

KNOWLEDGE COMPETENCY ANALYSIS OF HEALTH WORKERS AT SURABAYA COASTAL AREA PRIMARY HEALTH CENTER

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ABSTRACT

The quality of services at the Primary Health Center (Puskesmas) and the level of utilization of Puskesmas services are closely related to the competency of human resources providing services to the community. Quality health services can provide satisfaction to patients in accordance with the average level of satisfaction of the population as well as procedures for conducting them according to established professional and ethical standards. The purpose of this study to map the competency of knowledge of health workers at Surabaya Coastal Area Primary Health Center. The location of this research is at Puskesmas located in the North Coast of Surabaya, namely Sidotopo Primary Health Center and Sawah Pulo Primary Health Center. This research uses a qualitative approach with a case study research strategy. Then the technique for determining the informant was done using purposive sampling and snowball sampling. This study analyzed the competency of health workers' knowledge with 3 indicators, namely general knowledge, special knowledge and typical knowledge. The results in this study are knowledge competency of health workers at Surabaya coastal area health center is still not good. The majority of health workers do not have special knowledge or specialization. Human resource development is needed by the relevant agencies.

Keywords: Competence, Community Satisfaction

1. INTRODUCTION

Health services in Indonesia still have many fundamental problems that must be addressed immediately, given the complaints and demands of health services from time to time are more complex (Arisandy, 2015; Surahmawati, 2014; Mawarti et al, 2016). Good quality service is not only measured from the luxury of facilities, technological completeness and physical appearance, but from the attitude and behavior of employees where they must reflect professionalism and have a high commitment. (Supartiningsih, 2017). However, in the midst of the government's desire to create a good service, there is a decline in the quality of government apparatuses found in the field; among other is the low quality of health services, low discipline has an impact on the low performance of government officials or medical personnel (Malingkas et al., 2018).

Factors that hamper the performance of Puskesmas employees are the lack of technical training and the lack of employee awareness in complying with the provisions of working hours (Sumantri, 2015). The lack of health workers in the Puskesmas makes the workload of Puskesmas health workers increasingly high and incompatible with the main tasks and their educational background. (sustainable, 2016). This incident resulted in a decrease in the quality of health center services. For this reason, real and comprehensive HR management is needed. Sunardi (2017) in his research revealed that there is a relationship between the level of education and the utilization of health services. There are attitudes of health

workers when providing services to patients that are good and not good. In practice, there are health workers who behave less friendly to patients, such as giving medicines directly to patients without any explanation.

Based on the results of research on the quality of health services, the dimension that needs to be improved is the assurance dimension on the ability of officers, (Kuntoro and Istiono, 2017). Then Eninurkhayatun et al (2017) stated that service dimensions that have below average satisfaction levels include the dimensions of reliability, responsiveness and assurance dimensions. Based on the results of a survey of public satisfaction with health services in Surabaya it can be said that the Community Satisfaction Index (IKM) in 2017 decreased compared to 2016. Based on Graph 1.1 it is known that there is a decrease in the Satisfaction Index from 75.90 to 71.76 or decreased by 4.14 points. In fact, as far as it goes, it is expected that people's satisfaction with health services in Surabaya can be further improved

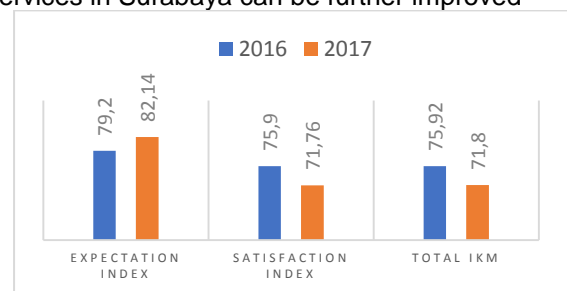


Figure 1. Index of Expectation, Satisfaction, and IKM in 2016-2017
(Source: Surabaya City Government, 2018)

Then, if seen from the health service agency or unit in the city of Surabaya, *Puskesmas* is the health service unit that experienced the highest decrease

in IKM, namely (-4.55). While Soewandi Hospital is the only health service unit that experienced an increase in IKM with point 3 in 2017.

Table 1. Summary of Indexes in 2016-2017

No.	Object	IKM		Service Quality Category for 2017	Growth
		2016	2017		
1	BDH Hospital	78,91	78,70	B	(-0,21)
2	Soewandi Hospital	77,02	80,02	B	3
3	Labkesda	78,52	77,93	B	(-0,59)
4	<i>Puskesmas</i>	76,04	71,49	B	(-4,55)

(Source: Surabaya City Government, 2019)

Most of the *Puskesmas* in the Coastal Areas of Surabaya City or North Surabaya experienced a decrease in service quality. This can be seen from the score of the measurement results of the Community Satisfaction Index which decreased from 2016 to 2017. From 13 *Puskesmas* in the

North Surabaya area, only one *Puskesmas* experienced an increase in index, namely Bulak Banteng *Puskesmas* in Sub-district of Kenjeran with an increase of 2.61 points. Then Sidotopo Health Center, Semampir Sub-district is the Health Center with the highest decrease in IKM (-13.45) points.

Table 2. Community Satisfaction Index (IKM) in North Surabaya Health Center 2016-2017

No	<i>Puskesmas</i>	Sub district	IKM 2016	IKM 2017	Service Quality Category 2017	Growth
1	Bulak Banteng	Kenjeran	73,41	76,02	B	2,61
2	Sawah Pulo	Semampir	77,51	73,7	B	(-3,81)
3	Kenjeran	Kenjeran	72,43	68,01	B	(-4,42)
4	Sidotopo Wetan	Kenjeran	75,85	71,01	B	(-4,84)
5	Morokrempangan	Krempangan	70,00	64,8	B	(-5,20)
6	Tambak Wedi	Kenjeran	79,04	73,4	B	(-5,64)
7	Krempangan Selatan	Krempangan	71,78	66	B	(-5,78)
8	Perak Timur	Pabean Cantikan	73,77	67,94	B	(-5,83)
9	Wonokusumo	Semampir	69,97	63,63	B	(-6,34)
10	Tanah Kali Kedinding	Kenjeran	72,72	65,55	B	(-7,17)
11	Dupak	Krempangan	76,44	64,71	B	(-11,73)
12	Pegirian	Semampir	75,92	62,83	B	(-13,09)
13	Sidotopo	Semampir	76,07	62,62	B	(-13,45)

(Source: Surabaya City Government, 2018)

Under these conditions, the quality of *Puskesmas* services and the level of utilization of *Puskesmas* services are closely related to the competence of human resources providing services to the community. Quality health service is the level of service that can give satisfaction to each patient in accordance with the average level of satisfaction of the population and the procedures for administering it according to established professional standards and ethics.

Therefore, the researcher is interested in conducting research with that theme. It is expected that this research will produce findings that are beneficial to education, especially regarding public sector human resource management and beneficial to practitioners, particularly the development of competencies of health workers as an effort to improve health services in Surabaya City. Based on the background discussed earlier, the formulation of the problem in this study is how does the competence of knowledge of health workers at Surabaya Coastal Region Health Center?

2. MATERIALS AND METHODS

Seema Sangi (2007) defined competencies as components of work that reflect observable behavior in the workplace. These elements include knowledge, skills, abilities, dexterity. Agree with the previous expert. Spencer and Spencer (1993) in his book *Competence at Work* defined competencies as the main characteristics of individuals that are always associated with superior performance criteria in work situations. According to the Regulation of the Head of State Personnel Agency Number 7/2013 Competency is the characteristics and ability of work which includes aspects of knowledge, skills, and attitudes according to the task and / or function of the position. According to the Regulation of the Head of State Civil Service Agency Number 7/2013 Civil Servant managerial competency standards are minimum managerial competency requirements that must be possessed by a civil servant in carrying out office duties. Then based on the Regulation of the Head of State Personnel Agency Number 8/2013 concerning

Guidelines for the Formulation of Civil Servants' Technical Competency Standards, technical competency standards are defined as work abilities related to aspects of knowledge, skills, and or expertise as well as work attitudes based on the implementation of duties and conditions of office determined according to statutory regulations. Then based on the Law of the Republic of Indonesia Number 36/2014 Regarding Health Workers, Competency is the ability possessed by a Health Worker based on knowledge, skills and professional attitude to be able to implement its practice

Then Noteboom (in Andreas Budihardjo, 2011) knowledge is an understanding and ability to transform into actions (skills) to produce performance. Furthermore, Budihardjo explained that there are two types of knowledge, namely tacit and explicit. Tacit knowledge is knowledge that is difficult or cannot be articulated but can be transferred or communicated. Then explicit knowledge is real and can be articulated, because it can be easily taught and transferred to others. This type of knowledge is usually what is often learned and adopted by someone to accomplish their tasks. While in terms of characteristics, knowledge is divided into 3 categories, namely:

a. General Knowledge

General knowledge is knowledge needed by individuals in general.

b. Special knowledge

Special knowledge is knowledge specifically needed by a company or agency because it has special competencies that support.

c. Typical knowledge

Typical knowledge is knowledge that is very unique possessed by an individual or organization that it is different from other organizations.

This qualitative research uses case study approach, which researchers carefully investigate a program, event, activity, process, or group of individuals. The case or problem that will be raised in this study is the knowledge competency of health workers at Surabaya north coastal area. The technique for determining the informants of this study used purposive sampling and snowball sampling techniques. Key informants determined are the head of the *Puskesmas*, the doctor, and the administrative division. Then the supporting informants randomly selected were patients.

Data collected includes primary data and secondary data obtained from observations, interviews, documentation (use of secondary data). Then the technique used for checking the validity of the data was done using triangulation. There are 4 types of triangulation as a technique to check the validity of data, namely source triangulation, triangulation with methods, Triangulation of researchers' honesty, triangulation with theory (Moleong, 2002). The data analysis technique was done by using 6 stages of qualitative research data

analysis approach. Manage and prepare data, Read entire data, Analyze more details by coding data, Implement coding processes, Show how these descriptions and themes will be restated in narratives or qualitative reports, Interpret or make meanings of the data. (Creswell, 2013).

3. RESULTS AND DISCUSSION

General knowledge in Surabaya Coastal Area Health Center indicated good condition, General knowledge of all health workers here was in accordance with their respective competencies. Doctors must have SIP and STR SIP (license to practice) and STR (registration certificate), in addition to that health workers already occupied their job positions in accordance with their scientific fields. However, the condition of general knowledge in this *Puskesmas* was not good compared to the knowledge of doctors in public hospitals and other private clinics, such as hospitals. Soewandi hospital close to the area.

Special knowledge in Surabaya Coastal Area Primary Health Center, did not show a good condition. This can be seen that there were no health workers with speciality. There were certain diseases that health workers did not have special competence to handle. This special knowledge competency was really needed in this area's health center, because this area had chronic diseases, one of which was tuberculosis. But to overcome this problem usually from the DKK (City Health Office) there ought to be training for health workers aimed to increase the skills of health workers in Surabaya. Typical knowledge in Surabaya Coastal Area Health Center, did not show good conditions. Health workers did not have specific knowledge in the service process. But there were some health workers who possessed the ability to communicate using Madurese language. This particular ability is considered to be less helpful in improving the quality of health center services, because health workers with this ability were limited. While the majority of *puskesmas* patients in this area were from the Madurese tribe.

Human resources are the most important factor in determining the success of an organization, both private and public sectors (Raharja et al, 2017). Health service provider organizations such as *Puskesmas* are a manifestation of the provision of resources in the health sector (Herman et al, 2014). Based on the 3 indicators above, the competency of knowledge of *Puskesmas* at Surabaya coastal area can be concluded because even though each *Puskesmas* already had a SIP (practice license) and STR (registration certificate) they still did not have specialist handling such as oncology, but with these conditions DKK (City Health Office) took the initiative to conduct training to increase the level of knowledge for health workers at Surabaya coastal area health centers. The majority of organizations used competency mapping for development

(Kulkarn and Tripathy, 2016). It is important to identify the process of developing the competency of health workers for professional and sustainable employee development (Fukada, 2018). The lowest clinical competency score is in the professional development component (Soheilipour and Farajzadeh). The development of competency in healthcare staff must focus on developing strategic skills rather than increasing specialization (McGinty et al.). Human resource development is needed to improve the quality of health services in this health center. The development of strategic skills and knowledge of specialization or professionalism is very much needed in this case.

4. CONCLUSION

The quality of competency of health workers is an important factor in improving the quality of health center services. From the results and discussion of the research it can be concluded that the competency of the knowledge of the health workers at Surabaya coastal area Primary Health Center is still not good. The majority of health workers do not have special knowledge or specialization. The health center which is the closest health center to the community has not been able to deal with several chronic diseases that often occur in the area, such as tuberculosis. Human resource development must be carried out by related agencies.

ACKNOWLEDGMENT

We are grateful to all people who contributed to this work. We especially wish to thank Hang Tuah University for supporting funding and the Head of Health Office at Surabaya City for supporting information. The wishes of all individuals who wished to remain anonymous were fully respected. A full list of all the source material is provided in the supplementary material.

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