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RESEARCH ARTICLE

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The Distribution of Health Workers in Urban and Rural Health Centers at Tanjung Balai City

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ABSTRACT

The analysis was conducted on all health centers in the working area of Health Office of Tanjung Balai City based on the latest data from PPSDM and Pusdatin Kemenkes RI in 2020. This research using descriptive methods; conducted in February 2020 to April 2020 at the Datuk Bandar Health Center representing urban health centers and Kampung Baru Health Center representing rural health centers. Based on the distribution of health workers in the Datuk Bandar Health Center (urban) in the Health Office of Tanjung Balai City in 2020, the nurses numbered 25 people where the number is excessive 20 people, midwives numbered 13 people where the number is excessive 11 people, and health workers are still less than 2. This is because many health workers moved to the Datuk Bandar Health Center. Based on the distribution of health workers in the Kampung Baru Health Center (rural), the nurses numbered 10 people where the number is excessive 5 people, nutrition workers numbered 2 people where the number is excessive 1 person, and health workers are still less than 2 people. The number of health workers moved from The Kampung Baru Health Center.

Keywords: health workers; health center; urban; rural

INTRODUCTION

Background

Human resources is a major element in an organization because people control the devices of other devices to run an organization. The planning of health workers must be precisely in accordance with the workload of health center because it is a leading health care unit whose function is very supportive in achieving the vision of Healthy Indonesia 2020. Health workers in various disciplines are required to calculate each, in Tanjung Balai the distribution of officers is uneven and officers are placed not in accordance with their educational background also has not referred to the standards set by the Ministry of Health of the Republic of Indonesia known as the list of workers. There has never been an analysis also no health center that make power planning, bring the impact of public health services are not optimal, concentrated officers in urban areas. With this research is expected to know how the planning of health center personnel, distribution, identify the state of energy that has never been analyzed, so that it can be reorganized existing energy conditions.

Good human resource planning will result in a policy taken to ensure an organization remains available to its employees¹. Distribution of health workers and their spread in an area aims to equalize health services⁽¹⁾. This is a problem of health care management in the city of Tanjung Balai, because urban areas become its own attraction and give better hope in terms of economy.

The type of health workers consists of few primary care doctors, dentists, nurses, midwives, public health workers, environmental health workers, medical laboratory technology experts, nutritionists; and pharmaceutical.

Non-health workers should be able to support corporate activities, financial administration, information systems, and other operational activities in health center. Health workers in health center must work in

accordance with professional standards, service standards, standard operating procedures, professional ethics, respect for patient rights, and put the interests and safety of patients first by paying attention to their safety and health in work.

Every health worker who works in health center must have a practical license in accordance with the provisions of the legislation ⁽²⁾.

The analysis was conducted on all (8) health center in the working area of Tanjung Balai City Health Office based on the latest data from PPSDM and Pusdatin in 2020. There are still many needs that are not in accordance with the Regulation of the Minister of Health No. 75 of 2014. In Datuk Bandar Health Center which is an urban health center where the number of health workers is very much numbered 87 people, which is inversely proportional to the number of health workers in Sei Kepayang health center which is a rural health center numbering 18 people.

Some of the causes of health workers are evenly distributed and there are also want to move from rural areas to urban areas because where the task is not available incentives and career development patterns are not clear. Another reason is the georafis factor and the location of health center is very far away⁽³⁾. In addition, the uneven spread of health workers because the number of residents in the city is more than the number of residents in rural areas.

Purpose

The general purpose of this study is to analyze the spread of health workers in urban and rural health centers based on Regulation of the Minister of Health No. 75 of 2014 at the Tanjung Balai City Health Office.

METHODS

The type of this research was descriptive methods by analyzing the distribution of health workers in urban and rural health centers based on Permenkes No.75 Year 2014 at the Tanjung Balai City Health Office. The sample in this study was the head of health center and officers of 2 health centers in the working area of Health Office of Tanjung Balai City, namely Datuk Bandar Health Center representing 87 urban health centers and Kampung Baru Health Center representing 18 rural health centers.

Data were collected through document studies which were confirmed through interviews, then analyzed descriptively based on the applicable standard, namely Regulation of the Minister of Health No. 75 of 2014.

RESULTS

Table 1. The distribution of health workers in Datuk Bandar Health Center (urban)

No.	Type of workers	Total			
		Health workers in urban area health centers based on Regulation of the Minister of Health No. 75 of 2014	Health workers at Datuk Bandar Health Center	Excess of health workers	Lack of health workers
1.	Doctor	1	1	-	-
2.	Dentist	1	1	-	-
3.	Nurse	5	25	20	0
4.	Midwife	4	13	11	0
5.	Public health	2	0	0	2
6.	Enviromental health	1	1	0	0
7.	Medical laboratory	1	0	0	1
8.	Nutrition	1	2	1	0
9.	Pharmaceutical	1	1	0	0
10.	Administrative personel	3	1	0	2
11.	Officers	2	1	0	1
	Total	22	46	12	6

Table 1 shows that the nurses in the Datuk Bandar Health Center numbered 25 people where the number was excessive 20 people from the number set Regulation of the Minister of Health No. 75 of 2014, midwives numbered 13 people where the number was excessive 11 people, and health workers were still less 2 people.

Table 1. The distribution of health workers in Kampung Baru Health Center (rural)

No.	Type of workers	Total			
		Health workers in rural area health centers based on Regulation of the Minister of Health No. 75 of 2014	Health workers at Kampung Baru Health Center	Excess of health workers	Lack of health workers
1.	Doctor	1	1	0	0
2.	Dentist	1	1	0	0
3.	Nurse	5	10	5	0
4.	Midwife	4	4	0	0
5.	Public health	1	1	0	0
6.	Environmental health	1	0	0	1
7.	Medical laboratory	1	1	0	0
8.	Nutrition	1	2	1	0
9.	Pharmaceutical	1	1	0	2
10.	Administrative personel	2	1	0	1
11.	Officers	1	1	0	0
	Total	19	23	7	1

Table 2 shows that nurses in Kampung Baru Health Center numbered 10 people where the number was excessive 5 people from the number set Regulation of the Minister of Health No. 75 of 2014, nutrition workers numbered 2 people where the number was excessive 1 person, and health workers are still less 2 people.

DISCUSSION

Based on the distribution of health workers in the Datuk Bandar Health Center (Urban) in the Health Office of Tanjung Balai City, showed the nurse health workers in the Datuk Bandar Health Center numbered 25 people where the number was excessive 20 people from the number set Regulation of the Minister of Health No. 75 of 2014, midwives numbered 13 people where the number was excessive 11 people from the number set Regulation of the Minister of Health No. 75 of 2014, and health workers are still less than 2 people in the Datuk Bandar Health Center. This is because many health workers moved to the Datuk Bandar Health Center. The number of health workers entering the Datuk Bandar Health Center where all access is very easy⁽⁴⁾.

Based on the answer from the interview with the head of the Datuk Bandar Health Center, the number of nurses in the Datuk Bandar Health Center as many as 20 people because of the number of nurses who moved from other health centers to here. The move was for various reasons, some followed husband who had been in office, some felt uncomfortable in the original health center".

Based on research nationally, out of 9,599 health centers listed there appear to be health center that were excess doctors, dentists, nurses and midwives ⁽⁵⁾. For general practitioners, there were 39.5% (3,791 health centers) excess general practitioners and 37.8% (3,628 health centers) which was quite the number of doctors and 22.7% (2,179 health centers) who were understaffed general practitioners. Dentists, there were 12.8% (1,228 health centers) who were overstaffed dentists and 40.6% (3,897 health centers) enough dentists and 46.6% (4,474 health centers) who lack dentists. When viewed from nurses, there were 65.9% (6,325 health centers) who were over-staffed nurses and 7.7% (739 health centers) whose nurses are sufficient and 26.4% (2,362 health centers) who are understaffed nurses. When viewed from midwives, there were 71.5% (6,863 health centers) that are overstaffed midwives and 5.4% (519 health centers) have enough midwives and 23% (2,207 health centers) whose condition is understaffed midwives.

Health center in urban area as referred to in Article 21 Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 is a health centers whose working area includes areas that meet at least 3 (three) of 4 (four) criteria of urban areas as follows:

- 1) The activity of more than 50% (fifty percent) of the population in the non-agrarian sector, especially industry, trade and services.
- 2) Have urban facilities such as a radius school 2.5 km, market radius 2 km, have a radius hospital less than 5 km, cinema, or hotel.
- 3) More than 90% (ninety percent) of households have electricity; and/or
- 4) There is highway access and transportation to urban facilities.

The implementation of health services by urban health centers has the following characteristics:

- 1) Prioritizing SME services.

- 2) SME services are implemented by involving community participation.
- 3) UKP services are implemented by health center and health care facilities organized by the government or the community.
- 4) Optimization and improvement of the capabilities of health center service network and health care facility network.
- 5) Approach to services provided based on needs and problems.

The number of health workers who enter the Datuk Bandar Health Center is not because of the need and professionalism, but will be more who enter because they want to live in urban areas and there is also because they follow their husbands who move their jobs. And where the transfer is not in accordance with the procedure of equalization of health workers in Regulation of the Minister of Health No. 75 of 2014, but can ease the management of the transfer because there are health workers who are close to the office and are family.

Based on research in Buton district health center is not in demand by health workers because of its remoteness. The small amount of income received due to the absence of incentives in the form of honor in addition to income outside the salary is an important reason to move ⁽⁷⁾. Incentives as additional income is a basic need for health workers in very remote health centers in Buton District. With the incentives are expected to increase interest and motivation, as well as increase the 'durability' of health resources to be placed in very remote health centers.

Remote and very remote health centers as referred to in Article 21 letter c Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 is a health center whose working area includes areas with the following characteristics:

- 1) Being in hard-to-reach or disaster-prone areas, small islands, island clusters, or pesisi.
- 2) Access to regular public transportation once a week, round trip from the district capital takes more than 6 hours, and transportation can be blocked by climate or weather at any time.
- 3) Difficulty in the fulfillment of basic materials and unstable safety conditions.

The implementation of health services by remote and very remote health center areas have the following characteristics:

- 1) Provide SME and UKP services with the addition of competencies of health workers.
- 2) In the ukp service can be done the addition of certain competencies and authorities for doctors, nurses, and midwives; SME services are organized with attention to local wisdom.
- 3) The approach of services provided adapts to the pattern of life of people in remote and very remote areas.
- 4) Optimization and improvement of the capabilities of health center service network and health care facility network.
- 5) SME and UKP services can be implemented with the pattern of island clusters and/or mobile health services to improve accessibility.

The geographical state of the very long distance and being on the islands also reduces energy retention. The further or more difficult the location where the task is the higher the desire to move. Research on the survival of health workers in rural Scotland found those working in rural areas felt more isolated than in small towns. Limited workplace conditions resulted in dissatisfaction, so they wanted to leave their jobs. This situation was exacerbated by an unclear pattern of career development and no appreciation for those who worked in very remote health centers with difficult terrain⁽⁸⁾.

Logically moving on the grounds of career development is acceptable because one needs self-actualization and developing a career to improve their fortunes. The factor of self-development is the reason for moving work. ⁽⁴⁾ Therefore, career development in health center must be clear so that the personnel in health center are very remote enar-really have the same opportunity to plan it and even progress their career.

The efforts of the local government to provide supporting facilities (office houses and service vehicles) for doctors, midwives and nurses in order to support the implementation of the task has not been able to increase the retention (durability) of health workers living and working in the health center is very remote or in other words that the desire to move doctors, midwives and nurses is not affected by the existence of supporting facilities.

This study is different from the results of Setiawati's research that found the characteristics of facilities related to turn over, the better the organizational facilities further reduce the intention of turn over, but this difference in research can occur because the provision of work facilities has been adequate and evenly distributed throughout health centers including very remote health centers.

The transfer of health workers will further add to the problem of both the abandoned health center and the intended health center. Intended health center to be overstaffed while the abandoned health center was left understaffed.

CONCLUSION

Based on the distribution of health workers in the Datuk Bandar Health Center (urban) in the Health Office of Tanjung Balai City in 2020, the nurses numbered 25 people where the number is excessive 20 people,

midwives numbered 13 people where the number is excessive 11 people, and health workers are still less than 2. This is because many health workers moved to the Datuk Bandar Health Center.

Based on the distribution of health workers in the Kampung Baru Health Center (rural), the nurses numbered 10 people where the number is excessive 5 people, nutrition workers numbered 2 people where the number is excessive 1 person, and health workers are still less than 2 people. The number of health workers moved from The Kampung Baru Health Center.

REFERENCES

1. Dinkes Prov. Sumatera Utara. Profil Kesehatan Provinsi Sumatera Utara. Medan: Dinkes Prov. Sumatera Utara; 2019.
2. Dinkes Kota Tanjungbalai. Profil Puskesmas Semula Jadi Kecamatan Datuk Bandar Timur Kota Tanjungbalai. Tanjungbalai: Dinkes Kota Tanjungbalai; 2016.
3. Esmawati, et al. Kader Posyandu; Peran dan Tantangan Pemberdayaannya. Journal Keperawatan (e-kp). 2010;3(2).
4. Lukman A, et al. Kamus Besar Bahasa Indonesia. Jakarta: 1996.
5. Notoatmodjo S. Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta; 2002.
6. Notoatmodjo S. Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta; 2010.
7. Notoatmodjo S. Pendidikan Kesehatan dan Ilmu Perilaku Kesehatan. Jakarta: Andi Offset; 2012.
8. Notoatmodjo S. Ilmu Kesehatan Masyarakat, Ilmu dan Seni. Jakarta: Rineka Cipta; 2010.