

The case study of the workload of nutrition service: an analysis based on Patton and Sawicki's theory in Puskesmas Beji, Depok, West Java, 2019

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Abstract

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Purpose: To analyze the workload of nutrition service in Beji Puskesmas UPT, Depok City, West Java Province in 2019. **Method:** A qualitative study, through in-depth interviews with the Head of Puskesmas, the Head of Administration, Quality Control and Nutritionist. **Results:** Nutrition counseling services in the building cannot be done every day during Puskesmas working hours because nutrition workers have to conduct regular monthly visits to 32 integrated community health service posts (posyandu). Even so, the scheduled staff cannot visit all posyandu within 1 month due to limited time and energy. Thus, the distribution and monitoring of supplementary feeding (PMT) is assisted by community health workers (CHW). There are two different recording and reporting applications, namely Community Based Nutrition Recording and Reporting (e-PPGBM) from the Ministry of Health and local applications from the Depok City Health Office. Inadequate computer equipment, infrastructure, and internet facilities, as well as incomplete population data, were highly time-and-energy consuming. Another increase in workload is the non-cooperation of families with malnourished children which often refused to be referred to the TFC (Therapeutic Feeding Center). **Conclusion:** Nutrition service efforts both inside the building and outside the building are less optimal because nutrition services are only carried out by a nutrition officer. Nutrition service, especially outside the building, must empower CHWs in order to increase the scope of nutrition services.

Keywords: workload; empowerment; CHW; nutrition services

INTRODUCTION

Nutrition problems in Indonesia are increasingly complex as epidemiological transitions occur. Various malnutrition problems showed a decrease in numbers such as Prevalence of Protein Energy Deficiency (PEM) while on the other hand the problem of obesity and degenerative diseases actually showed an increase even the latest reports of malnutrition problems currently tend to remain. To overcome these nutritional problems, health workers and nutritionists and scientists who are dynamic, independent and uphold professional ethics are needed so that they can

contribute to develop various health sciences and services in various fields including nutrition [1].

According to the State Minister, nutritionists have the role and function as a civil servant who is given full duties, responsibilities and authority by an authorized official to carry out functional technical activities in the field of nutrition services, food and dietetic both in the community and hospitals. Skilled nutritionists are functional nutritional positions in which the implementation of their duties includes operational technical activities related to the application of principles, concepts, and operational methods of activities in the field of nutrition, food and dietetic

services. Expert nutritionist is the functional position of expertise nutritionist whose tasks include activities related to the development of knowledge, application of concepts, theory, science and art to manage nutrition, food and dietetic service activities and the provision of teaching in a systematic and effective way in the field of nutrition, food service and dietetic. Implementation of nutrition, food and dietetic services is a series of nutrition, food and dietetic service activities in order to achieve optimal health status in a healthy or sick condition and protect the public from malpractice in the fields of nutrition, food, and dietetics [2].

The process of providing workers is an effort to obtain and collect, and provide workers who have quality and can work efficiently. The workforce provisioning activity is a very decisive stage in the life of the organization, especially when there are workforce personality traits and have the ability or work skills that are less supportive for the organization. To provide labor that can be utilized maximally, so that it can be interpreted as an effort to determine the number and quality of labor that will be used for a certain period of time. The number of workers must be calculated with quality and real needs based on workload. Requirements so as to be proven efficiently and effectively.

Human resource planning is an estimation of the amount of human resources based on place, skills and behavior needed to provide health services. In other words, we estimate who does what, with what skills, when needed and how much. But in reality the overall condition still needs improvement or addition of nutritionists, for example there are still Public Health Centers that do not yet have nutritionists, and nutritionists who are still working are not in accordance with the main tasks of their functions.

Based on field visits conducted at UPT Puskesmas Beji Kota Depok in March 2019, data was obtained for only 1 (one) nutritionist who worked and implemented a nutrition service program in the UPT Puskesmas Beji Kota Depok. Beji Puskesmas conducts workforce needs analysis using workload analysis and from the analysis conducted by Beji Puskesmas it still lacks doctors, health promotion, and sanitarians. In fact, if seen from the tupoksi owned by nutritionists with a lot of 32 posyandu areas, the existence of 1 (one) nutritionist is still considered lacking. Therefore, based on the above background, researchers are interested in seeing the puskesmas policy in analyzing the needs of personnel at the puskesmas to be the focus in the discussion of this field visit.

METHODS

An in-depth interview was carried out with the Head of Puskesmas, the Head of Administration, Quality Control and Nutritionist. From the interview, the workload of the nutrition service was analyzed using Patton and Sawicki's theoretical framework. The analysis was carried out in 6 steps: (1) observing, understanding, and specifying the problems; (2) developing evaluation criteria; (3) Identifying alternative policies; (4) Evaluating alternative policies; (5) Monitoring the result.

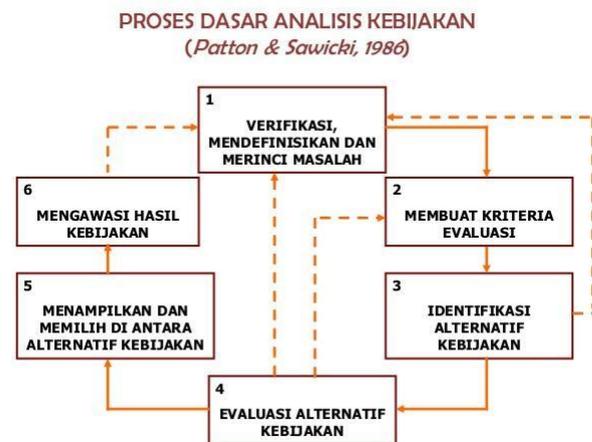


Fig 1. Basic process of policy analysis according to Patton & Sawicki 1986

RESULTS

Based on the results of a visit to the Beji Puskesmas UPT, it is known that the workforce at the Beji Puskesmas UPT, especially the nutrition service unit, consists of one officer. One of these officers is responsible for carrying out nutrition activities in the work area of the UPT Puskesmas Beji. This triggers a fairly high workload. To obtain a more detailed picture, an analysis is carried out through Patton and Sawicki's (1986) theory as follows:

Observing, understanding, and specifying the problems

The main tasks and functions of nutrition service unit officers at the Beji Puskesmas UPT include promotive, preventive, curative and rehabilitative efforts. These efforts include activities carried out both inside and outside the building.

Nutrition service activities in the building consist of managing nutrition programs, implementing recording

and reporting, monitoring local areas, nutrition services at puskesmas consisting of outpatient nutrition services, cross-program coordination. While the nutrition services outside the building consist of managing under-five growth monitoring at the posyandu, administering vitamin A capsules, managing and administering blood-added tablets, nutritional education, exclusive breastfeeding counseling, Posbindu nutritional counseling, nutritional surveillance, education in order to prevent anemia in adolescent girls and women of childbearing age and coordinating across sectors.

Beji Puskesmas UPT is a non-hospitalized urban area health center that has one nutritionist. The number of officers at UPT Puskesmas Beji is in accordance with Permenkes No. 75 of 2014. One nutritionist has the responsibility to carry out all of these tasks, principles and functions.

Based on interviews conducted with nutrition officers at the Beji Puskesmas UPT related to the implementation of the tupoksi mentioned above obtained the following information:

Nutrition counseling services inside the building are conducted on Mondays, Wednesdays and Fridays so that nutritional counseling outside of that day is not served.

Nutrition officers make regular scheduled visits to every posyandu in the work area of the UPji Puskesmas Beji with a total of 32 posyandu, although scheduled but cannot go down in all posyandu within 1 month ... so that in 1 month only a few posyandu visited.

Some nutrition service activities outside the building such as posyandu visits, distribution and monitoring of Supplementary Feeding (PMT) for underweight and malnourished children under five are assisted by voluntary cadres so that officials cannot "sue" cadres in their work.

Nutrition officers in addition to recording and reporting routine activities carried out at posyandu every month must also record and report the results of monitoring the nutritional status of children under the same data through two different applications, namely through the application of e-PPGBM at the health ministry and through local applications to the health department city.

Beji Puskesmas UPT, although it is not a puskesmas appointed to treat malnutrition cases, but when there are cases of malnutrition found in the area and refuse to be treated at the TFC (Therapeutic Feeding Center) even though they are not in the tupoksi, nutrition officers continue to provide nutrition services outpatient care by providing malnutrition dietary

consultations and Supplementary Feeding (PMT) in accordance with the Malnutrition Procedure and Audit of Malnutrition Cases to be reported to the Depok City Health Office.

Developing evaluation criteria

Evaluation criteria related to efficiency, effectiveness, and scope of implementation of nutrition services one of them through workload analysis in the health center environment. Workload in the form of physical demands and job demands. The impact of workload can be in the form of work stress both physically and psychologically and a decrease in the quality of performance.

Based on the results of interviews and observations tupoksi owned by nutrition workers, obtained information that nutrition service workers have high physical demands and task demands. The workload that is considered high is carried out by one officer so that it results in suboptimal performance results.

Physical demands imposed on nutrition service officers are carrying out activities both inside and outside the building. Nutrition officers must make regular scheduled visits to 32 posyandu in the working area of UPT Puskesmas Beji, conduct nutritional counseling in buildings and other activities according to their duties and functions.

The task demands were also high because one nutrition officer had to meet the achievements of 18 nutrition service performance indicators, with details of 3 activities being reported every three months and 15 other activities being reported every month to the city health office. In addition, nutrition workers must also record and report through two different applications, namely through the e-PPGBM application at the ministry of health and through local applications to the city health office.

Identifying alternative policies

Based on the results of the interview, UPT Puskesmas Beji has two alternative policies.

a. Recruit new nutrition service officers. This policy can be used as an alternative because the resource person stated that the nutritional service staff owned by the Beji Puskesmas were lacking. In addition, the work carried out by nutrition service personnel can be handled even though the results are less than optimal performance.

b. Empowering posyandu and posbindu cadres in the community. Empowerment of posyandu and posbindu cadres through increased cadre capacity in nutrition service activities can be used as an alternative policy

because with a large number of posyandu and posbindu, namely 32 posyandu, UPT Puskesmas Beji requires cadres so that routine posyandu and posbindu activities and nutrition programs can be carried out properly. .

Evaluating alternative policies

- a. Recruit a new Nutritionist. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 75 Year 2014 Regarding Community Health Centers, 1 nutrition service worker has met the minimum service standards. Puskesmas feel that there is a lack of nutrition, but all tasks are managed properly. Make a Workload Analysis for Nutritionists as a basis for submitting recruiting new nutrition workers.
- b. Empowering Posyandu and Posbindu CHW in the community. CHW are volunteers so their performance will depend on individual motivation of cadres. Puskesmas can create various activities to increase CHW's capacity in assisting nutrition programs in the community.

Decree of cadre from the village so that the Puskesmas is only tasked with giving an appeal. Cadre incentive funds come from the kelurahan and the amount is limited. There are no specific technical guidelines from the puskesmas for cadre incentives

Presenting and choosing the alternative policies

Presented in table 1.

Monitoring the result

- a. Recruiting new Nutrition Service Officers. Puskesmas are guided by Permenkes NO. 75 of 2014 concerning puskesmas so that the presence of 1 (one) nutrition officer is considered sufficient although in the interview session with the Nutritionist and the Head of Administration also felt that nutrition workers were still lacking, but it had not been a priority to recruit new nutrition workers because so far the work was seen can be resolved even though it is not optimal.

Table 1. Presenting and choosing the alternative policie

Evaluation Criteria	Alternative policies	
	Recruiting new nutrition workers	Empowering CHW
Cost	Budget allocation for the salary of new workers is needed.	<ul style="list-style-type: none"> - The available funding came from the human resource. development budget instead of the monthly fund of CHWs activities. - Incentive came from the village fund with limited allocation - Social activity.
Time	<ul style="list-style-type: none"> - The work can be optimally done. - The nutrition workers will be able to provide nutrition consultation service every day during the working hour of Puskesmas. - The nutrition workers will be able to provide field services through 32 posyandu every month. 	CHW may not be able to show up regularly.
Performance	<ul style="list-style-type: none"> - Equal job division, allowing all posyandu to be visited. - The data collection and reporting can be optimally done. 	The work performance is highly dependent on the motivations of the CHWs.
Sustainability	The workers are contracted.	<ul style="list-style-type: none"> - Puskesmas had to adjust with the Village Administration System (if the head of the village is replaced, there is a possibility that the CHWs will be replaced as well). - CHWs can quit at their convenience.
HR development	Capacity building for puskesmas health workers, district health officers, ministry of health officers, as well as capacity building for other related agencies.	Every year, training for CHWs capacity building is held.

b. Empowering Posyandu and Posbindu cadres in the community. Create and implement cadre capacity building activities to help nutrition program activities in the community. Puskesmas can only encourage cadres to be active, because the incentives intended for cadres come from the kelurahan. Cadres can change, so the puskesmas must repeatedly do cadre training. Increasing cross-sectoral collaboration with villages to empower cadres in the community.

DISCUSSIONS

Every job is a burden for workers. The burden can be in the form of physical, mental and or social burden. The workforce has limitations to carry the burden to a certain degree. In addition, each workforce has different optimal limits on work load. This principle is then used as a basis for placing the right workforce on the right job. The degree of accuracy can be measured through the suitability of experience, knowledge, expertise, skills, motivation, work attitude and so on [3].

PAN (2004) defines workload as a basic aspect which is the basis for calculating the formation of workers [4]. Workload is based on calculating the level of worker productivity. Workload is also a number of work targets or results targets that must be achieved in an average employee's work. In determining the number of employees needed a workload measurement. Workload measurement (Bureau of Organization of the Ministry of Education and Culture, 1995) is a technique created to determine the time for a worker who meets the requirements in completing a particular job at a predetermined level of achievement [5].

The workload of health human resources at the puskesmas is also an important issue that cannot be continuously ignored. Excessive workload can affect the quality of one's work [6]. Workload according to Meshkati in Astianto (2014) is defined as a difference between the capacity or ability of workers with the work demands that must be faced [7]. Since human work is both mental and physical, each has a different level of loading. The level of workload that is too high can result in excessive energy usage and over stress occurs, conversely, if the intensity of loading is too low, it allows boredom and boredom or under stress. Therefore the required level of intensity of loading is appropriate and is between these two extreme limits and this can differ between individuals.

According to Hasibuan (2005), workload analysis is a determination of the number of workers needed to complete a job within a certain period of time [8]. Workload is the average frequency of each type of work within a certain period of time, or can also be defined as the severity of a job that is felt by employees affected by the division of work (job distribution), a measure of work ability (standard rate of performance) and time available. The workload method is a fairly accurate technique in forecasting short-term workforce requirements. This short-term forecasting is for one year and for every two years [9,10].

According to the result, in order to make the nutrition service workload more bearable, there are several measures that can be taken by Puskesmas. First, puskesmas can make a workload analysis for nutrition workers so that it can be seen how much the actual needs of nutrition workers can be seen from the duties of the nutrition officer according to the 2001 ministerial regulation so that the basis is not only to use the 2014 Permenkes. Then, they can improve the cross-program coordination (LP) in Puskesmas especially related to nutrition programs with MCH programs or other programs. Another improvement include the cross-sectoral coordination (LS) such as with sub-districts, villages, education in an effort to increase community participation in posyandu and health activities in general.

Afterwards, they may increase community participation in community-based health efforts (UKBM) such as activating posyandu cadres through various cadre capacity building activities in general health programs and nutrition programs in particular. They can also increase nutrition counseling activities at posyandu conducted by cadres and officers.

Nutritional information through print and electronic media such as the screening of nutrition programs in health centers (television in patient waiting rooms), leaflets and banners about nutrition can be distributed. Puskesmas should also provide adequate facilities, infrastructure and human resources related to online nutrition reporting systems (e-ppgbm) such as Wifi, computers in the nutrition services department and data entry personnel to assist nutrition workers. Finally, puskesmas should review the location of the nutrition room to a place that is far from contamination with other diseases such as not adjacent to the TB examination room, and it is expected that the nutrition consultation room is close to the outpatient examination room, especially with poly MCH.

CONCLUSION

Based on the results of in-depth interviews with the Head of the Puskesmas, Head of Subdivision Administration, Quality Control and the person in charge of Nutrition Program for UPT Puskesmas Beji District on 18 to 21 April 2019, then according to the theoretical framework of the Process of Policy Analysis (Patton & Sawicki, 1986), we can conclude that the workload of nutrition program officers at the Beji District Health Center UPT is quite high.

There is no nutrition counseling schedule on Tuesdays and Thursdays at the Puskesmas because nutrition workers make visits and guidance to Posyandu and Posbindu. Not all Posyandu and Posbindu can be visited by nutrition workers within one month because there are 32 Posyandu and Posbindu. The time and energy of nutrition workers to distribute Supplementary Feeding (PMT) for underweight and poor nutrition toddlers and PMT for KEK pregnant women were also limited, so its distribution needs to be assisted by CHWs. Nutrition officials also had limited time and staff to monitor malnourished children with severe malnutrition in the densely populated Beji District.

There are two recording and reporting applications that must be done by nutrition workers, namely Community Based Nutrition Recording and Reporting (e-PPGBM) from the Ministry of Health and local applications from the Depok City Health Office, so this adds to the workload for nutrition workers. Inadequate IT facilities and infrastructure in the form of computers and internet facilities, causing the performance of nutrition workers to be less than optimal. Incomplete population data in the form of Population Identification Number (NIK) and Hand phone number (HP) which are variables that must be entered when inputting data using the e-PPGBM application from the Ministry of Health are constrained.

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Uncooperation of families with malnutrition and often refuses to be referred to the TFC (Therapeutic Feeding Center) Puskesmas, thereby increasing the workload of nutrition workers to carry out outpatient nutrition services by providing diet consultation and supplementary feeding (PMT) according to the Malnutrition Procedure and Audit of Malnutrition Cases to be reported to the Depok City Health Office.

Suggestions

Based on the conclusions above, according to the theoretical framework of the basic process of policy analysis (Patton & Sawicki, 1986) we propose several alternative policies: 1. Improving better coordination and cooperation through Cross Programs and Cross Sector related nutrition program activities. 2. Increase public health efforts (UKM) and individual health efforts (UKP) in an integrated and sustainable manner. 3. Improving essential public health efforts, especially nutrition services. 4. Increase public health development efforts related to nutrition programs through activities that are innovative

Increasing guidance for community cadres, school children, scouts and others in the form of facilitation, consultation, education and training

Empowering posyandu and posbindu cadres in the community through increasing cadre capacity in nutrition service activities outside the Puskesmas.

Recruiting new nutrition service workers by making Workload Analysis for Nutritionists as a basis for submitting new nutrition workers.

Providing IT facilities and infrastructure in the form of providing adequate computers and internet facilities related to the recording and reporting of nutrition programs.

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