Indonesia Journal of the World
Vol. 3, No. 2, April 2026, pp. 39~47

https://kampungjurnal.org/index.php/IJTW/index

ANALYSIS OF HUMAN RESOURCE MANAGEMENT AT BANTAN SUB-HEALTH CENTER

Wulan Dwi Citra Sari *, Mutia Friska, Fitriani Pramita Gurning
Universitas Islam Negeri Sumatera Utara
Jl. Lap. Golf No.120, Kp. Tengah, Kec. Pancur Batu, Kabupaten Deli Serdang, Sumatera Utara 20353, Indonesia
Email: wulandwicitrasari27@gmail.com

Abstract

Human resource (HR) management in the Bantan Sub-Health Center (Puskesmas Pembantu Bantan) is crucial for ensuring the success of health services. This study employed a qualitative method with a case study approach, conducted on July 25, 2025. Data were collected through in-depth interviews with two informants, consisting of health workers at the Pustu. The results showed that HR planning was carried out using the Workload Analysis (ABK) application, which calculates workforce requirements based on the number of patient visits and actual workload. However, there is a gap between the need for health workers and the availability of existing workers, resulting in a high workload, especially for nurses and midwives. HR placement pays attention to the suitability of competencies to service needs, and is supported by a regular training and development system. However, the Sub-Health Center faces various structural and operational challenges, particularly related to the shortage of health workers. Human resource management efforts are carried out systematically through coordination with the parent Puskesmas and the Health Office to ensure optimal workforce needs are met.

Keywords: Human Resource Management, Workload Analysis, Health Workers, Health Services, Competency Development

INTRODUCTION

Human resource (HR) management in health is a crucial aspect in the successful implementation of health services at the Community Health Center (Puskesmas) level, including the Bantan Sub-Community Health Center. Qualified and adequate HR is a key factor influencing the efficiency and effectiveness of health services to the community. Therefore, HR management in health needs to be systematically planned and implemented to meet the need for health workers in accordance with organizational capacity and support the achievement of optimal health service goals (Manajemen Sumber Daya Manusia Di Puskesmas Polongbangkeng Utara Kabupaten Takalar, 2024).

The Sub-district Health Center (Puskesmas Pembantu) plays a strategic role as a technical implementation unit under the main Puskesmas, therefore, the management of health human

Submitted: December-2025 Received: February-2026 Available online: April-2026

resources in this Puskesmas requires special attention. The need for competent, evenly distributed, and highly motivated health workers presents a unique challenge in human resource management at the Bantan Sub-district Health Center. Furthermore, the limited number of health workers and suboptimal placement often result in high workloads and affect the performance of public services. Good human resource management will help create conducive working conditions and increase the productivity of health workers at the Sub-district Health Center (Belakang, 2020).

In line with the importance of human resource management in health, various efforts such as workforce planning, training, competency development, and a performance evaluation system need to be implemented sustainably at the Bantan Sub-Health Center. This aims to ensure the availability of health workers who meet standards, are capable of carrying out their duties effectively, and are prepared to meet the dynamic needs of public health services. Therefore, effective human resource management is the foundation for improving the quality of health services while supporting the achievement of health development targets in the Bantan Sub-Health Center's work area (Hasibuan et al., 2024).

METHOD

The research method used in the study entitled "Human Resource Management in Health at the Bantan Sub-Health Center" is a qualitative method with a case study. This research was conducted on July 25, 2025, at the Bantan Sub-Health Center. A qualitative approach was chosen to gain an in-depth understanding of how human resource management is implemented in this primary health facility. Data were collected through in-depth interviews conducted directly with doctors and midwives working at the Bantan Sub-Health Center. The interviews were conducted in a semi-structured manner, allowing researchers to explore the views, experiences, and challenges faced by health workers in the human resource management process. All interview data were then analyzed thematically to identify patterns and key issues related to human resource management in the sub-health center environment.

RESULTS

In this study, in-depth interviews were conducted with two informants based on their knowledge and experience related to the research topic. The informants' characteristics are as follows:

Table 1. Informant Characteristics

Informant	Gender	Age	Education
Main Informant	Man	48 tahun	S2
Informant 2	Woman	40 tahun	S1

Human Resource Management Planning Process at Bantan Sub-Health Center

Based on observations and interviews, the human resource planning process at the Bantan Sub-District Health Center (Pustu) has begun to be more structured, utilizing the Workload Analysis (ABK) application as a tool for calculating healthcare workforce needs. This application calculates

the number of workers based on the actual workload, as measured by the number of patient visits and the types of services provided. As shown in the following interviews:

"The needs analysis is called the ABK application. It calculates how long a person effectively works for how many people. If there are many visits, the needs will also increase. There's a staffing calculation process using the application used with the needs analysis."

This statement indicates that staffing needs planning is carried out by considering the number of patient visits and the productivity of healthcare workers. However, in practice, even though calculations have been performed using analytical methods, implementation still faces serious obstacles, particularly related to the limited available staff. As shown in the following interview:

"The workforce in the calculation has experienced high workloads due to the inverse relationship between demand and supply. Demand is high, but availability is low. This means we're short on resources."

This indicates a gap between planning outcomes and actual conditions on the ground. The high demand for services has not been matched by adequate staffing, resulting in existing staff experiencing an overworked workforce. This situation can directly impact the quality of services and the well-being of healthcare workers themselves.

Recruitment and Placement of Human Resource Management at Bantan Sub-Health Center

Based on the interview results, the selection and recruitment process for health workers at the Bantan Sub-Health Center follows procedures established by the national civil service system, specifically for State Civil Apparatus (ASN) and Government Employees with Work Agreements (P3K). Recruitment is based on real needs analyzed previously through a workload analysis system. One informant explained:

"As for civil servants, it's clear, as is generally the case: there's a need, a place, a proposal, and recruitment is conducted by the P3K or civil servants. Don't overload the system, which will lead to a needs analysis. The system must be well-organized."

Based on the interview excerpts above, it can be concluded that human resource needs are the primary basis for recruitment. The process must be structured and systematic to prevent overstaffing. Position proposals are made through formal channels and supervised by higher authorities such as the Main Community Health Center (Puskesmas Induk) and the Health Office. Therefore, selection and recruitment are not conducted haphazardly, but through a system that takes into account needs analysis, placement location, and available budget resources.

One informant explained:

"The placement of personnel at the Sub-District Health Center (Pustu) follows the policies of the Main Health Center and the Health Office. So, if there's a need, we usually propose it first. After that, they assess the suitability of the position, whether it's a midwife, nurse, or other personnel, and adjust it to the conditions on the ground."

Interviews indicate that the placement of personnel at the Bantan Sub-District Health Center (Pustu) is carried out through coordination between the Main Health Center and the Health Office,

taking into account service needs and available personnel. Placement is determined not only by the number of personnel needed, but also by the competence, qualifications, and suitability of the health workers' areas of expertise.

The quote suggests that the placement mechanism is top-down, but it still begins with a proposal from the Community Health Center (Pustu) based on actual conditions on the ground. Another informant added that facility readiness and workload are also considerations in placement:

> *"If we want to place a new employee, we have to ensure the location is ready, with space, and facilities. Because if we have the staff but the facilities aren't ready, the work won't be optimal. So, placements are usually arranged to balance the number of staff and facilities."*

Furthermore, there are situations where staff assigned to the Community Health Centers (Pustu) must cover multiple tasks due to staffing limitations. This allows for flexible task distribution, with adjustments based on the capabilities of the available staff.

Human Resource Management Training and Development System in Assistant Health Centers

Based on observations and interviews, it was shown that the Bantan Sub-Health Center understands the importance of career development and competency improvement for healthcare workers, particularly those with civil servant status. Training is considered a mandatory part of professional development and is facilitated by the Health Office in both planning and funding. Informants stated:

> *"Civil servants are required to undergo career development to enhance their competencies. Within one year, they must have potential that can be enhanced through training and workshops, both online and offline."*

In addition, aspects of discipline and work arrangements are also part of the HR development system: "Work discipline is regulated, namely employee discipline, when they should go home, when they should take leave, sick leave. If there are things, consultations with the health center through the proposal of health workers who will be trained. The Health Office will provide funds for us to participate in the training, the funds are from the Regional Budget (APBD), the National Budget (APBN), or from the National Health Insurance (JKN).

Based on the interview excerpt above, it can be concluded that human resource development is not only in the form of technical training, but also includes work discipline and time management, training can be conducted online and offline, adjusted to the needs and opportunities available, training funding comes from various sources such as the Regional Budget, National Budget, and the JKN program, proposals for training participants are carried out by the Community Health Center through coordination with the Health Office.

Challenges of Human Resource Management at Bantan Sub-Health Center

Interviews revealed that human resource management at the Bantan Community Health Center faces various challenges, including structural, political, and operational ones. The primary challenge is the imbalance between the high demand for services and the availability of healthcare workers in the field. One informant explained:

> *"The demand is high, the need is high, but the health workers are not available".*

This situation places an excessive workload on existing healthcare workers, particularly nurses and midwives. The shortage of personnel in these two professions is a significant problem:

"The shortage of nurses and midwives is what's most noticeable here."

In addition to staffing shortages, there are also non-technical challenges related to political dynamics and staffing policies. Informants revealed practices that can impact the distribution of healthcare workers:

"Politics, whoever is strong, becomes strong. So there's an imbalance in the number of healthcare workers."

In terms of performance monitoring, the Bantan Sub-District Health Center implements an indicator-based assessment system that is used when problems arise, accompanied by regular evaluations through internal meetings. According to an interview excerpt: "The assessment system uses indicators. If there are problems, evaluations are conducted through meetings."

This system allows for follow-up on emerging issues, but is still reactive in nature as it is mostly implemented after a problem is identified, rather than through ongoing monitoring.

Strategies to Overcome Limited Human Resource Management and Work Schedule Management at Bantan Sub-Health Center

To address limited human resources, the Bantan Sub-Health Center (Puskesmas Pembantu Bantan) employs a fairly systematic approach to proposing healthcare worker needs. Planning is carried out by compiling a needs analysis based on visit and workload data. The results are then submitted to the head of the main Puskesmas for review before being submitted to the Health Office (Dinkes). As exemplified by the following interview:

"We conduct a needs analysis based on the data and propose it to the head of the relevant community health center. The head then conducts a further analysis, then submits a request to the Health Office for staffing. The secretariat then modifies the requirements. For example, if nurses, midwives, or doctors are needed."

This process demonstrates that even though the Community Health Centers (Pustu) are under the auspices of the Main Community Health Center (Puskesmas), they still play an active role in identifying healthcare worker needs. All healthcare worker proposals are submitted in a structured and integrated manner through the online personnel system, allowing data on needs to be used as a basis for recruitment or deployment. As shown in the following interview:

"The need for these three healthcare workers must first be identified by the personnel department at the health center so they can be included, as it's already recorded online. The health center happens to need staff, and we need to provide the necessary space. So, when staff arrive, they can simply come in. It's structured and recorded online."

This step is considered quite effective because it is based not only on actual data but also takes into account facility readiness and cross-level coordination (from the Community Health Center (Pustu) to the Main Health Center (Puskesmas) and the Health Office (Dinkes).

Meanwhile, for managing work schedules and daily task allocation, primary responsibility rests with the Head of the Puskesmas, in coordination with doctors and the team at the Main Health Center. The decision-making process is carried out dialogically, taking into account input from those directly affiliated with the Pustu unit. As explained by an informant:

> *"The head of the health center affiliated with Mandala Health Center is responsible for the work schedule and daily tasks. The doctor manages the process in between. Once the plan is formulated, the head will be informed about it, agreeing to it. If they disagree, it will be changed, and vice versa."*

This demonstrates the existence of a collective decision-making mechanism and flexibility in managing daily tasks. Adjustments can be made if there are discrepancies between plans and actual conditions on the ground, ensuring the work system remains adaptive and functional.

Monitoring and Evaluation of Human Resources at the Bantan Sub-Health Center

Interview results indicate that human resource monitoring and evaluation (M&E) activities at the Bantan Sub-Health Center are conducted in a structured and hierarchical manner, referring to a Decree (SK) issued by the Head of the Main Health Center.

The M&E process is conducted routinely every month, with all staff gathering in a large daily divisional meeting. At this meeting, each division presents its needs, performance achievements, and challenges. One informant explained:

> *"Every month, they'll gather in a large daily meeting, after they've outlined what's needed. So, management is based on a structure determined by decree by the head of the health center."*

DISCUSSION

Health Human Resources Planning for Assistant Health Centers

Health Human Resources (HR) planning at the Sub-district Health Center (Pustu) is crucial for supporting primary health care services at the village or sub-district level. Sub-district Health Centers function as part of the Community Health Center (Puskesmas) network, providing promotive and preventive services with a focus on strengthening service capacity and coordinating community participation in health. Human Resources (HR) standards for Pustu generally include a minimum of one nurse, one midwife, and two health cadres ready to provide services tailored to the needs of the local community. The development of HR at Pustu must be aligned with the supporting facilities, infrastructure, and medical equipment to ensure optimal promotive and preventive functions (Brief, 2024).

Health human resource planning in the context of sub-health centers (Puskesmas Pembantu) requires a needs analysis based on the workload and service functions to be faced, including demographic and epidemiological factors in the work area. This planning includes estimating the number, types of skills, and distribution of human resources according to changing health service needs over time. However, in practice, human resource planning in Puskesmas still often faces obstacles such as limited analysts, nutritionists, and sanitation personnel, as well as dependence on decisions from superior agencies such as the Health Office for recruitment and placement of

personnel. This necessitates improved management and a more structured planning strategy based on actual needs in the field (Bisnis et al., 2020).

Recruitment and Placement of Health Workers at Assistant Health Centers

Recruitment and placement of health workers in Community Health Centers (Puskesmas), including Community Health Centers (Pustu), faces several challenges. Many Puskesmas, especially those in remote and underdeveloped areas, still lack health workers who meet established standards, such as doctors, nurses, midwives, and other health workers. As an effort to address this shortage, the government, through the Ministry of Health, has implemented a special assignment program for health workers known as the Healthy Archipelago program since 2015. This program places health workers in teams (NST) and individuals (NSI) in Puskesmas in remote, border, and areas with health problems, including Pustu, with a two-year assignment period (Pengantar, 2020).

The Nusantara Sehat Program undergoes rigorous recruitment, training, placement, and monitoring to ensure that assigned healthcare workers possess the appropriate competencies and experience. Post-assignment, these healthcare workers have the opportunity to return for assignments through the NSI pathway, and efforts are being made to empower these post-assignment healthcare workers to sustainably meet the need for healthcare workers at Community Health Centers (Puskesmas). However, there is currently no standard mechanism or clear guidelines from local governments for the utilization of post-assignment healthcare workers, resulting in underutilization of these post-program healthcare workers in their respective regions. Central and local governments are expected to better coordinate the management and utilization of healthcare workers to ensure that the availability of healthcare workers at Community Health Centers (Puskesmas), including Community Health Centers (Pustu), meets primary healthcare service standards (Brief, 2024).

Competency Development and Human Resource Development for Assistant Health Centers

Competency development and human resource (HR) development in sub-health centers have become a primary focus for improving the quality of health services. This effort is carried out through training and continuing education tailored to the needs of the health center's programs, as well as career development and job rotation to maximize human resource utilization. This training typically prioritizes the health program's challenges and often involves external resource persons, although continuing education is often limited to personnel with specific qualifications, such as SPK and D1. Furthermore, HR development also includes competency testing as a prerequisite for health services at the health center, as well as quality control to ensure that tasks are carried out according to established standards (Ahmad et al., n.d.) (Wahyudi, 2024).

Structurally, sub-health centers adhere to regulations governing the provision of health workers and human resource management, which involve needs planning, competency development through training, and effective staff management. The head of the sub-health center and the management team play a crucial role in staff development and monitoring and evaluating task implementation to ensure optimal service delivery. This human resource development approach aims to ensure that existing human resources meet national standards and are able to professionally address the challenges of public health services, thereby supporting the achievement of sub-health

center performance targets in their respective regions (Permenkes No 28 Tahun 2024, n.d.) (Rahmadiany et al., 2024).

Challenges of Human Resource Management in Sub-Health Centers

This human resource shortage often results in staff having to handle tasks beyond their competence, which risks compromising the quality of healthcare services. Furthermore, the maldistribution of healthcare workers occurs due to the lack of strict regulations governing recruitment and placement, as well as inadequate incentives to motivate and retain healthcare workers in the regions, particularly in remote and 3T (frontier, isolated, and disadvantaged) areas (Attriani, 2022).

Another challenge facing human resource management at community health centers is the low competency of healthcare workers, particularly in addressing complex illnesses such as non-communicable diseases and emerging infectious diseases, as well as limited supporting facilities. This situation is further exacerbated by less-than-ideal working conditions and welfare, which impacts low retention and motivation of healthcare workers. To address these challenges, policies are needed that regulate service periods, incentives, career development, and workforce planning based on community needs, as well as approaches to training and strengthening human resource competencies so that primary healthcare services at community health centers can be optimal and sustainable.

CONCLUSIONS

Health human resource (HR) management at the Bantan Sub-Health Center has been directed in a more structured manner with the implementation of the Workload Analysis (ABK) application to calculate healthcare worker needs based on actual workload. HR management also encompasses aspects of discipline and clearly defined work procedures. However, HR management faces significant challenges, particularly the imbalance between the high demand for services and the limited availability of healthcare workers. A shortage of nurses and midwives is a major issue, increasing the workload of existing healthcare workers. Furthermore, political dynamics and healthcare worker placement policies also influence the distribution of healthcare workers.

Suggestion

Additional health workers, particularly nurses and midwives, are needed to reduce the excessive workload and improve the quality of services at the Bantan Community Health Center. Furthermore, the staff placement system must be made more transparent and equitable to avoid politically motivated inequalities. Sustainable development of health worker competencies requires support from adequate government funding. Finally, improved coordination between the Community Health Center and the Health Office is crucial for effective human resource planning and management, meeting needs on the ground.

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