

Research Article

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THE RELATIONSHIP BETWEEN HUMAN RESOURCES AND PLANNING WITH MINIMUM COVERAGE OF HEALTH CARE SERVICES IN KONAWA REGENCY

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Abstract

Background: The preliminary study revealed that there were main problems in the implementation of the 2020 Health Development Program related to Minimum health service standard. These problems such as the availability of human resources that greatly contribute to service management at the public health centre in the form of planning, mobilizing and implementing in achieving goals, in this case related to the quality and equitable distribution of health workers as the spearhead of program implementation which is the supervision and assessment of the public health centre so that it will be influential in the process of service implementation management according to minimum service standards. This study aims to analyse the relationship between human resources and planning with minimum coverage of health care services in Konawe Regency.

Methods: This study uses a quantitative research design with a cross-sectional approach. The population is the entire person in charge of the minimum service standards of each public health centre in the working area of Konawe Regency, namely 42 respondents. The number of samples using the Slovin formula is 38 respondents with a sampling technique using simple random sampling.

Result: There is a strong relationship between human resources, planning to the coverage of minimum service standards.

Conclusion: Monitoring the minimum service standards and providing feedback on the results, conducting training and increasing the availability of health service facilities and infrastructure.

Key words: Human, Resources, Planning, Minimum, Service, Standard.

INTRODUCTION

Quality service can be achieved if it has standards and references that are used as guidelines in providing services. The government has a responsibility to ensure that every citizen gets quality health services according to their needs. Considering that citizens' needs for health goods/services are very vital and with unique and complex characteristics of health goods/services, the role of government in the health sector must be standardized, so that citizens can meet their needs in the health sector. Since the reform era, government affairs have been gradually handed over from the Central Government to Regional Governments. And because the condition of the capacity of local government resources throughout Indonesia is not the same, then the implementation of these affairs is regulated by Minimum Service Standards to ensure the availability of these services for all citizens. This is then determined firmly and clearly in Government Regulation Number 2 of 2018 concerning Minimum Service Standards(1). Minimum Service Standards are provisions regarding the type and quality of minimum basic services which are mandatory government affairs that every citizen has the right to obtain. Basic services are services provided to the public to meet the basic needs of citizens. Basic health services are indispensable for achieving the targets of the 2030 SDGs and Minimum Service Standards (MSS). The success of basic health services, which are primarily promotive and preventive, will reduce the burden of continuing services(2).

There are twelve (12) types of basic services in the health sector MSS for districts/cities with a 100% target set by the Minister of Health of the Republic of Indonesia. The 12 indicators include (1) health services for pregnant women, (2) maternal health services, (3) newborn health services, (4) health services for toddlers, (5)

health services at the age of basic education, (6) health services for productive age, (7) health services for the elderly, (8) health services for people with hypertension, (9) health services for people with diabetes mellitus, (10) health services for people with severe mental disorders, (11) services health for people suspected of tuberculosis and (12) health services for people at risk of being infected with a virus that weakens the human immune system (Human Immunodeficiency Virus)(3).

Based on the Southeast Sulawesi Province MSS report in 2020, it is known that Konawe Regency is still one of the regencies in the bottom five for achieving MSS coverage. Most of the indicators are still below the national target and relatively low when compared to districts/cities in Southeast Sulawesi. The indicators are indicators of health services for pregnant women, maternity mothers, newborns, toddlers, the elderly, people with DM, ODGJ(4).

Based on the report data on the achievement of the Minimum Service Standards of the Konawe District Health Office in 2020, dominantly in 29 Community Health Centers, it has not met the target. When compared to the National MSS target, in 2018 there were nine indicators that did not meet the target, in 2019 there were eleven indicators that did not meet the target and in 2020 there were twelve indicators that did not meet the National MSS target.(5).

Based on these data, the researchers conducted a study on "Human Resource Relations and Planning with a minimum service standard coverage of a Nursing Health Center in the Konawe Regency Region".

METHOD

This study uses a quantitative research design with a approachcross sectional study(6). Populationare all persons

in charge of minimum service standards of each public health centre in the working area of Konawe Regency, namely 42 respondents. The number of samples using the Slovin formula is 38 respondents with a sampling technique using simple random sampling.

RESULT

The table 1 shows that human resources in their public health centre are adequate, there are 10 (76.9%) respondents with MSS coverage having been achieved in their public health centre and 3 respondents (23.1%) whose health centers have not reached the MSS target. Meanwhile, from 25 respondents who stated that the human resources in their health centre were inadequate, three respondents (12%) with MSS coverage having been achieved in their health centre and 22 respondents (88%) whose public health centre had not yet reached the MSS target. The results of the Chi-square statistical test carried out obtained a p-value of 0.000 < 0.05. The hypothesis is accepted, based on the assessment criteria, there is a relationship between human resources and the minimum

service standard coverage. Furthermore, the results of the relationship closeness test obtained that the value of which is 0.649 or shows a strong relationship.

Table 2 shows that planning function at the public health centre was quite good, there were 11 (68.8%) of respondents whose MSS coverage has been achieved in their public health centre and 5 respondents (31.2%) whose public health centre have not reached the MSS target. Meanwhile, of the 22 respondents who stated that the planning function at their public health centre was not good, 2 respondents (9.1%) with MSS coverage had been achieved in their public health centre and 20 respondents (90.9%) whose health centers had not reached the MSS target. The results of the Chi-square statistical test carried out obtained a p-value of 0.000 < 0.05. The hypothesis is accepted, based on the assessment criteria, there is a planning relationship (P1) with a minimum service standard coverage. Furthermore, the results of the relationship closeness test obtained that the value of which is 0.621 or shows a strong relationship.

Table 1
Human Resources Relationship With Standard Coverage
Minimum Service

Human Resources	Minimum Service Standard Coverage				Amount	
	Enough		Not enough			
	n	%	n	%	n	%
Enough	10	76.9	3	23.1	13	100
Not enough	3	12.0	22	88.0	25	100
Total	13	34.2	25	65.8	38	100

Table 2
Planning Relationship With Minimum Service Standard Coverage

Planning (P1)	Minimum Service Standard Coverage				Amount	
	Enough		Not enough			
	n	%	n	%	n	%
Enough	11	68.8	5	31.2	16	100
Not enough	2	9.1	20	90.9	22	100
Total	13	34.2	25	65.8	38	100



DISCUSSION

Analysis of the Relationship of Human Resources with the Coverage of Minimum Service Standards for Nursing Health Centers in the Konawe Regency Area

Human resources are people in the organization who contribute ideas and perform various types of work in achieving organizational goals. The contribution in question is the thoughts and work they do in various activities within the company. In terms of human resources, what is covered is not limited to experts, educational staff or experienced personnel, but all workers used by the company to realize its goals(7). Health human resources is an arrangement that brings together various planning, education and training efforts and is integrated and mutually supportive, in order to ensure the achievement of the highest degree of public health.

Health human resources are a very valuable investment for a health organization. Every health organization must prepare a program that contains activities that can improve the capabilities and professionalism of HRK in order to survive and develop in accordance with the organizational environment. To achieve maximum productivity, organizations must ensure that the right HRD is selected for the job and the conditions that allow them to work optimally(8).

Analysis of Relationship Planning (P1) With Minimum Service Standard Coverage for Nursing Health Centers in Konawe District

Community Health Center planning or Microplanning is the preparation of a five-year plan with stages each year at the Puskesmas level. The general objective of microplanning at the public health centre is to increase the coverage of priority program services that have the greatest leverage to

reduce infant mortality, under-five children and fertility in their working areas, which in turn can improve the function of the public health centre(9). Health planning is a process to formulate health problems that develop in the community, determine the needs and available resources, determine the most basic program goals and develop practical steps to achieve the goals that have been set(10). One of the successes of the program is determined by good planning, but there are still problems encountered in the preparation of this health plan. So it needs a large workforce in efforts to change people's behavior must be in line with the health development program(11).

In the results of the bivariate analysis to see the relationship between planning (P1) and the minimum service standard coverage at the health center, it was obtained that obtained p-value $0.000 < 0.05$ and shows a strong relationship. The cross-analysis that has been carried out by researchers is obtained by the majority saying that planning at health centers is lacking, so this is what makes the minimum service standards at public health centre low in scope. The lack of planning for the public health centre is caused by several obstacles, namely man (people) where there are several officers who are less active in supporting the health service process, this is also known because there are several officers who rarely attend or participate in planning meetings. In addition, program planning which was originally well prepared as a result of the Covid-19 pandemic made the planning need to be rearranged and prioritized services related to Covid-19.

Research conducted by Siringi and Isranor from (2015) also revealed that planning is related to achieving MSS coverage, where lack of planning (P1) has an impact on high MSS indicators that do not reach the coverage target.(12). The results of a survey of 88 health workers at the public health centre in Delitua Health Center, Deli Serdang Regency, showed that planning management has a strong enough influence

on the performance of health workers(13). The same thing was said by(14) There is a significant relationship between the implementation of public health centre management with the quality of medical services in general polyclinics in public health centre throughout Bangkalan Regency. Therefore, if you want to achieve a good standard of medical care, the public health centre needs to improve the implementation of public health centre management.

In the results of the bivariate analysis to see the relationship between human resources and the minimum service standard coverage at health centers, it was obtained obtained p-value 0.000 <0.05 and shows a strong relationship. The majority of respondents stated that the lack of human resources at the public health centre caused the low achievement of minimum service standards at the public health centre. The lack of human resources at the public health centre makes many health workers concurrently or take on tasks that the officers themselves are not experts in their fields, which causes the services provided to patients to be not optimal, so that the achievement of service standards at the health care centers becomes less.

Agree with the research conducted by Surur (2019) which states that the correlational results show that between the variables of human resource capability on public services at the Department of Population and Civil Disabilities, Nagara Raya Regency has a positive influence. Where the quality of services provided to the community is influenced by the level of ability to work good and professional employees. Conversely, if the employee's ability to work is low, it will have an impact on the quality of service that is not optimal, which leads to the community as service recipients feeling dissatisfied with what is given.(15). Human resources in this case, namely the quality of services obtained from doctors and nurses are closely related to patient satisfaction in the internal medicine

room at RSUDZA Banda Aceh with a p-value of 0.002 <0.05(16).

CONCLUSION

It is hoped that the Konawe District Health Center will monitor the minimum service standards and provide feedback on the results, conduct training and improve the availability of health service facilities and infrastructure.

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