

Relationship between Human Resources and Authority Implementation of Health Operational Assistance (BOK) at Padangsidimpuan Health Center in 2018

Muhammad Abdullah Nasution¹, Destanul Aulia², Juanita³

^{1,2,3}Public Health Sciences, Universitas Sumatera Utara, Indonesia

mabdullahnasution2018@gmail.com

Abstract

BOK (Health Operational Aid) is the aid policy from the central government to local governments for special public health at Puskesmas. Padangsidimpuan is the BOK acceptor with receiving fund below the target: 76.85% in 2017 and 87.30% in 2018. The objective of the research was to analyze human resources and authority which were correlated with the implementation of BOK at Puskesmas of Padangsidimpuan. The research used mixed methods with concurrent embedded. The population was 30 people consisted of the Head of Puskesmas, those in charge of public health, and the officials of BOK, and all of them were used as the samples. The data were gathered by conducting interviews and questionnaires and analyzed by using Rank Spearman analysis at $\alpha=0.05$. The result of the research showed that human resources and authority were in moderate category (53.3%). The factor of resources had the most dominant related ($p=0,001$). It is recommended that the management of Puskesmas and the Health Agency of Padangsidimpuan increase the quality of resources, equal distribution, and professionalism. The health care providers should carry out the policy of BOK in order to increase public health standard.

Keywords

BOK (Health Operational Assistance);
human resources



I. Introduction

Health is a very important element of the quality of life in national development. The national health system has established that the goal of health development is to increase awareness, willingness, and ability to live healthy for everyone so that a high degree of public health can be realized - high human resources, as an investment for socially and economically productive development~Health Law No. 36 of 2009 (Hasibuan, 2020).

Limited operational funds for Public health center, especially in the context of implementing programs/activities to achieve health development goals, are one of the strategic problems of health financing reform, namely that not all communities are optimally protected against the burden of health financing. The availability of health development allocations has not been fulfilled effectively and efficiently in the use of these funds, especially because there is no guideline for the financing needs of local government health services on priority policies such as financed minimum service standards (Kemenhumham RI, 2012).

Human resource development is an effort to develop the quality or ability of human resources through the process of planning education, training and management of personnel or employees to achieve an optimal result (Sulasmi in Werdhiastutie, 2020).

The existence of Public Health Center in the community is very important because the Public Health Center are the spearhead of health services provided by local governments. Individual health efforts at Public Health Center are related to sick behavior and treatment seeking behavior in sick people. Health services implemented by health centers must be able to satisfy the community as service users (Ahmadi in Hasibuan, 2020).

In the results stage, the achievement of the target indicators for the Ministry of Health's strategic plan for 2015-2019 in Indonesia, there are several health plan targets that have not been achieved, especially those related to maternal mortality. Among them, the coverage of pregnant women who received delivery assisted by health personnel and carried out in health service facilities was 80.61% (target 85%) in Indonesia, while the city of Padangsidempuan was 54.36%.

Public health center that carry out P4K orientation (Maternity Planning and Complication Prevention Program) are 89.75% (target 100%) while Padangsidempuan City is 33.3%. Postpartum visit coverage (KF3) is 84.41% and Padangsidempuan City is 72.7%. Active family planning participants in couples of childbearing age were 74.8% in 2016 while Padang-sidempuan City was lower by 65.9%.

The achievement of the twelve SPM indicators for Padangsidempuan City in 2017 other than those listed in the Strategic Plan has not been achieved according to the 100% target. The highest SPM result achieved was that the coverage of each toddler to get health services according to the standard was 80.77%. The lowest SPM coverage is the health service coverage for people with mental disorders (ODGJ) according to the standard of 0.47%. The achievement of this low MSS target is also supported by the inclusion of the 2016 SPM indicators in the RPJMD planning document and the Health Office Strategic Plan (Dinkes Kota Padangsidempuan, 2017).

A preliminary study on the implementation of the BOK fund policy in the City of Padang-sidempuan on resources, concerning human resources at Sadabuan, Padangmatinggi, Hutaimbaru and Pijorkoling Public health center his job is to build a family. This shows the lack of responsibility for health workers in the SME Public health center in carrying out their duties. Unlike the Pintu Langit Public health center, because of the limited number of health workers (9 civil servants), since the beginning of planning for activities funded by BOK, THL has been involved in community health efforts.

Laeliyah's research (2017) states that BOK funds for Public health center activities are actually very helpful for the smooth running of officers in carrying out activities. The officers became more enthusiastic in carrying out Public health center activities, especially in activities outside the building that required transport fees. However, the problems found in the field, especially by the Public health center with low coverage, were the problem of poor recording and reporting. Officers still do not have a good work ethic and high motivation in carrying out their main tasks and functions.

Based on this background, the authors are interested in continuing research with the title "The relationship between human resources and authority with the implementation of Health Operational Assistance (BOK) at the Padangsidempuan City Health Center in 2018.

II. Research Methods

The design of this research study uses the Concurrent Embedded Mixed Methods (Unbalanced Mixed Methods). The research location was carried out in 10 UPT Public health center Padangsidempuan City from January 2018 to February 2019. The population was all the heads of the Public health center, the person in charge of the Public health center UKM and BOK managers at the Public health center. The sample is the entire population of 30 people.

The data collection method was carried out by direct interviews with selected respondents based on a structured questionnaire that had been prepared. Quantitative data analysis with univariate, bivariate (spearman rank correlation). Meanwhile, qualitative data analysis uses data reduction, display, conclusion drawing / verification and validity by triangulation. Presentation of data in table and narrative form.

III. Result and Discussion

3.1 Result

The results showed that most of the respondents aged 17-40 years were 18 people (60%) and 22 people (73.3%) with female gender. A total of 28 people (93.3%) were highly educated and 10 each (33.3%) worked as heads of Public health center, responsible for UKM and managers of BOK.

The results of the univariate, SME human resources at the Public health center show that as many as 20 respondents (66.7%) stated that their education was in accordance with the profession of work, as many as 26 people (86.7%) stated that their job descriptions were in accordance with the Public health center SOP, as many as 25 people (83, 3%) stated that they have never participated in financial administration training and 17 people (73.3%) stated that the number of colleagues in SME services was insufficient.

Based on the human resources of SMEs, according to respondents, it is known that the majority of respondents stated that the education of SME HR at the Public health center is in accordance with the profession of work and the job description is in accordance with the Public health center SOP. From the above, it is known that respondents stated that training in financial administration and the number of SME human resources was still lacking in Public health center.

The authority of UKM in Public health center is known that as many as 20 respondents (66.7%) stated that before being sent, the UKM report was evaluated first, 27 people (90%) stated that the UKM Public health center directed by the Headquarters was carried out across programs, as many as 24 people (80%) stated It is necessary to coordinate the head of the village / village head for each UKM activity and as many as 24 people (80%) stated that the guidance from the health office was active at the Public health center to activate cross-program / cross-sectoral activities.

Based on the authority of the Public health center UKM, according to the respondents, it is known that the majority of respondents stated that the head of the Public health center evaluated the UKM reports before sending them, directing the Public health center UKM to be carried out across programs / across sectors and supported by cross-program / cross-sector related guidance.

Table 1. The relationship between human resources and authority with the implementation of BOK at Public health center Padangsidempuan City

The Implementation of BOK							P value
Resource	Enough		Good		Total		
	n	%	n	%	N	%	
Good	5	38,5%	8	61,5%	13	100,0	0,001
Enough	15	93,7%	1	6,3%	16	100,0	
Less	1	100,0%	--	--	1	100,0	

Based on the above description, these resources indicate that as many as 15 respondents were categorized as sufficient regarding human resources and the authority of BOK policies in Public health center (53.3%) and as many as 13 other respondents were categorized as both human resources and the authority of BOK policies in Public health center (43, 3%)

The results of the univariate, implementation of BOK through PIS-PK activities, essential UKM, UKM development, functional activities, triggering STBM STBM and provision of contract health promoters at Public health center according to the majority of respondents stated that the implementation of BOK out of 137 activities in accordance with BOK technical guidelines, 87 activities have been carried out 50 activities not carried out.

Bivariate results. Based on the results of statistical analysis using the Spearman Rank correlation test, it is known that there is a relationship between human resources and authority with the implementation of BOK at the Public health center Padangsidempuan ($p < 0.05$).

3.2 Discussion

a. Human Resources

The results of the univariate analysis of human resources for UKM through the Public health center, the majority of respondents stated that the educational background of health workers at the Public health center was in accordance with the occupational profession whose job description was in accordance with the SOP. However, it can also be seen that respondents stated that training in financial administration and the number of SME human resources was still lacking in Public health center.

If service management (Public health center) creates opportunities for development and encourages human resources to grow and practice in their duties. The head of the Public health center will become a participatory manager who supports employees in directing the implementation of SMEs to the maximum and takes responsibility so as to satisfy the human resources themselves (Nancy, B., 2013).

Based on the results of interviews with informants, it can be seen that the informants stated that the majority of the BOK management team at the Public health center had very poor financial administration skills. In fact, there are three BOK managers at the Public health center who have just taken office this year, so they do not have work experience planning, implementing and monitoring and evaluating specifically this BOK fund.

According to Winarno (2004), the lack of skills in the ability to manage is a major problem faced by local and central governments. This is due to the lack of resources that can be used for professional training. Another factor is the difficulty in recruiting and retaining competent managers because the salaries in local governments are lower than those of the private sector or the central government.

b. Authority

Based on the results of the univariate analysis of resources through the authority of the head of the Public health center, the majority of respondents stated that the head of the Public health center evaluates UKM reports before they are sent. The head of the Public health center together with the BOK management team direct the Public health center UKM to be carried out across programs / across sectors and supported by cross-program / cross-sectoral guidance. These results are also the same from interviews with informants who stated that the Public health center evaluates UKM reports and directs this cross-program / cross-sector coordination.

One of the factors driving significant changes for the better in the Public health center according to the Public health center management is leadership. The head of the Public health

center, in this case, must be able to use data and information for decision making and receive support from the health office and across related sectors (Ministry of Health, 2016).

Based on the above discussion, the researcher can conclude that in general, sufficient resources are available at the Public health center, particularly health personnel and task authorities. It is recommended that the health office implement a plan for the distribution of health personnel from Public health center with lots of human resources to Public health center that are lacking.

The relationship between human resources and authority with the implementation of Health Operational Assistance (BOK) in Puskesmas Padangsidempuan City. Based on the results of research on 30 respondents, it was found that most of the respondents had sufficient resources, namely 16 people (53.3%). This shows that the resources in the Public health center, health workforce are sufficient but not evenly distributed, there is no need for manpower and health management authority. Health funding for SMEs is still sourced from BOK and the provision of health facilities must be better.

Based on the results of research with bivariate analysis with the Rank Spearman correlation test, it was found that there was a significant relationship between human resource variables and authority with the implementation of BOK policies in Public health center regarding public health efforts being carried out. Referring to the results of this statistical test, it can be explained that the higher the quality and quantity of resources, the better the BOK policy implementation at the Public health center, on the other hand the decreasing the quality and quantity of resources, the less the BOK policy implementation at the Public health center is getting worse.

This result is in accordance with the theory of Edward III (1980) which states that resources are related to policy implementation. This research is also in line with the research of Enggarwati (2011) which shows a significant relationship between resource variables in the form of staff, and authority with policy implementation. Adnan's research (2015) also states that resources are related to policy implementation. This is also in accordance with Sari's research (2017) which states that there is a significant relationship between resource variables and the implementation of the JKN policy regarding INA CBG's claims.

Based on the results of interviews with researchers with BOK management at the health office, it was found that the number of human resources in the Public health center was sufficient in general, but this sufficient number was not yet distributed according to the personnel needs of the Public health center. Pintu Langit and Wek I Public health center have very low staff (12 and 16 respectively). Meanwhile, according to Regulation of the Minister of Health Number 75 of 2014 states that the standard number of personnel in urban non-inpatient Public health center is at least 22 and rural is at least 19, excluding personnel in Auxiliary Public health center and village midwives. This number is the minimum condition expected so that the Public health center can be well organized.

The research results also show that the head of the Public health center, the person in charge of UKM and the manager of BOK who stated that the time resource is only 50% of the schedule for the assessment of the Public health center RPK is carried out 2 times a year and 63.3% stated that the time for absorption of BOK funds was not according to the predetermined plan. The assessment of the Public health center RPK above should be implemented twice a year.

The first assessment is carried out in the middle of the year and includes cross-sector cooperation, and is carried out in the workshop of the six month Assessment aims to assess how much the targets set in the RPK have been achieved. The second assessment is carried out at the end of the year, using the twelve month lokmin The year-end assessment aims to determine the types of activities and the achievements of funds that have not been achieved

the planned RPK target and determine the targets that must be achieved in the following year along with steps to overcome existing barriers (Ministry of Health, 2016).

Based on the results of Nauli's (2013) research, the resource factors for implementing BOK policies can be concluded that several resource factors support and hinder the successful implementation of BOK policies. The supporting factors include the adequacy of human resources in terms of quantity, completeness of supporting facilities, implementation of BOK policies and the existence of sufficient financial support in carrying out activities. Meanwhile, the inhibiting factor is the problem of the quality of human resources which is not as expected.

According to Edward (1980), although the content of the policy has been communicated clearly and consistently, if the implementor lacks the resources to implement it, the implementation will not run effectively, without resources, the policy will only stay on paper and becomes a document. These resources can be in the form of human resources, namely the skills and reliability of the implementors, as well as facilities or infrastructure.

Based on the above discussion, the researcher can conclude that the resources are sufficient, but the number of health workers that need to be distributed and added according to the needs at the health center, while the facilities and infrastructure and infrastructure are sufficient, but still needs to be improved so that the implementation of the BOK policy at the Public health center could have done better.

IV. Conclusion

Resources in the form of health personnel and authority have a significant relationship ($p = 0.001$) with the implementation of Health Operational Assistance (BOK) at the Public health center Kota Padangsidempuan. Resource constraints are mainly due to the lack of health personnel at the Public health center and the absorption of BOK funds that have not reached the target.

It is hoped that the health office will implement the plan for the distribution of health personnel from Public health center with lots of personnel to Public health center that are lacking, facilitating the BOK management team to receive financial administration training from Public health center.

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