

**HUMAN RESOURCES MANAGEMENT IN PUBLIC HEALTH
CENTER IN INDONESIA : A CASE STUDY**

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Introduction

The following case study seeks to identify ways to improve human resources management in public health centre including some of challenges to management team, priority area for action and programs to attract and retain staff across the health service.

The case study consist of three distinct parts. Part one describes human resources conditions and problem in public health centre. Part two will discuss the program that might attract and retain staff across the health service. Part three identify some challenges for conducting action research project in public health centre.

It is important to distinguish that for the purpose of this case study, I have chose human resources conditions and problems in *Puskesmas* (public health centre) *Paseh* in District Sumedang, West Java Indonesia. I have recently been appointed as the Executive Director, Human Resource Management in *Puskesmas Paseh* that provides multi-disciplinary services including mental health services to a large geographical area including rural areas. My previous experiences in HRM have been at the middle manager level in a small community hospital. The current executive management team is conservative and traditional in outlook and behavior. The chief executive approaches you and indicates that HRM has not been managed well in the past and that you are expected to 'fix' this. For example: high staff turnover (both clinical and corporate); de-motivated staff; below benchmark organizational outcomes. Benchmarking is done with other like organizations nationally and internationally.

Identification Human Resources Condition and Problems in Puskesmas Paseh

Puskesmas Paseh is the only public health centre in District Sumedang that has a Nursing Centre. Nursing Centre is a pilot project of collaborative program between Faculty of Nursing Padjadjaran University, Nursing Academy of Sumedang, and Department of Health West Java Province. The Nursing Centre has been launched since 2002. It has programs in health education, health counselling, direct nursing care including home care, and information system. In Indonesia, this is the first project that used a collaborative approach between all components in community. *Puskesmas Paseh* itself is similar with other *puskesmas* as a government health service institution in a community that have basic six services including child and maternity health care, nutrition, health promotion, medication, communicable diseases control and environment health, and immunizations program. As the first *puskesmas* with Nursing Centre, *Puskesmas Paseh* now become a model and an example for other *puskesmas* and nursing education institution that interested to develop Nursing Centre in their area.

Coverage of Puskesmas Paseh is ten villages, and most of the villages located in mountainous areas. Some areas cannot be travelled by car, therefore to travel from one village to another most of residents have to walk or use motorcycles.

Human resources in Puskesmas Paseh consist of:

- Seven nurses who have different educational programs. Three nurses are from academy of nursing graduate, three nurse aids, and one person with bachelor degree qualification.. This condition creates problem when allocating work because not all staff have capability to conduct nursing process.
- Ten village registered midwives
- One sanitarian (environment health worker)
- One dietician
- One doctor (general practitioner)
- One dentist.
- Two clerical staff

Puskesmas Paseh has three auxiliary puskesmas located in Padanaan village, Cijambe village, and Bongkok village. Human resources in each auxiliary puskesmas are two people, first is a village midwife and the second is a nurse. All personnel in auxiliary puskesmas also have duty in puskesmas Paseh.

In terms of health services, puskesmas Paseh conducted eighteen programs with emphasis on six basic programs which are child and maternity health, nutrition, health promotion, medication, communicable diseases control and environment health, and immunizations program, and nursing centre project as additional program.

In practice, *puskesmas* personnel seldom pay attention to quality assurance because lack of knowledge, insufficient basic medical equipment, lack of personnel, too many program, and most attention given to medication program. With these limitations, it seems difficult to develop new program to increase health services to community.

Head of puskesmas does not have authority to decide and recruit human resources for puskesmas. All recruitment conducted in national or district level, so that *puskesmas* must accept all personnel given from health office. This make planning for *puskesmas* activity more difficult because personnel that come may not be suitable for what *puskesmas* needed. More over sometimes personnel who retired will be replaced with fresh graduate personnel that need more adjustment to new working environment.

Generally, many target and programs could not be achieved by *puskesmas* Paseh because most of the targets from District Health Office different with the real targets in the community. Therefore it is important to align puskesmas' target with District Health Office's target.

Even though every village in Paseh already has a nurse and midwife in charge, health services activities outside the building (*puskesmas*) is still less common. The reason for this because of lack of transportation, the area is difficult to reach, and lack of compensation from government. These people often see traditional healer or buy medicine over the counter.

Discipline and poor individual work performance also become problems in *puskesmas*. Work hours in *puskesmas* starts at 7 am until 2 pm six days per week but in practice *puskesmas* starts at 8 am and closed at 12.30 or 1 pm. If there are not many patients, most of *puskesmas* personnel just sit, talk, and eat small snack. There is little effort from head of *puskesmas* or personnel to fill the empty time with useful activities.

As government employee most of health personnel receive salary about Rp. 500.000,- to Rp. 1.000.000,- (AU\$ 70 – AU\$142) per month. Most of the health personnel feel that their salary is not enough for every day living expenses, therefore most nurses and midwives have their own midwives private practice in their home so that sometimes they came late to *puskesmas*. Head of *puskesmas* cannot give punishment because there are no other alternative for them to gain extra income.

In District Sumedang, including Puskesmas Paseh, Tuberculosis is a major health problem among the people including children. The following table shows increasing of TB patients from year 2001 to 2004.

Table 1. Numbers of People with TB in District Sumedang from 2001 - 2004

Categories	Year			
	2001	2002	2003	2004
New Sputum Smear (SS) (+)	261	301	424	364
SS (-)	443	332	317	296
SS (+) Relapse	51	57	59	25
Extra Lung	8	27	46	22
Children with TB	24	57	132	392

Source: P2P Dinkes Kabupaten Sumedang, 2004

The table above shows that number of children with TB increased rapidly from 13.5% (132 patients) in year 2003 to 35.67% (392) patients in year 2004.

There are so many complicated problems in *puskesmas* level that related to health services system in Indonesia. Some research has been done to improve the performance of health services system in Indonesia such as:

- Research about development model of recruitment and empowering nurses in remote areas (Budiarto, et.al. 2005),
- Assessment performance and implementation of minimum services standard in district and city health sector (Kosen, et al. 2005),
- Development network non government organization and enterprises to improve health status in district/city (Soeparmanto, et al. 2005),
- Development of health information system in district/city (Budiharto, et al. 2005),
- Development health system in district/city (Lestari, et al.2005).

Despite of that, the outcome of these researches has not improved the service in public health.

The Program that might Attract and Retain Staff across Public Health Centre

In order to improve human resources performance in Puskesmas (Public Health Centre) Paseh, it is important to make some changes in the way of thinking, attitude and behaviour of working for all staff. One of the programs that might attract and retain staff across is an action research project. Action research is a useful method to understand and improve situations, therefore nurses can become advocates and change agent in their workplace (Schneider, et al. 2003). Action research is a methodology which has the dual aims of action and research which are actions to bring about change in some community or organisation or program and research to increase understanding on the part of the researcher or the client, or both (and often some wider community) (Dick, 2003)

There are some advantages in doing action research project including:

- Action research lends itself to use in work or community situations. Practitioners, people who work as agents of change, can use it as part of their normal activities (Dick, 2003). The action research can be done as part of *Puskesmas*' normal activity so it does not give further burden for *Puskesmas* personnel.

- *Puskesmas* can propose funding for action research from government or non government organization interested in tuberculosis control in Indonesia. This can be a good opportunity to gain extra income for *Puskesmas*' personnel; and they do not have to do too much extra job to increase their income.
- When practitioners use action research it has the potential to increase the amount they learn consciously from their experience. The action research cycle can also be regarded as a learning cycle and systematic reflection is an effective way for practitioners to learn (Dick, 2003). The learning process very useful for community and *Puskesmas*' personnel. They can increase their knowledge and skills to treat and prevent tuberculosis. Some of *Puskesmas*' personnel might be want to pursue further higher education to increase their capacity in doing research. It also can be opportunity for *Puskesmas* personnel to get extra income by giving training to other institution who interested in applying new method of TB health education for their place.
- It looks good on *Puskesmas*' report and stratification to have done a research which has direct and obvious relevance to practice. If it has generated some worthwhile outcomes for the client, then that is a further bonus because there are no other research methodologies which also offer this advantage (Dick, 2003).
- Action research is usually participative which implies a partnership between *Puskesmas*' personnel and community and this method is more ethically satisfying. For some purposes it may also be more occupationally relevant (Dick, 2003). The action research can become entry point to gain and increase community trust to other *Puskesmas*' program so that the research can boost the increasing of target achievement for other programs.

Action research also has disadvantages including it is harder to do than conventional research because the main researcher take on responsibilities for change as well as for research. In addition, it involves the main researcher in more work to set it up but does not any credit for that (Dick, 2003).

Despite the disadvantages of action research, it is still worthwhile to do this research because it gives more advantages for *Puskesmas* and community.

Identification Challenges for Conducting Action Research

As every change process, there will be challenges and resistance for conducting action research in *puskesmas* (public health centre). Resistance to change can happen in individual or group of individual and organizational level (Harris, et al. 2006). This could be happen because some people felt threatened or afraid they might lose their potential income.

The sources of their resistance may be from the individual, cultural, political and social aspect. From individual aspect, certain profession may be fear that autonomy and standing as profession could be lost if doctor, nurses, midwives and other health personnel working together, since each profession used to work independently. From cultural aspect might be a preference for the traditional way of TB health education. In political aspect, some of people fear that the change would diminish their power and influence among co-workers or TB patients. From social aspect, there are some people who preference to keep working with current co-workers and reluctant to work as a team with other health profession; and from psychological aspect, they might seeing only the problems that might arise from action research and not the benefits of action research. All of these sources can apply to both individuals and coalition of individuals within or outside the public health centre for example District Health Office, Community leader, and community volunteer who will see the action research project as additional burden for their work (Harris, et al. 2006).

Change of any form involves movement from the known present (the 'comfort zone') to the (relatively) unknown, potentially dangerous and perhaps even confrontational future would produce stress and anxiety (Harris, et al. 2006). Therefore it is important to give explanation and understanding to all *puskesmas* personnel that all health profession would still have their autonomy, the new method would give more cultural

sensitive to community, the action research would not diminish their existing power and influence in workplace, they can keep working with current co-worker and also work as a team, and give emphasize that the action research would give benefits more for community and *puskesmas*.

At organizational level, resistance to change can be observed commonly on three fronts. First, increased political system activity in which individuals, groups, and alliances compete for power. During transition period power struggles would increase and caused philosophical or ideological discomfort which becomes sources of increased political activity (Harris, et al. 2006). This could become an obstacle to do the change.

Second, change often disturbs the culture and systems of authority and control within organization. This would lead to shift in objective, performance, accountabilities and loyalties to existing management authority (Harris, et al. 2006).

Finally, the change that involves professional autonomy or collegiality tends to be resisted very strong because professional expertise in organizational practice is deeply valued (Harris, et al. 2006).

Action research is one of organizational developments methods which emphasises democratic and humanist values, participative processes, a spirit of inquiry and a focus on personal and organisational growth (Harris, et al. 2006). Resistance to change is an important challenge to do action research in *puskesmas* authority area. Therefore, it is important to lead and manage change appropriately from two sides. First, change at the unit or team level and second from organizational or system level (Harris, et al. 2006).

There are three focus actions for change at the unit or team level. First focus is to translate a worthy goal (in this case to reduce incidence of TB) to a practical method in form of a proposal of project management with three objectives: to meet concrete

goals; to do it in a specified time, and to do it within a defined budget and resources (Harris, et al. 2006). Manager also need to develop a master control plan or evaluation in form of a general plan which consists of objectives of evaluation and actions that will be done in order to achieve the objective (Swansburg and Swansburg, 2002).

The second focus is to overcome resistance from stakeholder. The first step is to develop a clear understanding of stakeholders in a proposed change are (in this case District Health Office and community leader and volunteer), then do stakeholder analysis with Blair and Fottler's design as follow:

1. If stakeholder potential for threat to organisation is high and stakeholder's potential for cooperation with organisation is high then collaboratæ with mixed-blessing stakeholder should be encourage.
2. If stakeholder potential for threat to organisation is low and stakeholder's potential for cooperation with organisation is high then involve supportive stakeholder should be encourage.
3. If stakeholder potential for threat to organisation is high and stakeholder's potential for cooperation with organisation is low then defend against non-supportive stakeholder should be encourage.
4. If stakeholder potential for threat to organisation is low and stakeholder's potential for cooperation with organisation is low then monitor marginal stakeholder should be encourage.

(Harris, et al. 2006).

The third focus is building the team with people management. It is important to develop interdisciplinary teamwork in order to deliver package of care safely and at a high standard (Harris, et al. 2006).

Changing from organisational or system level would succeed f the manager has strategic leadership, the question of designing the change process around structure or culture, and special challenges of amalgamations and acquisition (Harris, et al. 2006).

In order to conduct successful action research, the manager relies on skilled change leadership and management based on cool and clear analysis, designing process of change around the work culture and value. Another important aspect to conduct a successful changing is a good planning. Planning is a key of management function to achieve organization goals; reluctant to do planning would result in unpredicted failure (Davidson and Griffin, 2006).

Conclusion

In conclusion, action research on culturally sensitive area of TB health education can become entry point to attract, retain staff, and improve human resources management in Puskesmas (public health centre) Paseh, Sumedang. There are some challenges to manager including resistance from individual or group of individual level and organizational level. Sources of resistance from individual level are professional, social, cultural, political, and psychological, while sources of resistance in organizational level are increase of political activity, disturbance of organizational culture, and professional value. To overcome these challenges in unit or team level, manager as researcher need to translate a worthy goal into a practical method, overcome stakeholder resistance, and building interdisciplinary teamwork, while at organizational level, manager need to do strategic leadership and reform culture of organization.

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