

# Analysis of the Needs of Health Workers with Triangulation Techniques at Health Centers Accompanying South Sorong Regency

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## Abstract

**Purpose:** To achieve the goals and working principles of health centers and health offices, the expertise and capacity of human resources are very important in diagnosing and overcoming problems so that they can achieve solutions to each task and function carried out by health centers.

**Methodology/approach:** This research was conducted at the Metemani Health Center, South Sorong Regency, from April to June 2024. The qualitative method used in this study was designed to produce descriptive data consisting of written and spoken words derived from people and observed behaviors. The primary informants of the study were all employees at the Metemani Health Center, which amounted to 18 health workers, using the purposive sampling technique.

**Results/findings:** Research at the Metemani Health Center shows a shortage of health workers, especially doctors, nutritionists, and pharmaceutical workers. The recruitment of health workers must be based on the analysis of the needs and fulfillment of the Minimum Personnel Standards in the agency. The Metemani Health Center has difficulty getting pharmacy staff, especially pharmacists, so this has an impact on the quality of services provided. The Head of the Health Center suggested the need for non-health workers to support administrative tasks.

**Limitations:** Analyzing the needs of healthcare workers based on workload is essential for optimizing the performance and quality of service. Fatigue and work stress can have an impact on productivity and service quality.

**Contribution:** The theoretical implications of this study underscore the importance of maintaining the recruitment of health workers based on the analysis of needs and fulfilment of the Minimum Standards of Personnel at Health Institutions.

**Keywords:** *administration, community, government health, treatment, technology*

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## 1. Introduction

The Ministry of Health of the Republic of Indonesia oversees the operation of community health centres called Puskesmas, which aim to provide health services to local communities at the sub-district level. Designed these services are to be all-encompassing, coordinated, well-tolerated, and easily accessible to the public (Sari et al., 2021). In addition, the active involvement of the community and the use of scientific and technological advances, in line with the capacity of the government and the needs of the community, are the top priorities of the Pusat Kesehatan Masyarakat (Puskesmas) (Lestari, 2017).

The goals and objectives set by the health centre or health service are competent and skilled human resources who are able to identify and overcome problems effectively so that, in the end, they can find

solutions to every problem that is the responsibility of the health centre. Duties and responsibilities of the health centre (Sari et al., 2021). To ensure that health services are in accordance with established administrative guidelines, health centres need to have strong human resource management practices and comply with the prescribed standards (Anjayati, 2021).

Participating in the Jaminan Kesehatan Nasional (JKN) program, the Metemani Health Center in South Sorong Regency is included in the category of Rural Health Centers. At this centre, there is a team of health professionals that includes one general practitioner, nine executive midwives, seven skilled nurses, one Health Laboratory staff, and one Environmental Health officer, all dedicated to providing comprehensive health services.

The number of medical personnel owned by the Metemani health centre has not met the standards regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019. For health centres in rural areas where, in addition to doctors or primary service doctors as referred to in paragraph 2, health centres must have dentists, other health workers, and health workers. Other types of health workers, as referred to in paragraph two, at least consist of nurses, midwives, health promotion and behavioural science personnel, environmental sanitation personnel, nutritionists, pharmacists or pharmaceutical technical personnel and medical laboratory technologists.

The shortage carefully of health workers was observed because it is true that the conditions in the field require additional human resources. After all, the workload of each officer is excessive, so it will affect the quality of services provided or the amount of unproductive time carried out by Human Resources (HR) at the Metemani Health Center. The implication of the shortage of health workers at the Metemani Health Center is the high workload of health workers and the hampering of the implementation of health programs. The high and low workloads can be measured based on the comparison between the existing workload and the standard of the given workload (Nathania & Wijaya, 2024). Workload has a positive and significant effect on the performance of health workers at the Metemani Health Center, which means that the more efforts to overcome the workload, the more the performance of nurses will also increase. Workload is one of the critical factors after work stress in improving the performance of health workers in Puskesmas (Maulidiyah & Zainafree, 2022).

## **2. Literatur Review**

### **2.1 Health workers**

Based on Law Number 36 of 2014 Article One paragraph one of Law No. 36 of 2014, what is meant by health workers is every person who is devoted to the health sector and has knowledge and skills through education in the field of certain types of health and requires an authority to carry out health efforts. In the explanation of Article One, Paragraph Two, the definition of health workers is all people with formal and non-formal education who have devoted themselves to preventing, maintaining and raising the level of public health (Maatisya & Santoso, 2022).

### **2.2 Puskesmas**

Puskesmas is a functional health organization that functions as a center for public health development, as well as fostering community participation. It provides comprehensive and integrated services to the communities in its work area through its main tasks and functions (Oktamianiza & Leonard, 2019). According to the Regulation of the Minister of Health of the Republic of Indonesia No. 43 of 2019 concerning Community Health Centers, also known as Puskesmas, are health facilities that provide primary-level public health services and individual health services. It mainly focuses on promotive and preventive efforts to achieve the highest possible level of public health in its work area. Health facilities are locations used to provide promotive, preventive, curative, and rehabilitative health services (Sudjadi et al., 2018).

### **2.3 Quality of service**

The quality of health services consists of two syllables, namely quality and health services. The quality of health services has a variety of perceptions in its interpretation, namely the quality of health services that include the best service itself (Putri, 2021). Those who use health services in the sense of good quality are related to the recovery from the disease they suffer, the degree of health, accuracy in services, adequate facilities and infrastructure and low-cost rates (Ichdan, 2024). Everyone who has assessed the

quality of health services based on different standards and characteristic criteria, the results of the view are caused by their educational background, knowledge, work, experience, environment and interests (Arman, 2020).

According to research conducted by (Afthanorhan et al., 2019) to find out the quality of service that consumers can feel in real terms, there are five dimensions contained in service quality indicators, namely:

1) Tangible

Services quality in the form of the physical is an effective communication platform, a comfortable place of service, easy to get services and available health aids.

2) Reliability

The ability of the agency to provide services in accordance with standard operating procedures (SOPs), performance according to customer expectations such as punctuality, the same service, and no errors because the performance is very accurate and precise.

3) Responsiveness

All employees help customers and provide responsive service by promptly responding to any customer seeking help. Staff perform their services quickly, accurately, and thoroughly and handle complaints from patients.

4) Assurance

Knowledge, skills, and professionalism, including of the employees, in gaining customer trust by providing timely service guarantees. Staff ensure the legality of the service, as well as provide certainty of the cost of the service.

5) Empathy

Good communication so that the relationship is well maintained, personal attention, and understanding of customer needs, including prioritizing customer interests, serving customers with a friendly and polite attitude, ensuring that service personnel equalize all customer statuses, and showing respect to each customer (Akroush, 2013).

### 3. Research Methodology

The research site was carried out at Metemani Health Center, South Sorong Regency, in April-June 2024, with a research permit issued by the South Sorong District Health Office number 440/158.2 DINKES-SS/VI/2024. Qualitative methods are used in this study by designing research procedures that use descriptive data, namely the form of written and oral words from the object of research, both words and deeds. Descriptive data is collected further using the triangulation technique analyzed so that the data taken is not subjective (Amir et al., 2019). Triangulation carried out in the research is credible, defined as a comprehensive examination which is of data from various sources in various ways and at various times; thus, the obtained source is triangulation, triangulation for data collection and time, source triangulation is used as a test tool whose credibility is very high so that the data is checked obtained from various quality sources (Silalahi, 2017).

Table 1. Distribution of Health Workers at the Metemani Health Center in 2023

NO.	TYPES OF HEALTH WORKERS	SUM
1	Nurse	7
2	Midwife	9
3	Health Laboratory	1
4	Kesling	1
<b>Sum</b>		<b>18</b>

Data Source: PKM Administration Accompanying in 2022

This research used observation and interview techniques because it was more focused on the primary informants. The main informants of this study were all employees at the Metemani Health Center, totalling 18 health workers using the purposive sampling technique. Table 1 presents data on the number of employees of the Matemani Health Center.

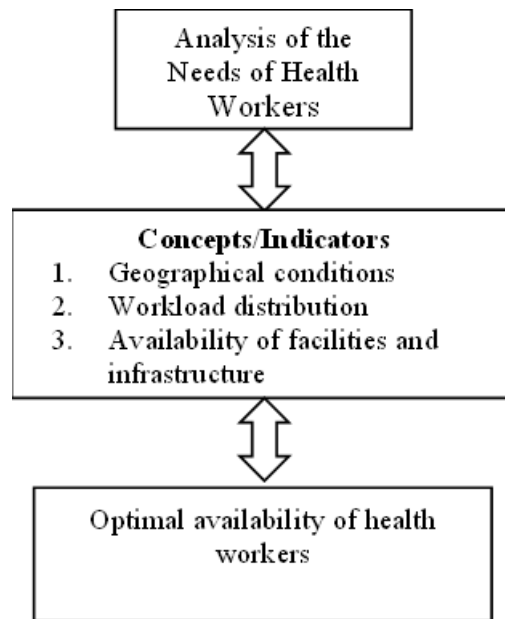


Figure 1. Research Mindset

The primary informants who were used as the object of this research were the Head of Human Resources at the Sorong Regency Health Office, the Head of Metemani Health Center, one general practitioner, two nurses, two midwives, one health worker and one health laboratory staff. So, the total number of informants who will be interviewed is nine people. All of these informants are considered to be able to answer the problems that will be studied in this study. For a more straightforward framework of the research concept, the following figures 1.

## 4. Results and Discussion

### 4.1 Descriptive Analysis

#### 4.1.1 Overview of Puskesmas Metemani

The Metemani Health Center has the status of an Outpatient Health Center. This status is registered at the Ministry of Health of the Republic of Indonesia with the old P9106021202 number and the latest registration number 1090061. The Metemani Health Center is located in Mugim Village, Metemani District, South Sorong Regency, Southwest Papua Province. The Metemani Health Center currently has two buildings that are semi-permanent and permanent. It is located in a coastal area and is most concentrated in the category of remote health centres.

Administratively, the Metemani Health Center has a working area in the Metemani District area. Geographically, Metemani District has an area of  $\pm 1,312 \text{ km}^2$ , consisting of six definitive villages. The district area of Metemani is with the following boundaries:

- The northern part borders the Konda District
- Inanwatan District borders the southern part
- The western part borders the Seram Sea
- The Kais District borders the eastern part

Metemani District is predominantly a coastal area. It can be seen that of the 6 existing villages, as many as two villages are in the district capital, and the other 4 villages are in separate river waters. All of these are the service areas of the Metemani Health Center, which are reached using Longboat boats with a population of 3,715 people. The Metemani District Area divided by village is presented in Table 2.

Table 2. Geographical Location of Accompanying District in 2023

No	Kampung/ Neighbourhood	Shore	Slope/ Ridge	Valley/ Watershed
1	Mugim	1	-	-
2	Nusa	1	-	-
3	Puragi	-	-	1
4	Tawanggire	-	-	1
5	Saga	-	-	1
6	Bedare	-	-	1
<b>Sum</b>		<b>2</b>	<b>0</b>	<b>4</b>

Source: Puskesmas Metemani in 2023

#### 4.2 Population Data

##### a. Demographics

The working area of the Metemani Health Center in 2023 is occupied by 3,251 people, 1,838 men and 1,877 women, with a total of 719 family heads. The population data of Metemani District is presented in Table 3:

Table 3. Data on the distribution of supporters in Metemani District in 2023

NO	Kelurahan/ Village	KK	Man	Woman	Sum
1	Mugim	120	255	238	493
2	Nusa	123	345	404	749
3	Saga	86	175	200	375
4	Puragi	120	407	386	793
5	Tawanggire	187	419	453	872
6	Bedare	83	237	196	433
<b>Sum</b>		<b>719</b>	<b>1836</b>	<b>1877</b>	<b>3751</b>

Data Source: Dukcapil of South Sorong Regency in 2022

##### b. Distribution of population density

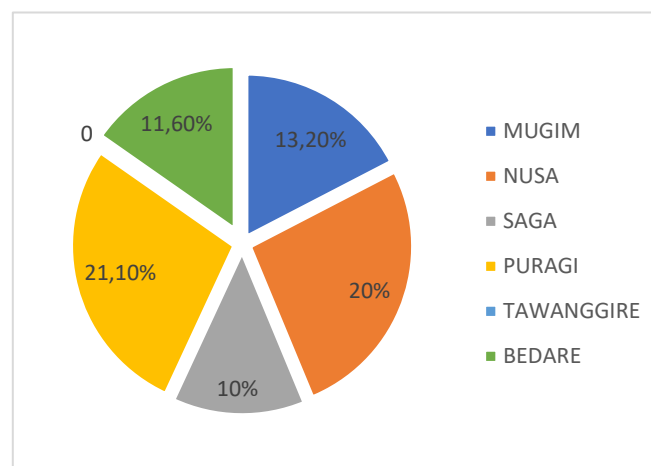


Figure 2. Distribution of population

The largest population in Metamani District is in Tawanggire, as much as 23.3 %. The second is Puragi, as much as 21.1 %. The third is Nusa Village 20 %. The fourth is Mugim Village, as much as 13.2%. The fifth Bedare, as much as 11.6% and the last is Saga Village which is as much as 10%. The small level of population distribution in Saga Village is due to the mountainous area so that the number of people in Saga is the least in Metamani District, the population distribution data is presented in figure 2.

c. Means

The facilities to support the activities available to support the running of service activities at the Metemani Health Center have been equipped with in-building service facilities as presented in table 4.

Table 4. Supporting Facilities at the Metemani Health Center 2023

Facilities	Sum	Good	Minor Damage	Moderately damaged	Heavy Damage
Supporting Facilities					
1. Computer	1	0		2	
2. Laptop	1	1			
3. Printer	1		1	3	
4. Glass wooden cabinet	2		1	1	
5. Workbench	6	2		4	
6. Examination Bed	2		2		
7. Gynaecology bad	1			1	
8. Projector	0				
9. Plastic work chair	6	6			
10. Folding Chair	9	9			
11. Long Wooden Chair	1				1
12. Chitos Chair	5	5			
13. Patient waiting chair/ Long iron	2			2	
14. Steel Cabinet	1			1	
15. Olympic Cabinet	1			1	
16. Large and small folder family shelves	2			2	
17. Medicine rack	3			3	
18. Rak File	1			1	
19. Ka Official House. PKM	1			1	
20. General Practitioner Official House	1			1	
21. Paramedic Service House	3			3	
22. Puskesmas Building	2	1			1

Data Source: Treasurer of PKM Goods Accompanying in 2023

d. Infrastructure

1) Power Source

The Metemani Health Center uses an electric energy source from the Solar Cell, which consists of three Panel units. In order to meet the needs for electricity resources, health services

2) Clean water sources

The Metemani Health Center uses a clean water source from the Gali Well, which then uses a slow sand filter and rainwater collector for daily consumption.

3) Landfills

There is a special place that is used as a temporary garbage shelter to be burned and stockpiled.

4) Wastewater Disposal System (SPAL)

The Wastewater Disposal System is not yet available, so it still uses the last discharge in the septic tank.

5) Fecal Disposal Site

Every building and official house building owned by the Metemani Health Center has been equipped with a *septic tank* as a means of faecal disposal.

e. Means of communication and networking of work areas

The Metemani Health Center can also access the internet network to complete the information system through Telkomsel Bakti. It is expected to support the readiness of the Metemani Health Center to provide good services, especially in terms of coordination with the Regency/City Health Office. The network of the working area of the Mathematics Health Center is presented in Table 5.

Table 5. Health facilities in the work area of the Metemani Health Center in 2022

No	NETWORK AND NETWORK OF HEALTH FACILITIES	SUM
1	Pustu	2
2	Polindes	1

Data Source: PKM Accompanying in 2023

### 4.3 Triangulation analysis

#### 4.3.1 Analysis of health worker needs based on officer competence

Increasing the availability of infrastructure and facilities, improving the quality of the health workforce, and providing adequate funding are all ways that can be done to improve the quality of health services (Ginting & Fentiana, 2022). The role of health service providers in the context of health centres is significant. To increase the effectiveness of health services in health centres, the government, stakeholders, and the general public must pay close attention to how to improve the condition of facilities and infrastructure and increase the number and quality of health human resources (Paruntu et al., 2015). The number of health workers at the Metemani Health Center is presented in Table 6.

Table 6. Number of health workers at the Metemani Health Center

NO	TYPE OF HR	SUM	STATUS		KET
			PNS	Non PNS	
1	Doctor	0	0	0	None
2	Nurse	7	7	0	P3K 2
3	Midwifery	9	7	2	Regional Contracts 2
4	Tenaga Gizi	0	0	0	None
5	Kesling	1	1	0	P3K
6	Analyst	1	0	1	Healthy archipelago
7	Administrative Personnel	2		2	Regional Contact
8	Medical Record Personnel	1	0	1	Regional Contracts
9	Motores	2	0	2	Regional Contracts
10	Cleaning Personnel	3	0	3	Regional Contracts

In a research interview with the person in charge of the Metemani Health Center, he said that it was complicated to bring in doctors, nutrition workers and pharmaceutical personnel. The results of the interview are presented as follows:

*"Yes, until now, in other fields, it is still sufficient, but there are some quite difficult fields, especially pharmacists or pharmacists, nutrition and more especially doctors. We have quite a hard time getting one of those personnel. However, for other fields, it is easy to get."*

The types of health workers who are not complete at the Metemani Health Center include doctors, nutrition workers, and pharmaceutical workers. This can be ascertained because the Metemani Health Center does not have Health Human Resources (SDMK). It will be better and qualified if the energy is fully used. This can be seen from the informant's statement as follows:

*"Recruitment is based on existing human resources. If our a need for one of the medical personnel in a certain field, we only take that need even though there has always been a shortage. Usually we find it difficult to find health workers here because we are in a remote area. So that one day we need health workers, then we will always be open to accepting"*

The results obtained can be concluded that health workers and service support personnel are still lacking, such as: doctors, nutrition workers and pharmacists. From the results of the direct interview with the health officer, it is believed that it is very much needed in the services carried out at the Metemani Health Center. The recruitment of human resources at the Metemani Health Center is not based on a needs analysis. This is not in accordance with the Minimum Human Resources Manpower Standards in the Minister of Health Regulation No. 028/MENKES/PER/I/2011 (Arman, 2020).

In addition, the results of the interviews showed that the Metemani Health Center faced challenges in finding and recruiting pharmaceutical employees, especially pharmacists. Pharmaceutical personnel are people who work in the pharmaceutical field, including pharmaceutical technical personnel and pharmacists. Pharmacists are pharmacy graduates who have graduated as pharmacists and have been sworn into the position of pharmacist (Adriana & Prastyana Putri, 2020). So pharmacists have the role of health workers who formulate drugs on the doctor's prescription to treat patients for diseases so that they become healthy. In addition, pharmacists have the power to change the type of medication according to the patient's condition.

The Head of the Metemani Health Center suggested that not only health workers be added but also non-health workers who are hired to assist in the administration and management of the Health Center. The answer results are as follows:

*"The Metemani Health Center not only does health work, but some administration is also done at the Health Center. A small example is the treasurer. The treasurer is not the responsibility of health workers. There should be separate personnel, for example, administrative personnel who are outside of health workers. Even though the health centre may have administrative staff, for example, treasurers with contract status or ASN."*

Officers tend to choose to serve in the city due to financial and family issues. The Health Office and BKD failed to coordinate the placement between regional and central health workers, which caused the gap between health workers at the Metemani Health Center to increase. This results in officials cooperating and helping each other, and that beneficial communication is a sign of successful coordination. The results of the answers to the questions given, as well as direct observation at the location, show that the decision to place officers that have been implemented so far has not allowed for an equal distribution of labour at the Metemani Health Center. The policies made are still general and short-term and do not meet the needs of the Health Center.

#### *4.3.2 Analysis of healthcare workers' needs based on workload*

Based on the officer's confession in an interview session at the Metemani Health Center, most of them complained that they felt tired, quickly decreased concentration during working hours, and easily forgot. This is a symptom of work fatigue and work stress (N. Agustina & Hayati, 2023). A decrease in work productivity of officers who experience work fatigue or cooperation stress can result in a drastic decrease in service performance (Rosita et al., 2022). The lack of the number of human resources results in the quality/quality of services in health facilities not being achieved. Few health workers compared to the workload can make the workload very high at the Metemani Health Center. This is not in accordance with the duties and education, so in the end, it has an impact on the decline in the quality of services at the Metemani Health Center. Here is an excerpt from the interview:

*"In my opinion, currently, some of the work we do is not in accordance with the tupoksi (main duties and functions) and some parts we work have exceeded the workload that we should be doing, but it cannot be helped because the Puskesmas does not have enough manpower while services to patients must continue to run."*



The results of the analysis found that the placement of labour in the Metemani Health Center Unit with the resource management system has not been maximized due to the shortage of health workers as a result of job placement not in accordance with the discipline. In giving responsibility or authority, it has also not gone well because there are still employees who hold 2-3 programs, this is not in accordance with the classification that each employee is only responsible for one program that is running.

*"The needs of health workers at the Metemani Health Center do not necessarily only come from our internal studies but are mutually exclusive. In the process of submitting the needs of health workers, we always encounter obstacles both from the government bureaucratic system and budget availability. It all affects our ability to meet the needs of health workers while the demand for services in the community is getting higher. Talking about the strategies we use are based only on the need forecasting system, often called the forecasting system."*

The results of the interviews obtained found that the need for vacant doctors even though doctors are the core personnel in health service agencies. In addition, there are still non-health human resources that are significantly lacking in number and need, such as finance and IT personnel. Result:

*"There are still several specialities such as doctors who do not exist yet, nutrition and pharmacy personnel who are still very lacking. Meanwhile, if it is non-medical human resources, there are still several units or several educational qualifications that we need. IT personnel are also still lacking. So far, the point is, as we can see that the service can still run well. We admit that there are still shortcomings, but it does not mean that there is less or nothing at all. We still need to add human resources, but the division of service shifts can still run. Grateful that everything is still running safely with several interns or volunteers who help in the ministry."*

Based on research, the available data is incomplete or lacks socialization and information about policies used in health workforce planning, as well as lack of consultation and coordination. This shows that the planning system is not running well. Without reliable talent management, the management, use, and utilization of other resources are useless (Shofiah et al., 2019). The Metemani Health Center is still not able to empower the scope of its organization to the maximum. This is because everything, including planning to meet the needs of human resources, must depend on the South Sorong Health Office. The position of the Metemani Health Center as the executor does not have the authority to reposition officers. Puskesmas, as implementers of health services, should be placed with human resources with appropriate educational backgrounds and skills to support the function of the puskesmas (Wahid & Romadani, 2021).

#### *4.3.3 Analysis of Health Worker Needs Based on Facilities and Infrastructure*

The availability of health facilities and infrastructure in health centres is an essential factor in supporting quality health services for the community. Adequate facilities and infrastructure will help health workers carry out their duties optimally and provide comfort for patients (Ministry of Health, 2014). The Ministry of Health of the Republic of Indonesia has set standards for the availability of health facilities and infrastructure at health centres. This standard contains provisions regarding the type, quantity, and quality of facilities and infrastructure that health centres must own.

*"During my time at this Health Center as a health worker, I realized that adequate facilities and infrastructure are a hope that we really want, because it will be related to the quality of services that we can provide to the community. The provision of good services will create consistent health conditions. Currently, our situation is like this, where almost most of the facilities are lacking, there are several times we have received assistance in the form of operational vehicles and equipment at the clinic. We have tried to maximize what is there, but if there is an addition, it is better. In addition to the physical form, we also want*

*adequate internet access so that we can ensure good coordination among fellow health workers. That is what we expect."*

Currently, the Metemani Health Center in terms infrastructure is inadequate, as evidenced by some parts of the infrastructure that do not exist and are not feasible. The lack of medical support facilities, including laboratory facilities, examination rooms, and inadequate medicines, results in services in handling patients effectively and efficiently are also not optimal. A good information system is also vital in increasing the effectiveness of services. The integrated information system has not been maximized, so the processing of patient data, medical records, and reporting of activities required for appropriate decision-making have not been optimally carried out (Maskur et al., 2024).

*"So far, in the Metemani Health Center for information access, the information system is still lacking and only relying on the manual system, which does not have a maximum impact on our services, understandably because our geographical conditions are also not like in urban areas where network access is disrupted at any time. Some parts of the service that use the information system are only limited to the use of WhatsApp group media. Important information, and we will immediately monitor it through the group."*

Research shows that the placement of health workers in South Sorong Regency is still lacking support in terms of operational budgets, including two-wheeled vehicles, let alone 4-wheelers. The policy of procuring incentives and facilities in the form of official houses is still limited to the leaders of Puskesmas and Doctors. At the same time, for other personnel, the government does not pay attention to them. There is no availability of regional incentive budgets. What is currently available is only for doctors. Other health workers will be gradually adjusted to the financial condition of the region.

*"Yes, until now, not yet. We are just planning what will happen in the future. In the process of preparing the budget, we have incorporated this into our budget plan to provide additional compensation to health technicians. This is only for the early stages, with doctors and maybe later midwives and nurses. The financial capacity of the region will determine that."*

Research shows that the provision of supporting facilities at the Metemani Health Center is responded to differently by some informants, that the provision of supporting facilities between the Health Center. The provision of supporting facilities is not a form of local government's attention to the Puskesmas but instead towards the equitable distribution of facilities in the Puskesmas.

*"There does not seem to be any difference. If you look at the salary and the facilities, it seems like each of them has a bike, so it seems to be the same. If the distribution of motorcycles has been done recently, I think all sub-districts have new motorcycles, so it seems to be the same."*

Every patient served should be incentivized by all officers, both for doctors and other health workers. This provision is accessible for service, which means that doctors and health workers are paid in accordance with the actions taken (Agustina et al., 2023). The Metemani Health Center is a service unit in the region as the front line in the health service sector to the community at the sub-district level. Therefore, local governments should provide adequate supporting facilities according to needs in terms of incentives that can be differentiated referring to the region and its performance because wages or rewards that are directly related to performance can motivate improvements in performance. On the other hand, if the reward is unfair, unclear and transparent, it will result in damage to one's work motivation or performance (Maatinya & Santoso, 2022).

*"Sometimes, I find some nurses and midwives doing additional work outside of their duties. I see it as a normal thing but if you look deeper, it turns out that it is caused by the lack of income earned by our health workers if they only rely on salaries. Actually, it must be*

*understood because it is their right. The only problem is that sometimes the main task at the Health Center is often neglected. I hope that this policy can be studied further."*

Research conducted by (Zillah et al., 2022) shows that the amount of regional incentives is adjusted to the available financial conditions, both in single and combined forms. In principle, incentives must meet the clarity of goals and objectives, the principle of justice must be upheld, compensation, and clarity of the time scale. Suppose the form of incentives (material and non-material) is adjusted to the expectations of health workers. In that case, this will eliminate the shortage of health workers caused by geographical conditions and can increase the interest and motivation of health workers to work in areas that are less in demand, remote or very remote. The support of the Regional Government is needed to provide financial allowances or legal certainty so that the incentive pattern to be built can be applied in the compensation/reward and sanction mechanism effectively.

#### *4.3.4 Analysis of Health Worker Needs Based on Geographical Conditions*

The needs of health workers in South Sorong vary greatly based on their geographical conditions. It is necessary to conduct an in-depth analysis to determine the selection needs of health workers in each region. The South Sorong government needs to continue to make efforts to meet the needs of health workers, especially in remote and remote areas. In addition, remote locations and mountains reduce power retention. The desire to move increases along with the distance or difficulty of the duty place. The results of the study on the continuity of health workers in the Metemani Health Center showed that health workers placed in remote areas felt more isolated compared to workers in small cities. They become dissatisfied with their jobs due to limited options.

*"Some of our health workers used to propose a transfer of duties to the district capital for reasons of self-development. It is normal in the bureaucratic system even though we all know that actually, the main reason they proposed to move was because of the less supportive environmental and geographical conditions."*

Moving jobs is often associated with self-development. Therefore, there must be a clear explanation about career development at the Metemani Health Center so that employees have the same rights to continue their careers. The reason for the geographical condition the condition that the location of the Puskesmas is very far, and most of it is taken by land and water. The informant's comments are presented as follows.

*"They sometimes do not feel at home because maybe the distance is quite far and then they have to cross the sea, so they sometimes move very quickly, yes like this, if there is a PTT doctor, they do not want to extend their contract anymore."*

Career development issues are also another factor that causes labour retention, in addition to geographical location and non-existent incentives. To date, there has been no career development. Health workers who have worked at the Metemani Health Center for more than three years should have the opportunity to continue their education. However, after they complete it, they must return to work at the Metemani Health Center for at least three years and cannot be transferred to another office.

*"There are a lot of obstacles or problems that are faced every day, for example, midwives if we place midwives at the Health Center to accompany them often late to their place of duty, because maybe the distance is quite far from other areas. Contact health workers when their contracts expire most of them immediately stop or ask to go to areas closer to urban areas."*

Apparently, although the local government tried to facilitate the implementation of the duties of doctors, midwives, and nurses by providing official houses and official vehicles, these efforts did not succeed in motivating the fighting power of officers working at the Metemani Health Center. It can be concluded that the existence of supporting facilities does not affect their desire to move (Sulistyawati et al., 2022). The study found that, with respect to turnover, the better the organization's facilities, the less turnover

intention. However, the fact that there are adequate and equitable work facilities in all health centres, including the Metemani Health Center, allows this research to occur. Health workers at the Metemani Health Center believe that work facilities are not essential to move or stay. Both the intended and abandoned health centres will face many problems due to the transfer of health workers. The intended health centre has enough human resources, while the abandoned health centre lacks human resources.

According to research, displacement occurs both inside and outside South Sorong Regency. Several factors can cause mutations in health workers, including 1) there are complaints from community groups, 2) organizational improvements, and 3) requests or proposals for health workers personally. Often, health workers in South Sorong Regency move because of the proposal or demand of these workers individually. The target is health centres in urban areas. Some of the reasons health workers do not retain and want to move to urban areas are due to unclear career development patterns, incentives that are not available in the workplace, and lack of incentives in the workplace.

## 5. Conclusion

Research at the Metemani Health Center shows that there is a shortage of health workers, especially doctors, nutritionists, and pharmaceutical workers. The recruitment of health workers must be based on the analysis of needs and the fulfilment of the Minimum Personnel Standards in the agency. The Metemani Health Center has difficulty getting pharmacy staff, especially pharmacists, so it has an impact on the quality of services provided. The Head of the Health Center suggested the need for non-health workers to support administrative tasks.

Obstacles in human resource planning at the Metemani Health Center include limited capacity, long implementation processes, budget limitations, and outdated forecasting methods. The uneven arrangement of the placement of health workers in disadvantaged areas such as South Sorong Regency poses challenges. The economic impact and social conditions of families contribute to health workers who will inevitably provide themselves in urban areas rather than remote locations, thus exacerbating the shortage of staff in health centres such as Metemani.

Analyzing the needs of healthcare workers based on workload is essential to optimize performance and quality of service. Fatigue and work stress on workers' health can have an impact on productivity and quality of service. The lack of human resources has an impact on the quality of services in health facilities, causing an increase in the workload of existing staff. The placement of health workers at the Metemani Health Center is not in accordance with the discipline, so it affects the provision of services. Infrastructure plays an essential role in supporting quality health services in health centres. It is important to provide supporting infrastructure advice to provide optimal service and patient comfort. The availability of health facilities and infrastructure in health centres such as Metemani is crucial for the effectiveness of services. Compensation and incentives for healthcare workers, including financial and non-financial rewards, can improve motivation and performance. Well-managed compensation can help organizations achieve their goals and retain productive employees.

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