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EVALUATION OF HEALTH WORKER MANAGEMENT POLICY IMPLEMENTATION IN LEBAK BANTEN DISTRICT

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ABSTRACT

⁸ The purpose of this study is to evaluate the implementation of health worker management policies in Lebak District which is a underdeveloped area at the stage *antecedents*, *transactions*, and *outcomes*. The research design used ¹ a qualitative method with the model evaluation approach *countenance*'stake. Primary and secondary data collection was carried out by interviewing, ¹ observation, focus group discussion, and documentation study accompanied by validation test using triangulation and data analysis using interactive technique of Miles and Huberman. The results of the research at the *antecedents phase* were low. At the *transaction phase*, low value. At the *outcomes phase* also low value. The conclusion of the study that there is a contingency between the component aspects evaluated at *antecedents phase* were low-value which has an impact on the *transactions phase* low-value. These two components affect the components of the *outcomes phase*, so they are also of low value. This means that as a result of inadequate health worker management policies, the implementation of policies cannot be implemented properly, this has an impact on almost all aspects of the *transactions* . most of them are not implemented, so that the outcome phase is not achieved, meaning that the community health status is not yet as expected. In order for the achievement of *outcomes phase in the high*, the components at the *antecedents* and *transactions phase* must be repaired and improved.

Keywords: evaluation of policy implementation, management of health worker, stake's countenance model, underdeveloped areas.

Introduction

Health development is directed at realizing the highest public health status, and health human resources are the main key to the success of achieving health development goals. Various studies show that health workers are the main key in the successful achievement of health development goals. Health workers contribute up to 80% in the success of health development. In the 2006 WHO report, Indonesia is one of the 57 countries facing a human resource crisis in health, both in insufficient number and distribution (Kepmenko Kesra, 2013). Therefore, health human resources, including health workers, are one of the main issues that need attention, especially regarding the number, type, and distribution. However, the facts on the ground show that health workers have not been properly managed. This can be seen from the inadequacy of health workers in various areas, especially in underdeveloped, remote, border and archipelago areas (DTPK). The problems of health worker are the number and types of health workers who are still lacking, inadequate quality, mismatch between supply and demand, unequal distribution of health workers, inadequate empowerment, low levels of endurance / retention of health workers, especially in DTPK.

A shortage of various types of health worker occurred in a number of health service facilities, from 9,550 puskesmas in 2014 there were 9.8% of puskesmas without doctors, 2,194 puskesmas without nutrition workers and 5,895 puskesmas without health promotion worker. The problem of shortages of health workers is exacerbated by the unequal distribution (BPPSDM Ministry of Health, 2017).

Problems regarding the lack of fulfillment of health worker in underdeveloped and remote areas also occur in several other countries, according to Strasser et al., (2016) when compared to urban areas, rural and remote residents have a lower life expectancy and worse health status. In each country, the health status of the rural population is worse than that of the urban population. Wang et al., (2019), mentioned the problem of village doctors as gatekeepers

for the health of rural residents in China, faced with difficulties in providing *basic public health services* (BPHS), which significantly prevented them from providing high quality BPHS. The same thing was also conveyed by Robyn et al., (2015) who stated that almost every country in the world faces a shortage of health workers in remote areas. According to Zhu et al., (2019), adequate and quality health worker are essential to achieve universal health coverage as stated in the goals of sustainable development. A shortage of health workers is also experienced by the state of Timor Leste, the government is trying to retain health staff in rural areas, and especially more trained health staff such as doctors, nurses and midwives (Smitz et al., 2016). Research by Wurie et al., (2016) in Sierra Leone shows that rural health workers face challenges, including those from difficult terrain, which adds to the general underdeveloped of rural life. Like many other low and middle income countries, India faces challenges in recruiting and retaining health workers in rural areas, achieved through the appointment of health workers in rural areas (Rajbangshi et al., 2017).

Likewise in Lebak District, as an underdeveloped area, an area with health problems and prone to disasters, problems in managing health worker also occur, moreover the location of Lebak District is close to the state capital, which is only 100 square kilometers, but the problem of shortages of health workers has never been resolved until now. This is a classic, never-ending problem. Judging from the type of health worker, out of 42 puskesmas, only 3 puskesmas are in accordance with the standard, if it is seen from the number of health workers, none of them are according to the standard. Judging from the competence, not all of them are up to standard. From the distribution aspect, the distribution is not evenly distributed, due to the lack of doctors/dentists and other health workers.

The problem of a shortage of health workers results in inadequate health services, which will cause a decline in the status of public health. This situation shows that there are problems in the management of health workers. From the health worker problems, the management policy

needs to be reviewed whether there are problems in determining the policy, or the planning is inadequate and inappropriate, or the implementation of the policy is problematic. To find out this, it is necessary to conduct evaluation research with the aim of evaluating the implementation of health worker management policies at the initial, process and final stages. *The state of the art* or *novelty* from this research is the concept of a policy model recommendation to overcome the problem of fulfilling health workers in Lebak District and underdeveloped areas.

Material and Methods

The research was carried out from January 2019 to January 2020. The research was conducted at the health office and health centers in Lebak District. The research design is the overall design of the study (Ahmad et al., 2018). This research was designed using qualitative methods. Bogdan Taylor in (Moleong, 2017) mentions this ¹² qualitative method as a research procedure that produces descriptive data in the form of written or spoken words from people and observable behavior.

The approach in this research is an evaluation approach, and the evaluation chosen is an evaluation of the implementation of health worker management policies. In accordance with the established focus, objectives and evaluation model, the policy evaluation approach chosen is an evaluation that is oriented towards examining various aspects of the implementation of health worker management policies so that they can be understood in depth so that they can evaluate each stage and the entire stage. The evaluation model used is the evaluation model *Stake's countenance*, this model describes three phases in policy evaluation, namely *antecedents, transactions, and outcomes* (Vedung, 2009:62). The evaluation process focuses on two data analysis are *descriptions* and *judgments*. The evaluation was carried out using analysis *contingency* and *congruence*. *Contingency* is the link between the initial conditions, processes, and outcomes consist of *logical contingency* and *empirical contingency*. *Logical*

contingency is the result of consideration of the logical relationship between initial conditions and process and outcome. *Empirical contingency* is relationship between initial conditions, processes and results based on data. *Congruence* is the conformity between the criteria and the observed facts. Based on these descriptions, and juxtaposed with the aspects at this research stage, the research design can be seen in the following figure:

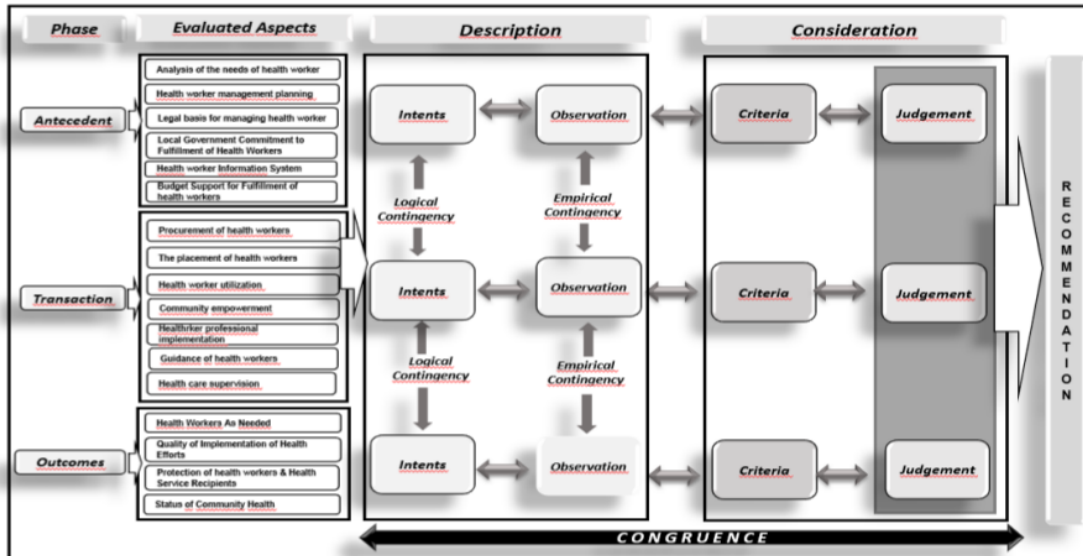


Figure 1. Research Design Evaluation of Health Worker Management Implementation (using Stake's Countenance Model)

Data collection was carried out through interviews, observation, documentation study, and *focus group discussion*. The informants in this study were ¹⁴ the Head of the Health Office, the head of the field and the head of the section for health human resources, the head of the puskesmas, doctors, health workers, community leaders and the community around the Lebak District Health Center. Data analysis is an attempt to interpret data (Creswell, 2017). The ²² data analysis technique uses an interactive analysis model from Miles and Huberman as quoted by Sugiyono, (2010), which is a method of analysis that is continuously carried out during the research, since the data is collected even when data collection is carried out including ¹⁹ data collection, data reduction. (*data reduction*), data presentation (*data display*) as well as drawing

conclusions and verification (*conclusion drawing / verification*). According to Afrizal, (2015) the validity of the data is that the data collected can describe the reality to be expressed. In qualitative research it is not the number of informants who determine the validity of the collected data, but one of them is the accuracy and suitability of data sources with the required data. One of the techniques to obtain valid data is the use of triangulation. According to Sugiyono, (2010) triangulation is checking data from various sources in various ways and at various times. In general, there are 4 (four) methods used in testing the correctness of the data, namely *credibility, transferability, dependability, and confirmability tests*. Triangulation is used to test the validity of the instrument, namely triangulation of data sources, triangulation of data collection techniques, and triangulation of time.

1 Results and Discussion

The research results for each evaluation phase are presented in the Countenance Stake matrix including *intents, observations, standards, criteria and judgements* in the following tables which are grouped according to the phase including antecedents, transactions, and outcomes phase.

Table 1. Achievements of Antecedent Phase

<i>Intents</i>	<i>Description Matrix</i>		<i>Judgement Matrix</i>	
	<i>Observations</i>	<i>Criteria</i>	<i>Judgment</i>	
Health worker needs analysis	The objective of the health worker need analysis is already in the health office needs planning document in 2019, but does not clearly describe the objectives of the needs analysis, there are officers who make plans but they are limited, no in-depth analysis and no training and provisioning, less intense supervision.	Fulfillment of analysis needs of Health, include goals clear analysis, a correct analysis of the number, types, competencies and distribution, the officers analyzes competent, there's intense supervision	The low category (32%) meaning that a small part aspects of the analysis of the needs of health workers implemented/ according to the criteria.	

<p>Planning the proper management of health worker as needed based on the number, type, competence and distribution.</p>	<p>Planning is prepared based on the ¹⁸ preparation guidelines of PMK No. 33 of 2015 concerning Guidelines for the Preparation of Health Human Resources Planning, however the planning is not quite right. The number and type have been made, but only in the form of data reports, have not yet carried out the analysis. The absence of a competent planning team, due to insufficient knowledge and lack of intense supervision and direction.</p>	<p>Existence of proper planning which includes being prepared based on a needs analysis according to the number, type, competence and distribution, competent planning team and intense supervision</p>	<p>The low category (32%), meaning that a small part of the health worker management planning aspects are implemented / available according to the criteria.</p>
<p>The legal basis for the management of health workers is used as a reference, understood and used as criteria for success</p>	<p>. Legal bases related to the management of health workers exist, but the contents are not fully understood by the implementer, the legal basis is used only as a reference. Part of the legal basis has been used as a standard success criterion, but has not been fully used as a standard success criterion.</p>	<p>There is a clear legal basis covering the legal basis as a reference, the legal basis is understood, and the legal basis is used as a standard success criterion</p>	<p>The sufficient category (43.65%), this means that some aspects of the analysis of the needs of health workers are available according to the criteria.</p>
<p>The commitment of the local government is high in meeting the needs of health workers in Lebak District. The</p>	<p>Commitment of the local government has been stated in the vision and mission of the Banten Province 2017-2022, the 2014-2019 Lebak District RPJMD and the 2014-2019 Lebak District Health Office Strategic Plan document, strengthened by the regent's commitment based on interviews who want to achieve Healthy Lebak, this fulfillment</p>	<p>There is a high level of commitment from the local government to the fulfillment of health worker, including the commitment stated in official documents and socialization.</p>	<p>The good category (71%), meaning that most aspects of local government commitment are implemented / available according to the criteria.</p>

	commitment has not been carried out optimally.		
The health worker information system provides data and information that is accurate, reliable and timely	There is an application "SIKDA Generic", namely a regional health information system that applies nationally, and is still being developed, including the information system for health workers, but data is not optimally available. accurate, reliable and timely.	The existence of an adequate health worker information system, which includes providing data and information that is accurate, reliable and timely.	The low category (33%), meaning that a small proportion is implemented / available according to the criteria.
An adequate budget to fullfilment the needs of health worker.	The local government has allocated a budget of 14 billion rupiah, totaling 1041 people. This limited budget has resulted in the majority of replacement health workers receiving honoraria below the Lebak District Minimum Wage. For the health worker retention budget, the local government has not provided a specific budget.	The availability of an adequate budget to meet the needs of health workers, including the budget for replacement health worker and the budget for retention of health worker.	The low category (27,3%), meaning that a small part of this aspect is implemented / available according to the criteria.

Table 2. Achievement of Transaction Phase

<i>Intent</i>	<i>Description Matrix</i>		<i>Judgment Matrix</i>	
	<i>Observation</i>		<i>Criteria</i>	<i>Judgment</i>
The procurement of health workers to fullfil the needs of health workers according to planning.	Procurement through selection comes from the central government consisting of central CPNS / PNS, special assignment worker for the healthy archipelago program, and internship doctors. From local governments consisting of CPNS / regional PNS, staff <i>supporting</i> (SS) and volunteer staff, the selection process is not yet adequate. The local government has provided replacement health worker,		The existence of procurement of health worker adequate including procurement is carried out through selection, the fulfillment of procurement based on the number, type and competence according to planning, the local	The low category (30%), meaning that a small part of the procurement of health worker is carried out / available according to the criteria.

	namely SS and volunteer workers, but due to limited budgets.	government provides replacement health worker.	
The Placement of health workers is carried out for equal distribution as needed.	Placements have not been carried out according to needs and planning. Most of the placement of SS and volunteer workers was prioritized for existing utilization although not yet according to their competence. The distribution of health worker has not been carried out optimally so that the distribution is not evenly distributed, responsive supervision has been implemented, but is constrained by the limited number and types of health workers.	The existence of suitable placement of health workers includes placement according to needs and planning, distribution for equal distribution as needed, and responsive supervision to overcome placement problems.	The low category (31%), meaning that a small part of this aspect of health worker procurement is carried out / available according to the criteria .
Utilization of health worker is carried out to optimize the fulfillment of health worker.	Utilization has not considered the type of health worker services, indicated by the absence of health worker in several puskesmas, Utilization has considered the number of health facilities and the number of health worker according to the workload, but is still limited. Mutations have not been carried out, neither the transfer <i>tour of duty</i> nor the <i>tour of area</i> . There is already a position committee but the number is limited. Due to the limited number available, mutations are not optimal.	The existence of optimal utilization of health worker including utilization by considering the types of health services, the number of health facilities, the number according to the workload, implementation of mutations, both <i>tour of duty</i> and <i>tour of area</i> , and the existence of a committee of positions for the mutation	The low category (33%), meaning that a small part of this aspect of health worker utilization is implemented / available according to the criteria.

Community empowerment is carried out by involving the community in the Community-Based Health Effort program.	empowerment activities have been carried out, but due to the limited number, types and competence of health workers, the conditions for access and terrain are difficult to reach, so it has not been optimal. There are creative and innovative ideas from the Cijaku and Bojongmanik Puskesmas, namely the UJAS program (Invite, Pick up, Deliver, Congratulations) and the JAMILAH program (pick up and drop off pregnant women with problems).	The existence of community empowerment optimal includes community empowerment activities in the UKBM program, and the existence of creative and innovative ideas developed in the community health effort program.	The good category (69 %) meaning that some aspects of health worker empowerment are implemented / available according to the criteria.
Health workers carry out their duties professionally.	Health workers have carried out their duties according to their competence and authority by being required to have STR and SIP / SIK, but are still constrained by the timeliness of STR and SIP extensions. Regulations for delegating authority already exist, but their implementation has not been optimal due to the limited number of health workers. Health workers have followed the latest developments in science, but due to limitations in time, access, costs and limited numbers, they have not run optimally.	Fulfillment of high professional implementation achievements include health workers carrying out tasks in accordance with their competence and authority, the existence of delegation of authority in accordance with applicable and implemented regulations, and developing the latest science.	The sufficient category (43%), meaning that some aspects of the professional implementation of health workers are carried out/ available according to the criteria.
Guidance for health worker is carried out to improve the quality and professional	Technical guidance has been carried out, however, due to limited guidance worker and difficult access to locations, it is not optimal. Likewise, the professional guidance for the implementation is inadequate, so that the fulfillment of the SKP for extending STR / SIP is difficult	Adequate guidance of health workers includes technical guidance of health workers, professional development of health workers, development of health	The sufficient category (42%) meaning that some aspects of this health worker development are

development of worker.	to achieve. Education and training have been carried out, but have not been carried out routinely and programmed, only incidentally and limited to certain types of health. Continuous professional development has been carried out, but its implementation is still limited due to limited costs.	workers through education and training, and continuous professional development	implemented / available according to the criteria.
Supervision of health workers is carried out to provide legal certainty for health workers and the community.	Supervision of compliance with applicable laws and regulations, has not been running optimally because management requires long distance travel costs. STR, SIP and SIK are needed so that there is legal certainty for those concerned and for people who receive health services, because they are served by people who have the competence and authority. Sanctions for these violations cannot be enforced strictly considering the limitations of health workers.	There is strict supervision of health workers including supervision of compliance with statutory provisions, supervision to provide legal certainty for health workers and the public, and sanctions for non-compliance with regulations	The low category (35%), meaning that in a small part of the aspect of health worker supervision this is implemented / available according to the criteria.

Table 3. Achievement of Outcomes Phase

<i>Intent</i>	<i>Description Matrix</i>		<i>Judgment Matrix</i>	
	<i>Observation</i>		<i>criteria</i>	<i>Judgment</i>
Availability of health workers according to needs and can be utilized optimally.	The fulfilment for health workers have not been achieved optimally. With the limited number and types, the distribution cannot run as needed. The health administration efforts did not run optimally, because the availability of health worker was not fulfilled, so that it could not be utilized optimally.		Fulfilling the needs of health workers with high achievements, including the availability of competent types of health workers according to needs, distributed appropriately, and optimally utilized health worker.	The low category (29%) meaning that a small proportion of these aspects are available according to the criteria.

Increasing the quality of the implementation of health efforts provided by health workers	The quality of the implementation of health efforts has been made by improving the quality of health service facilities, indicated by, among other things, the accreditation of most puskesmas, but the results of the assessment of most puskesmas need to be improved. Likewise with quality, due to limited numbers, types and opportunities to attend education and training, optimal quality has not been achieved.	Fulfillment of high achievements, the quality of the implementation of health efforts provided by health workers.	The sufficient category (41%), meaning that some aspects of the quality of health service delivery are implemented / available according to the criteria.
Achieved the protection of health workers and health service recipients	Health Protection insurance for health workers who take professional actions and protection for health service recipients already exist and are regulated in the Workers Law. The implementation has been implemented by involving professional organizations. Provisions regarding the rights and obligations of health workers are regulated in the health worker law, while the rights and obligations of patients are regulated in PMK No. 4 of 2018. However, it has not been able to run optimally because there are still delays in the STR and SIP / SIK registration process.	The fulfillment of the protection of health workers and recipients of Health services, includes guaranteed protection for health workers who take professional actions and the protection for health service recipients is stated In the policy, there are provisions regarding the rights and obligations of health workers, and there are provisions regarding the rights and obligations of patients.	The good category (61.5%), meaning that some aspects of health worker protection are implemented / available according to the criteria.
Increasing the status of community health as high as possible	The level of community health in Lebak District still needs to be improved, this can be seen from the high maternal mortality rate, infant mortality rate, prevalence of	The increase in the highest level of public health is indicated by the fulfillment of the following criteria:	The low category (30 %), meaning that a small proportion of aspects of the

malnutrition among children under five, and stunting in baduta. The contributing factor is the lack of highly needed health worker in health facilities/Puskesmas that are urgently needed, especially worker and doctors for the UKP program and the lack of public health worker, environmental health workers, and nutrition workers for the UKM program.	decreasing maternal mortality, decreasing infant mortality rates, decreasing prevalence of malnutrition among five-year-old infants (toddlers), decreasing stunting in two-year-old infants (baduta) and increasing rates Life expectancy	status of public health are implemented / available according to the criteria.
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The summary of the congruency analysis is described in figure 2 as follows.

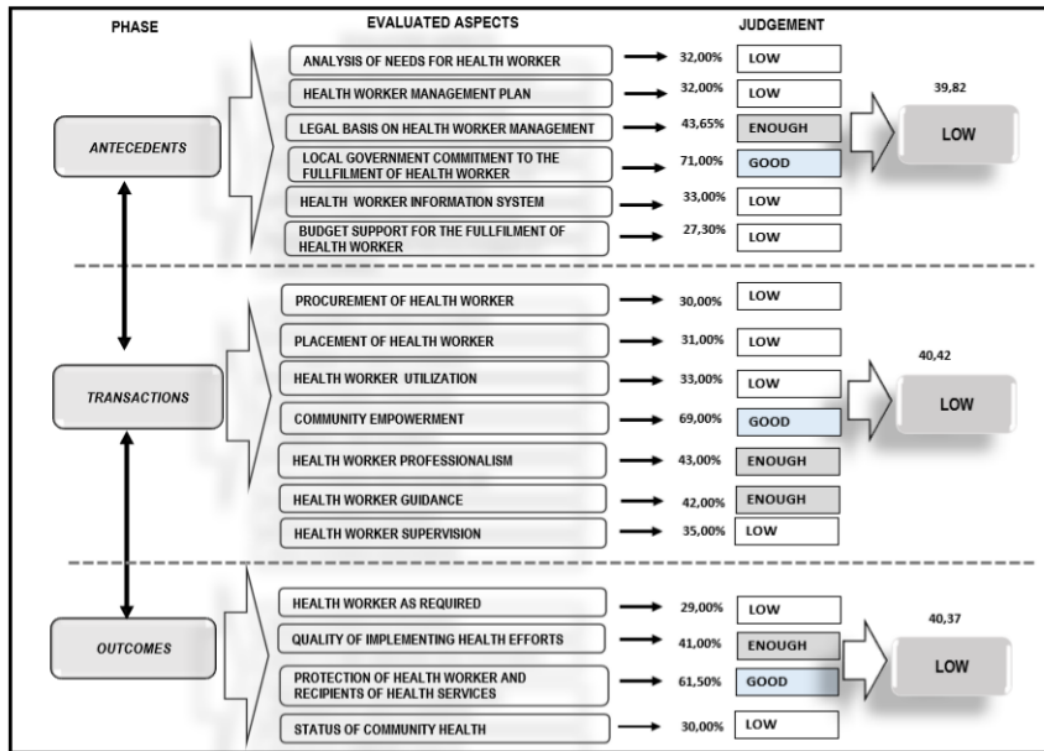


Figure 2. Congruency Analysis Summary of Evaluation of the Implementation of Health Worker Management

Antecedent Phase

The results of the evaluation at the antecedent stage obtained a low category assessment, meaning that a small part of the aspects contained at this stage were implemented / available according to the criteria. From the aspect of analyzing the needs of health workers, it is better if the needs analysis is carried out appropriately because it will affect the preparation of planning, so that planning is not appropriate and will have an impact on the organization as stated by Hidayanti, (2019) quoted from Adawiyah & Sukmawati (2016) that errors in HR planning will have a negative impact on the organization because it can lead to organizational inefficiencies primarily related to labor financing.

Planning has used the prevailing laws and regulations as a reference, however, the legal basis for the preparation of health worker management planning is poorly understood and has not been used as standard criteria. An understanding of the legal basis is important, therefore there needs to be intensive guidance or training for the team of analysts and planning teams for health worker needs. The commitment of the local government is good value, this must be maintained and increased considering that high commitment will leverage togetherness to achieve organizational goals. When viewed from the existing health worker information system, it is necessary to have an accurate, reliable and timely information system that will support the accuracy in analyzing the needs of health workers. The budget aspect for meeting the needs of health workers is of low value because the budget provided is very limited. The budget that slightly affects health workers to feel at home and last a long time in areas that are less desirable. The higher the income provided, the more retention of health workers increases. This is like the ²⁶ research conducted by Kruk et al. and Blaauw et al. in Robyn et al (2015) on strategies to address health distribution problems in rural Cameroon, which states ²¹ that salary incentives must be of great value to attract health workers to remote areas (Robyn et al., 2015).

Transaction Phase

The results of evaluations at the stage *transactions* are low value, which means that most evaluations at this stage have not been carried out. From the aspect of health worker procurement, it is found that the procurement of health worker has not been fulfilled according to the number, type and competence, both from the central government and from the local government. According to Paruntu et al., (2015) citing Rachmawati (2008), withdrawal or procurement activities are activities to meet the specifications of the needs of an organization or agency. The procurement process varies widely. Each of them implements different requirements in the procurement treatment. Usually the standard process includes selection tests, interviews, references, and health evaluations. In Lebak District, the local government is trying to recruit replacement health workers in the form of honorary staff called *supporting staff* and volunteers, however, the procurement of health worker is still not fulfilled, resulting in the placement of health workers who are not properly distributed, thus affecting the utilization of health workers who are not can be optimal. On the other hand, community involvement in community efforts is empowerment considered good, but that does not mean the overall community empowerment program is running well but because of the initiative and creativity of the two puskesmas which initiated the UJAS and JAMILAH programs, where both programs can increase community participation in order to reduce maternal mortality and reduce infant mortality. Implementation of the profession of health workers has been implemented quite well, as well as training health workers, both coaching technical and the coaching profession as well as the development of health workers through education and training. In the supervision of health workers, especially supervision of the compliance of health workers with the provisions of laws and regulations to provide legal certainty as well as legal protection for health workers and the public receiving health services, although this has been done, it is still not optimal.

Outcomes Phase

The results of the evaluation implementation of health workers in Lebak at this stage of *outcomes* assessment with low category, meaning that most of the evaluation at this stage has not been reached. From the results of the evaluation on the aspect of health workers according to needs, that competent health workers are not optimally achieved, and have not been distributed properly and have not been optimally utilized, this has resulted in the quality of the implementation of health efforts provided by health workers to be less than optimal. However, from the aspect of the protection of health workers and health service recipients it is considered good, marked by the guarantee of protection for health workers who carry out professional actions and the existence of protection for health service recipients, as well as provisions¹⁷ regarding the rights and obligations of health workers²⁹ and provisions regarding rights and obligation of the patient. Although the quality of the implementation of health efforts is considered adequate, and the protection of health workers and health service recipients is considered good, because the need for competent health workers is not fulfilled as needed, it results in health workers not being properly distributed, so that they cannot be optimally utilized, resulting in community health status becomes low. This can be seen from the high²⁴ maternal and infant mortality rates, as well as the increasing prevalence of malnutrition among children under five and stunting in under-five.

Contingency between relationships

There is a contingency between the aspects of the analysis of the need for appropriate health worker (number, type, competence and distribution of health workers) that support the implementation of health worker management and components of the process and results of health worker management policies. This aspect of the analysis of the needs of health workers is categorized as low. The results of this analysis of the needs of health worker will influence the planning of health worker management, so that the aspects of planning for the management

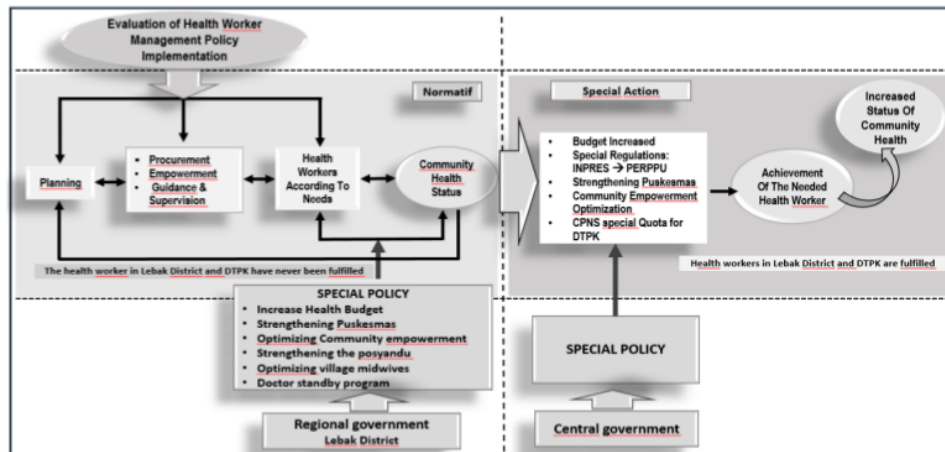
of health workers are not good. Since most aspects of the initial condition components are in the low category, it will affect the components at the process stage. Most of the components of the process stage consisting of aspects of procurement, placement, utilization, empowerment, professional implementation of health workers, guidance and supervision of health workers are mostly in the low category, the low components of this process stage are due to the contingency of aspects in the initial condition components which are also low category. There is a clear contingency between aspects of the components of the *transactions* with aspects of the component *outcomes*. Due to the low category of procurement, placement and utilization aspects, it will affect the aspect of the availability of health workers according to the needs on the component *outcome* which results in low value.

Conclusions and Recommendations

1 Based on the findings and discussion of the results of the evaluation and research model, the following conclusions are drawn: (1) Antecedent: the overall assessment is low, meaning that most of the aspects contained in the antecedent phase have not been implemented/available according to the criteria. (2) Transactions: the assessment is obtained with a low category, meaning that the phase of transactions in the implementation of this health worker management policy have largely not been implemented. (3) Outcomes: an assessment is obtained with a low category, which means that most of the evaluations at this stage have not been achieved. As a result of the inadequate policies for managing health worker at the antecedent phase, it causes the implementation of policies that cannot be implemented properly, this can be seen in almost all aspects of the *transactions* phase, which are mostly not implemented. Because the implementation of policies at the transactions phase is mostly not implemented, it will have an impact on the outcome phase so that most aspects of the outcomes phase are not achieved, as a result the expected status of public health is not achieved. Even though the policies for managing health worker and their implementation are inadequate, these policies must still be

implemented to maintain the sustainability of health services which must be on going. In order for the implementation of health worker management policies to be implemented properly, it is necessary to improve all aspects that are categorized as low and sufficient at each stage, and improve aspects that are categorized as good. In addition, to optimize the implementation of policies, the existing policies need to be modified with proposals for special policies from both the regional and central governments, namely a policy model to overcome the problem of fulfillment the needs of health workers in Lbak District / DTPK as shown in Figure 3 below.

Figure 3. Policy models overcome the problem of Fullfilment the needs of health workers in Lebak District and DTPK



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- 16
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10
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