

ANALYSIS OF PUSKESMAS MANAGEMENT IN RELATION TO SERVICE OPTIMIZATION AT BENGKOL MANADO PUSKESMAS

Sheila Clarisa Korayan¹, Hery Winoto Tj², Fushen³

^{1,2,3}Faculty of Economics and Business, Universitas Kristen Krida Wacana

Corresponding E-mail: sheilakorayan@ymail.com

Abstract

The purpose of this study is to analyze the management of Puskesmas (Community Health Center) in relation to optimal service delivery at Bengkol Puskesmas. The data used is of qualitative method, employing a phenomenological approach, located at Bengkol Puskesmas in Manado. The information sources were derived from three informants. The data is supported by secondary data from reference books related to the research. The analysis method employed in this study involves several stages of data analysis techniques, beginning with data collection through in-depth interviews, observations, and documentation. The findings of this research indicate that there is an excessive or dual workload at Bengkol Puskesmas in Manado and a lack of human resources with expertise in fields such as science, technology, and nutrition. There are plans for optimizing health service management and ensuring good health facilities, allowing for optimal community health services. Despite some health program activities experiencing delays beyond the planned schedule due to a shortage of human resources, effective health services for the community can still be achieved.

Keywords: *Health Services, Puskesmas, Management, Service Optimization*

1. INTRODUCTION

A Community Health Center (Puskesmas) is a healthcare facility that provides primary health care services focusing on both community and individual health efforts, primarily emphasizing promotion and prevention. The main purpose of Puskesmas is to offer quality healthcare services at an affordable cost to the public, especially those from middle to lower economic classes. A common issue faced by Puskesmas in general is the quality of service delivery. Service quality is a crucial element that establishes patient trust in Puskesmas, leading to loyalty as healthcare service users. Healthcare service quality represents the level of excellence in healthcare services conducted in accordance with ethics and established service standards, resulting in patient satisfaction (Muninjaya, 2014). Improving healthcare services at Puskesmas requires active management involvement. Puskesmas management plays a vital role, as evidenced by the creation of Puskesmas management books like the Mini Puskesmas Workshop and regulations that support Ministry of Health Regulation No.75 of 2014, serving as a guide for healthcare service implementation and policy changes for health development. Puskesmas management includes a Puskesmas leader, management responsibility holder, activity implementers, and relevant parties. This ensures that planning, execution, and quality improvement are realized, leading to user satisfaction.

Puskesmas Bengkol is one of the Puskesmas located in the Mapanget Sub-District area, where most of the population resides in flatlands. The working area of Puskesmas Bengkol had a population of 14,404 people in 2021. Puskesmas Bengkol provides outpatient and inpatient care facilities, general and dental clinics, emergency services, comprehensive maternal and child healthcare services (KIA), family planning services (KB), nutrition clinic, and simple laboratory services. To provide quality services, the key focus of Puskesmas Bengkol is strengthening its

management system to enhance the quality of community healthcare. The improvement and reinforcement of Puskesmas Bengkol's management involve systematic planning, implementation, monitoring, and assessment to ensure integrated and comprehensive healthcare efforts.

Table 1 Outpatient Patient Visit Data

Year	Number of Patient
2020	3.894
2021	4.114
2022	5.009

Based on the visitation data available at Puskesmas Bengkol compared to the population within its working area, which covers a portion of the Mapanget Sub-District comprised of 3 urban villages (Kelurahan Bengkol, Buha, and Kima Atas), previously the working area of Puskesmas Bengkol consisted of 3 urban villages with 15 neighborhoods, and now it has expanded to 19 neighborhoods, covering an area of 2,710 square kilometers with a population of 14,404 individuals. Given the significant population within Puskesmas Bengkol's working area, providing maximum healthcare services necessitates a balanced availability of professional healthcare personnel.

Based on interviews conducted with the personnel department at Puskesmas Bengkol up until the end of 2021, the total number of healthcare workers employed by Puskesmas Bengkol is 35 individuals, comprising 31 civil servants (PNS) and 4 contract workers (THL). The breakdown is as follows: Puskesmas head, 4 General Practitioners, 2 Dentists, 8 Nurses, 9 Midwives, 1 Assistant Pharmacist, 1 Pharmacist, 2 Nutritionists, 2 Sanitarians, 2 Public Health Specialists, 1 Administrative Officer, and 1 Ambulance Driver. However, based on the employee data, there are still some staff members who lack proficiency in using technology and equipment to support healthcare services at Puskesmas Bengkol. The aim of this research is to analyze the management of the Puskesmas in relation to optimal service delivery at Puskesmas Bengkol.

2. LITERATURE REVIEW

2.1 Management

Hasibuan (2016) stated that management is the science and art of effectively and efficiently organizing the utilization of human resources and other resources to achieve a specific goal. Another perspective, presented by Manullang M (2018) in the book "Human Resource Management for the General Public," defines management as the art and science of planning, organizing, arranging, directing, and supervising human resources to achieve predetermined objectives. According to Terry (2016), management is a distinct process involving planning, organizing, motivating, and controlling steps undertaken to determine and achieve established goals through the utilization of labor and other resources. Kotler et al. (2014) explain management as a set of processes that ensure the smooth operation of a complex system of people and technology. The key aspects of management include planning, budgeting, organizing, staffing, controlling, and problem-solving. Based on the interpretations above, it can be concluded that according to the author, management is the science and art of overseeing human and other resources through activities such as planning, organizing, directing, supervising, and evaluating to achieve predetermined organizational goals.

1. Management Functions

According to Terry (2016), management functions are known as POAC as follows:

- Planning

Planning serves as the foundation for setting goals and developing the steps to be taken in order to achieve those goals. Planning plays a significant role in mitigating the risk of unwanted occurrences.

- Organizing

Organizing leads to the creation of an organizational structure, considered as a framework that can effectively combine various efforts.

- Actuating

Actuating involves guiding the organization to function according to its designated work division and activating all available resources within the organization to ensure that tasks or activities proceed as planned and ultimately reach the intended goals.

- Controlling

Controlling entails supervising whether the organization's actions align with the plan or not.

2. Elements of Management

Terry (2016) suggests that the fundamental elements that serve as resources to achieve goals within management are:

3. Men (Human Resources)

- Men

Men refers to the workforce, encompassing both executive and operative personnel.

- Money

Money represents the required financial resources to achieve desired goals, and it is a crucial element in achieving those goals.

- Methods

Methods indicate the strategies employed to achieve objectives, focusing on efficient and effective execution of activities.

- Machines

Machines function as tools that assist and streamline work processes. It's important to note that the use of machines is dependent on humans, not the other way around.

- Materials

Materials encompass the necessary resources and supplies that humans need to attain their goals. The significance of materials within management cannot be overlooked.

- Market

Market refers to the place where products are sold, and it holds great importance for a company. Marketing the produced goods is essential for the continuity of a company's production processes.

2.2 Puskesmas

Puskesmas (Community Health Center) is a healthcare facility that provides community health efforts and individual primary health care services, primarily emphasizing promotive and preventive measures to achieve the highest possible level of community health within its working area (Minister of Health Regulation No.75 of 2014 on Puskesmas). (Ministry of Health of the Republic of Indonesia, 2016).

1. Objectives of Puskesmas

According to Hetty & Ismaniar (2015), the objectives of health development carried out by Puskesmas are to support the achievement of the national health development goals, which include increasing awareness, willingness, and ability to lead a healthy life among individuals residing in the Puskesmas working area. Puskesmas has mandatory health efforts to be implemented, which include:

- a. Health promotion efforts
 - b. Environmental health efforts
 - c. Maternal and child health and family planning efforts
 - d. Community nutrition improvement efforts
 - e. Prevention and control of communicable diseases efforts
 - f. Treatment efforts
2. Functions of Puskesmas

The functions of Puskesmas are as follows:

- a. Acting as a Center for Community Health Development within its working area.
- b. Nurturing community involvement in its working area to enhance the capacity for healthy living.
- c. Providing comprehensive and integrated healthcare services to the community within its working area.

Based on the above description, it can be concluded that the functions of Puskesmas include serving as a primary healthcare center and fostering community well-being for healthy living.

3. Vision and Mission of Puskesmas

The vision and mission of the Health Development conducted by Puskesmas are the attainment of Healthy Sub-District towards the realization of a Healthy Indonesia. A Healthy Sub-District envisions a future society achieved through health development, where people live in a healthy environment and adopt healthy behaviors. This society possesses the ability to access quality healthcare services equitably, with the highest possible level of health.

4. Organization and Structure of Puskesmas

Position of Puskesmas

The position of Puskesmas in Indonesia is as follows:

- a. National Health System
- b. District/City Health System
- c. Local Government System
- d. Among the First-Level Health Service Facilities

2.3 Puskesmas Organization

1. Organizational Structure

Based on the Decree of the Minister of Health of the Republic of Indonesia number 128/MenKes/RI/SK/II/2004, the organizational structure of Puskesmas depends on the activities and workload of each Puskesmas. The arrangement of Puskesmas organizational structures within a district/city is carried out by the District/City Health Office, and the confirmation is done through local regulations. The reference for the organizational structure is as follows:

- Puskesmas Head
- Administrative Unit responsible for assisting the Puskesmas Head in management, including data and information, planning and assessment, finance, and general personnel matters.
- Functional technical implementation units of Puskesmas: community health efforts, including guidance on community empowerment, and individual health efforts.
- Puskesmas service network: sub-Puskesmas units, mobile Puskesmas units, and midwife units in villages/communities.

2. Personnel Criteria

3. Puskesmas Head Rank

Puskesmas Work Arrangement

The work arrangement of Puskesmas includes:

- a. With the Sub-District Office
- b. With the District/City Health Office
- c. With the First-Level Health Service Network
- d. With the Referral Health Service Network
- e. Across Sectors
- f. With the Community

Efforts and Principles of Puskesmas Service Implementation

- a. Essential Community Health Efforts (UKM)
- b. Developmental Community Health Efforts (UKM)
- c. Individual Health Efforts (UKP)
- d. Management
- e. Quality

Implementation Analysis (Puskesmas Service Implementation)

- a. Inputs consist of 6Ms (Man, Money, Material, Method, Machine, Market), 2Ts (Time, Technology), and 1I (Information).
- b. Process
- c. Output
- d. Outcome

2.4 Puskesmas Management

Management of community health services is a process or ability to organize the services needed by the community from demand to delivery. Swift, accurate, and quality service arrangement has characteristics that align with what has been promised or expected to fulfill service satisfaction (Calundu, 2018). The scope of Puskesmas management according to the Minister of Health Regulation in 2016 encompasses planning, implementation, supervision, control, and support from the district/city health office. Based on several definitions, it can be concluded that Puskesmas management is a form of art or an individual's ability to organize, manage, and supervise an activity with the goal of achieving the set objectives or goals effectively and efficiently.

- a. Objectives of Puskesmas Management
 - Understanding the fundamental Puskesmas policies and their application in Puskesmas implementation.
 - Equipping individuals with the ability to think and act in an integrated manner within the field of community health.
- b. Puskesmas Management Instruments

To support the functions and implementation of its efforts, Puskesmas is equipped with management instruments, including:

 - Puskesmas-level planning.
 - Mini Puskesmas workshops.

2.5 Optimization of Service Systems

Optimization is the effort to enhance performance in a work entity or individual related to public interests, with the goal of achieving satisfaction and success in activity implementation (Nurrohman, 2017). Winardi in Bayu (2017) mentions that the dimension that leads to goal achievement is seen as an endeavor to maximize activities to attain the desired or expected profits, especially from a business perspective. From this explanation, it can be concluded that optimization can only occur if it's done effectively and efficiently. Based on various definitions, optimization is a process of implementing effectiveness and efficiency that has been clearly projected, considering different perspectives and objectives, to enhance something to its most optimal state.

The Most Important Factors in Optimization, according to Abdullah (2014), the most critical factors for the success of optimization are:

1. Communication: Clear communication, carried out through information delivery processes and consistent information, is crucial.
2. Resources: This involves several components, including the fulfillment of human resources' quality, necessary information for decision-making, and the ability to execute tasks and responsibilities in the process.
3. Disposition: Attitude and commitment towards program implementation, particularly among stakeholders, play a significant role.

2.6 Service Quality

According to Tecolu & Winoto Tj, (2021), in the evolving business landscape characterized by intense competition, various approaches can be employed to attract and retain customers. One effective strategy is providing good service quality. Service quality involves meeting customer needs and desires while ensuring accuracy in delivery to match customer expectations (Tjiptono, 2014). Referring to the International Standard Organization (ISO) 900 definition, quality is a combination of inherent characteristics that determine how well customer needs can be met by products or services offered by a company (Lupiyadi, 2012).

Dimensions of Service Quality

As outlined by Ahmadi (2013), there are several dimensions of service quality:

- a. Reliability: Fulfilling accurate service promises by the company without errors.
- b. Responsiveness: Maximally addressing each customer's issues as expected by the customer.
- c. Assurance: Building trust and maintaining confidentiality with each customer.

- d. Empathy: Demonstrating individualized attention from the company to the customer.
- e. Tangibles: Refers to the physical appearance of the company, encompassing facilities, operational uniforms, and corporate communication styles.

3. RESEARCH METHODOLOGY

3.1 Research Type

This research is a qualitative study that falls within the realm of humanistic research, where humans are the primary subjects of social/cultural events. The qualitative paradigm holds the view that social, cultural, and human behavioral phenomena require more than just recording tangible aspects; they also necessitate comprehensive observation. The method used in this research is a qualitative approach with a phenomenological perspective. The phenomenological approach revolves around understanding life and aims to elucidate or reveal the meanings of concepts from various individuals. Phenomenology is conducted in natural situations, thereby allowing no restrictions in interpreting or understanding the phenomena under investigation, and researchers are free to analyze the acquired data. Qualitative research emphasizes quality over quantity, and the information gathered doesn't stem from questionnaires but rather from interviews, direct observations, and other related official documents. Non-quantitative research also prioritizes the process aspect over the obtained results. This is because the relationships between the components being studied become clearer when observed during the process. This research is focused on optimizing management in relation to the existing healthcare services at Puskesmas Bengkol. The researcher's focus is to draw conclusions about the application of management in connection with healthcare service optimization. Thus, the intention is to analyze the implementation of management in relation to healthcare service optimization at Puskesmas Bengkol.

3.2 Subjects and Research Object

In qualitative research, terms like "population" and "sample" are not used as they are in quantitative research. Qualitative research is based on the presence of individuals or groups within specific social situations, and its findings are applicable only to those specific social contexts. The primary research subject (key informant) in this study is the head of Puskesmas Bengkol, as the head of Puskesmas Bengkol holds the highest position within the Puskesmas organization. Informants for triangulation are individuals who are interviewed to ensure reliable information and a comprehensive understanding of specific information. The research object is the management of Puskesmas as practiced and applied in Puskesmas Bengkol.

3.3 Location and Information Sources

The research will be conducted at Puskesmas Bengkol in the city of Manado. The information sources (informants) for this research are the Head of Puskesmas Bengkol and the Head of Administration or Office Management of Puskesmas Bengkol.

3.4 Data Sources and Data Collection Methods

1. Primary Data

According to Sugiyono (2016), primary data is directly obtained from the source by the data collector. It is collected by the researcher firsthand, directly from the primary source or the location where the research object is situated. The author obtained primary data through in-depth interviews

with informants, namely the Head of Puskesmas Bengkol and the Head of Administrative Services of Puskesmas Bengkol.

2. Secondary Data

Additional information was obtained from reference books related to the research and other sources such as institution records, archives, and data from institutions.

3.5 Data Collection Techniques

The data collection techniques used in this research are as follows:

1. In-depth Interviews

For this research, the researcher prepared a list of questions, and structured interviews were conducted directly with the informants.

2. Participant Observation

In this research, the researcher observed the healthcare activities at Puskesmas Bengkol during the study period and collected written data based on the observed conditions.

3. Documentation

Documentation involves collecting data or information from existing documents that have been recorded or published.

3.6 Data Analysis Techniques

In this research, the researcher employs several stages of data analysis techniques that begin with data collection through in-depth interviews, observation, and documentation. Subsequently, the data will be processed by identifying important data relevant to the research title. The next stage involves presenting the data that has undergone data processing (data reduction) to be presented with a research focus. The final stage is drawing conclusions from the presented data. According to Smith (2014), the data analysis process conducted by the researcher involves the following stages:

1. Reading and Re-reading: Immersing oneself in the collected data to gain familiarity with the content.
2. Initial Noting: Making initial observations and notes about the data.
3. Developing Emergent Themes: Identifying initial themes or patterns that emerge from the data.
4. Searching for Connections across Emergent Themes: Exploring how the emergent themes relate to one another.
5. Moving the Net Cases: Comparing and contrasting different cases or instances to deepen understanding.
6. Looking for Patterns across Cases: Identifying commonalities and patterns across various cases or instances.

4. RESULTS

4.1 The Problem of Management in Bengkol Community Health Center Services

Based on observations and in-depth interviews with informants, it can be understood that the management of services at Bengkol Community Health Center (Puskesmas) is equipped with good facilities and amenities such as a laboratory, computers, and therapy rooms. The health center's laboratory is a service facility for testing, measurement, and determination of substances

originating from humans, such as blood samples to determine blood sugar levels, cholesterol, uric acid, hemoglobin, platelets, etc. However, the availability of the laboratory cannot be utilized by Bengkulu Community Health Center due to the absence of health analysts. The therapy rooms and information services that currently utilize computerized systems at Bengkulu Community Health Center require healthcare personnel and experts in their respective fields, namely individuals with specialized skills such as nurses, midwives, and IT professionals. While these facilities are provided to enhance healthcare services for the community within the Bengkulu Health Center's jurisdiction, the lack of a health analyst and IT expert at the center hinders the effectiveness of healthcare services.

Consequently, the problem in the management of healthcare services in Bengkulu is the absence of employees/staff members with the appropriate skills for the laboratory, therapy rooms, and computer fields. Skilled human resources in the fields of health analysis, nursing, and IT are needed to fill these gaps. Thus far, healthcare services at Bengkulu Community Health Center have been carried out by nurses and midwives in the laboratory, while IT personnel are called upon when issues arise with the computerized information system. This approach is taken to ensure that healthcare services at Bengkulu Community Health Center continue to be provided effectively. Therapeutic responsibilities are handled by nurses who have undergone training.

4.2 Optimization Plan for Bengkulu Community Health Center Service Management

In order to provide optimal service, effective management practices are essential. The stages of optimizing the management of Bengkulu Community Health Center involve planning, organizing, program implementation, assessment, and cross-sectoral support from the Health Department and community leaders. Planning serves as the foundational step for Bengkulu Community Health Center to deliver healthcare services. Optimizing fund allocation, distributing healthcare resources, and utilizing facilities should be meticulously planned by the health center's management. Currently, the optimization of service management at Bengkulu Community Health Center involves optimizing fund allocation and distribution of Human Resources for Health (HRH) tasks, which are based on the regulations set forth by the Government of Indonesia, specifically Regulation No.43 of 2019 concerning Community Health Centers, outlining minimum workforce standards and various duties related to providing healthcare services to the community. The planning process involves work meetings tailored to analyze the workload and needs within Bengkulu Community Health Center. The planning of funds and healthcare resources for Bengkulu Community Health Center is done through managerial work meetings. The recruitment plan for healthcare personnel is carried out based on the identified needs and follows specified stages.

According to information gathered from informant interviews, the management plan executed by Bengkulu Community Health Center for optimizing patient healthcare services includes program planning based on identified issues. These issues encompass the management of HRH, provision of facilities, and resources aligned with the budget at the health center. The management stages pursued to optimize services at Bengkulu Community Health Center include organization. Health HRH organization has been undertaken by the health center's head along with other staff through work meetings that involve task allocation, delegation of authority, and coordination. According to informant interviews, the health center also conducts activities and program implementation based on the established work structure for providing healthcare services. However, there is a gap in terms of the quantity of available healthcare personnel, leading to task

delegation and authority passing from one individual to another who may not be responsible for the task.

Bengkol Community Health Center carries out various healthcare activities based on programs agreed upon through joint work meetings, taking into account the urgent conditions present within the health center's jurisdiction. The health center has delivered 15 standard healthcare services. Despite the shortage of competent healthcare personnel in certain areas such as health analysts, Bengkulu Community Health Center continues to provide healthcare services based on these 15 minimal service standards. After the activities are executed, responsible personnel at the health center conduct evaluations. The limited availability of healthcare personnel with appropriate competence contrasts with the availability of facilities and resources. The presence of healthcare facilities and resources should ideally be complemented by the presence of competent healthcare personnel to ensure optimal healthcare service delivery. The quality of healthcare personnel at Bengkulu Community Health Center holds a significant role in achieving service excellence, facilitating and expediting optimal healthcare service delivery. Competence and professionalism among healthcare personnel at Bengkulu Community Health Center are essential for the successful implementation of healthcare activities. To optimize Bengkulu Community Health Center's management, despite limited HRH resources, the health center has made efforts by requesting staff recruitment from the relevant Health Department. Additionally, the center seeks to enhance skills through healthcare training programs organized by the City or District Health Department, with the aim of becoming a health center with comprehensive facilities and resources.

4.3 Results of Optimizing the Management of the Bengkulu Health Center

The results of optimizing the management of the Bengkulu Health Center can be seen that 1) Planning: The Bengkulu Health Center in carrying out planning by holding work meetings consisting of cross-sectoral management staff based on community needs and in accordance with the current situation. Planning is carried out based on the previous year's evaluation. In planning the Bengkulu Health Center plans according to the needs and existing budget allocations. The planning that has been done is planning the recruitment of health human resources, and planning the budget funds for the activities of the Bengkulu Health Center. 2) organizing, the Bengkulu Health Center in the organization that has been carried out is communication, delegation of tasks and authority to the existing team. Then, the head of the puskesmas forms a team in each health service activity. When HR is not yet competent, the puskesmas management sends HR to take part in training, seminars and workshops held by the City/District District Office. 3) Implementation, what is meant by implementation is planning, organizing and providing health services. The results of Optimizing the Management of the Bengkulu Health Center that have been carried out are as follows: 1) the completeness of the existing facilities and amenities at the Bengkulu Health Center; 2) development and improvement of service systems; 3) HR development and improvement; 4) Optimum health services. The results of optimizing the management of the Bengkulu Health Center can make the existing health services more optimal than the 15 primary services which can be improved again, with the existing health facilities.

5. DISCUSSION

5.1 Bengkulu Health Center Program Services

Health services at the Bengkulu Health Center based on the program that has been implemented are by providing standard health center services, namely PTM (Non-communicable Diseases), Services, MCH, Childbirth, Geriatrics, Leprosy, TB, Family Planning, Kesling, Immunization, Hepatitis, Malaria, Nutrition, Life, Toddler program, Vit.A. The Bengkulu Health Center has provided services in accordance with the Regulation of the Minister of Health of the Republic of Indonesia No.75 of 2014, concerning health facilities. The Bengkulu Health Center is a first level health service facility by prioritizing promotive and disease prevention efforts to improve health status. Health services that meet professional standards and service standards by utilizing existing resources effectively and efficiently, taking into account the safety and capabilities of the government and the community using the service. Based on the number of patients who came for outpatient care at the Bengkulu Health Center of 4,114, it can be seen that the number of available health workers, namely 35 employees, is still limited.

Table 2 Standard Ratio for HRH Needs in 2025 with an overview of health workers at the Bengkulu Health Center

Type of health worker	Ratio per 100,000 population (Indonesia 2025)	Puskesmas Bengkulu	The amount needed in the work area of the Bengkulu Health Center
General practitioners	50	4	7
Dentist	14	2	2
Nurse	200	8	28
Midwife	130	9	19
Pharmacist and assistant	15	2	2
SKM	18	1	2
Sanitarian	20	2	3
Nutritionist/Nutritionist	18	2	2
Physical therapy	6	0	1
Medical therapy	18	0	2

Source: RPTK year of 2011-2025

With the shortage of health workers at the Bengkulu Health Center, this is of course a major obstacle in providing optimal health services. Such as the limited number of nurses, health analysts as laboratory workers so that this can hamper the process of implementing health services, especially in the Bengkulu Health Center health program with the use of effective and efficient facilities. Even though there are limited health workers, the Bengkulu Health Center continues to provide health services such as outpatient services, childbirth, MCH, family planning, eradication of communicable diseases, Kesling, sanitation, immunization, elderly care, non-communicable disease services. This is done to provide promotive and curative services to the community. The provision of health services will immediately increase patients to return to visit the Bengkulu Health Center. This is in line with research (Fushen., et al, 2022) that good service quality will affect the loyalty of BPJS patients to visit. Based on the results of interviews with sources of informants, several programs that could not be carried out with limited health human resources included laboratory examinations, physical therapy examinations, and service programs that were not timely,

for example sanitation problems. Although not yet optimal, the implementation of the program has been carried out by existing health workers.

5.2 Service Management Problems

Service management is a series of activities carried out by the Bengkol Health Center starting from Planning, Organizing, Implementation, Supervision, and Assessment. Related to the optimization of services at the Bengkol Health Center, the health service activities of the Health Center based on informant sources have been carried out well, but there are several problems related to human resources. The problem with the service management of the Bengkol Health Center is the availability of adequate facilities and infrastructure for the Bengkol Health Center, but the availability of health workers who are in accordance with their expertise is not sufficiently available. Such as the availability of a laboratory that cannot be carried out 100% due to the absence of health analysts, but it can be used by midwives and nurses to check (Hb, uric acid, glucose and cholesterol levels). The existence of physical therapy equipment and rooms cannot be done 100%, this is evidenced by the existence of facilities that cannot be used optimally. According to the Regulation of the Minister of Health of the Republic of Indonesia No.31 of 2018 regarding the application of medical facilities, infrastructure and devices as follows: That the existence of medical rooms and devices as facilities and facilities that have been planned must be used 100% by achieving the target of patient visits in using existing health facilities in the work area of the Bengkol Health Center. The utilization of facilities that have not been optimal by health workers at the Bengkol Health Center can be seen in the comparison of the population in the working area of the Bengkol Health Center of 14,404 people, with data on outpatient visits to the Health Center of around 4,114 people, and birth visits of 217 people.

Table 3 Pattern of minimum health personnel and human resources for management that must be owned by the Puskesmas.

Type	Non treatment	Treatment
General practitioners	1	2
Dentist	1	1
Pharmacist	0	1
public health	1	1
Nurse S1	0	1
Promkes	1	1
Epidemiologist	1	1
Midwife	4	6
nutrition	1	1
Nurse (D3)	6	10
Sanitarian	1	1
Dentist	1	1
pharmacist assistant	1	1
Analyst	1	1
Supporting staff / caretaker (VOCATIONAL SCHOOL)	1	1

Total	21	30
Head of Administrative Subdivision		1
Recording staff		1
Administrative staff		2
Helmsman/driver		1
Health center caretaker		1
Total		6

Health workers are human resources in the health sector who can act as actors and recipients in health institutions. As actors, medical personnel are involved in planning, implementing, and monitoring and evaluating. Limited human resources at the Bengkulu Health Center cause workloads and responsibilities that exceed their proper capacity. This human resource limitation is due to the limited budget used for human resource recruitment. Other factors that can affect the utilization of patient visit services to the Puskesmas can be from the existing Human Resources and related to the organizational work culture where the work time to provide services has not been carried out on time. For example, the redemption time for prescription drugs should be 5-10 minutes but could be 15 minutes due to a lack of Human Resources. That organizational culture is able to influence employee performance as research conducted (Aryana & Tj., 2017).

5.3 Health Center Management Optimization Plan

What is meant by the optimization plan is planning a management strategy to improve the services of the Bengkulu Health Center. There are several alternative optimization plans including: compiling a health center activity program, dividing tasks and responsibilities, communicating well with health service stakeholders and across sectors. Bengkulu health center services that have been carried out include; maternal and child welfare, family planning, nutrition improvement, immunization, environmental health, health counseling, medical efforts, school health efforts, dental health, childbirth, eradication of infectious diseases. Planning for optimizing the services of the Bengkulu Health Center is carried out by planning activities that begin with a meeting of all management staff in order to plan each activity according to existing health problems in the community. This is in accordance with the function of the Puskesmas as the organizer of first-level health efforts in the working area of the Puskesmas. Carry out communication, education and mobilizing the community, as well as improving health services in the community such as non-communicable diseases, childbirth etc. Furthermore, carrying out activities planned by the Bengkulu Health Center management staff by providing comprehensive, sustainable health services that are oriented to individuals, groups and communities.

The success of the Puskesmas in carrying out its program is determined by the availability of a balanced Human Resources (HR). Human resources as health workers function as movers and service providers in health development. The important management function is closely related to service optimization, namely by planning activities that are adjusted to the number of health workers in the Bengkulu Health Center. Planning is important in the effort to realize organizational goals, which include the process of optimizing human, material and financial resources. Based on the results of the in-depth interviews, the program planning for the Bengkulu Community Health

Center every year begins through an evaluation process for the previous year's program which is carried out through a management coordination meeting. The Head of the Bengkulu Health Center held a meeting attended by all division heads to present an evaluation of the program implementation for one year. The head of TU made a plan in accordance with the district health office, as well as proposals across community sectors.

The implementation of the Bengkulu Community Health Center program is carried out based on the health program planning that has been agreed upon and adapted to the existing situation. The implementation of activities is carried out by a health team that has been formed to run the Puskesmas program. In carrying out the activities of the Community Health Center program by integrating and communicating in a way that equates tasks and does not clash with the overall organizational planning. Jabani (2015) that planning must be able to translate each program to be carried out and ensure that all HR plans do not conflict with overall organizational planning. The Bengkulu Health Center has already planned for the procurement of human resources, but the plans that have been submitted to the City Health Office have not yet responded, the procurement of human resources requires mechanisms and procedures that are quite lengthy and related to the budget. In this case the head of the Bengkulu Health Center analyzed the needs, the number and qualifications needed and adjusted it to the existing budget, even so the Head of the Bengkulu Health Center said that the existing human resources could provide health services as effectively and efficiently as possible. Similar research related to optimizing service management in providing quality health services at the Puskesmas by (Yulian, 2017), which shows that the overall performance of the puskesmas is good, that the elements of service optimization are set out in a priority scale, namely essential drug facilities, the ratio of health workers, supporting budget, as well as involving elements of related agencies.

5.4 Optimization Results

The results of optimizing the management of the Bengkulu Public Health Center show that the management of the Bengkulu Health Center has carried out optimal management functions. This is evidenced that all management functions have been running as they should, so that the health service activity program can run as evidenced by the implementation of each health service program based on health program planning. Based on the results of interviews in the planning of Community Health Center Management Activities, namely as follows: Activity planning (P1) is the process of determining a strategy to achieve mutually agreed upon goals of the Community Health Center. Planning at the Bengkulu Health Center Level is prepared based on a work plan that is adapted to public health problems in the work area of the Bengkulu Health Center. The activity plan is adjusted to the budget and is carried out annually and 5 years. Based on the results in planning (P1), the management of the Community Health Center is carried out in accordance with the Regulation of the Minister of Health of the Republic of Indonesia No. 43 of 2019 concerning Community Health Centers. In optimizing health services, the Bengkulu Health Center is able to make good planning. Planning has been based on all input from various existing parties. Based on the results of interviews that the preparation of activity plans and implementation of activities involves all existing Human Resources. However, in the view of the Head of the Human Resources Health Center, he is capable enough to be able to carry out the activities of compiling the Proposed Activity Plan and the Activity Implementation Plan.

In the interview, it was stated that the Bengkulu Health Center needed health analysts and IT experts. This causes some staff employees to have multiple tasks. Aryana & Tj., (2017) states that in an organization, every leader needs to coordinate tasks or distribute work to subordinates, so that subordinates will complete the work according to the authority received. Without coordination in the division of tasks within the management team, optimal service will not be achieved. Implementation (P2) of the Bengkulu Health Center Program can be implemented by forming an implementing team that is tailored to the capabilities and skills. Implementation of activities (P2) is carried out according to the priority scale in accordance with the plan (P1) of the Bengkulu Health Center. The process of forming the team is adjusted to the HR planning that is in accordance with the Puskesmas program. Activity supervision (P3) is carried out for each implementation of activities carried out in accordance with program objectives. Supervision of activities is carried out by the head or division head of the Bengkulu Health Center activity program, which will be reported to the Manado City Health Office.

6. CONCLUSION

Based on the results of qualitative research using observation, interview and documentation techniques at the Bengkulu Manado Health Center, the following conclusions can be drawn:

1. The management problem at the Bengkulu Health Center based on the interview results is the planning of program activities related to the procurement of Human Resources (health workers) which in the end in the implementation of the health service program there is excessive or double workload and there are no Human Resources with expertise such as Science and Technology and Nutrition.
2. Plans for optimizing management in providing health services at the Bengkulu Health Center, namely by carrying out program planning that involves the entire management team and cross-sectoral communities so that programs that are planned according to objectives can be realized.
3. Management results in optimizing services, namely the availability of good health facilities and services can be realized and optimal community health services can be carried out properly even though there are several health program activities that experience delays not according to the planned schedule, this is related to limited resources Humans (Health Workers).

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