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Relationship Professional Head of Health Facilities with Direct Services to Patients in Community Health Centers / Subsidiary Community Health Centers in Indonesia

(Data Analysis of Indonesia Family Life Survey-2014)

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Abstract:- Background: Community health centers are basic health facilities that carry out public health efforts and individual health efforts by prioritizing promotive and preventive efforts to improve the high degree of public health. So it needs to be supported by a good and systematic management of Public health centers. Method: The design of this study is a quantitative study using secondary data from the 2014 Indonesia Family Life Survey-5 (IFLS-5) with a research approach using a cross-sectional survey. The sample in this study was 960 heads of health facilities (Community health centers/ Subsidiary Community health centers). Data analysis used univariate analysis and bivariate chi-square test with pvalue: <0.05) with Stata software version 12. Result: The results of the statistical test using the chi-square test obtained a p-value = 0.000 <0.05, which means there is a relationship between the profession of the head of a health facility and direct services to patients in the Community health centers/ Subsidiary Community health centers building. Most of the professional heads of health facilities, both doctors and non-physicians, have working hours in the building for a week more than 35 hours by 570 respondents (61.9%) and less than 35 hours by 363 respondents (38.9%). Heads of health facilities who work as doctors have working hours of more than 35 hours a week (working days) as many as 348 people (66.7%) and less than 35 hours as many as 174 people (33.3%) while those who are not doctors have working hours above 35 hours during a week as many as 222 people (54.1%) and less than 35 hours as many as 189 people (45.9%). The profession of head of health facilities in both urban and rural areas is a doctor with 540 respondents (56.3%) and non-physician with 420 respondents (43.7%). Urban health centers are mostly occupied by doctors 67.1% and non-doctors 32.9% while rural health centers are mostly filled by non-doctors 71% and doctors 29%. Conclusion: There is a relationship between the profession of the head of the Community health centers/ Subsidiary Community health centers assistant who works as a doctor and not a doctor with patient services in the building. Doctors have working hours of more than 35 hours a week in the building compared to non-doctors. Urban health centers are more in demand by female doctors than non-doctors.

Keyword: *Community Health Centers/ Subsidiary Public Health Centers Health Facility Head Profession, In a Building.*

I. INTRODUCTION

Community health center is a health service facility that organizes public health efforts and individual health efforts at the first level, by prioritizing promotive and preventive efforts to achieve the highest degree of public health, with the aim of 1) To create a society that has healthy behavior which includes awareness, willingness , and healthy abilities, 2) Being able to reach quality health services, 3) Living in a healthy environment, 4) Having an optimal degree of health, both individuals, families, groups and communities [1]

Indicators for measuring the performance of the management of public health centers can be seen from two approaches, namely effectiveness and efficiency. Effectiveness is doing the job according to the needs and doing the job correctly, while efficiency is more focused on the utilization, saving and empowerment of resources. Effectiveness more effectiveness focuses more on the expected outputs and outcomes or performance results of employees and community health centers. Efficiency is related to the relationship between the output of health services and the resources used to produce outputs and outcomes [2]

In accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 128/Menkes/SK/II/2004 concerning Basic Policies for Public Health Centers. For the implementation of various individual health efforts and public health efforts in accordance with the principles of organizing a public health center, it is necessary to be supported by good management of the public health center. Public health center management is a series of activities that work systematically to produce effective and efficient public health center outcomes. The series of

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systematic activities carried out by the Community Health Center form the management functions. There are three well-known health center management functions namely Planning, Implementation and Control, as well as Supervision and Accountability. This function is carried out by the head of the health facility with the determination of personnel criteria according to the duties and responsibilities of each unit [3].

Specifically for the head of a community health center, the criterion must be a bachelor's degree in health whose education curriculum includes public health. Specifically for the head of a community health center, the criterion must be a bachelor's degree in health whose education curriculum includes public health. However, in practice it has not been fully realized. The current period of regional autonomy in determining and placing positions in several districts/cities is more characterized by "taste and closeness", paying less attention to competencies, capabilities and rank ranking lists (DUK). It is often found that health institutions are led by people who are incompetent, capable and do not have experience in the field of health and health management, so that the performance of the employees and the performance of the organization they lead is less than optimal. Community health service programs outside the building Community health centers can be measured through several indicators, namely health promotion, environmental health, maternal and child health, community nutrition and eradication of infectious diseases [4]. The community approach is a service component of a community health center called public health at the local level [5,6].

II. METHOD

Design research is a quantitative study using secondary data from the 2014 Indonesia Family Life Survey-5 (IFLS-5) with a research approach using a cross-sectional survey. The initial survey (IFLS-1) was conducted in 1993, representing about 80 percent of Indonesia's population. The IFLS5 dataset is anonymous, includes participants of all ages, and is available to researchers who meet criteria based on the RAND Corporation guidelines on dataset use [7]. nstitutional Review Board (IRB) review of IFLS studies through adequate and appropriate reviews that follow IRB guidelines and have been approved by RAND Corporation and Indonesian Institutions, particularly the Survey Meter institute for IFLS-5 [8]. The population in this study were the heads of health facilities (community health centers / subsidiary health centers) spread across 13 provinces in Eastern Indonesia. The number of heads of health facilities is 960 respondents.

Data analysis in this study used univariate analysis and bivariate chi-square test with pvalue: <0.05) with Stata software version 12. The independent variable in this study was the profession of the head of the health facility while the dependent variable was the number of hours worked in the head of the facility during a week

III. RESULT

Table 1. Distribution of Respondents by sex in Indonesia (Indonesia Family Life Survey-2014)

Sex	Profession Head of Health Facilities				Total	
	Doctor		Non doctor			
	Number	Percent	Number	Percent	Number	Percent
Male	160	43.4	209	56.6	369	100
Female	380	64.3	211	35.7	591	100
Total	540	56.3	420	43.7	960	100

Based on table 1, it shows that most of the professions of heads of health facilities are dominated by the medical profession as many as 540 (56.3%) and non-physicians as many as 420 respondents (43.7%). Of the 369 respondents, the majority were dominated by non-medical professionals, 209 (56.6%) men and 160 doctors (43.4%). Meanwhile, out of 591 respondents, most of the heads of health facilities were female doctors, 540 (56.3%) and 420 non-doctors (43.7%).

Table 2. Distribution of location of heads of health facilities Community health centers/ Subsidiary Community health centers in Indonesia-IFLS 2014.

Health Facility Location	Profession Head of Health Facilities				Total	
	Doctor		Non doctor			
	Number	Percent	Number	Percent	Number	Percent
Urban	461	67.1	227	32.9	688	100
Rural	79	29	193	71	272	100
Total	540	56.3	420	43.7	960	100

Table 2 shows that the professional heads of health facilities in both urban and rural areas are doctors with 540 respondents (56.3%) and non-physicians with 420 respondents (43.7%). Of the 688 urban community health centers, most of them are occupied by doctors 67.1% and non-doctors 32.9%. Of the 272 locations of rural community health centers, the majority were filled by non-physicians 71% and doctors 29%.

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Table 3. Relationship between the professional head of a health facility and working hours in a building for one week in Indonesia, IFLS 2014

Profession Head of Health Facilities	Working hours in the building				**Total**		*ρ value*
	<35 hours		=>35 hours				
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	
Doctor	174	33.3	348	66.7	522	100	0.000
Non doctor	189	45.9	222	54.1	411	100	
Total	363	38.9	570	61.9	933	100	

Table 3 shows that most of the professional heads of health facilities, both doctors and non-physicians, have working hours in the building for more than 35 hours a week by 570 respondents (61.9%) and less than 35 hours by 363 respondents (38.9%). Of the 522 heads of health facilities who work as doctors, 348 people (66.7%) work more than 35 hours a week and 174 people (33.3%) less than 35 hours. Of the 411 non-doctors who work more than 35 hours a week, there are 222 people (54.1%) and less than 35 hours, 189 people (45.9%).

Statistical test results with the chi-square test obtained p-value = 0.000 <0.05 because the ρ value is less than 0.05 then H1 is accepted and Ho is rejected which means there is a relationship between the profession of the head of a health facility and direct services to patients in Community health center building / subsidiary community health center building.

IV. DISCUSSION

The results research showed that there were more men who were not doctors as heads of health facilities at community health centers / subsidiary community health centers compared to women. So that it is expected to be able to increase access and mobility of activities outside the health facility building such as promotive and preventive activities. Meanwhile, heads of health facilities who work as doctors are more dominated by women than men. This resulted in more services in the building being carried out than outside the building. Health workers are a very extraordinary profession because they have the opportunity and ability to provide services to the community. [9] In the Law of the Republic of Indonesia Number 36 of 2014 concerning health workers, it is considered that health workers have an important role in improving the maximum quality of health services for the community where the community is able to increase awareness of the will and ability to live healthy so that the highest degree of health will be realized as a good investment in the development of socially and economically productive human resources as well as an element of general welfare.

The results of the study show that urban community health centers are more in demand by doctors than non-doctors. As a result, there are more curative services in urban public health centers than in rural areas. [4] Heads of community health centers located in rural areas more often carry out service activities outside the building compared to heads of public health centers located in cities. Community health centers with more medical personnel than the average head of the public health center often carry out activities outside the building in the form of administrative activities and field activities, while community health centers that have more non-medical personnel than the average head of the public health center more field activities.

The results showed that the number of doctors in urban community health centers was far more than non-doctors, while in rural health facilities there were more non-doctors than doctors. These conditions can result in more health services in urban public health centers compared to rural areas. This is proved by statistical tests that there is a relationship between the profession of the head of a health facility and working hours in the building. The professional head of health facilities who is a doctor has working hours of more than 35 hours a week reaching 66.7% compared to non-doctors reaching 54.1%. while working hours of less than 35 hours a week are mostly done by non-doctors 45.9% and doctors 33.3%. On average, heads of health facilities carry out activities in the building, both doctors and non-doctors, for more than 35 hours, reaching 61.9%, compared to providing services in the building for less than 35 hours a week, reaching 38.9%.

In order to tackle the primordial causes of poor health in rural and remote places, it is necessary to identify the needs of the people, collectively fostering a sustainable future in which health systems not only treat diseases, symptoms of ecological decline, but take an active role in promoting environmental stewardship. health. The role of health facilities is very important in restoring community participation to be involved in public health programs in rural areas [1]

Community health centers are basic health facilities as activators and monitors through efforts to maintain health and prevent disease by taking into account socio-economic, cultural and health determinants, identifying needs and providing public health services [9]. This study also provides information that heads of health facilities who work as doctors carry out more activities in the building than outside the building. [4] The head of the public health center with the profession of a doctor often carries out activities outside the building for administrative activities such as meetings and seminars. Heads of community health centers who are not doctors are more likely to carry out activities outside the building in the form of field visits in the form of counseling and posyandu. community Health centers.

In the regulation of the Minister of Health No. 43 of 2019 Community health centers are one of the primary health services that organize first-level individual health efforts that prioritize promotive, preventive, curative and rehabilitative

efforts [10] . Individual health services at community health centers include services inside the building in the form of outpatient services, inpatient and maternity services, emergency services then services outside the building for pharmaceutical services, laboratory services, referral systems, and disposal of bodies if carried out at the public health center while Services outside the public health center building include promotive and preventive [11].

According to the Regulation of the Minister of Health Number 75 of 2014 Article 1 paragraph 2 explains that, Community health centers are health service facilities that carry out public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health. high in the working area. Promotive efforts are efforts to improve the degree of public health through efforts from, by, for and with the community, so that they can optimally help themselves (prevent health problems and disorders, maintain and improve their health status, and be able to behave in coping if the health problem occurs. already arrived), as well as developing community-based activities according to local socio-culture and supported by health-oriented public policies [12].

Preventive efforts according to Notoatmodjo 2007, preventive efforts are efforts made by individuals to prevent something undesirable from happening. Etymologically, preventive comes from the Latin word pravenire which means to come before or anticipate or prevent something from happening. Preventive is defined as a deliberate effort made to prevent disturbance, damage or loss to a person or community[14].

The existence of Health Service Facilities greatly affects the health status of a country's people. In Regulation of the Minister of Health Number 43 of 2019 concerning Community Health Centers it is stated that Community Health Centers are health service facilities that carry out public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health. in his working area [15]. Therefore it is very important that the role of Human Resource Management in the placement of workers in public health centers is needed to maintain the stability and professionalism of staff in providing services at public health centers and services in the community, thus raising questions for the author how human resource management on the job placement of officers, both in terms of planning, organizing, directing and controlling [16]

V. CONCLUSION

There is a relationship between the profession of the head of the Community Health Center / Subsidiary Community Health Center who works as a doctor and not a doctor and patient care in the building. Doctors have working hours of more than 35 hours a week in the building compared to non-doctors. Urban community health centers are more in demand by female doctors than non-doctors. As a result, there are more curative services in urban public health centers than in rural areas. Therefore, it is necessary to carry out an evaluation to restore the main function and role of the Community Health Center as a basic public health service by increasing promotive and preventive services.

REFERENCES

[1]. Buse CG, Allison S, Cole DC, Fumerton R, Parkes MW, Woollard RF. Patient- and Community-Oriented Primary Care Approaches for Health in Rural, Remote and Resource-Dependent Places: Insights for Eco-Social Praxis. Front Public Heal. 2022;10(May).
[2]. Sulaeman. Health Management Theory and Practice in Community Health Centers . Yogyakarta: Gajah Mada University Press. 2011. Yogyakarta: Gadjah Mada University Press; 2011.
[3]. Decree of the Minister of Health of the Republic of Indonesia Number 128/Menkes/SK/II/2004 concerning Basic Policies for Public Health Centers. 2004.
[4]. Suka V, Hasanbasri M, Siwi R. JTotal Time Head of Public Health Center for administrative activities and Public Health Professionals in Cities and Villages (IFLS EAST Data Analysis. J Service Management. [Internet]. 2016;19(01):1–9. Available from: https://journal.ugm.ac.id/v3/JMPK/article/view/1834%0Ahttps://journal.ugm.ac.id/v3/JMPK/article/download/1834/1487
[5]. Kendall EJC. Book Review: The Practice of Community-Oriented Primary Health Care. J R Soc Med. 1982;
[6]. Johansen AS, Vracko P, West R. The evolution of community-based primary health care, Slovenia. Bulletin of the World Health Organization. 2020.
[7]. Strauss J., Witoelar F., Sikoki B. The Fifth Wave of the Indonesia Family Life Survey: [Google Scholar]. Overv F Report; RAND St Monica, CA, USA,. 2016;
[8]. Frankenberg E., Thomas D. The Indonesia Family Life Survey (IFLS): Study Design and Results from Waves 1 and 2. DRU2238/1 NIA/NICHD; RAND St Monica, CA, USA, 2000 [Google Sch. 2000;
[9]. President of the Republic of Indonesia. Republic of Indonesia Law Number 36 of 2014 concerning Health Workers. President of the Republic of Indonesia. 2014.
[10]. RR L, R S. Walk the Talk: A Program Model of Community-Oriented Primary Health Care. Int J Fam Med Healthc. 2022;1(1):9–12.
[11]. Regulation of the Minister of Health. Regulation of the Minister of Health of the Republic of Indonesia No. 43 of 2019 concerning Community Health Centers. 2019.
[12]. Puspitaningsih, Rachmah. New Life Order for Elderly Posyandu Health Services in the Era of the Covid-19 Pandemic in Sumbertebu Village, Ward District, Mojokerto Regency. J Abdimakes. 1(1):39–46.
[13]. Republic of Indonesia Ministry of Health. Ministry of Health Strategic Plan for 2015-2019, Kepmenkes RI Number HK.02.02/Menkes/52/2015. Republic of Indonesia Ministry of Health. 2015;
[14]. Notoatmdjo S. Health promotion theory and applications. Jakarta, PT Rineka Cipta. 2007;

ISSN No:-2456-2165

[15]. Ministry of Health of the Republic of Indonesia. Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019 concerning Community Health Centers. Regulation of the Minister of Health of the Republic of Indonesia No. 43 of 2019 concerning Community Health Centers. 2019;
[16]. Saphira SJ, Lestari R, Nasution NM, Lubis KF, S D, Gurning FP. Analysis of Placement of Tasks and Work Functions at UPT Center for Exemplary Public Health. J Sci Mandalika. 2023;4(2):19–22.