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Multitasking on Health Promoters in Puskesmas at East Jakarta and Lebak Regency

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ABSTRACT

Health promotion are the frontline in overcoming high prevalence of non-communicable diseases. However, this situation is not supported by adequacy of the number and competence of the staff. National-Health-Workforce-Research (RISNAKES) in 2017 shows that 24% of primary health care (puskesmas) do not have community health workers as potential resources to perform health promotion. The lack of workers will increase the workload and ultimately have implications for performance. The study aims to analyze the multitasking on health promoters in puskesmas at East Jakarta City Administration and Lebak Regency. The method used was quantitative-qualitative study with a cross-sectional design and conducted from July to November 2019. Population of study was health promoters at puskesmas in DKI Jakarta and Banten. Samples are health promoters at the puskesmas in selected district areas by purposive sampling. The main results of study showed that of 111 health promotor, 92.9% performed more than one task. Of those who conducted multitasking, only 78% state health promotion as main task, while 22% declare as additional tasks. The number of tasks held by health promoters is one task (39,2%), two tasks (41,2%) and three tasks or more (19,6%). Meanwhile, the types of multitasking are related to community health services (48%), personal health services (10.8%), administrative task (9.8%), a combination of community and personal health services (18.6%), and a combination of health services and administration (12.7%). Main Conclusion: Health promotor are faced with the challenges of multitasking at puskesmas so that the HR management and formation needs to be reorganized.

Keywords : *health promotion, multitasking, HRH, health promotor*

INTRODUCTION

The global health situation shows an improvement in Life Expectancy (LE), including Indonesia. However, in terms of quality, Indonesia is currently facing a double burden of disease due to an increase in the incidence of non-communicable diseases such as cancer, stroke, chronic kidney disease, diabetes mellitus, and hypertension according to the 2018 Riskeddas results. The increase in these problems is indicated to be related to unhealthy lifestyles^(1,2). As a key to improving health, it is considered that the implementation of health promotion efforts should be encouraged, especially at the health center level in order to create healthy and productive individuals.⁽³⁾

Health promotion personnel are here to mobilize people to be empowered and play an active role in practicing health behavior. Unfortunately, the adequacy of the number and the suitability of the competence of personnel have not become a serious concern and are still an obstacle to health services^(4,5). As an illustration, the Workforce Research in the Health Sector (Risnakes) in 2017 shows as many as 24% of puskesmas do not have public health personnel (Kemas)⁽⁶⁾. In fact, health workers are the most potential personnel to carry out the role of health promotion at the puskesmas level. In terms of competence, public health graduates have been prepared to master science, art, and technology that support changes in people's behavior towards a clean and healthy life⁽⁷⁾.

The adequacy of the health promotion executive personnel determines the implementation of duties in a professional manner. Lack of manpower will hinder the performance of officers due to the high workload^(5,8,9). Based on these considerations, this study is aimed at analyzing the dual task of implementing health promotion personnel at public health centers in the Administrative City of East Jakarta and Lebak Regency.

METHODS

The research method used was quantitative with a cross-sectional design. The population of the study was health promotion staff at health centers in the provinces of DKI Jakarta and Banten. The sample is the staff in the health center in the selected regency with purposive sampling method. Based on the criteria for the availability of certain functional personnel in the field of Health promotion or Community Health Extension (PKM), Lebak was chosen to represent the characteristics of the district and East Jakarta as an urban representation.

Data collection was carried out from July to November 2019 through the method of filling out questionnaires, in-depth interviews, and focus group discussions. Quantitative data from 111 respondents was analyzed by descriptive method using SPSS and presented in tables and graphs. Meanwhile, qualitative data were analyzed using content analysis.

RESULTS AND DISCUSSION

Optimization of the implementation of health promotion personnel duties, one of which can be determined based on the division of labor tasks as shown in Figure 1 as follows:

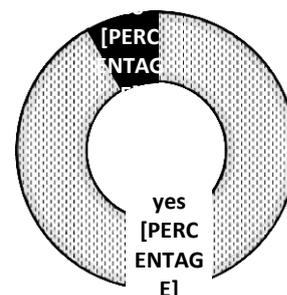


Figure 1. Distribution of Multiple Duties of Health Promotion Workers in Puskesmas

Figure 1 shows that almost all Health promotion personnel carry out multiple tasks. When explored qualitatively, informants stated that multiple assignments hindered the implementation of health promotion.

“... karena rangkap jadi terbengkalai ...kalau promkesnya megang gizi juga promkes juga” (P2)

The finding of this dual assignment is also in accordance with a study by the F2H foundation (2016) where it was discovered that generally promkes work in concurrent positions⁽¹⁰⁾. Multiple assignments occur due to a shortage of health promotion personnel at the puskesmas. The organizational culture in puskesmas generally makes multiple tasks a solution to overcome limitations⁽⁸⁾. The limited number of personnel, especially those who occupy certain functional positions in the health promotion sector (PKM), is recognized because the quota for personnel appointments determined by the central and regional personnel agencies has not supported the fulfillment of their formation⁽¹⁰⁾. The dual duty policy itself is recognized as an internal obstacle to the implementation of health promotion so that it needs to be followed up with an evaluation of the workload⁽¹¹⁾.

The phenomenon of multiple tasks (multitasking) varies with implementation staff at puskesmas, some are only burdened with 1 additional task but some are assigned 3 or more tasks. The types of tasks that are assigned also vary. This situation can be shown in table 1 below:

Table 1. Characteristics of Multiple Tasks Health Promotion Personnel at Puskesmas

Characteristics Multiple Tasks	Number of Samples	n	%
<i>Number of duplicate assignments</i>			
1 tasks	102	40	39.2
2 tasks	102	42	41.2
3 or more tasks	102	20	19.6
<i>Types of multitasking</i>			
UKM	102	49	48.0
UKP	102	11	10.8
Administration / structural	102	10	9.8
UKP-UKM combination	102	19	18.6

Combination of service and administration 102 13 12.7

The description of the dual job characteristics of the health promotion staff according to table 1 shows that most of them had 1-2 assignments outside the promkes. Meanwhile, based on the characteristics, almost half of the dual tasks are related to support for public health sefforts (PHE) both outside and inside the building. Apart from that, assignments that were both administrative and structural in nature were also found to be quite significant in contributing to an additional workload for health promotion. These results are reinforced by the informant's statement as follows:

“saya koordinator wilayah, PJ KB, koordinatir KIA, dan imunasasi juga” (P6)

“terbengkalai jadi yang terurus didalam gedungnya saja” (P2)

It is admitted that the dual duty situation of health promotion personnel is one of the reasons for the missed fulfillment of program targets. Priority of support for services in buildings cannot be avoided, with the health system still emphasizing curative efforts. As a result, concurrent positions both functionally and structurally have implications for a high workload. For example, at the Halmahera puskesmas in North Maluku province a health promotion worker must also be a sanitation clinic worker and an epidemiologist. One of the choices for this concurrent position is to consider the expertise and characteristics of the task so that it is considered to accelerate the achievement of work targets⁽¹²⁾.

Further assessment of the priority of work implementation for health promotion workers who hold multiple tasks can be determined based on the recognition of health workers whether promkes is the main or additional task as shown in Figure 2.

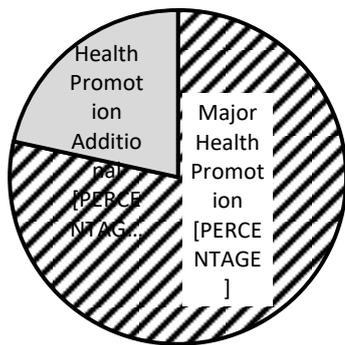


Figure 2. Priority Duties of Health Promotion Workers in Puskesmas

Most of the respondents as shown in Figure 2 stated that health promotion was their main task. According to informants, the position of health promoter in the field of employment policy should be the main task, given the characteristics of the work that is constantly available and has a fairly heavy workload.

“...sesuatu aktivitas yang mau tidak mau harus dilakukan...sekarang dilakukan oleh JFT bidan, kesling sebagai tugas tambahan ..yang sebetulnya beban kerjanya sendiri tidak cocok jadi tugas tambahan karena berat...” (BK1)

The task of being a health promotion worker has a heavy workload. The scope of work at the health center level includes empowerment efforts at every level to form a Clean and Healthy Life Behavior (PHBS), fostering an atmosphere by providing promotional media and creating a supportive environment, advocating for building commitment and support from community leaders. as well as forging partnerships with various potential stakeholders. Fortunately, there are still health center leaders who have the perception that health promotion personnel are limited to extension workers so that health workers with any competence can be filled^(8,13).

The latest regulatory reference for the implementation of the puskesmas, namely Permenkes 43 of 2019, has accommodated the nomenclature of health promotion personnel and behavioral science as components of minimum workforce standards. In fact, for urban health centers, the minimum number that must be fulfilled for health promotion personnel is 2 people. This means that the head of the puskesmas and the health office must be more serious about meeting the needs of health promotion personnel in their area.⁽¹⁴⁾ In addition to referring to the minimum labor standards, labor requirements can be identified more accurately through workload analysis by taking into account the available work time with the targeted productive activities. The end result is the acquisition of a position effectiveness and efficiency score that determines the need to reduce, add, or stagnate a certain number of personnel⁽¹²⁾.

Arrangement of human resource management is the key to solving the dual task problem of health workers in puskesmas. In terms of the adequacy of health promotion implementing staff, the health office as the health service coordinator in districts/cities is expected to be able to increase human resource support, both increasing the number and increasing competence⁽¹¹⁾. Ideally, the shortage of health personnel should be met permanently through the mechanism for filling in the CPNS and PPPK formations by garnering support from the central and regional civil service bodies⁽¹⁰⁾.

In addition, one option that is open is recruiting special contract workers for health promotion, as in Sleman Regency. This policy can be realized through advocacy and coordination of the use of non-physical Special Allocation Funds (SAF). The head of the health office initiated a recruitment plan for all heads of puskesmas and conducted intensive

communication with the relevant local government officials. The success of this advocacy effort is reflected in the great support of the district head, for example in terms of equality in receiving incentives like other Puskesmas staff⁽⁸⁾.

Leadership policy is a determining factor in solving workforce problems at the Puskesmas. For example, the two districts facing the issue of a shortage of health promotion personnel show different problem solving commitments. Sleman Regency has the initiative to use non-physical SAF to meet its needs, although it has not answered long-term needs. Meanwhile, the need for health promotion personnel is not sufficiently followed up by Kabupaten Sumbawa due to perceptions of health promotion personnel who are deemed not urgent and can be substituted by other types of health workers⁽⁸⁾. Regarding misperceptions and organizational commitments that have not been supportive, professional organizations and position supervisors should be able to work together to build professional strengthening, career development and increase the performance of their members⁽¹⁵⁾.

CONCLUSION

The results showed that almost all health promotion personnel at the Puskesmas in Lebak Regency and East Jakarta City Administration had dual tasks. Most of the staff who have multiple assignments make promkes as their main task, although not a few who openly state promkes as an additional task. Multiple assignments that are assigned have the potential to hinder the performance of the workforce, considering that the burden outside the promkes that is owned by the health promotion staff is mostly more than two assignments.

The types of concurrent tasks performed by the promkes vary, but the biggest ones are those that support UKM services. Apart from that, administrative /

structural duties were also found to be contributing to additional work burdens for promkes staff. In general, this study reveals the large number of multi-task challenges faced by health promotion personnel at the Puskesmas so that it is necessary to take action to organize human resource management at the Puskesmas. These efforts include task organization and formation policies to meet manpower shortages. The fulfillment of workforce based on actual needs is expected to encourage a more proportional distribution of the workload to all health workers, including health promotion personnel.

Researchers provide recommendations to the head of the Puskesmas to evaluate workloads through calculating needs based on workload analysis or Work Indicators of Staffing Needs (WISN). These results are important as material for structuring human resources in health centers, especially in the context of a more accurate and proportional division of tasks. Furthermore, researchers expect the health office to carry out advocacy and communication to regional civil service bodies and other institutions authorized to provide CPNS and PPPK formations for health promotion personnel in order to meet the workforce needs according to the calculation results of the head of the health center. In this whole process, professional organizations and supervisors for functional positions at the Ministry of Health can take part through advocacy for strengthening the need for health promotion formation positions, provision of guidelines for the preparation of formations, and determination of items for recommended health promotion activities at Puskesmas.

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