

Evaluasi penerapan pengembangan manajemen kinerja (PMK) bidan di puskesmas Kab. Rejang Lebong Prop. Bengkulu th. 2005

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Abstrak

Penerapan Pengembangan Manajemen Kinerja (PMK) bidan di puskesmas ini diharapkan dapat meningkatkan pengetahuan dan keterampilan bidan; kepatuhan penggunaan standar dalam melakukan pelayanan kebidanan; kemampuan manajerial pelayanan kebidanan; pelaksanaan monitoring kinerja; mutu asuhan kebidanan. Penerapan PMK ini diharapkan dapat berperan untuk tercapainya indikator Sistem Pelayanan Minimal (SPM) Kabupaten/Kota yang dilaksanakan bidan di sarana kesehatan, mengingat bidan sebagai ujung tombak pelayanan kesehatan dengan jumlah yang cukup besar (40%) dari seluruh kategori tenaga kesehatan. Dalam penerapan Pengembangan Manajemen Kinerja bidan di rumah sakit dan puskesmas diawali dengan pelatihan. Pelatihan ini ditujukan pada bidan koordinator, dengan harapan bidan koordinator dapat memberikan kiat-kiat dalam memberikan pengarahan, bimbingan, dan sekaligus menilai kinerja staf secara obyektif. Sesuai dengan Kepmenkes no. 8361Menkes/SK/VI/12005, pada pelatihan tersebut ditekankan pada penguasaan lima komponen PMK yaitu standar, uraian tugas, indikator kinerja, sistem monitoring, dan Refleksi Diskusi Kasus. Penelitian ini dilakukan untuk melihat gambaran sejauh mana penerapan PMK bidan di Puskesmas dengan pendekatan sistem. Penelitian ini menggunakan pendekatan kuantitatif dengan bidan yang telah mendapat pelatihan PMK dan telah menerapkan PMK bidan di puskesmas tempat bekerja yang berjumlah 33 orang dari lima puskesmas. Juga dilakukan pendekatan kualitatif melalui wawancara mendalam pada lima pimpinan dan bidan koordinator puskesmas yaitu di puskesmas Curup, Kampung Delima, Perumnas, Tunas Harapan, dan Sambirejo serta dilakukan telaah dokumen terhadap penerapan PMK bidan di puskesmas. Hasil penelitian antara lain: (1) Faktor masukan penerapan PMK bidan berupa uraian tugas, Standard Operational Procedure (SOP), pendidikan dan latihan, semua bidan puskesmas (100%) telah ada dan dilaksanakan dengan baik, hanya variabel penerapan sistem penghargaan ada yang masih buruk di puskesmas (48.5%). (2) Faktor proses penerapan PMK bidan di Puskesmas berupa kegiatan pendokumentasian kegiatan dimana semua bidan (100%) telah melaksanakan dengan baik dan sesuai dengan telaah dokumen, sedangkan pemantauan dan pengendalian kegiatan umumnya sudah baik (66.7%), dan masih ada yang buruk (33.3%), pertemuan strategis umumnya juga sudah baik (72.7%) dan yang masih buruk (27.3%), kegiatan Refleksi Diskusi Kasus (RDK) umumnya sudah baik (63.6%) dan masih buruk (36.4%). (3) Faktor luaran penerapan PMK bidan di Puskesmas yaitu manajemen kinerja bidan umumnya sudah baik di puskesmas (57.6%), yang masih buruk (42.4%). Kesimpulan akhir dari penelitian ini adalah bahwa penerapan Pengembangan Manajemen Kinerja bidan di puskesmas umumnya sudah baik, hanya beberapa variabel saja penerapannya yang masih buruk dan perlu ditingkatkan lagi. Oleh karena itu, peneliti mencoba memberikan rekomendasi kepada: (1) Pemerintah Daerah untuk memberikan dukungan pelaksanaan setiap komponen program PMK bidan, menyetujui usulan program Dinas Kesehatan untuk melaksanakan pelatihan PMK kepada bidan yang belum mendapat pelatihan. (2) Kepala Dinas Kesehatan supaya melakukan tindak lanjut dari penerapan program PMK, seperti melakukan monitoring PMK setiap 3 bulan sekali, memberikan pelatihan penerapan PMK kepada

bidan yang belum dilatih, dan diharapkan semua puskesmas di kabupaten Rejang Lebong dapat menerapkan PMK (3) Kepada Pimpinan Puskesmas supaya menyusun indikator kinerja bidan untuk keperluan monitoring dan penilaian kinerja, menilai kinerja bidan puskesmas minimal 1 tahun sekali dan memberikan penghargaan sebagai umpan balik.

The Application Of Management Performance Development of Midwife in health center is expected improve the midwife's knowledge and skill; compliance of usage in midwifery service standard; ability of midwifery service managerial; execution of performance monitoring; midwifery care quality, while expectation of Development Of Management Performance contribute to reach a Minimum Service System indicator in the District City which is executed and midwife in health place, considering midwife as part of health service with high amount (40%) from all of health worker category. The Application Of Management Performance Development in hospitals and health centers started with training. This Training is addressed for the coordinator midwife in health center, while the expectation of the coordinator midwife is to give suggestions in guidance, teaching, tuition, and at the same time to assess stair performance objectively. According to Kepmenkes No. 836 / Menkes / SK / VI / 2005, this training emphasized five components: standard, job description, performance indicator, monitoring system, and reflection cased discussion (RCD). This research is done to give an assessment and to describe how far the application of Development Of Management Performance of midwife in Health Center is done. This research applying the quantitative method to midwife as respondents who work in a health center which have applied the Development Of Management Performance, they are 33 midwife from five health centers. This research is also done by a qualitative method through interview for five leaders of health center and midwife coordinator, such as Curup Health Center. Kampung Delima, Perumnas, Tunas Harapan, and Sambirejo and also analyze document for applying Development Of Management Performance midwife in health center. Research results include: (1) Input factor for applying Development Of Management Performance midwife, such as job description, SOP, and training and fellowship for all of Health Center midwives (100%) are done well available with duty in Health Center, but applying of appreciation system variable is not good (48.5%). (2) Process factor for applying Development of Management Performance Midwife in Health Center such as activity of documentation where all midwives (100%) have done this matter based on document study by Researcher, while monitoring activity generally is good (66.7%), the other is bad (33.3%), strategic meeting generally is so good (72.7%) and the other is bad (27.3%), Reflection Case Discussion (RCD) activity generally is good (63.6%) and the other is bad (36.4%). (3) Output factor for applying Development of Management Performance Midwife in Health Center that is midwife performance management generally is good in Health Center (57.6%), the other management is bad (42.4%). The conclusion of this research is that applying development of midwife performance management in health center generally is good, there just some variables which is bad. Therefore, researcher try to give recommendation for: (1) Local Government, giving support the application of Management Performance Development of midwife in health center, approve proposal of District Health Office program to doing Development Of Management Performance training for midwife who does not get training yet. (2) Head of District Health Office: should follow-up program of Management Performance Development, such as monitoring every 3 months once, doing training of Management Performance Development For midwife who have not been [trained yet, and expected that all health center in Rejang Lebong district can applying the Management Performance Development of midwife. (3) Health Center leader, monitoring and performance assessment minimally 1 year once to assess midwife performance in Health Center and give appreciation as feed back.