Civil Servant Redistribution in Samarinda City: A Descriptive Study of Human Resources on Health Distribution Gap

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***Abstract*—Human resources on health (SDMK) is the "heart" of the National Health System. Without their presence in delivering public service, the targets of Healthy Indonesia Program in National Medium-Term Development Plan 2015-2019 (RPJMN 2015-2019) will be difficult to achieve. However, the SDMK's distribution gap in local government still identified in Samarinda City. The aim of this research is describing the gap between availability and need of SDMK in Samarinda City. A descriptive qualitative approach is chosen, with focused group discussion and secondary data collection. The data analysis shows that: (1) there is a distribution gap between availability and need of SDMK in Samarinda City; (2) the distribution gap does not only exist in particular functional positions (JFT) but also in general administrative positions (JFU); (3) lack of JFU numbers leads to JFT mismatch of tasks and function that cause unoptimized public service; (4) there are different standards use by working units to determine the number of SDMK that needed in Samarinda City; (5) the existing distribution gap fulfills by temporary employees. Although civil servant redistribution mechanism in Samarinda City has regulated by the local government, the national strategy and regulation in Civil Servant redistribution are still needed.**

Keywords—civil servant, distribution, human resources on health

I. INTRODUCTION

Health development is one of the government efforts to improve the quality of life through the implementation of Healthy Indonesia Program on the Medium-Term Development Plan (RPJMN) 2015-2019. The program is aimed to improve the health and nutritional status of the community through health efforts and community empowerment supported by financial protection and health services distribution [1].

Human resources on health (SDMK) is the "heart" of National Health System. The health system can only function with their presence; improving health service coverage and realizing the right to the enjoyment of the highest attainable standard of health is dependent on their availability, accessibility, acceptability and quality [2]

Mere availability of SDMK is not sufficient in some residences/cities in Indonesia. It is among the most significant constraints to achieving the health development goals. The targets of Healthy Indonesia Program will be difficult to achieve without SDMK that equitably distributed and accessible by the population. They also have to pose the required competency, motivated and empowered to deliver quality care that is appropriate and acceptable to the sociocultural expectations of the population.

In relation to this, Samarinda City was chosen as research locus based on its unique conditions. Total area of Samarinda City is only 0.56% of East Kalimantan Province total area [3]. It is a small city, but the most populous in East Kalimantan Province. Residents of Samarinda City based on the projected population of 2016 as many as 828,803 people. Compared with the projected population of 2015, the population of Samarinda City has grown by 1.93% [3]. It has a rapid population growth.

In terms of civil servant availability, according to civil servant data [4], Samarinda City has 8,321 civil servants that consisted of 1,163 structural/management positions, 387 health workers, 3,183 teachers, 313 others particular functional positions (non-health workers and non-teachers), and 3,275 general administrative positions. The number ratio of civil servants to the population is 1%, lower than national average ratio that is 2%.

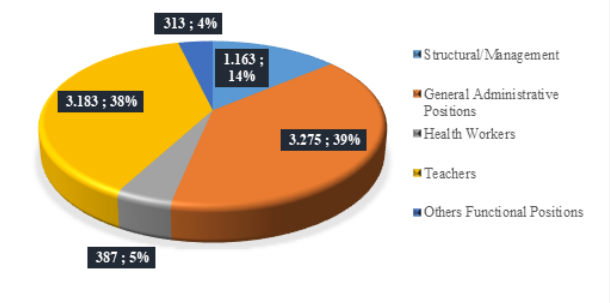

Fig. 1. Civil Servants in Samarinda City, 2017. Data calculated from Civil Servant Data per December 19th, 2017 [4].

Based on this data, Samarinda City only has 5% civil servants who served as strategic health workers. They are consisted of 54 doctors, 18 dentist, 222 nurses, and 93 midwives. This number is quite low compared with the population as many as 828,803 people.

In the other side, Samarinda City could be categorized as having personnel surplus based on budgeting perspective – though in existing condition it has personnel shortage. Its personnel expenditure ratio has already reached 63% per September 28th, 2017. This ratio is also quite high, considering the Original Local Government Revenue (PAD) that is only 18% of the Total Revenue, with the highest revenue is from Balanced Budget (69%).

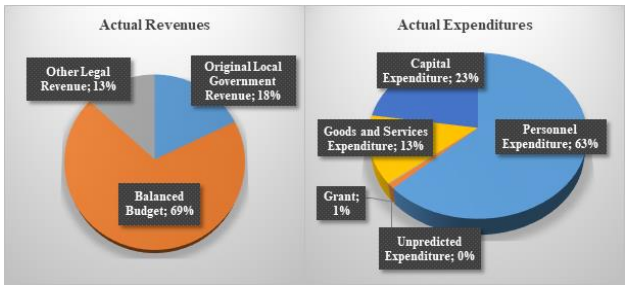

Fig. 2. Actual Revenues and Actual Expenditures of Government of Samarinda City per September 27th 2017. Data calculated form Local Government Financial Statement per September 27th, 2017 [5].

However, with the conditions mentioned above, Samarinda City has good performance in human development. In 2017, this city has higher Human Development Index (79,46) compared with provincial (75,12) and national (70,81) achievement. The HDI indicates level of achievement in living standard of a population, i.e. reflects three major dimensions of human live: (1) a long and healthy life; (2) knowledge; and (3) decent standard of living [6].

Based on the above problem formulation, the general objective of this research is to describe civil servant redistribution in Samarinda City, with human resources on health as it focused. The specific objectives are to identify human resources on health uneven distribution, factors causing the uneven distribution, and strategies that could be applied for human resources on health redistribution in Samarinda City.

II. THEORY AND POLICY REVIEW

A. Human Resources Management

Human capital is not solely the people in organizations – it is what those people bring and contribute to organizational success. Human capital is the collective value of the capabilities, knowledge, skills, life experiences, and motivation of an organizational culture [7]. Human resources management is designing management systems to ensure that human talent is used effectively and efficiently to accomplish organizational goals. Human resources management can be thought of as seven interlinked functions taking place within organizations, as depicted in fig. 3. Additionally, external forces – legal, economic, technological, global, environmental, cultural/geographic, political, and social – significantly affect how human resources functions are designed, managed, and changed [7].

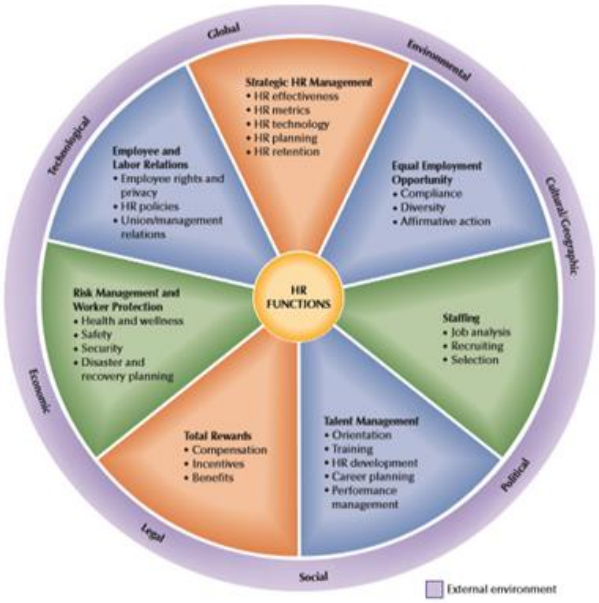

Fig. 3. Human Resources Management Function.

Important human resources functions in many organizations revolve around staffing: recruiting, employing, and retaining employees. More than half of the human resources professionals in a Society for Human Resources Management (SHRM) survey identified efforts in those areas as the most important human resources activities in their firms.

Staffing is related to job analysis, strategic planning, and human resource planning. Job analysis is a systematic process for determining the skills, tasks, and knowledge required to perform a job within an organization. All aspects of staffing will be chaotic if recruiters do not know the conditions required to perform various jobs. Strategic planning is the process by which top management determines the organization's goals and objectives and how they are achieved. Human resources planning is the process of analyzing and identifying needs and availability of human resources, so that the organization can meet its objectives [8]. The focused of human resources planning is to ensure the organization has the right number of human resources, with the right capabilities, at the right times, and the right places. In human resources planning, an organization must consider the availability and allocation of people to jobs over long periods of time, not just for the next month or even the next year [7].

There are five major objectives of human resources planning: (1) prevent overstaffing and understaffing; (2) ensure the organization has the right employees with the right skills in the right place at the right times; (3) ensure the organization is responsive to change its environment; (4) provide direction and coherence to all human resources activities and systems; (5) unite the perspectives of line and staff managers [9].

Planning is generally done on two different level. Aggregate planning anticipates needs for groups of employees in specific, usually lower-level jobs (the number of customer services representatives needed, for example) and the general skill employees need to ensure sustained high performance. Succession planning focused on key individual management positions that the organization needs to make sure remain filled and the type of individuals who might provide the best fit in these critical positions.

The first step in aggregate planning is forecasting the demand for employees. In doing so, the organization needs to consider its strategic plan and any kind rate of growth and retrenchment that may be planned. Once demand for employees has been forecasted, the organization then has to plan for an adequate supply of employees to meet this demand. This process involves estimating the actual number of employees and determining the skills that these employees must have and whether their backgrounds, training, and career plan will provide a sufficient fit for the organization's future plans. Some strategies for managing employee shortage and surpluses is summarized in table 1 [9].

TABLE 1 STRATEGIES FOR MANAGING EMPLOYEE SHORTAGES AND SURPLUSES

Strategies for Managing Shortages	Strategies for Managing Surpluses
• Recruit new permanent employees • Offer incentives to postpone retirement • Rehire retirees part-time • Attempt to reduce turnover • Work current staff overtime • Subcontract work out • Hire temporary employees • Redesign job processes so that fewer employees are needed	• Hiring freezes • Do not replace those who leave • Offer early retirement incentives • Reduce work hours • Voluntary severance, leave of absence • Across-the-board pay cuts • Layoffs • Reduce outsourced work • Employee training • Switch to variable pay plan • Expand operations

Additionally, as part of the analyses, human resources planning could include several approaches. Actions may include shifting employees to other jobs in the organization, laying off employees or otherwise cutting back the number of employees, retraining present employees, and/or increasing the number of employees in certain areas. Factors to consider include the current employees' knowledge, skills, and abilities and the expected vacancies resulting from retirements, promotions, transfers, and discharges [7].

Succession planning involves identifying key management positions that the organization cannot afford to have vacant. Succession planning serves two purposes. First, it facilitates transition when an employee leave. Second, succession planning identifies the development needs of high-potential employees and assists with their career planning [9].

B. Placement of Human Resources

Placement of human resources should be seen primarily as a matching process. How well an employee is matched to a job can affect the amount and quality of the employee's work, as well as the training and operating costs required to prepare the individual for work life. Furthermore, employee morale is an issue because good fit encourages individuals to be positive about their jobs and what they accomplish. Selection and placement activities typically focused on applicants' knowledge, skill, and abilities (KSAs), but they should also focused on the degree to which job candidates generally match the situations experienced both on the job and in the company. It usually called person/job fit. Fit is related not only to satisfaction with work but also to commitment to a company, and to quitting intentions [7].

There are three types of employee placement [10] as follows: (1) Promotion. Promotion occurs when an employee is transferred from one job to another in higher payments, responsibilities and/or levels. It usually used as a reward for past achievements; (2) Transfer and demotion. Transfers occur when an employee is moved from an equal or almost equal job in salary, responsibility, and structural level. Demotion occurs when an employee is moved from a lower position than previous job in salary, responsibility, and structural level. (3) Job-Posting Programs. Job-posting programs provide employees with information on job openings and requirements. The announcement about the vacancy invites qualified employees to apply. The purposes of post job-posting programs are to encourage employees who are looking for promotions and transfers, and to assist the human resources department in filling internal positions.

C. Civil Servants and Human Resources on Health Policy-Based Managementt

World Health Organization [11] defines health workers to be all people engaged in actions whose primary intent is to enhance health. They consist of people who provide health services such as doctors, nurses, midwives, pharmacists, medical laboratory technologist, management, and other support personnel such as finance, drivers, and so forth.

Health Minister Regulation Number 33 of 2015 on Guidelines for Human Resources on Health Planning [12] define human resources on health as a person who works actively to enhance health whether having formal health education or not which for certain positions require authority in making health efforts.

According to those definitions could be concluded that human resources on health is consist of health workers and non-health workers. The differences among them are the requirements to have formal health educations and authority to conduct health efforts. In this case, health workers could be categorized as particular functional positions (JFT) and non-health workers as general administrative positions (JFU).

Fundamentally, civil servant management has regulated by Law Number 5 of 2014 on Civil State Apparatus [13] and Government Regulation No. 11 of 2017 on Civil Servants Management [14]. Based on these regulations, civil servant management consists of: (1) planning; (2) procurement; (3) job grading and position; (4) career development; (5) career pad; (6) promotion; (7) mutation; (8) performance appraisal; (9) payroll and benefits; (10) reward; (11) discipline; (12) dismissal; and (13) pension and retirement benefits.

Furthermore, based on Law No. 36 of 2009 on Health in Article 21 [15], the government regulates the planning, procurement, utilization, development, and human resources on health quality control to provide public health service. Human resources on health are conducted through 4 (four) main efforts: (1) human resources on health planning; (2) human resources on health development; (3) human resources on health utilization; and (4) human resources quality control and development [16].

According to Law No. 23 of 2014 on Local Government [17], health is a mandatory government affair in terms of basic services. The government authority in managing SDMK are as follows.

TABLE 2 GOVERNMENT AUTHORITY IN MANAGING HUMAN RESOURCES ON HEALTH

Central Government Level	Provincial Level	Residential/ City Level
• Indonesian health workers, foreign health workers, recommendation issuance of foreign health workers employment plan and granting permission to employ foreign health workers. • Specialist doctor and dentist specialist placement in remote, isolated urban, and outer areas. • Determining the health workers technical competency standard and health administrator certification. • Determining human resources on health capacity development standard. • Human resources on health planning and development in national level.	• Human resources on health planning and development in provincial level	• Human resources on health planning and development in residential/ city level

Based on Law Number 36 of 2014 on Health Workers [18], the government are responsible for: (1) regulation, guidance, supervision, and quality improvement of health workers; (2) planning, procurement, and utilization of health workers; and (3) protection to health workers in delivering health service. Furthermore, the Central Government, Provincial Governments, and Residential/Municipal Governments are authorized to: (1) determining health workers policy that aligned with national development policy; (2) implementing health workers policy; (3) planning the needs of health workers; (4) conducting health workers procurement; (5) empowerment through equitably distribution, utilization and development; (6) developing, supervising, and improving the quality of health workers through guidance and supervision of health service; and (7) domestic cooperation in health workers area.

According to the Regulation of the Minister of Health No. 33 of 2015 on Guidelines for Human Resources on Health Planning [12], there are three planning methods: (1) Institutional based method, using workload analysis and minimum employee standards; and (2) Regions based method, using "population ratio" which is the ratio of human resources on health to total population in a region. The SDMK planning results some action plans as depicted in table 3.

TABLE 3 HUMAN RESOURCES ON HEALTH PLANNING ACTION PLAN

No	Component	Action Plan
1	Results of Annual Needs Planning of Human Resources on Health (Institution/Health Service Facility)	
	a. Gaps between availability and needs of human resources (types and number)	a. Proposed human resources on health formation b. Adequate human resources distribution
	b. Distribution maps of specific types and number of human resources (advantages and disadvantages) in government health institutions/facilities and local government.	Human resources redistribution from institutions/health facilities with SDMK surpluses to institutions/health facilities with SDMK shortage.
2	Medium Term (5 to 10 years) Human Resources on Health Planning Result	
	a. Gaps	Municipal/residence and province SDMK redistribution fairly and adequately
	b. Distribution map	SDMK adequacy for health service quality improvement

III. METHODOLOGY

This research is a descriptive qualitative study of civil servant redistribution in Samarinda City, with human resources on health as its focus. Primary data collection is collected through Focused Group Discussion (FGD) that conducted to explore the civil servant distribution gap, strategies to overcome the problem that has been done by the local government, and alternative strategy that proposed to overcome the problem. FGD involved some significant informants that consisted of Regional Development Planning Agency (Bappeda), Regional Personnel Education and Training Agency (BKPPD), Regional Secretariat (Setda), and City Health Office (Dinkes) of Samarinda City. Secondary data is collected using research instrument to identify uneven civil servant distribution and through documentation and reports analysis.

IV. FINDINGS AND DISCUSSION

A. Human Resources on Health Distribution in Samarinda City

The number of Health Center that has 5 types of health promotion personnel is one of Board for Development and Empowerment Human Resources on Health (BPPSDMK) performance indicator. According to this indicator, only 2 or 8% of Health Center in Samarinda City that already have 5 types of health promotion personnel as depicted in fig. 4.

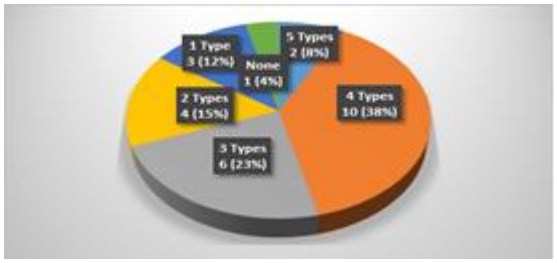

Fig. 4. Number of Health Center in Samarinda City with Health Promotion Personnel in 2017 [22].

Furthermore, the availability and need of SDMK in City Health Office (Dinas Kesehatan), Health Center (Puskesmas), and Pharmacy (Instalasi Farmasi) of Samarinda City in 2017 are as depicted in table 4 [19]. According to that table, could be identified that there are SDMK shortage as many as 972 people.

TABLE 4 NUMBER OF AVAILABILITY AND NEED OF SDMK IN CITY HEALTH OFFICE, HEALTH CENTER, AND PHARMACY OF SAMARINDA CITY IN 2017

	Availability	Need	Gaps
General Practitioner	73	159	86
Dentist	31	53	22
Midwife	107	254	147
Nurse	158	295	137
Dental Nurse	28	53	25
Pharmacist Assistant	32	87	55
Nutritionist	28	53	25
Medical Laboratory Technologist	25	83	58
Sanitarian	27	56	29
Epidemiologist	11	55	44
Health Promotion	10	53	43
Pharmacist	10	29	19
General Administrative	136	493	282
Management	75		
Total	**751**	**1723**	**972**

This SDMK shortage is fulfilled with central office temporary employees or PTT (9 people), daily temporary employees or PTTH (440 people), and monthly temporary employees or PTTB (121 people). However, there is still 402 empty positions.

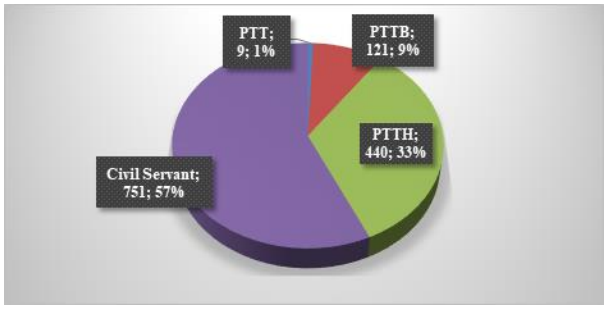

Fig. 5. SDMK Composition Based on Work Relation Status in City Health Office, Health Center, and Pharmacy of Samarinda City in 2017

In Samarinda City, there is a health center that still does not have any civil servant general practitioner, i.e. Puskesmas Samarinda Kota. This health center only has 2 temporary general practitioners to support the health service sustainability. Moreover, there are 6 health center (i.e. Puskesmas Bukuan, Puskesmas Harapan Baru, Puskesmas Karang Asam, Puskesmas Makroman, Puskesmas Samarinda Kota, and Puskesmas Trauma Center) that do not have any civil servant dentist. Three of them (i.e. Puskesmas Harapan Baru, Puskesmas Samarinda Kota, and Puskesmas Makroman) are hiring temporary dentists, while the rest of them have no dentist at all.

Furthermore, the SDMK shortage is also found in RSUD I. A. Moeis as depicted in the table 5. This shortage is also related to BPPSDMK performance indicator, i.e. government hospital (type C) that has 4 types of specialist doctors in basic health services and 3 types of specialist doctors in supporting health service. In this case, the government hospital or RSUD I. A. Moeis still could not fulfil this indicator – specialist doctor shortage is still occurred and fulfilled by temporary doctors [20].

TABLE 5 NUMBER OF AVAILABILITY AND NEED OF SDMK IN RSUD I. A. MOEIS IN 2017

	Availability	Need	Gaps
Specialist Doctor	0	18	18
General Practitioner	30	30	0
Dentist	1	1	0
Pharmacist	3	5	2
Pharmacist Assistant	5	17	12
Nurse	52	170	118
Dental Nurse	1	3	2
Epidemiologist	2	2	0
Midwife	12	25	13
Health Records Staff	1	2	1
Electromedical-equipment Technician	1	1	0
Nurse Anaesthetist	0	6	6
Sanitarian	2	5	3
Radiographer	4	6	2
Physiotherapist	4	4	0
Medical Laboratory Technologist	4	15	12
Total	**122**	**292**	**170**

Based on table 4 and 5 could be seen that there are human resources on health shortage in Samarinda City. Shortfall is not only found in particular functional positions (JFT) or health workers such as doctors, nurses, midwives, etc., but also in general administrative positions (JFU) or non-health workers as supporting employees in health services.

The terms of human resources distribution couldn't be separated from human resources planning. In this case, every regional working units (SKPD) in Samarinda City have determined their need of human resources through human resources planning. However, different standard or pattern that used by the SKPD in human resources planning are identified in this research. The indication of these could be seen in table 6 as follows.

TABLE 6 GENERAL PRACTITIONER (GP) AND DENTIST DISTRIBUTION GAP AT HEALTH CENTER IN SAMARINDA CITY IN 2017

District	Resident	Health Center	Civil Servant and Non-Civil Servant				Health Workers to Population Ratio	
			Availability		*Need*			
			GP	*Dentist*	*GP*	*Dentist*	*GP*	*Dentist*
Palaran	42.660	Palaran	7	1	12	2	1:3.555	1:21.330
	19.356	Bukuan	3	0	3	2	1:6.452	1:9.678
	5.088	Bantuas	4	1	6	2	1:848	1:2.544
Samarinda Seberang	36.584	Mangku-palas	1	1	5	2	1:7.317	1:18.292
	40.907	Baqa	4	3	7	2	1:5.844	1:20.454
Loa Janan Ilir	33.955	Trauma Center	5	0	12	2	1:2.830	1:16.978
	39.874	Harapan Baru	2	1	5	2	1:7.975	1:19.937
Sei Kunjang	40.261	Karang Asem	3	0	5	2	1:8.052	1:20.131
	41.523	Loa Bakung	3	2	5	2	1:8.305	1:20.762
	28.816	Lok Bahu	2	1	10	2	1:2. 882	1:14.408
	38.560	Wonorejo	5	3	5	2	1:7.712	1:19.280
Samarinda Ulu	33.039	Pasundan	2	2	5	2	1:6.608	1:16.520
	48.476	Segiri	4	1	5	2	1:9.695	1:24.238
	34.407	Juanda	2	1	3	2	1:11.469	1:17.204
	45.187	Air Putih	3	1	5	2	1:9.037	1:22.594
Samarinda Kota	40.330	Samarinda Kota	2	1	5	2	1:8.066	1:20.165
Samarinda Ilir	83.671	Sidomulyo	3	2	5	2	1:16.734	1:41.836
Sambutan	14.320	Sungai Kapih	3	1	5	2	1:2.864	1:7.160
	17.237	Makroman	4	1	8	2	1:2.155	1 :8.619
	26.186	Sambutan	2	1	3	2	1:8.729	1:13.093
Samarinda Utara	25.742	Sempaja	4	2	5	2	1:5.148	1:12.871
	18.686	Sungai Siring	6	1	7	2	1:2.669	1:9.343
	21.194	Lempake	6	3	10	2	1:2.119	1:10.597
	48.691	Bengkuring	3	1	5	2	1:9.738	1:24.346
Sungai Pinang	82.336	Temindung	4	2	5	2	1:16.467	1:41.168
	45.542	Remaja	6	2	5	2	1:9.108	1:22.771
Total	952.628		93	35	156	52		

[a.] Data Calculated from Health Workers Mapping Data in Samarinda [21]

Based on general practitioner and dentist mapping (civil servant and non-civil servant) as depicted in table 6, it is known that there are GP shortage (63 people) and dentist shortage (17 people). However, if the number of GP and dentist need are compared among the health center, we could find that there is huge discrepancy in determining the GP and dentist need numbers. For example, there is a huge discrepancy between the lowest GP to population ratio to the highest ratio. The highest GP to population ratio is in Puskemas Sidomulya (1:16.734) and the lowest is in Puskesmas Bantuas (1:848). The similar thing is also occurred with dentist to population ratio. The highest dentist to population ratio is in Puskemas Sidomulya (1:41.836) and the lowest is in Puskesmas Bantuas (1:2.544).

Reffering to Regulation of the Minister of Health No. 33 of 2015 on Guidelines for Human Resources on Health Planning [12], the ideal need ratio is 40 general practitioners per 100,000 population or 1: 2,500 and 12 dentists per 100,000 population or 1: 8,333. Based on the standard ratio, the shortage of general practitioners is occurred in 23 health centers or 88% of total health centers in Samarinda City, whereas the shortage of dentists is found in 25 health centers or 96% of total health centers in Samarinda City.

B. Factors Causing Uneven Civil Servants Distribution in Samarinda City

According to FGD (April 24th, 2018) that involved Regional Development Planning Agency (Bappeda), Regional Personnel Education and Training Agency (BKPPD), Regional Secretariat (Setda), and City Health Office (Dinkes) of Samarinda City, there are some factors that identified as the causes of civil servant uneven distribution in Samarinda City as follow:

1) Personnel shortage occurs in Samarinda City. It means that civil servants ratio compared to task, function, and public service has not adequate yet and still below the ideal value (BKPPD, 2018).

2) Inadequate competency, in term of educational background and skills. In this case, tasks that could be handled by one person have to be done by several person because of inadequate competency (BKPPD, 2018).

3) There are JFT shortfalls, for example, personnel analyst, archivist, librarian, civil service police (BKPPD, 2018).

4) SKPD have difficulties to determine the number of employees, especially for technical positions that unidentified in job analysis and workload analysis (Bappeda, 2018).

5) Job analysis and workload analysis results are not reflecting the real needs of employees. This problem is happened due to lack of knowledge and skill to conduct job analysis and workload analysis (Bappeda, 2018). Without an adequate human resources planning, it would be difficult for the local government to ensure that the institution has already had the sufficient number of human resources, with the right capabilities, at the right times, and the right places.

6) JFT shortfalls occurs due to difficulties in meeting the JFT requirements, especially in education and training requirements. Education and training expenses are imposed on local government, while the local government has budgeting constraint. The education and training participants become limited and very selective due to this budgeting constraint. This problem also causes inadequate competency in Samarinda City (Setda, 2018).

7) Several factors identified as causing SDMK uneven distribution in Samarinda City:

a) There is no position available for some particular health workers, for example, health records staff (Dinkes, 2018);

b) The fulfillment of health workers from internal resources hampers by the certification process of health workers who require high costs (Dinkes, 2018);

c) Recruitment of general practitioners, dentists, and specialist doctors as temporary employees are difficult to be done. The low salary offered is the cause of this problem (Dinkes, 2018);

d) There are non-health workers shortfalls. The availability and need gaps not only exist in health workers or particular functional positions (JFT), but also in general administrative positions. Lack of administrative personnel causes administrative tasks to become additional tasks for health workers – for example, the health center financial statements that prepared by a doctor, a nurse that also have an additional task on patient registration and a midwife that has another duty as a treasury staff. This problem leads to health workers tasks and functions mismatch. They could not stay focused on their core tasks to provide the health service. Furthermore, the administrative tasks also couldn't

finish properly because the health workers don't have appropriate competencies in these areas (Dinkes, 2018);

e) There is a policy in civil servant recruitment that prioritizes health workers and some JFT positions. This policy causes there is no general administrative recruitment in Samarinda City. Though in fact, the general administrative is needed to support public health service sustainability (BKPPD, 2018).

C. Strategy to Overcome the Human Resources on Health Shortage and Uneven Distribution in Samarinda City

Some regional working units (SKPD) in Samarinda City have communicated these shortage problems formally and informally to Regional Personnel Education and Training Agency (BKPPD) and Regional Secretariat (Setda). According to the FGD, there are civil servant shortage in Samarinda City as many as 1.400 people. The highest shortfall occurs in education and health service sectors. Civil servant recruitment is not easy to do because of bureaucracy processes. Thus, the local government fulfills this gap by recruiting temporary employees. Overall, there are 1.100 temporary employees work in Samarinda City (FGD on April 24th, 2018).

Large numbers of temporary employees lead to increase personnel expenses that cause budgeting problem. The total personnel expenses in Samarinda City is quite high due to temporary employee payment. Because of this budgeting constraint, the temporary employees are paid with low salary though they have performed the same tasks and functions with civil servants and have supported the sustainability of public service for many years in Samarinda City (FGD on April 24th, 2018).

Based on theory, policy review and research findings there are several strategies applied and recommended to overcome civil servant shortage in Samarinda City as follows.

1) Strengthening human resources on health planning in Samarinda City. Planning is needed to prevent overstaffing and understaffing, and to ensure that the organization has the right employees with the right skills in the right place at the right times [9]. In this case, the local government needs to ensure that all units allied has mastered the planning procedures to have adequate human resources planning as stated in the Regulation of the Minister of Health No. 33 of 2015 on Guidelines for Human Resources on Health Planning [12].

2) Redistribution mechanism from internal or external resources. Although the number of civil servants in Samarinda City has not adequate yet, civil servant redistribution could be considered as an alternative solution to overcome the shortfall. Civil servant redistribution is done from a mild shortage area to severe shortage area. It would be more equitable and sustainable for the public health service (FGD on April 24th, 2018).

Things to consider in civil servant redistribution in Samarinda City are quantity, the competency that needed, besetting and available job position. In doing so, civil servant mutation in Samarinda City has regulated by Samarinda Mayor Regulation No. 18 of 2014 on Civil Servants Incoming and Outgoing Mutation Mechanism in Samarinda Local Government. Based on Article 2 of Samarinda Mayor Regulation No. 18 of 2014 [22], to support national human resources management, civil servants in Samarinda City could propose an outgoing mutation by submitting these requirements:

a) obtaining approval statement from the head of the regional working unit;

b) having a good level of all performance appraisal indicators since the two last years;

c) not in disciplinary clarification process or not undergoing a medium or severe disciplinary punishment;

d) has been working in local government for at least 5 years, including the probation period;

e) for civil servant that obtained a learnership programme, the programme must have been completed and at least has worked for 5 at least years in the local government after the programme ended;

f) all financial administration in the regional working unit has been paid off.

The rules of civil servant incoming mutation are as provided in Article 3 of Samarinda Mayor Regulation No. 18 of 2014 [22], under the following conditions:

a) working as civil servant;

b) has obtained mutation approval or recommendation from the previous institution;

c) available job formation and applicant has the competency that needed by the local government;

d) a statement letter from the echelon II officer that the applicant is having a good working performance in the previous institution;

e) having a good level of all performance appraisal indicators since the two last years;

f) not in disciplinary clarification process or not undergoing a medium or severe disciplinary punishment, and not litigated by the court;

g) not more than 45 years old, except for the urgently needed position;

h) grade level is not more than III/c, except for the urgently needed position;

i) having a minimum education level of S1 PGSD or having an undergraduate education degree (for teacher formation);

j) minimum GPA index is 2,75 or minimum average score is 7,5, except for the urgently needed position;

k) ready to work and placed at any local government working units;

l) do not demand structural positions;

m) husband or wife consent for the married applicant;

n) not in the divorce process; and

o) physically and mentally healthy.

Furthermore, the other local government strategy to control the civil servant mutation in Samarinda City has regulated by the issuance of Samarinda Mayor Regulation No. 12 of 2016 on Additional Income Allowance to Civil Servants as stated in Article 26 [23] as follows:

a) Civil servants who mutate by own request are not given additional income allowance for 3 (three) years since the Statement of Duties (SPMT) issuance;

b) Teachers or other civil servants with functional position who mutated to the general administrative position by own request are not given additional income allowance for 3 (three) years since the validity of the new status.

This regulation is a local government innovation in managing civil servant distribution. It prevents competency and job position mismatch and also encourages civil servant professionalism by directing them to become a specialist or functional staff.

3) JFU mutation to the JFT. The local government sees the job specialization through JFU to JFT mutation as an urgent thing to do. However, some of JFT job grading is not interesting. Some of JFT positions have lower allowance value than management positions. This allowance value causes higher interest in management positions than JFT positions (FGD on April 24th, 2018).

4) Job enlargement and job enrichment. Job enlargement involves broadening the scope of a job by expanding the number of different tasks to be performed. Job enrichment is increasing the depth of a job by adding responsibility for planning, organizing, controlling, or evaluating the job. Some examples of job enrichment are: (1) giving the employee an entire job rather than just a piece of the work; (2) allowing the employee more flexibility to perform the job as needed; (3) increasing the employee's accountability for work by reducing external control; (4) expanding assignments for employees to do new tasks and develop special areas of expertise; (5) directing feedback reports to the employee rather than only to management [7].

In this case, job enlargement and job enrichment can be carried out on units that are having personnel shortage but cannot add personnel, for example, due to budget constraints. However, the implementation of this activity is carried out by taking into account the context of the duties and functions, as well as the competence of the employees concerned.

5) Competency development. Competency development has been regulated in the Law Number 5 of 2014 on Civil State Apparatus, Government Regulation Number 11 of 2017 on Civil Servant Management, National Institute of Public Administration Regulation Number 10 of 2018 on Civil Servant Competency Development. The local government needs to optimize its competency development activities to minimize competency and performance gaps that cause unoptimized public health services. Budgeting constraints overcome by selecting training paths that require low costs, for example on non-classical training.

However, although the local government has already had civil servant redistribution policy, national regulation in civil servant redistribution is still needed. In this case, redistribution formulation strategy needs to consider overall management as a whole: started with an adequate human resources planning; recruitment and selection based on human resources planning; mutation and promotion mechanism that aligned with competency development and career pad; compensation and benefit that consider the civil servant placement; and so forth.

In the other side, there are urgent needs for national regulation on managing government contract jobs. This regulation is as mandated by the Law Number 5 of 2014 on Civil State Apparatus. Whereas the management of government contract jobs can be an alternative solution to the human resources shortages in local governments that cannot be resolved by civil servant recruitment (FGD on April 24th, 2018).

V. CONCLUSION

Inadequate numbers of human resources on health (SDMK) is among the most significant constraints to achieving the health development goals. Uneven distribution of SDMK still occurs in Samarinda City. This research has shown some critical issues: human resources shortfall that not only found in health workers but also in non-health workers, non-health workers shortage leads to health workers tasks and functions mismatch that affecting the public health service quality, unavailable job formation for particular health workers position, inadequate job analysis and workload analysis results that could not reflect the real needs of employees, and lack of knowledge and skill to obtain human resources on health planning. Although civil servants redistribution mechanism in Samarinda City has regulated by the local government, the national strategy and regulation in Civil Servant redistribution are still needed.

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