

Application of job enrichment and collaboration between health and non-health practitioners in human resource planning

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Abstract.

Background: Human Resource Planning is the process of analyzing and drafting the concept of Human Resource Management in an organization. The identification between the necessities and the number of available personnel is required in Human Resource Planning. In the Health Office of Tulungagung District, the calculation results exhibit a significant gap between the necessities and the available personnel. From the calculation through the Renbutnakes application, there are 358 staff shortages for all types of health workers.

Aims: This study aims to analyze the type and number of health and non-health workers calculated based on the number of services performed, population and distribution, work area characteristics and coverage, availability of other first-level health facilities in the work area, and working time division.

Methods: This study employed a cross-sectional approach and secondary data in the form of the existing profile reports.

Results: It was found that to meet this gap, job design was required to be made. The job design concept deemed suitable to be applied in the Health Office of Tulungagung District was job enrichment, in which the existing health workers were assigned an additional task vertically. This way, the activities at the community health center and the Health Office could run smoothly. In addition to job enrichment, interprofessional collaboration was also applied, namely collaboration among the health workers to improve service quality. The health workers recruitment was complicated since several things must be considered, including the position formation and the government policies.

Conclusion: From the identification results, it is discovered that there is a significant gap between the necessities and the available workers in the job enrichment policy and interprofessional collaboration

Keywords: Human Resources Planning, job design, job enrichment, interprofessional collaboration.

1. Introduction

Health Worker Planning is arranged in tiers (starting from the health service facilities, regencies/municipalities governments, provincial governments, up to the national level) based on the availability of health workers and the needs to organize, develop, and pursue health [1]. The purpose of the Human Resources for Health (hereafter, HRH) sub-system implementation is to ensure that the HRH availability is distributed equally and optimally according to the necessities [2].

There are four pillars as the main efforts in HRH system that must be synergized and interrelated: 1) planning the needs of health workers as a whole nationally and distributing them according to the needs of provinces, regencies, and municipalities; 2) procuring health workers following the health development necessities according to their types, numbers, and quality; 3) getting service from health workers according to their distribution, utilization, and development; and 4) guiding and supervising health workers through standardization, registration, certification, and licensing [3].

The type and number of health and non-health workers are stipulated following the regulation in [4]. The number of health workers is also calculated based on workload analysis, also the number of services carried out, population and distribution, work area characteristics and size, availability of first-level health facilities, and working time division [5]. HRH is an important component of health development. Good HRH planning will create good HRH management. Therefore, each regency is obliged to make an HRH plan. The HRH plan made is then proposed for Prospective Civil Servants (CPNS) [6].

The HRH in community health centers comprise health and non-health workers. The health workers in community health centers must work following the professional, service, and operational procedure standards, as well as professional ethics. The health workers should also respect patients' rights and prioritize their interests by paying attention to their safety and health at work. Therefore, this study aims to analyze the type and number of health and non-health workers calculated based on the number of services performed, population and distribution, work area characteristics and coverage, availability of other first-level health facilities in the work area, and working time division [7].

2. Material and Methods

This study employed a cross-sectional approach and secondary data in the form of the existing profile reports. The analysis conducted was the literature review.

3. Results

Human Resource Planning (hereafter, HRP) aims to adjust the current and future workforce. HRP must be based on information from internal and external factors. In the Health Office of Tulungagung District, HRP for health workers was carried out through the plan of health worker demand (Rencana kebutuhan tenaga kesehatan / Renbutnakes) application by the Ministry of Health. The application can be accessed through www.renbut.kemkes.go.id. All community health centers in the Health Office of Tulungagung District, including the Health Office, are obliged to complete the form in the application. This application is also utilized as the basis for the civil servant recruitment.

After the application is filed and recapped, the number of current and required health workers can be revealed. The data contained in this application is the number of currently available workers and their job descriptions. From the recapitulation result, it is known that the labor shortage at the Health Department is huge. The deficiency is found here and there. Therefore, recruitment is urgently needed albeit the long process.

The following is the recapitulation result of the Renbutnakes application filed by the community health centers and the Health Office. The number of current and required workers, and the examples of health workers from the Health Office profile, are displayed in the following tables.

Table 1. Data of 2018 Health Worker Needs Plan at the Health Office of Tulungagung District

No	Type of Health Workers	Number		
		Availability	Needs	Gap
1	Sanitarian	29	43	14
2	Doctor	40	80	40
3	Dentist	21	35	14
4	Nurse	213	303	90
5	Dental Nurse	28	36	8
6	Midwife	376	435	59
7	Pharmacist	3	16	13
8	Pharmacist Assistant	29	46	17
9	Community Counselor	8	27	19
10	Nutritionist	25	53	28
11	Health Analyst	30	47	17
12	Health Epidemiologist	1	4	3
13	Medical Records and Health Information Technician	0	17	17
14	Physiotherapist	1	1	0
15	Radiographer	1	2	1
16	Health Administrator	5	21	16
17	Electromedical Technician	1	1	0
18	Entomologist	0	1	1
19	Occupational Health Adviser	0	1	1
20	Staffing Analyst	2	2	0
TOTAL		813	1171	358

Based on the data in Table 1, from 32 community health centers, there were a number of vacant positions and did not meet the workers' requirements according to the Minister of Health Regulation number 75 Year 2014. Since 2014, there has been no civil servant enrollment test (CPNS) for health workers. Meanwhile, the available workforce was reduced due to mutation and retirement. Therefore, the necessities of health workers, apart from civil servant recruitment, should be fulfilled immediately.

Table 2. Example Data of Nutritionists from the Health Office Profile

No.	Work Unit	Type		Category		Nutrition Power					PMK 75 in 2014
		Inpatient	Non-RI	Urban	Rural	2014	2015	2016	2017	2018	
1	Basuki Health Center	√			√	1	1	1	1	1	1
2	Basola Health Center		√		√	1	1	1	1	1	1
3	Bandung Health Center	√			√	1	1	1	1	1	1
4	Pakal Health Center		√		√	1	1	1	1	1	1
5	Bangunjaya Health Center	√			√	1	1	1	1	1	1
6	Campurdara Health Center	√			√	1	1	1	1	1	1
7	Tanggunggu Health Center	√			√	0	0	0	0	0	1
8	Kalidawir Health Center	√			√	1	1	1	1	1	1
9	Tunggangri Health Center		√		√	0	0	0	0	0	1
10	Pucanglaban Health Center	√			√	0	0	0	0	0	1
11	Rajotangan Health Center	√			√	1	1	1	1	1	1
12	Banjarejo Health Center	√			√	0	0	0	0	0	1
13	Ngunut Health Center	√			√	1	1	1	1	1	
14	Balesono Health Center		√		√	1	1	1	1	1	1
15	Sumbergempol Health Center		√		√	1	0	0	0	0	1
16	Bendilwungu Health Center		√		√	1	1	1	1	1	1
17	Boyolangu Health Center	√			√	1	1	1	1	1	1
18	Beji Health Center	√		√		1	1	1	1	1	1
19	Tulungagung Health Center		√	√		1	1	1	1	1	1
20	Sembung Health Center		√	√		1	1	1	1	1	1
21	Kedungwaru Health Center		√		√	0	0	0	0	0	1
22	Simo Health Center		√	√		1	1	1	1	1	1
23	Ngantru Health	√			√	1	1	1	1	1	1

	Center										
24	Pucung Health Center		√		√	1	1	1	1	1	1
25	Karangrejo Health Center	√			√	1	1	1	1	1	1
26	Jeli Health Center		√		√	0	0	0	0	0	1
27	Kasuman Health Center	√			√	1	1	1	1	1	1
28	Gondong Health Center	√			√	1	1	0	0	0	1
29	Tiudan Health Center		√		√	1	1	1	1	1	1
30	Pagerwojo Health Center	√			√	1	1	1	1	1	1
31	Sendang Health Center	√			√	1	1	1	1	1	1
32	Dono Health Center		√		√	1	1	1	1	1	1
	Total					26	25	24	24	24	32
	Difference										8

From the analysis of workers' necessities carried out by all community health centers and the Health Office of Tulungagung District, there were still several labor shortages. Hence, they required a proper and appropriate HRP to overcome the issue. Considering the gap in the number of required workers, the organization leaders needed to take quick action to solve the problem. The purpose was to deal with the labor shortage matter while waiting for the government program of civil servant recruitment. Therefore, job design following the human resources policy was created to overcome the labor shortage temporarily (Table 2).

The explanations of Table 1 and Table 2 are as follows:

1. Table 1 is the result of the recapitulation of worker necessities from the Renbutnakes program by the Ministry of Health. Each community health center included the number of currently available workers and the total workload that had been done.

2. Table 2 is the result obtained from the Health Office of Tulungagung District's profile data. Each community health centers filed the annual reports of the current number of all workers in the community health centers. The table is only the example of nutritionist required from the Renbutnakes application, in which 28 nutritionists were required. This number includes various levels of expertise. Meanwhile, from the profile, only eight nutritionists were needed.

There is a difference in the calculation of the Renbutnakes application and the profile. Renbutnakes's count was based on the vacant positions, while the profile listed the total workers regardless their positions.

HRP implemented in the Health Office of Tulungagung District is an activity or process in meeting the necessities of covering the human resource deficiency through prediction. The job design concept was taken to temporarily fill the number of vacant positions while waiting for the government's CPNS program. The job design concept adapted was job enrichment. In addition to the job enrichment policy, another policy taken to meet the urgent needs of health workers was interprofessional collaboration.

Job enrichment and interprofessional collaboration policy were taken due to several considerations. One of them is to use HR as effectively as possible to eliminate vacant positions according to the requirements and right position in short and long terms. From the necessity calculation, it was discovered that the number of workers was insufficient. This problem could not be solved easily and quickly. On the other hand, the vacant positions must be filled immediately because many tasks must be done.

The following is an example of a job enrichment application. The data was based on the Renbutnakes calculation in Table 1.

a. Lack of nutritionists. The most required position is Advanced Executive Nutritionist as many as 12 people, while the currently available positions were nutrition executives. With job enrichment policy, the vacant position could be taken by the currently available nutritionists, for instance, nutrition executives. The vacant position could be filled by people with lower positions (such as nutrition executives). This means that the nutrition executives would do the job done by the people with the higher position.

b. Lack of nurse supervisors as many as 21 positions. With job enrichment, the job that should be done by nurse supervisors could be performed by proficient and expert nurses. Hence, they were given additional tasks from the vacant higher position, which were more varied.

The examples of interprofessional collaboration implementation were as follows:

a. For community health centers that need nutritionists, the job could be taken over by midwives or nurses. Hence, midwives or nurses should collaborate to perform the nutritionist tasks.

b. If there were still vacant positions in community health centers or Health Office, the tasks could be handled by the administration staff.

c. The example of the health team collaboration at the primary level was the collaboration of general practitioners, dentists, nurses, and midwives at the community health center. Once a patient was about to give birth, a midwife and nurses collaborate to help the patient.

The actions above were taken to overcome the tasks of vacant positions quickly and to remove obstacles.

4. Discussion and Conclusions

After carrying out the calculation, there are several vacant positions as health workers that held certain functional positions in the Health Office of Tulungagung District. Therefore, the organization leaders must take some actions to overcome the problem. The gap in the number of current workers and vacant positions in the Health Office of Tulungagung District requires the leaders to do Human Resource Planning (HRP) [8,9].

Human resources are identified in HRP in terms of the number of workers as well as their competencies and career. From the identification results, it is found that there is a significant gap between the necessities and the available workers, in which the necessities are greater than the number of current workers. Therefore, job design is created to overcome this issue. The job design concept that might be suitable to be applied is job enrichment. In addition to the job enrichment policy, interprofessional collaboration is also required to fill the vacant positions by doing collaboration performed by health workers to give service to the public. From the identification results, it is found that there was a significant gap between the necessities and the available workers in the job enrichment policy and interprofessional collaboration [10].

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