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An Analysis of Healthcare Management: Case Study at Hidayatulloh Al- Muhajirin Islamic Boarding School, Indonesia

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An Analysis of Healthcare Management: Case Study at Hidayatulloh Al-Muhajirin Islamic Boarding School, Indonesia

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Abstract

The success of the Poskestren program as a health empowerment effort is strongly influenced by aspects of Poskestren management. This study aims to determine the Poskestren management function consisting of planning, organizing, implementing, and supervising the success of the Poskestren program at Hidayatulloh Al-Muhajirin Islamic Boarding School, Bangkalan. This study is descriptive qualitative research with 5 main informants and 3 triangulation informants who are Islamic Boarding School administrators, Poskestren administrators, and Poskestren cadres. Data collection techniques used observation techniques, in-depth interviews and document studies. The results show that Poskestren has carried out all management functions starting from planning, organizing, implementing, and supervising. However, in the process there are still many challenges and inadequacies, such as not yet determining the target of program achievement, not yet well-documented in its planning, not yet made division of position and responsibilities, as well as the implementation of promotive and preventive programs is still limited. Therefore, further assistance from the Government Primary Healthcare and local authorities is needed so that the Poskestren at Hidayatulloh Al-Muhajirin Islamic Boarding School, Bangkalan can be improved.

Keywords: Healthcare Management, Poskestren program, Community Empowerment.

1. Introduction

Community empowerment in the health sector or Community-Sourced Health Efforts (UKBM) is an idea of the government through the Development of Active Alert Villages and Villages so that the community can access basic health services easily and can carry out community-based surveillance and develop UKBM.[1] Poskestren is one of the UKBMs organized in Islamic boarding schools in the context of empowering pesantren. The goal is for Islamic boarding schools to know the health problems they are facing, to make plans and efforts to overcome them by leveraging local potential as stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 1 of 2013 concerning Guidelines for the Implementation and Development of Islamic Boarding School Health Posts.[2]

However, in a survey of 5 Islamic Boarding Schools in East Java, only 1 of them has a properly operating Islamic Boarding School Health Post (Poskestren).[3] Hidayatulloh Al-Muhajirin Islamic Boarding School, Bangkalan is one of the 4 Islamic Boarding Schools with newly established Poskestren. In addition, one of the strategies to provide health services to the boarding school community is to establish a Poskestren within the boarding school. The

development of Poskestren will certainly be reflected in the success of the programs that have been established by each Poskestren.

According to previous research, the program's achievements are strongly influenced by the good management performance of an organisation. [4,5] The effectiveness of empowerment efforts through poskestren is determined by the many current activities that are the outcomes of poskestren. Factors that influence the implementation of community empowerment of Islamic boarding school through poskestren are knowledge, participation, motivation & support, leadership, community potential, collaboration and policy.[6] The success of the poskestren programme will also not be separated from the participation of the puskesmas and local government, the health department and the ministry of religion as the supervisor of poskestren. Based on these problems, further analysis is required regarding the Poskestren management function which consists of planning, organising, implementing, and supervising towards the success of the Poskestren program at Hidayatulloh Al-Muhajirin Islamic Boarding School, Bangkalan.

Management functions as in general are divided into 4 which are Planning, Organising, Actuating and Controlling. Similarly, the management function in Poskestren consists of 4 functions, including:

A. Planning

Based on the Addendum to the Regulation of the Minister of Health of the Republic of Indonesia Number 1 of 2013 number III, the planning activities outline the flow of preparatory activities carried out by each stakeholder such as by the Puskesmas as a provider of technical expertise, coordinating with related cross-sectors such as the Ministry of Religion, Approaching the Leaders / Managers of Islamic Boarding Schools and conducting training for Self-Inspection Surveys (SMD). [2,6]

B. Organising

The organising function of Poskestren is a forum for community participation in order to bring basic health and nutrition services closer to boarding school residents and the surrounding community, with the principle of from, by, for and with the community, with the support of guidance from the government and other related elements. For this reason, a clear organisation is made, such as the existence of boards, cadres, trainers, supervisors with their respective division of tasks and responsibilities. The elements that sit on the Poskestren board can also involve elements of NGOs, the private/business sectors, community leaders, and so on.[2] The purpose of the organisation is to coordinate various development efforts related to improving the function and performance of Poskestren, which are operationally carried out by the Poskestren management unit or group in the pesantren environment.[1]

C. Implementing

The implementing/actuating function can be seen from the Decree of the Minister of Health of the Republic of Indonesia No.867/Menkes/SK/XI/2006 and more clearly and systematically in the Appendix to the Regulation of the Minister of Health of the Republic of Indonesia No.1 of 2013 number IV, which states that the routine activities of Poskestren are organised and led by Poskestren cadres with technical guidance from local health centres and related sectors.[2] The services provided by Poskestren are basic health services, which include promotive, preventive,

rehabilitative (maintaining health, preventing, restoring health) and curative (treatment). Especially for curative services and certain preventive services, such as immunisation and periodic health checks are carried out by health workers.[6]

D. Controlling/Supervision

The controlling function or supervision and guidance on the implementation of this regulation is carried out by the Minister of Health, the Head of the Provincial Health Office, and the Head of the Regency / City Health Office. Meanwhile, the Office of the Ministry of Religious Affairs, Head of Religious Education and Islamic Boarding Schools at the Regency / City / Level of Similar Organisations as a facilitator in coordination with health workers. Referring to the Article 3 of the Permenkes, it is stated that the Minister of Health, the Head of the Provincial Health Office, and the Head of the Regency / City Health Office provide guidance and supervision of the implementation of this regulation. This means that the responsibility for guidance and supervision of Poskestren in Hidayatulloh Al-Muhajirin Islamic Boarding School is the Bangkalan District Health Office. In addition, the Ministry of Religious Affairs as an institution that fosters Islamic boarding schools is expected to provide real support for the Poskestren programme by providing health facilities such as medical equipment, technical guidance and medicines for all Islamic boarding schools.

2. Methods

This type of research is inductive qualitative with descriptive methods because 1) it is carried out in natural conditions; 2) more descriptive, the main data source in qualitative research is words, so it does not emphasize numbers; 3) more emphasis on process than product or outcome; 4) data analysis is done inductively; and 5) more emphasis on meaning. In collecting the data needed, researchers use observation data collection techniques, in-depth interviews and document review. Observation and in-depth interviews were conducted to find out the actual activities and events regarding the implementation of Poskestren management and the success of the Poskestren program at Hidayatulloh Al-Muhajirin Islamic Boarding School, Bangkalan. In this study, it will focus on assessing the management functions of Poskestren which are completely observed starting from the functions of planning, organising, implementing, supervising.

The informants in this study were 5 people who were Poskestren stakeholders at Hidayatulloh Al-Muhajirin Islamic Boarding School, Bangkalan. These Poskestren stakeholders are the head of the Islamic Boarding School, as well as the Poskestren Management and Poskestren Cadres. These informants were selected based on their experience and familiarity with the poskestren programme. This study also used triangulation techniques to 3 cadres and Poskestren administrators to ensure data validity. Data analysis was conducted through three stages, which is data reduction; data display; and conclusion drawing/verification.



Fig. 1. Research flow

3. Result

Based on the document review, in December 2022 a Focus Group Discussion (FGD) of the Islamic boarding school was conducted together with the Health Center, the local government, some local organizations, and UNUSA. In the FGD, an Self-Introspective Survey (SMD) was conducted to find out the health problems in the boarding school and discuss the plan to establish Poskestren as a community healthcare, namely "Poskestren SERASI". The problems obtained were about youth health, emergencies, hygiene and nutrition.

"The planning of activities is quite good, be it long term or short term. A lot of planning is in the health sector, especially youth health. Not only for curative and recovery (programs/activities), but also in prevention and health promotion"

Based on the SMD, Poskestren SERASI at Hidayatulloh Al-Muhajirin Islamic Boarding School, Bangkalan conducts both long-term and short-term planning. Short-term planning is carried out once a week in the form of meetings or regular meetings. The meeting discussed plans for the next program or activity, such as mass circumcision activities in the context of Eid Adha and forming a health team for the 17 August competition, evaluation of activities as well as internal training conducted by the head of Poskestren. While long-term planning is carried out once a month or 2 months together with the Puskesmas (Community Health Center) and boarding school administrators. Based on documents and informants, this long-term planning is related to the arrangement of a separate poskestren room in the female student's dormitory. However, in the planning activity, the programme success target has not been determined. So far, the SERASI Poskestren Programme is considered successful if each student feels satisfaction with poskestren activities and services.

"We conduct meetings and provide material independently to cadres of Poskestren SERASI and santri Husada. There are several materials that are brought, such as nutrition, types of vitamins, DM and other mental illnesses that may occur in adolescents such as depression, and are delivered every week."

"There is a plan to open a new room in the female dorm area specifically for female students"

Currently, Poskestren SERASI has an organizational structure consisting of the Board of Supervisor and Advisory, Poskestren Chairperson, Vice Chairperson 1 for health services, Vice Chairperson 2 for development and cooperation, Admin and secretariat, Asset and finance officer, Working Groups 1 to 4 (Figure 2). The Board of Supervisor is the Tongguh Community Health Centre, which also acts as the supervisor of Poskestren. The Advisory Board is the Chairman of the Board of Hidayatulloh Al-Muhajirin Islamic Boarding School. The Chairperson of Poskestren is an Alumni as well as the family owner of the Pondok. Admin, finance officer, and working groups are Pondok Pesantren administrators. Lastly, SERASI Cadres are 30 students of Hidayatulloh Al-Muhajirin Islamic Boarding School.

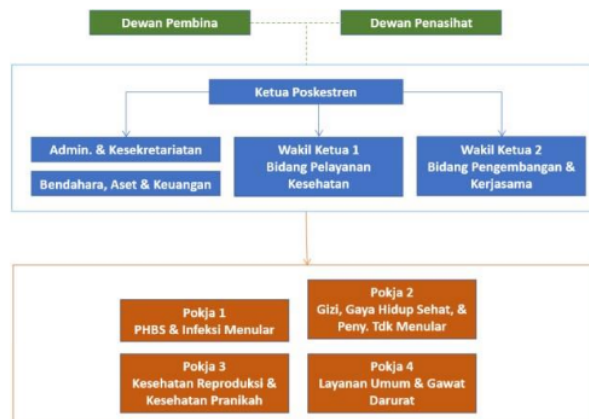


Fig. 2. Organizational structure of Poskestren SERASI

So far, the organisational structure that has been formed is running according to their respective duties. Coordination and reporting lines also run well. The management and cadres have their own roles. However, there are some obstacles related to the specifications and duties of the organisational structure. In addition, Poskestren SERASI has also not yet regenerated the managerial management of Poskestren. Even though there will soon be students who graduate from boarding school.

"All organizational structures run according to their duties. If it (the structure) is good, there is no need to improve it."

"We haven't really detailed the organizational structure. There is only the chairperson, some core administrators and then there are members. So, it's not detailed like for example there are certain sections or certain divisions that have not been formed"

"The composition of the organizational structure is quite good, but it needs to be improved because next year some will graduate, some students will leave so it must also be updated so that sustainability remains stable"

The services provided by Poskestren are basic health services, which include promotive, preventive, rehabilitative (maintaining health, preventing, restoring health) and curative (treatment). The promotive activity of Poskestren SERASI is counseling related to adolescent health. As stated by all informants, this activity is carried out once a week, along with routine meetings of SERASI administrators and cadres. Then, preventive activities that have been carried out are taking blood supplement tablets for female students and PHBS activities such as washing hands together. Finally, rehabilitative and curative activities are carried out by dealing with students who are mildly ill. Examination and provision of free medicines are carried out by SERASI cadres who are on duty.

The implementation of Poskestren SERASI has several obstacles, namely that Poskestren is quite far from the dormitory. Currently, the room used for Poskestren is at the end of the school building which is located far from the santri dormitory. Secondly, due to the large number of sick students, cadres on duty are often overwhelmed and run out of medicine.

"Maybe the program has been implemented by 50-60 percent and the use of poskestren itself has reached 80% because it is very utilized by fellow students, local residents, including alumni who conduct examinations at poskestren."

"The obstacle is that so many students are sick that we are overwhelmed with treatment and the medicine at Poskestren runs out of stock"

Poskestren SERASI is an area of Puskesmas Tongguh, Kab. Bangkalan. Puskesmas Tongguh routinely conducts supervision and coaching once every 1-2 months to provide direction related to the poskestren program and complete medicines. The Tongguh Health Center also carries out preventive activities, namely taking blood supplement tablets with santriwati. Meanwhile, internal monitoring and evaluation is carried out regularly once a week along with planning meetings. However, the evaluation is less than optimal because there is no measurable success target.

"There is supervision and guidance by the Tongguh Health Center. Once a month, the Tongguh Health Center comes to the boarding school to evaluate how the poskestren is running, how the cadres handle sick students and how to help grant medicines."

4. Discussion

In the planning activities, the flow of planning activities carried out by each stakeholder is described, such as by the Community Health Centre, which coordinates with related cross-sectors, approaches the leaders/managers of Islamic boarding schools and conducts training for self-introspective surveys (SMD). [2,7] The situational analysis in SMD is one part of the planning management function. The situational analysis is useful in mapping the problem so that a solution can be formulated to be implemented.[8]

The problem with Poskestren SERASI is that the success of the program is not measured objectively but subjectively based on each perception. Whereas in the planning function it is necessary to set targets so that success becomes measurable and can be known by all parts of Poskestren (supervisors, administrators, and cadres).[9] Planning activities and success targets will guide the process of achieving the stated goals. It is good if the planning is also set out in a written document so that it can be evaluated and legitimized. The planning management function can help Poskestren administrators and stakeholders to use resources effectively and efficiently. In previous studies, the planning management function was also shown to be related to the success of health services. [8-10]

Poskestren uses the principle of from, by, for and with the community, with guidance support from the government and other related elements. For this reason, a clear organization is made, such as the existence of administrators, cadres, supervisors with their respective division of duties and responsibilities. Government support is in the form of providing facilities, technical guidance and medicines. According to Sulaiman in the book *Health Management*, the organizing management function determines the persons in charge and the implementers of each program and activity by filling in the personnel in the organizational structure.[11] Likewise, according to Hasibuan, organizing is an activity to organize all employees by determining the division of labor, work relationships, delegation of authority, integration, and coordination in the organization chart. Poor organisation can result in the company's goals not being achieved as effectively as the organisation intended. [4,,8]

In addition, organizations also need to regenerate the organizational body. This regeneration aims to form and prepare human resources to become the successor of the organization.[11] As we know the dynamics of students in Islamic Boarding School are very fast. Every year there are new students who enter and old students who leave the Boarding School. So that this regeneration becomes a very crucial point in fostering the sustainability of the Poskestren program.

Research on health service management shows that there is a relationship between the function of implementation and the achievement of program success targets.[8] So that obstacles in implementation will affect the success of the program. However, it should be emphasized that poskestren should prioritize promotive and preventive aspects over curative aspects. Especially for curative services and certain preventive services, such as immunization and periodic health checks, are carried out by health workers.[7] Curative services at poskestren are limited to handling or first aid if a santri is sick.

Furthermore, activities in the supervisory function consist of monitoring the implementation, recording and reporting of the program.[8] Supervision should be carried out by the Minister of Health, the Head of the Provincial Health Office, and the Head of the District/City Health Office, as well as the Community Health Center (Puskesmas) in the Islamic Boarding School area. In addition to supervision from the Puskesmas (external), internal monitoring should also be carried out by the Foundation or boarding school administrators as Poskestren Advisors. This internal guidance is needed because there is a significant relationship between the encouragement of school caregivers and the behavior of cadres in implementing the program. Boarding school caregivers have a role in role models for students in an effort to improve health programs in boarding schools.[1] Some studies also state that there is a significant influence of the supervisory function on the achievement of program success.

5. Conclusion

Based on the analysis of Poskestren management, as community healthcare, in Hidayatulloh Al-Muhajirin Islamic Boarding School, Indonesia, it can be concluded that Poskestren has performed all management functions starting from planning, organizing, implementing, and supervising. However, in the process there are still many obstacles and shortcomings that cause the success of the program to be not optimal, such as not yet determining the target of program achievement, not yet well-documented in its planning, not yet made division of position and responsibilities, as well as the implementation of promotive and preventive programs is still limited. Further guidance from the Puskesmas, as community health center, and local authorities is needed so that the benefits of the Poskestren program become significant.

6. Limitation

This research has 2 limitations. First, this research is a case study in a district in Indonesia. The results of this study may be influenced by cultural conditions and the local government health system. Last, the original interviews shown are in Indonesian, but have been translated into English so there may be adjustments in its meaning.

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