

Health Workforce Planning Based on Workload Analysis Method in Banjarmasin

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Abstract

Availability of the health workforce is one of the important and strategic factors in health development. Therefore, a good health workforce planning method is needed. Health workforce planning is conducted in Banjarmasin city using Workload Analysis Method from the aspects of input, process, and output. The research used a qualitative descriptive approach by examining the input, process and output aspects. Participants in the research were Head of City Health Office, Head of Human Resources Management, Head of Health Workforce, Head of Human Resources of Regional Personnel Agency. Data collection techniques used in-depth interviews and document review. Health workforce planning based on workload analysis in Banjarmasin 2017, in general, have been planned well enough, but there is still a difference of perception or assumption between the decision of policy in cross-sector and existence of regulation which is counterproductive.

Keywords: health workforce, planning, workload analysis

I. INTRODUCTION

The indicator of the success of the health development program is 80% depending on the role of strategic and competent health personnel. Strategic health personnel consisting of doctors, dentists, pharmacists, nurses, midwives, nutritionists, environmental health and laboratory analysts, are required to have a passion for leading health development. That is, the quality and professionalism of health workers determine the success rate of health development in a country, including Indonesia (Kalimantan Selatan Health Office, 2017).

The Ministry of Health's Strategic Plan stipulates that every public health center must meet the needs of health personnel with minimum labor standards in accordance with Minister of Health Regulation number 75 of 2015, namely the availability of 9 Strategic of Health Workers (MOH, 2015a). The condition of Strategic Health in the Public Health Center of 9731 Puskesmas in general there is still a shortage of health workers as many as 44,405 people, but when viewed based on minimum labor standards, there is an excess of 149,112 means that there is a mal-distribution of health personnel due to the distribution of health personnel who do not evenly distributed (MOH, 2015b).

The problem occurs is influenced by many factors, one of which is the quality of human resource planning that has not been optimal either from the input, process and output aspect. Health workforce planning program based on health workload analysis method implemented from 2016 until 2017 in Banjarmasin, with this plan the availability of health workforce can be identified how many numbers, types, and qualifications available, deficiencies or advantages so that it can do the planning to fill/close deficiencies, or redistribution if there is an excess of human resources.

II. METHOD

This research was conducted by qualitative descriptive approach on health workforce requirement planning based on workload analysis method in Banjarmasin City, with research subjects/participants that Head of Health Office, Head of Health Workforce, Sub-Head of Human Resources and Human Resources Manager, and Head of Human Resource of Regional Personnel Agency Banjarmasin. The instrument is the researcher himself. Other supporting instruments are interview guide, recorder, notebook.

III. RESULTS AND DISCUSSION

Research on health workforce planning program based on health workload analysis in Banjarmasin 2017 that analyzes the parameters of input, process, and output, can be explained by these aspects;

A. Planning Input (Planning Team, Data, Budget, Policy)

From the results of in-depth interview and document review obtained from input aspect of planner team, the absence of Human Resource Planning Team because The Health Office has not implemented the Regulation of the Minister of Health number 33 of 2015 which stipulates that the implementation of HRM

needs planning using health workload analysis method should form the HRM Planning Team. Whereas the existence of the planning team is the most important element that must exist in the activities of human resource needs planning to determine the success of organizational goals (MOH, 2015 d). Data used only depends on the data format from the Ministry of Health then there is no uniformity of data about the type of health workforce with The Regional Personnel Agency due to different rules/references used. Budgets are still minimal/absence of special budget available for human resource planning activities only based on a fund of National and Regional Budget and Expand Planning. There are no specific policies, the Department of Health as part of the work unit to act as the central government's policy implementor (Department of Health, 2015a).

B. Process Planning (Planning, Implementation, Budgeting, Coordination, Advocacy)

The process of health workforce requirement planning implemented from the aspect of planning with a workload analysis method done by bottom up. The proposed needs from below (public health center) can be accommodated. This is in line with the theory of health workforce planning in Ministry of Health Rules. Human resource planning is done in stages, namely from the process of planning the needs of human resources conducted from the level of the institution to the district/city level (MOH, 2015 a). From the aspect of implementation, budgeting, coordination and advocacy planning for health workforce in Banjarmasin, it has not been optimal because still constrained by differences in perception or assumption of government stakeholders (Government Secretary and Regional Personnel Agency) as decision makers so that all elements of the planning process it requires a long process and time in the discussion for approval until 2018. The absence of budget availability in an activity will have an impact on the implementation of the activity optimally because the budget is something that affects a plan in an organizational goal (Nurpeni, 2011). The purpose of coordination is the process of integrating objectives and activities in separate units (departments or functional areas) of an organization to achieve organizational goals efficiently (Handoko, 2012).

C. Output Planning (Document Planning, Realization of Health Workforce Fulfillment)

The human resource requirement document is the result of the calculation of the workload analysis method undertaken in a bottom-up manner cannot be accommodated in whole as needed because the format or result of the workload from Health Office different from the rules of Regional Personnel Agency using different regulation. Documentation will good if the process and stages of planning preparation supported by data accuracy (Symond D., 2006). While the realization aspect of health workforce fulfillment that the health workforce has not been fulfilled in public health center (bottom) because it is not optimal from input aspect which resulted in all the elements in the process and output aspects of planning. A non-bargaining power in the fulfillment of public health center will standardize then to support the optimal health service delivery as public health center is the leading unit in the achievement of minimum service standards targets by the local/local government (MOH, 2015c).

IV. CONCLUSIONS

Based on results research and discussion, Health Manpower Requirement Planning based on Workload Analysis (ABK) Health City Banjarmasin 2017 by examining the aspects of input, process, and output planned is still not optimal, this is because that the planning process both from the input, process, and output is still a lot of shortcomings so the goal organizations are not met, this happens because the planning is an integral ATIS system are interlinked. Planning for HR is a systematic process that is used to predict the demand and supply of human resources in the future. Simply analyzing the needs of employees is a logical and orderly process of analysis to comply with the number and quality of personnel required in an organizational unit (Rachmatay, 2008).

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