Analysis of Strengthening the Capacity of Health Human Resources at the Health Center of Jayapura Regency

Y.Gabriel Maniagasi [1], Thahir Haning [2], Badu Ahmad [2], Nurdin Nara [2]

[1] Public Administration Doctoral Program Student, FISIP Hasanuddin University Makassar, Indonesia
[2] Lecturer of Public Administration at FISIP Hasanuddin University Makassar, Indonesia

ABSTRACT

This study aims to analyze the strengthening of the human resource capacity of health workers who work in health centers in providing services to the community in Waibu District, Jayapura Regency. The method used is descriptive with a qualitative approach. Data were collected by means of observation, interviews and document review. The data analysis technique used interactive data analysis techniques. The results of the study describe that the capacity of health human resources at health centers is quite good from the dimensions of training, direct practice and organizational climate. It's just that there are certain aspects that need to be improved such as knowledge, mindset (mindset), motivation (motivation), and commitment (commitment) as internal support for the organization so that it can strengthen the capacity of individuals so that they have an impact on the community. Strengthening the capacity of health human resources in health centers, thus can have a positive effect on improving health services to the community in the work area of each health center in Jayapura Regency.

Keywords: Strengthening, Individual Capacity, Health Services

INTRODUCTION

Achieving the highest degree of people's welfare is a core part of the goals of the Unitary State of the Republic of Indonesia (NKRI), so that the health sector becomes an inherent part of the aspired welfare, along with the fields of law, transportation, people's economy, infrastructure and public housing, including education and public housing. culture,. To achieve the goal of people's welfare, the government seeks to make it happen by providing service facilities to the wider community through public organizations.

Kusdi (2011) explains that public organizations exist because of the concept of public goods and services that cannot be fulfilled through market mechanisms. On the other hand, to meet these public needs, it must be collective, for example health services, education services, transportation services, procurement of the national security system,

Y.Gabriel Maniagasi [1], Thahir Haning [2], Badu Ahmad [2], Nurdin Nara [2]

and law enforcement. Public organizations function to regulate the services needed by the community so that health services can be carried out properly and meet the needs of their citizens.

Structurally, the Community Health Center (Puskesmas) is seen as a public organization because it is a regional technical implementing unit (UPTD) whose operations are under the control of the district/city health office. This UPTD is tasked with providing health services to the community as the spearhead in terms of providing basic health services to the community, especially those living in rural or suburban areas. Puskesmas is a formal organization, so the bureaucracy with its capacity becomes a support and hopes to provide service guarantees (public services in the form of goods and services as standardized service products. So the formal juridical basis must be a reference for puskesmas in carrying out their duties. This research is also based on the law The laws and regulations of the minister of health are as follows: First, Law No. 25 of 2009 concerning public services, where the presence of this legal instrument is a sign that every public service provider must obey. Second, besides that, as an organization that specifically provides services to In the health sector, the management of Community Health Center (Puskesmas) is also regulated by Law Number 36 of 2009 concerning Health. Third, Presidential Regulation No. 59 of 2012 concerning the National Framework for Regional Government Capacity Development. Fourth, Presidential Regulation No. 12 of 2013 concerning Regional Government Capacity Development. Fifth, Permenkes No. 75 of 2014 concerning Community Health Centers which have been revised through Permenkes No. 43 of 2019 concerning Community Health Centers. Seventh, Permenkes No. 43 of 2016 concerning Minimum Service Standards in the Health Sector. These legal regulations serve as a formal juridical basis in carrying out their main duties and functions to serve the community in the health sector.

In addition to the juridical aspect, the theoretical aspect is important in an academic study. For example, in this study, referring to the theory of capacity development by Merilee S Grindle, especially on the development of human resources (Human Resource Development) to measure individual capacity development in an organization. For example, human resource development is intended by Merilee S Grindle (1997) that to increase organizational capacity, at least pay attention to aspects of Human Resource Development, Strengthening Organizations and Reform Organizations. That's why in relation to that, this research is focused on the Human Resources Development aspect by looking at the supporting elements, namely training, direct practice and organizational climate.

If traced, in fact, there are many factors that can trigger the weak capacity of human resources (HR) of the apparatus who work as health workers placed in the puskesmas. These factors can be identified, such as weak organizational leadership, poor service management, limited facilities and budgets, no local regulations that regulate the activities of officers internally in the organization so that it has an impact on poor control. internally by the organization's leaders as well as community supervision. On the other hand, problems that arise around the capacity of human resources officers in carrying out their duties at the Community Health Center (Puskesmas) are caused by the weak aspect of individual capacity which is seen through the expression of spontaneous attitudes when

serving, for example being less friendly and unresponsive, the emergence of resistance behavior both to the rules and the head leadership policies; tend to be arrogant; lose motivation to work because their welfare is not fulfilled, do not have commitment and lose orientation in work. In addition, the shortage of health workers is the cause of workers working carelessly because they are overwhelmed to handle various health programs and require a large number of people. As a result, there is an impression that the officers are not friendly, work carelessly and work while chatting. Even though these things can be misinterpreted by the community so that it gives rise to a negative perspective on the human resources of officers at the puskesmas. The variety of problems mentioned is an empirical problem that must be taken seriously because human resources are the main force and mover of an organization such as a health center so that this problem needs to find a solution to improve organizational performance and health services to the community in Jayapura Regency.

The data states that there are 300 human resources for health workers who work at the puskesmas that are the research locus, spread over to the Kanda puskesmas (17 health workers); Puskesmas Genyem (39 health workers); Namblong Health Center (39 health workers); Puskesmas Sentani (71 health workers); Unurum Guay Health Center (31 health workers); Dosay Health Center (38 health workers); Depapre Health Center (25 health workers) and Harapan Health Center, East Sentani (45 health workers).

This research is important to do considering the potential of human resources for health workers is the key to the success of health services in Jayapura Regency, so that this research can provide input for efforts to increase human resource capacity in order to improve individual performance and organizational performance of Community Health Center (Puskesmas) in providing services to the community in Jayapura Regency.

This research is important because it relates to Strengthening Organizational Capacity which has an impact on the credibility and Capabilities of Local Governments because basically the advantages of any organization including the Government Bureaucracy are determined by humans as the main supporters of an organization, so that this research contributes to reducing the attitude of health workers. that is not respectful of humans, by focusing on human behavior itself, because the effectiveness of every organization is strongly influenced by its unique human behavior with various experiences, knowledge, attitudes, perceptions, hopes and beliefs so that theoretically the Capacity Development Theory proposed by Merilee S. Grindle, is considered appropriate to explain the phenomenon of Strengthening the Capacity of Puskesmas in improving Health Services in Jayapura Regency.

Capacity building is often interpreted as two different things by some scientists. Capacity building is often considered as Capacity Development or Capacity Strenghtening which implies an initiative to develop existing capacities, while others refer to Constructing Capacity as a creative process of building capacities that have not yet been seen. (Riyadi, 2004).

According to Riyadi, Capacity Building is different from Capacity Development. Capacity Development refers to an effort to increase existing capacity (existing capacity) capacity building has been carried out but to maintain it and develop it is called Capacity Development.

Y.Gabriel Maniagasi [1], Thahir Haning [2], Badu Ahmad [2], Nurdin Nara [2]

Meanwhile, Capacity Building itself refers to Constructing Capacity, which is an effort to increase capacity that previously did not exist. The orientation is to replace old values with new values to achieve common goals within the organization. (Riyadi, 2004)

Capacity building is a process to do something or a series of movements, multi-level changes in individuals, groups, organizations and systems in order to strengthen the adaptability of individuals and organizations so that they are responsive to the existing environment. To be able to respond to a dynamic environment in terms of capacity building, analysis is needed to make strategies for organizations in determining priorities and resources.

The important thing in capacity building, which needs to be done by the organization is to develop a strategic plan for the organization using a SWOT analysis, which is to compare Strengths, Weaknesses, opportunities and Threats. The environment is very important for capacity building. Whether it's the internal environment that sees how the strengths possessed by the organization, can take advantage of the resources they have to achieve the goals of the organization as well as in identifying weaknesses that can cause losses to the organization. After the internal environment has been analyzed, what the organization needs to do is develop a priority scale and the resources it has in capacity building must conduct an external environmental analysis.

Efforts and strategies must also consider the external environment by taking advantage of existing opportunities and analyze the threats posed from the external environment and even change how the threats posed become a challenge for the organization to achieve common goals.

"Capacity building is a intended to encompass a variety of strategies that have to do with increasing the efficiency, effectiveness and responsiveness of government performance (Morrison, 2001). Capacity building is intended to cover various strategies that must be carried out by increasing the efficiency, effectiveness, responsiveness of Government Performance. The capacity strengthening that is meant by Grindle is to create the effectiveness of performance, "When viewed from the point of view of strengthening capacity, it is explained in a simple way. Capacity building is a process that can increase the ability of a person, an organization and a system to achieve the aspired goals (Brown et al., 2001b)

From some of the definitions above, capacity building can be interpreted as an effort made by individuals, organizations or groups in an effort to increase capabilities so that the goals that have been set can be achieved.

This meaning gives direction to this research so that the strengthening of organizational capacity is carried out at the individual level as members of the organization. This means that organizational capacity development focused on individual dimensions needs to be strengthened by referring to the theory of capacity building initiated by experts. For example (Hilderbrand et al., 1997) said that capacity building was carried out at three levels, namely individual, organizational and institutional reform, while (Brown et al., 2001a) states that capacity development is at the individual & group, organizational and system levels, whereas (Morrison, 2001). Capacity building also does not happen once, but continues to grow and follows the pattern of the times and has the complexity of problems and is dynamic because it follows the dynamics of the

environment. The main purpose of capacity building is to realize the implementation of public services to meet expectations. This means that capacity building is intended to improve the actions of public service providers (Irawan, 2016). Meanwhile, according to Daniel Rickett as quoted by Hardjanto, (2006:67) that capacity building aims to make the organization capable and grow to achieve the goals and mission of the organization. Morison (2001:23) states that the purpose of capacity building is an effort to adapt to the environment by developing abilities and minimizing lack of understanding of something.

Irawan (2016) explains that the objectives of capacity building include accelerating the implementation of decentralization in accordance with applicable regulations. Proportionate monitoring, duties, functions, financial systems, mechanisms and responsibilities in the context of implementing regional capacity building. Mobilization of sources of government funds, local governments and others. Use of funding sources effectively and efficiently.

METHODS

The type of this research is qualitative research, where qualitative research is defined in various ways according to the point of view used by experts, for example Moleong when quoting Bogdan and Taylor gives a definition of qualitative research as research that produces descriptive data in the form of written or spoken words from people. or observable behavior.

This definition focuses more on the type of data collected in the study, namely qualitative descriptive data. This means that researchers seek to explore the meaning of a phenomenon. In qualitative research, researchers must follow the correct procedures, methods, and techniques both in obtaining data, analyzing, and interpreting so as to produce correct conclusions. While (Sugiyono, 2010) said that qualitative research is research whose object is natural, where the researcher is the key instrument, the data collection technique is inductive and the research results emphasize meaning.

In this study, the researcher acts as a key informant by observing the research object. In this context the researcher will collect data through observation, interviews, and examine documents related to the research focus in depth and then analyze according to the context (Creswell W John, 2014)

In this section, the success of the research will be determined by the activeness of the researcher in observing the research object. Where in this section there are three objects that are observed, namely place, human activity and the process of interaction that occurs between humans in the object under study, then interviews are conducted on informants who are considered compatible to provide information related to the research point of view. Therefore, care is needed in selecting and determining key informants. Likewise, the documents are the concern of the author in conducting this research (Creswell W John, 2014)

The research location is a place where research is carried out using methods, procedures and approaches that are adapted to research needs. The research was carried out at 8 Puskesmas spread over four (4) Development Areas in Jayapura Regency. The data in this study, sourced from: Primary Data, namely data obtained through

Y.Gabriel Maniagasi [1], Thahir Haning [2], Badu Ahmad [2], Nurdin Nara [2]

observations regarding activities, behavior, actions, conversations, interpersonal interactions, organizations, observable community processes and in-depth interviews with research subjects, and other parties. the party authorized to provide information or information relating to experiences, perceptions, opinions, feelings, and knowledge regarding the research focus. Secondary Data, namely data obtained through document review, literature studies and other study results that have a relationship with this research problem.

To obtain data in this study, there are three techniques used, respectively as follows: Observation (Observation) namely conducting detailed and in-depth observations of the place (health center in Jayapura Regency), activity (health service activities by the Puskesmas to the community) , and equipment (all training and facilities that support the main tasks and functions of the Puskesmas) to obtain the information and data needed. Interview. Here the researchers will conduct in-depth interviews (in-depth-interviews) to informants and also related parties who are authorized by using a tape recorder and also interview guidelines. Document Analysis. This technique is done by analyzing government documents (in the form of decrees, regulations) and other supporting materials such as literature, scientific articles, magazine and newspaper clippings related to the research focus. Informants in this study were "service officers" at the Puskesmas, Head of Puskesmas, Head of Administration, Midwives, and Nurses, Head of the Jayapura Regency Health Office, Chair of the DPRD, Regent and Patients who used puskesmas services who would be selected with consideration of understanding the problems related with the Puskesmas in Jayapura Regency, as well as other informants needed while at the research location. In this mechanism, the researcher uses the principle of "snowball" with the assumption that information obtained from one informant will be confirmed by other informants who are considered more knowledgeable about the problem.

RESULTS AND DISCUSSION

From an organizational perspective, HRD is seen as one of the crucial aspects, because the organization in its various activities is influenced by individuals as the "main supporters" of the organization. direct, and organizational climate.

Training

The success of work in the organization can be achieved if the employees have sufficient knowledge, skills, spirit of competition, attitudes and behaviors that are reflected in their daily performance. Therefore, every worker or individual in the organization before starting to do his work in the organization, at least can go through a training process or training to increase the capacity of its members.

(Robbins Stephen and Timothy A Judge, 2008) mentions that training and development is an inseparable part of HR policy where HR policy is one of the components used to understand organizational systems along with organizational structure and organizational culture. In relation to this research, the researcher views that what Robbins initiated is logical and provides direction for strengthening organizational capacity. Because according to him, the skills of organizational members (individuals in

the organization) may decline or become obsolete along with the times and the needs of the organization. That is why, Robbins views training and development as a major part of HR policy because it departs from his observations of large-scale companies that do not hesitate to spend a lot of money to provide various skills training to their employees to conduct formal trainings.

In principle, training is an inseparable part of HR development which is seen as a design to develop insight and knowledge, add skills, increase competence, shape employee attitudes and behavior in order to develop employee performance in order to carry out the work they are currently doing.

(Wirawan, 2015) explained that this type of training can be divided into two parts, namely pre-service training and in-service training.

Pre-service training is training to prepare prospective employees to understand all aspects of the organization where they will be employed and the work that will be carried out by each individual employee. The participants are employees in the pre-service process or probationary period. At the end of the pre-service period, employees are usually given an assessment of their performance, whether they meet the ("M") or not meet ("TM") performance standards. Employees who do not meet the set performance standards ("TM") will be terminated.

While in-service training is training that is designed and implemented to develop the knowledge, skills, attitudes, behaviors needed by employees to develop their performance in carrying out their duties and work being carried out. In addition, this type of training is seen as capable of solving problems faced by employees or organizations. This is in line with the opinion of Robbins (2008:305) about the types of skills that every member of the organization must possess through mandatory trainings that must be followed. Robbins mentions there are four types of training that can improve skills, respectively:

first, training to improve reading and writing skills quickly and accurately as well as communication skills. This skill is needed because to understand how to control equipment and work in a team, a person needs these skills, so that he is able to read and write well and be able to interpret work process sheets, then be able to write detailed and complete reports of his work including being able to work in team because they have the right communication skills.

Second, training to improve technical capabilities. This is intended to answer the demands of technological changes and changes in organizational structure. Jobs will change as new technologies and work methods emerge. Especially with the current situation of the Covid-19 pandemic, it actually triggers drastic changes in all aspects, so that certain technical learning or training is needed so that the individual concerned is able to do his job because it is supported by his ability to operate equipment that uses the latest technology. While the technical skills required due to changes in organizational design. If organizations make changes by promoting teamwork, then each individual in the organization needs to master a wider variety of tasks and how their organization operates.

Third, training to improve interpersonal skills. This training is very much needed because it cannot be denied that almost all members of the organization are part of

Y.Gabriel Maniagasi [1], Thahir Haning [2], Badu Ahmad [2], Nurdin Nara [2]

the work unit and their performance to some degree depends on their ability to interact effectively with their colleagues and superiors. Some members of the organization have excellent interpersonal skills, but some still need training to improve their skills. This training includes learning to be a listener, to be a brainchild and to be an effective member.

Fourth. Problem solving training. This training is intended to improve logical skills, judgment skills, and problem definition skills. This kind of training has become part of the organization's efforts to introduce independent teams or implement quality management programs.

If you take a picture of the results of the research that the researchers conducted at eight health centers in Jayapura Regency, at least there is a picture of the Health Human Resources Capacity of the Jayapura Regency Health Office. The picture shows that all health workers on duty at health centers in Jayapura Regency consisting of doctors, midwives, health promotion, environmental health, pharmacy, nurses, nutrition, sanitarian, administration/finance before carrying out their duties have been included in related trainings. task field. The trainings are direct or indirect with the aim of increasing the ability to carry out the main tasks at the puskesmas.

Direct trainings include conducting on the job training for officers (OJT) through a cost sharing system or inviting certain trainers or resource persons to the puskesmas in relation to in-house training efforts. In sessions like this, trainers or resource persons are specially invited from the Health Office (as direct supervisor) or resource persons who are invited directly from the Provincial Health Training Center (Balatkes), and from Yowari Hospital if the training process is related to technical aspects of medical treatment.

In addition to making efforts internally from the puskesmas as an organization, these health workers are also given broad freedom to develop themselves in their careers at the puskesmas through the existing mechanism, namely the freedom to choose to develop themselves by continuing formal education to a higher level and the organization's efforts to develop capabilities. officers by participating in certain technical trainings. For self-development, health workers who are still educated at the School of Health Nursing (SPK) are encouraged to study at universities with the intention of having broader insights and knowledge so that they will be better at work. While the development of human resources through the organization. Generally, the Jayapura Regency Health Office provides certain technical trainings to train its officers, especially those who are mandated to be in charge of the Program (PJP). These PJPs are given continuous training so that they are able to adapt to the type of work and responsibilities they carry.

In this study, it was found that there were various trainings that were attended by health workers at the puskesmas in accordance with their professional fields and programs. For example, training programs for Pulmonary TB, HIV and STIs, Malaria Programs, Leprosy Programs, Monitoring and Evaluation Programs, ARI Programs, Diarrhea Programs, even training related to Standard Operating Procedures (SOP), including Community Health Center Management Training, Counter Special Training,

Cadre Training for Posyandu, Cadre Training for Elderly Posyandu and ER Training and Room Audit Training.

From the series of training activities that were attended by health workers at the puskesmas, at least they have made a positive contribution to individual abilities and an increase in the performance of the organization where they work. This means that the results of their work can be seen when they are serving patients, which makes the puskesmas leaders proud of the changes that have been achieved. Moreover, with the support and attention from the Jayapura Regency Health Office, in the form of certain technical trainings specially made for those who serve in the puskesmas.

The steps taken by the Jayapura Regency Health Office are seen as the moral responsibility of the Jayapura Regency Health Office to increase the human resource capacity of its health workers before carrying out their duties or carrying out tasks and when they need certain refreshments, so that they are included in other trainings that are beneficial for themselves individually and for the community. organizational performance development.

However, the problem is that there is no equal distribution of officer skills. This means that there is no detailed skill identification and mapping process regarding any trainings that each officer has attended. It is hoped that there will be identification and mapping of skills so that the Jayapura Regency Health Office has data, or comprehensive information on the capacity of Health Human Resources so that, on an occasion when there is certain training, invitations are no longer given to the Puskesmas as an organization but are directly addressed to its officers so that they can it is ensured that every health worker who has attended certain training and has been registered with the Health HR section of the Jayapura Regeency Health Office.

For this reason, it can be assumed that before carrying out their duties at puskesmas, every health worker is required to attend training organized by the puskesmas where they work and by the Jayapura Regency Health Office, so that when they start serving patients at the puskesmas, they appear to serve with confidence. because they already have insight, knowledge, skills and abilities when carrying out their duties at the puskesmas.

Direct Practice

Direct practice or hands-on learning is actually an inseparable part of the learning process because theoretically it is better known as a learning method. The learning process cannot be separated from human life, because whatever a person knows is generally obtained from the process where he wants to learn something. According to (Subini, 2011) The way a person receives information or lessons from the environment in which he is located is called a learning style. Everyone's learning style is not the same, because it depends on the character and personality, beliefs, choices and also one's beliefs. There are those who can receive learning through reading or other media such as books, radio, television and so on, but there are also those who will quickly receive information stimulation when it is done in the form of direct practice. So learning styles are very personal and difficult to match for each individual. That is why, a successful

Y.Gabriel Maniagasi [1], Thahir Haning [2], Badu Ahmad [2], Nurdin Nara [2]

learning process must at least be able to adapt to the audience who follows it. Learning styles also have a correlation with how to absorb information and process it. This is where each person's learning style becomes important so that the information he receives can be understood so that it can increase his understanding and knowledge of something. (Subini, 2011). That is why this learning style is also related to learning outcomes as the goal of learning itself. (Purwanto, 2009) limits that the learning outcomes will be reflected through a person's attitudes and behavior. when the learning outcomes are good, which is marked by the achievement of the highest score, a person's attitude will change, and vice versa the achievement obtained is not good, then his attitude will change. Thus, learning outcomes cannot be separated from a person's learning style. In relation to direct practice, it is actually part of the HR development process because this learning style is embodied in education and training. Human Resource Development Efforts (PSDM) can be carried out through direct practical activities to provide real knowledge, understanding and understanding to an individual who does not know, or does not understand, something that must be done. This direct practical action is believed to be able to open up the insight and understanding of the person concerned so that what he wants to do can be done as expected.

In the study, it was found that direct practice activities occurred in each puskesmas. This means that every puskesmas carries out direct practical activities to complete knowledge and skills in order to increase the insight and capacity of health workers' human resources before carrying out their main tasks at the puskesmas. A number of informants admitted that they practiced directly in their respective departments, such as in the Emergency Unit or in the Laboratory. This hands-on practice is an integral part of the HR training for Health Workers conducted internally at the puskesmas. After they are given understanding and examples or demonstrations, then the direct practice is carried out face to face with patients. For those who work in the ER, they directly practice their understanding and knowledge, including technical skills, such as how to stitch a wound, how to determine a patient's status (ordinary or critical) and so on. This ability will be seen after they have lived it several times and are continuously monitored by a doctor or senior who becomes a mentor for the person concerned.

This also applies to the Laboratory. Practice direct blood tests. Existing specimens or blood samples are also trained in their technical skills, utilizing tools and conducting more technical medical analysis to read specimens. The same thing was also done in the environmental health program (Kesling), they carried out direct practice by conducting outreach activities to the community related to raising public understanding to maintain their health.

Meanwhile, other informants also admitted that direct practice was carried out in the ER where the officers were given the opportunity to practice directly by determining the status of patients from various conditions such as serious, severe or ordinary including installing a blood pressure device and calculating the correct blood pressure (pulse) which took place in the hospital. the place after being given an example by a doctor or his senior, or a colleague of the same age and deemed to know. They are the ones who give an example to their "juniors" for certain tasks and are usually related to something new, and this is a must that must be done at the puskesmas.

Thus, it should be acknowledged that the direct practice process provides benefits for the Human Resource Development (PSDM) of health workers at the puskesmas, so that the demands and expectations of the community to obtain adequate health services can be met, because by gaining experience from this direct practice there is knowledge and skills. technical staff in carrying out their duties, so it is believed that patients will be satisfied with the services at the puskesmas.

Observing the condition of health workers who carry out direct practice on the implementation of their main duties and functions at the Puskesmas, at least this direct practice also encourages changes in performance both individually and in organizations, because with these conditions, human resources have succeeded in increasing their capacity by taking into account ethical factors, because it is not impossible when Doing direct practice, generally there are people who are easy to accept and some who can't just accept what is conveyed, because as humans (individuals) have a perspective, perception, responsiveness and experience that is very different from one person to another. No wonder, some are fast to catch but some are slow. For things like this it often happens. But there must be an effort slowly until they understand. If they understand, they will do as expected. The intensity of the speed of direct practice does not have to be rushed, it can be started slowly and carefully. For example, dealing with accident victims usually starts with direction and assistance.

After the briefing process is carried out, those who undergo direct practice are given the trust to handle patients while being accompanied. The experience of the informants proves that the results obtained give a plus because the health workers are able to do their job well. According to the Head of the Kanda Health Center, his party carried out a mentoring process, while evaluating. If there is an error, it is immediately taken into consideration so that an evaluation can be carried out as soon as possible and immediately improve the method, process and work system so that all health workers understand more about their duties and responsibilities. This is done carefully so as not to offend others. Take care of each other emotionally at work. So that senior employees, to be wiser when reprimanding participants who are practicing directly in front of patients. Their dignity, self-respect and enthusiasm need to be maintained so that they feel valued and are more confident in their duties. There is a good time to give a warning or correction. "Reprimand by paying attention to ethical factors is the right way to correct deficiencies. They are part of us. (Informant interview 03, 26 August 2020)

Thus, it can be understood that the direct practice process is generally controlled by the doctor to his assistant or the Head of the Puskesmas to his subordinates (staff) and can even be carried out by the person in charge of the program or by the senior to his junior as long as it is mutually agreed upon and regarding the areas of duty that require a knowledge transfer process that takes time. short and useful. Where the benefits that can be felt with direct practical experience are: first, as a process of transferring knowledge from the head of the puskesmas to his staff, doctors to his assistants, or from seniors to juniors and from fellow co-workers. Second, direct practice provides examples and effective and efficient work practices. Third, direct practice can improve individual performance and organizational performance.

Y.Gabriel Maniagasi [1], Thahir Haning [2], Badu Ahmad [2], Nurdin Nara [2]

Organizational Climate

Human behavior also determines the smoothness of work tasks in the organization where they work both in the company and in government units including civil society organization (Rosmiati, 2008), while human behavior cannot be separated from the work climate created in the environment in which they interact. That is why, the atmosphere or conditions in a work unit generally differ from one unit to another and are more unique. It is called unique, because the work climate in a work unit will be different from the work climate in other work units, even the work climate in one work sub-unit with one other work sub-unit even though they are in the same work unit. If the work climate is interpreted as an atmosphere, condition, or situation, then the inequality of this work climate is continuum. This means that the work climate is not contradictory to the extreme. The work climate scale moves from a very unpleasant work climate to a very pleasant work climate.

The work climate has a relationship with the willingness of employees to work. This willingness to work will affect the level of participation and work performance of employees. An unpleasant work climate will reduce employee participation and willingness to work. On the other hand, a pleasant work climate will increase employee participation, willingness and work performance. This linkage guarantees the productivity of the organization or work unit in achieving its goals. For this reason, the leader of the organization or work unit must understand the elements that can affect the formation of a pleasant work climate.

Generally, a good working atmosphere will encourage: 1) the creation of a desire to work well. 2). Produce a pleasant, safe and orderly situation. 3) The emergence of awareness to create a harmonious work environment. And 4) Encouraging performance improvement. (Rosmiati, 2008). Aspects of the quality of work life such as compensation, human resource participation, environmental health, career expectations, interesting and enjoyable work and good supervision through careful performance appraisals encourage the formation of a pleasant work climate. The following are ten elements that are considered to be quite influential on the harmonization of the work climate in a work unit, namely: leadership quality, level of trust, communication (bottom up, top-down, and relationship), feeling of doing work, responsibility, fair rewards, emphasis on rational work (reason), opportunity, control, reasonable structure and bureaucracy and employee involvement (Rosmiati, 2008)

While the measures that can be used as parameters to assess a conducive work climate according to De Bettingnies, in Atmosudirdjo (2002:57) as quoted by Rosmiati (2008) include compliance (comformity), reaction and response (reactance), responsibility (responsibility), risk taking, standards, rewards, team spirit, clarity and warmth.

Departing from an understanding of the limitations above, it was found a situation that is seen as unique as an organizational climate in a work unit. Where the work atmosphere is shown through mutual understanding, not blaming others, caring about co-workers, working together to complete what can be done even though it is not a

task. There is openness, mutual care and communication. Discipline, a strong commitment to work earnestly.

However, the organizational climate often has its ups and downs. This means that certain factors can affect the organizational climate, as happened in one puskesmas whose organizational atmosphere changed drastically after a health worker was reported to have been exposed to Covid-19. As a result, all health workers at the puskesmas began to suspect each other, distanced themselves from each other and even did not want to work together for the same reason, namely fear of being exposed to Covid-19. The pandemic situation is one of the factors that affect the organizational climate and also organizational performance. This means that the officers are suspicious of each other, do not want to build cooperation and do not want to be involved in the team and do not even want to be active in the puskesmas. The result has an impact on organizational performance.

To overcome this situation, the leadership then consulted with the Head of the Jayapura Regency Health Office, the result of the consultation was in the form of instructions for all health workers at the Dosay Health Center to carry out Covid-19 checks (SWAB and PCR). The test results are non-reactive or negative. After getting these results, the organizational climate will return to its previous state. There is warmth in the work, the activities of the Dosay Health Center are reopened to serve patients, the working relationship is getting better, taking care of each other, being open to one another and even mutual respect and support.

The situation of the Covid-19 pandemic is a concern because a number of health workers are infected with the corona virus, which disrupts the organizational climate. However, situations that can damage the organizational climate can be overcome by the leadership of the organization in consultation with top-level leaders and implementing mutually agreed internal procedures and provisions so that the organizational climate feels warm again, all health workers at the puskesmas support each other, always coordinate with other areas. in other fields or those in charge of different programs, there is always mutual understanding and respect, including taking care of each other in their duties, even more so is to encourage each other to generate commitment to one another.

The situation and organizational climate described above provide an understanding that organizational climate is basically related to a person's mood and behavior which is formed based on his perspective on work, and the place where they work.

Thus, it can be said that the organizational climate of health centers in Jayapura Regency, is seen through the values adopted by the organization and arises through personal self-discipline, mutual understanding between colleagues because it is built on good friendship, mutual support, compact, likes work together even though in different fields and programs, there is openness, good communication, mutual assistance, building a solid work team, developing firm, fast and neat working principles. This includes raising commitments to improve the quality of work and keeping each other warm so that the organizational climate is always warm because it is built in the perspective of a family atmosphere. This is what characterizes the organizational climate at the Puskesmas in Jayapura Regency.

As explained above, the capacity building of the Puskesmas in Jayapura Regency is studied through human resource development which is supported by strengthening the

Y.Gabriel Maniagasi [1], Thahir Haning [2], Badu Ahmad [2], Nurdin Nara [2]

individual capacity of health workers through training activities. These activities have been carried out at each puskesmas according to their needs. In addition, puskesmas also develop the capacity of their human resources for health workers through direct practice at their respective puskesmas. The direct practice is carried out for new health workers or those who want to increase their capacity in a new field. This hands-on practice process is applied to things that are technical in nature and require assistance. Besides hands-on practice and training, there is also an organizational climate that influences the quality of work within the organization. The organizational climate in each puskesmas is unique, but has the same thing that the organizational climate at the puskesmas in Jayapura Regency is built on the principle of kinship, so that there is togetherness, mutual care, mutual support, giving and receiving from one another.

CONCLUSION

The results showed that the capacity of health human resources in health centers as measured by the dimensions of training, direct practice and organizational climate was good and became a strength for increasing the capacity of individuals and groups in the organization of the health center. It's just that there are certain aspects that still need to be improved such as knowledge, mindset, motivation, and commitment as internal support for the organization so that it can strengthen the capacity of individuals so that they have an impact on the community. Strengthening the capacity of health human resources in health centers, thus can have a positive effect on improving health services to the community in the work area of each health center in Jayapura Regency.

REFERENCES

1. Brown, L., LaFond, A., & Macintyre, K. (2001a). Measuring Capacity Building, Carolina Population Center. Chapel Hill: University of North Carolina at Chapel Hill.
2. Creswell W John. (2014). Research Design Pendekatan, Metode Kualitatif, Kuantitatif dan Campuran. Pustaka Pelajar.
3. Hilderbrand, M. E., Grindle, M. S., Trostle, J. A., Sommerfeld, J. U., Simon, J. L., Lippincott III, D. F., & Contreras, M. E. (1997). Getting good government: capacity building in the public sectors of developing countries. Getting Good Government/: Capacity Building in the Public Sectors of Developing Countries, 120–121.
4. Morrison, T. (2001). Actionable learning: A handbook for capacity building through case based learning (Issue 2). Asian Development Bank Institute.
5. Purwanto. (2009). Evaluasi Hasil Belajar. Pustaka Pelajar.
6. Robbins Stephen dan Timothy A Judge. (2008). Perilaku Organisasi (Organization Behavior) Buku 2 (12 (terjem). Person Education dan Salemba Empat.
7. Rosmiati, T. (Taty. (2008). Pengembangan Iklim Kerja Yang Menunjang Pencapaian Tujuan Pendidikan Di Sekolah Dasar. Indonesia University of

Education.

8. Subini. (2011). Rahasia Gaya Belajar Orang Besar. Javalitera.

9. Sugiyono. (2010). Metode Penelitian Kualitatif. Alfabeta.

10. Wirawan. (2015). Manajemen Sumber Daya Manusia Indonesia Teori, Psikologi, Hukum Ketenagakerjaan, Aplikasi dan Penelitian: Aplikasi Dalam Organisasi Bisnis, Pemerintahan dan Pendidikan (Sumber Day). PT Raja Grafindo Persada.