duties and educational background. So, in the end, it has an impact on the declining quality of Puskesmas services ¹⁰.

Dussault and Dubois¹¹ have examined 16 developing countries, including Indonesia, the results of the study suggest that ² the absence of appropriate human resource policies in many countries, causing chronic imbalances with diverse effects on health workers, such as

the presence of quantitative mismatch (the number of health workers who are needed in the field), qualitative gaps (non-standard competency of health workers), unequal distribution and lack of coordination between HR actions and health policy needs. The relationship between human resources and health care facilities is very complex, both have clear and important differences, human capital should be handled and managed very differently and treated as important as physical capital¹². Thus it is necessary to do health human resource management through HR planning that is carried out in line with the organization's strategic planning, as stated by Scheffler et.al.¹³, "*Any organization, as it grows in size, finds itself faced with a set of critical issues concerning human resources or personnel needs. If the organization is growing, the methods of finding and hiring workers who have the required skills are needed. This usually results in some form of human resource planning.*"

Methodology

This research uses a qualitative approach, with a policy evaluation research method. According to Moleong¹⁴, one of them is qualitative research used for evaluation purposes. One of the definitions of qualitative research is presented by Bogdan and Taylor as a research procedure that produces descriptive data in the form of written or oral words from people and observable behaviour¹⁴.

The research design follows the path or steps specified in Provus's Discrepancy Evaluation Model (DEM). In implementing DEM a series of linear evaluation processes¹⁵, starting from step one, namely developing policy designs and standards, then the second step designing evaluation using DEM, followed by the third step of capturing data on policy performance, the fourth step identifying the discrepancy between performance and standards, and the fifth step determines the reasons for the discrepancy and ends in the sixth step, which is to arrange activities to eliminate discrepancies. In identifying discrepancy (fourth step) is done by comparing the data in step one with the data in step three.

The sample of Puskesmas in this study was selected with certain consideration/purposive sampling¹⁶. On a regional basis, regions that can represent specific regions are selected, namely regions that tend to develop into megapolitan, and general

regions, namely regions in Indonesia in general. Banjarbaru City is a new city from the division of Banjar Regency, South Kalimantan Province. Banjarbaru City is included in the category of medium city, with a population of more than 100,000 to 500,000 people, chosen because it has social problems that are equivalent to 97 other medium-categorized cities in Indonesia, particularly the various health problems. Community health centres in the city of Banjarbaru are categorized as urban health centres.

Results:

There are discrepancies between standards and performance in the field, in this case, promotive and preventive programs in the Banjarbaru City Health Centers, where these programs are in line with policies (standards) set by the government. It is just that there is no placement to be held specifically by functional personnel in public health efforts. Thus, this function is carried out in a double position by the Midwife and/or Nurse. As a result, promotive and preventive programs are carried out part-time because they are carried out by public health officials who are not competent in this field. According to Dessler, incorrect placement can result in poor employee performance¹⁷. Based on a research⁸ at the Puskesmas Kampus Palembang confirmed that the lack of funds and the lack of public health officials resulted in some planned promotive and promotional activities not being carried out on a scheduled basis, some even not being carried out at all. For this reason, a shortcut that can be done is to equip public health officials who hold double positions with appropriate competencies according to their field of work. The fulfilment of minimum competency standards by the government needs to be done in this competitive world, where public sector organizations need to achieve their goals by providing effective and efficient services to the community so that skilled workers are needed¹⁸.

References:

1. Rahma, A., Arso, S. P. & Suparwati, A. Implementasi Fungsi Pokok Pelayanan Primer Puskesmas Sebagai Gatekeeper Dalam Program Jaminan Kesehatan Nasional (Studi Di Puskesmas Juwana Kabupaten Pati). *J. Kesehat. Masy.* **3**, 1–11 (2015).
2. Wulandari, F. Ganasnya Difteri Sepanjang 2017, Kasusnya Terbesar di Dunia. *Tribun Kesehatan* (2017). doi:<http://www.tribunnews.com/kesehatan/2017/12/28/ganasnya-difteri-sepanjang-2017-kasusnya-terbesar-di-dunia>

3. NN. Kasus Difteri di Kalimantan Selatan. *banjarmasin.tribunnews.com* (2018).
4. Setia, L., Muhyi, R. & Husaini. Pengaruh Mutu Pelayanan Terhadap Persepsi Kepuasan Pasien di Laboratorium Puskesmas Kota Banjarbaru Tahun 2016: Studi Kasus Pasien Jaminan Kesehatan. *Prodi Magister Ilmu Kesehatan Masyarakat, Fak Kedokteran, Universitas Lambung Mangkurat* (Universitas Lambung Mangkurat, 2016).
5. Dewi, R. K. *Studi Analisis Kebijakan*. (CV Pustaka Setia, 2016).
6. Chen, L. *et al. Working Together for Health: The World Health Report 2006*. (2006). doi:https://www.who.int/whr/2006/whr06_en.pdf
7. Surahman & Supardi, S. *Ilmu Kesehatan Masyarakat PKM*. (Pusdik SDM Kesehatan, 2016).
8. Zani, T. & Fadilah, M. Analisis Implementasi Kegiatan Promotif dan Preventif di Puskesmas Kampus Palembang Tahun 2010. *J. Ilmu Kesehat. Masy.* **3**, 156–163 (2012).
9. Pallikadavath, S., Singh, A., Ogollah, R., Dean, T. & Stones, W. Human resource inequalities at the base of India's public health care system. *Health Place* **23**, 26–32 (2013).
10. Lestari, T. R. P. Analisis Ketersediaan Tenaga Kesehatan di Puskesmas Kota Mamuju Provinsi Sulawesi Barat Tahun 2014. *Kajian* **21**, 75–88 (2016).
11. Dussault, G. & Dubois, C.-A. Human resources for health policies: a critical component in health policies. *Hum. Resour. Health* **1**, 1 (2003).
12. Kabene, S. M., Orchard, C., Howard, J. M., Soriano, M. A. & Leduc, R. The importance of human resources management in health care: A global context. *Hum. Resour. Health* **4**, 1–17 (2006).
13. Scheffler, R. M. *et al.* Forecasting imbalances in the global health labor market and devising policy responses. *Hum. Resour. Health* **16**, 1–10 (2018).
14. Lexy J. Moleong. *Metodologi Penelitian Kualitatif*. (PT Remaja Rosdakarya, 2007).
15. Wirawan. *Evaluasi: Teori, Model, Standar, Aplikasi, dan Profesi*. (PT Rajagrafindo Persada, 2012).
16. Sugiono. *Metode Penelitian Pendekatan Kuantitatif, Kualitatif dan R & D*. (Alfa Beta, 2009).
17. Kavoo-linge, T. & Kiruri, J. K. The effect of placement practices on employee performance in small service firms in the information technology sector in kenya. *Int. J. Bus. Soc. Sci.* **4**, 213–219 (2013).
18. Nyangaresi, W. M., Njeru, A. W., Mutavi, T. & Waithaka, G. N. Recruitment and Selection Process : A Case of City council of Nairobi, Kenya. *Rev. Contemp. Bus. Res.* **2**, 40–44 (2013).

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