

Qualitative Assessment Availability and Competence of Health Professionals For the implementation of the SISCa at Comoro Community Health Centre, the Administrative Post of Dom Aleixo, Dili Municipality

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Abstract

Introduction: To improve the health system and provide good health services to the community, experts have developed public health science to complement individual clinical services, focusing on individual diagnosis and treatment. SISCa was established to integrate various vertical programs into integrated, proactive, and active activities.

Objective: This research aimed to assess the availability and competence of health professionals for SISCa in Comoro Community Health Center, Dom Aleixo Administrative Post, Dili Municipality.

Method: The method used in this study is descriptive qualitative research, with data collection techniques such as observation, in-depth interviews, documentation, and recording. The data analysis technique is thematic analysis to find themes and analyze the data. **Results and Discussion:** The results showed that the implementation of SISCa will face problems such as human resources that will be limited, so when SISCa is implemented in the village the village health personnel must perform their duties through one. Looking at competence, many health personnel have not attended training including volunteers who have not attended training so when SISCa is implemented in the village health personnel provide services to the community according to some knowledge they have obtained through training and some experience. On the other hand, SISCa implemented Table-6 activities, but some did not implement them according to SISCa guidelines. **Conclusion:** that the availability of health professionals in CHC Comoro related to the implementation of SISCa will face problems such as human resources being limited allocated for the implementation of SISCa. On the other hand, many health professionals have not attended training including volunteers to implement SISCa has not been implemented according to SISCa guidelines.

Keywords: Availability; Competency; Health Professionals; SISCa;

Introduction

To improve the health system and provide good health services to the community, experts have developed public health science to complement individual clinical services, focusing on individual diagnosis and treatment (Ananda, Damayanti, & Maharja, 2023). Winslow (1920) stated that “public health science is the science and art of preventing and prolonging life, improving physical and mental health efficiently through organized community efforts to improve environmental sanitation, control infection in the community, educate individuals about personal health, organize medical and nursing services for primary diagnosis, prevent disease, and develop social aspects that can support every individual in the community to have a strong standard of living to maintain their health” (Santosa et al., 2022) at (Amelia Nuryadin, 2022). On the other hand, the American Public Health Association states that “public health is the practice of disease prevention and health improvement in groups from small communities to nations” (American Public Health Association, 2013).

In the context of Timor-Leste, public health issues also frequently arise and become major health problems affecting the community, such as acute upper respiratory infections, pneumonia, acute diarrhea, bloody diarrhea, influenza, scabies, vaginal discharge, genital ulcers, injuries related to traffic accidents, and other diseases, according to data from the Ministry of Health (Ministry of Health Report, 2018-2022).

National and international organizations, the private sector, and the government, especially the Ministry of Health, have made efforts to solve these problems so that by 2030 we can achieve a healthy Timorese society in Timor-Leste. This has been included in the National Strategic Plan of the Health Sector II 2020-2030. On the other hand, the RDTL Constitution article 57 paragraphs 1 and 2 states that "everyone has the right to health, medical assistance, and sanitation, and the duty to maintain and promote this right." 2. The State shall provide and establish a universal national health service for all people, according to their means, free of charge, by the law” (Timor-Leste, 2002). However, until now, many people do not have good access to health services both in urban and rural areas due to weak support services, a lack of information for people in rural areas, and basic infrastructure for commuting.

The reason to increase access to health care for the population in the villages, and regarding the appeal to world health leaders to revitalize primary health care in 2008, the Ministry of Health created the SISCa (Integrated Community Health Services) strategy. SISCa was established with the main objective of integrating various vertical programs into integrated, proactive, and active activities. Bring quality health care to the community in the village and empower the community to participate in maintaining their health. SISCa locations are determined together with the community, and according to their community references, they may include meeting places, local community residences, churches, chapels, and markets when empty.

Every month, teams from SSK PS and PSF, Suku Heads, and Village Heads conduct nine table activities, such as Table 1: registration; Table 2: nutrition assistance; Table 3: assistance to pregnant women and children; Table 4: environmental health and personal hygiene assistance; Table 5: curative assistance; and Table 6: health promotion and education assistance to communities living in the village (Martins, 2011). Activity Table-6 SISCa adopted from Component 8 KSP-Alma-Ata, 1978, and Component 6 of KSP Revitalization 2008 (Martins, 2011). Although created with good intentions, the SISCa program faces many challenges in its implementation, such as logistical problems, financing, human resources, and lack of political commitment from health leaders to implement it properly (Soares, 2019). On the other hand, the barriers faced in the implementation of SISCa are lack of transportation and lack of good coordination between health workers and community leaders in some places (Martins, 2011)

The reality in Timor-Leste shows that in the health system, the availability of health workers will be lacking, and the competence to do the job is also lacking, as in the national hospital, community health centers, and health posts. Health workers are inadequate both in urban areas and in rural areas, and many provide poor care to patients and patients' families. In the National Strategic Plan for the Health Sector, Second Edition 2020-2030, the World Health Organization, and the Ministry of Health of Timor-Leste recognize that the staffing of the health system is a limiting factor in achieving all reform goals. Any improvement or expansion of services to achieve equitable access must involve adequate staff, universal health coverage can be achieved. However, the distribution of health professionals is uneven between urban and rural areas. The working environment, with poor equipment, lack of medicines, and weak supervision, morale, and efficiency (Djati, 2023). Basic knowledge skills and competencies are also low. These problems are interrelated and complicate service planning and delivery (Health, 2020:89). Research Objective to find out assess the availability and competence of health professionals for SISCa in Comoro Community Health Center, Dili Municipality.

Theory Fundamentals

Human Resources: Eri Susan 2019 states that "human resources are productive people who work as they move in an organization, both in institutions and companies that have active functions, so they need to be trained and developed. The definition of human resources generally consists of two forms, such as macro human resources, which is the number of people of active age in an area, and micro human resources, which is the broad sense of people who work for an institution or company" (Susan, 2019). Kasmir (2019) states that "human resources are the life- giving force for all activities in a company. The support of human resources is also seen in the quantity and quality of available human resources. The available human resources should be proportional to the available services so that the human resources are not too little or too much. Also, the quality of human resources should meet the qualifications according to the requirements" (Fauzi et al., 2022)

Availability and competence of the health workforce: Bukit et al. (2017) define "the availability of human resources that play their role in planning, implementation, and regulation in an organization or company is often controlled by people. However, the level of success can only be maintained if the government and the private sector pay special attention to the available human governments" (Asbullah & Suharno, 2022). According to Straub and Attner, "people are very valuable organizations. People use their talents, knowledge, and experience to help the organization achieve its goals (Utama, 2020). Berk, J., and Berk (2000) stated that "employees play or should play an important role in every organization" (Asbullah & Suharno, 2022).

In an organization, there must be those who are all and can do any work. The daily work of the community health service must be supported by adequate competence. The competence of human resources is not only seen from their skills and knowledge but also from their own (Ratnasari, 2020). According to Shi (2007), "human great competence is a characteristic of a person such as motivation, behavior, ability, self-perception, social role, or body language that produces effective or great performance" (Ratnamiasih, Govindaraju, Prihartono, & Sudirman, 2012). A person's competence does not only look at one factor but also looks at other factors. Abdullah (2013) states that "the factors are: (1) beliefs and values; (2) creativity; (3) experience; (4) personality traits; (5) motivation; (6) emotional; (7) intellectual; (8) organizational culture" (Vernia & Sandiar, 2020).

Human Resources for Health in Timor-Leste: In the National Strategic Plan for Health Sector Edition II 2020-2030, the World Health Organization, and the Ministry of Health of Timor-Leste recognize that health system staffing is a limiting factor in achieving all reform objectives. Any increase or expansion of services to achieve equity of access needs to involve adequate staff to achieve universal health coverage (Ministry of Health, 2020:89).

Primary Health Care: WHO (2023) states that; "Primary health care is an approach for all societies to effectively organize and strengthen the national health system to bring health care and well-being to the community. Primary health care is a health system that supports a person's health needs from health promotion to disease prevention, treatment, rehabilitation, palliative care, and closer to the daily environment of the community." Primary health care is essential health care based on practical methods and technology according to scientific knowledge and socially acceptable, universally individuals and families can access society through their maximum participation and at a cost that society and the country can bear at a stage development of life in the spirit of independence and self-determination. KSP consists of 8 components. Public education; appropriate nutrition; water and sanitation; maternal-child health care; immunity; local disease control; affordable treatment; and drug supply.

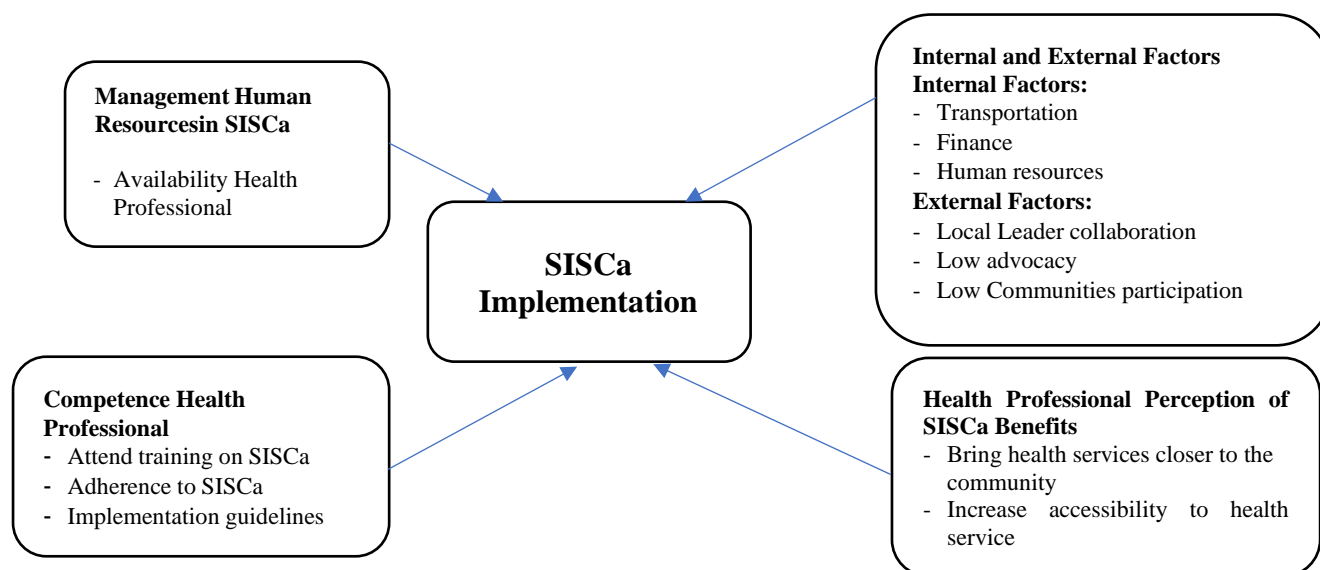


Figure. 1. Framework Concepts

Methods

The study design uses a descriptive qualitative research method. This qualitative research was conducted with a case study approach. The researcher chose qualitative research with a case study approach because the researcher wanted to know more about the situation that occurred in the implementation of SISCa. The sampling technique used was the purposeful sampling technique. The sample in this research consists of fifteen (15) key informants. The researcher chose the purposeful sampling technique because she believed that the determined informant would provide accurate and clear information. The informant criteria of this research are as follows: head of Comoro Health Center 1, doctor 1, nurse 6, midwife 2, and public health 5. Techniques used to obtain data include observation, in-depth interviews, research guides, documentation, and recording. The technique used by the researcher to analyze the data collected at the research site using thematic analysis is to understand the data, codes, and themes.

Results and Discussion

Result

General Description: Comoro Community Health Center: Comoro Community Health Center is located at 30 de Agosto Sub-village, Comoro Village, Dom Aleixo Administrative Post, Dili Municipality. The total population in Dom Aleixo Post Administrative is 170,677 inhabitants, a total of 7 villages, 71 sub-villages, 4 sanitary posts, 4 SISCa posts, and 1 internment. Comoro Community Health Center is in Comoro Village, Dom Aleixo Post Administrative, Dili Municipality. Comoro Community Health Center is bordered by Dare in the north, Sea in the south, Palapasu in the east, and Tibar in the west (SSK Comoro Data, 2024).

Human Resource Management and Availability to Implement SISCa Program in Comoro Community Health Center (CHC): From in-depth interviews, respondents said that there are limitations in the availability and distribution of human resources, but the management of human resources at the CHC is good at responding to the needs of SISCa implementation, but the manager of the EAS CHC said that from their own sometimes health workers are lacking or limited, not accordance with the criteria, but they always carry out the SISCa program, it must be carried out there, health workers do double services, actually the first PSF desk is there, but they back up each other. But SISCa must run, the CHC uses ways to replace other health workers who cannot do SISCa activities well because SISCa has a table and needs health workers to be complete, nurse DFS said that the human resources associated with the SISCa program looks very good but sometimes there are fewer health workers, for example, today SISCa in Beto Tasi can be here. There are fewer health workers from other posts that are closed or health workers at CHC that are closed.

Direct observation of the researcher to the 2 implementation sites of SISCa activities, it is seen that in the implementation activities of SISCa in Laolora Sub-village, Manleuana Village, and Beto Tasi Sub-village, Madohi Village, there is a responsible person, and in each SISCa site there is also a responsible person, and each table is led by health professional involved in SISCa according to their respective areas. However, when SISCa was implemented in Laolora Sub-village, Manleuana Village, the researcher observed that SISCa table-6 was incomplete as provided in table-7.

Implementation of SISCa only three tables are running, such as table-1 registration help from trainees from UNITAL University, Table 3: SMI assistance, Table 5: curative assistance, and Table- 6: health promotion helps from trainees from UNITAL University UNTL; table-2 and table-4 have no activity. SISCa tables 2 and 4 have no activity because the allocation of health professionals is less for the implementation of SISCa. In Tables 1 and 6, students are leading because fewer human resources are allocated for the implementation of SISCa. The same situation happened in SISCa Beto Tasi where some tables are not available, such as table-2, which is not available, and table-4, which is not available, because the allocation of health professionals is not according to the area of work in each table SISCa.

Health Professional Competence to Implement SISCa Program in Comoro Community Health Center: Competence is a basic characteristic of a person who can produce good performance in his profession. In the context of SISCa implementation, two dimensions are focused on: the need for training on SISCa and adherence to SISCa implementation guidelines. Key health professionals explained the need to attend training and refresh training on the implementation of SISCa to know the implementation process. The ABS nurse said that during this training had not been conducted. Only in 2012, he attended training at Memory Hall, and the training was about vaccination and services at SISCa. But so far, no training has been conducted.

Key health professionals explained about SISCa activities to carry out adherence to SISCa implementation guidelines, so ACG midwives said that in SISCa there are six (6) tables: the first table is registration, the second table is nutrition, the third table is maternal health, and children are for INC consultation, pregnant women consultation, family planning and immunization for babies, four tables for environmental health, five tables for treatment, and nine tables for health promotion. There is also the leadership of the table; those who go to conduct SISCa are the leaders themselves." The SISCa activities are carried out according to the existing SISCa guidelines.

The information above shows that in SSK Comoro training to improve the competence of health professionals will be less. Many health professionals have not received training, and few have received training on how to vaccinate and provide care to the community. Therefore, SISCa activity is based on the knowledge that health professionals have according to each area, as doctors perform tasks such as treatment of patients, nurses perform their duties such as vaccination, and can also help midwives, midwives consult pregnant women, and children can also work in the registry. On the other hand, the observation results note that SISCa implemented in SSK Comoro does not adhere to the SISCa implementation guidelines.

Internal and External Factors Affecting the Success of SISCa Implementation: SISCa Implementation in SSK Comoro is affected by internal factors, so ACG midwives were informed that internal factors such as transportation, human resources, and sufficient budget allocated for SISCa implementation are internal factors affecting the success of implementing SISCa. There are also external factors that affect the success of SISCa implementation. According to the ACG midwife, external factors are the implementation of SISCa programs and collaboration with local authorities so that the implementation of SISCa can run smoothly. During SISCa, everything went well, although the community did not participate, but SISCa went well.

The above information shows that the factors that influence the success of the implementation of SISCa are internal and external factors such as support factors and barrier factors. Internal factors as well as supporting factors such as sufficient human resources affect the success of SISCa implementation. On the other hand, the budget allocated to the SISCa program is sufficient so that during this time SISCa activities have been implemented well. Another supporting factor is transportation which supports health professionals to transport back and forth, which has been sufficient. External factors such as the implementation of SISCa SSK Comoro collaborates with local authorities to share information with the community so that many communities can participate in SISCa activities. There are also factors such as local authorities sharing information that does not cover all communities in the village, so when SISCa is down at the grassroots, less participation from the community.

Health professional perceptions of the benefits of SISCa: Benefits are the gains a person makes from their treatment. You can also benefit from self-employment, help, or outsourcing, as well as organizations or institutions running programs somewhere. The implementation of SISCa brings many benefits to the community based on the perception of health professionals about the benefits of SISCa, so the health center manager informs the benefits of SISCa to the community as well as to communities that are far away and difficult to access health centers can be consulted at SISCa. Those who are going to immunization can get immunization; pregnant women who live far away can consult there; and diseases that are sometimes serious or never controlled can be controlled all in. Often, children as young as five years old can live there permanently. On the other hand, health promotion is also carried out there. Communities that have been facing many concerns and difficulties in accessing health, with the implementation of SISCa at the grassroots level, can now access good health both pregnant women and people with disabilities, according to Midwife ACG, who receives benefits that SISCa placed on the community to do as close to the health of the community. One like me gives an example to pregnant women: there we immediately bring health to the community when it comes to the date of consultation rather than come to the health center; he consulted immediately at SISCa to do this, and to friends with disabilities who are also aware that health is close to them; they also go to consult.

With the information above, the benefits that SISCa gives to many communities, such as communities that live far away and find it difficult to access health centers through SISCa, can be consulted. Those who have never been vaccinated will be vaccinated at SISCa, and those who are seriously ill can be consulted and checked immediately. On the other hand, children who have reached the age of five can do routine tests, and pregnant women whose day comes to consult with SISCa can take advantage immediately; disabled people and the elderly are also consulted in SISCa during this.

Discussion

SISCa is an integrated program to bring health closer to the community, empowering communities to participate in the maintenance of their health. SISCa was established in 2008 to complement a branch of the primary health care system in the community (Martins, 2011). During this time, many communities have not had good access to health because they live far from the Community Health Center, so the SISCa program gives great hope to the community so that they can have good access to health. From interviews, observations, and the availability of personnel, it was determined that the availability of health professionals for the implementation of SISCa will face obstacles because the allocation of human resources for the implementation of SISCa is less, so the task or service that health professional perform in SISCa is performed through one or two services and obtained from trainees who conducted internships at SSK Comoro. Related to this issue, Tri Rini Puji Lestari (2016) states that “the success of community health centers in implementing their programs is determined by the human

balance between children's personnel, on the other hand, promoting and preventive personnel. But until now, community health centers will face many problems related to health personnel; the distribution of human health is not the same" (Lestari, 2017)

Competence is health professionals need to have the skills and knowledge to provide quality health care to the community, including in the implementation of SISCa according to its guidelines. A person's competence is influenced by several factors. Abdullah (2013) stated that "factors are: (1) Beliefs and values; (2) Creativity; (3) Experience; (4) Personality characteristics; (5) Motivation; (6) Emotional; (7) Intellectual; (8) Organizational Culture" (Vernia & Sandiar, 2020). These competencies related to the competence of health professionals in SSK Comoro according to the results of interviews showed that health professionals involved in the SISCa program do not look at specific skills, but are involved in the SISCa program when they get a job. The care needed must be smiling, smiling especially in communication is an important key to being able to communicate well with patients so that they can be satisfied with the care available.

The concept of Abdullah (2013) is that competence is seen through beliefs and values, creativity, experience, personality characteristics, motivation, emotional, intellectual, and organizational culture. Linked to this concept, beliefs, and values form part of the competence that influences the performance of health professional services. Values are part of a person's belief to be able to perform social action for others, and this action is performed through feelings. According to observation, health professionals in the implementation of SISCa perform social action well by providing good consultation and providing good services, but these services do not follow the guidelines of SISCa. According to Martins (2011) described in Table 1, registration will be conducted at the SISCa post and conducted at each community household, which will be led by health professional with the help of PSF and local authorities. The RSF data will be updated monthly to determine whether the number of communities is increasing or decreasing. In Table 2, health professionals must identify children and pregnant women with malnutrition to intervene through community home visits. All children under the age of five and pregnant women must be weighed, measured, and measured at the SISCa post. When children under five years of age do not visit SISCa regularly, health workers together with PSF need to visit homes to intervene. Table 3: Midwives, together with the head of the village, must visit pregnant women at home when some pregnant women cannot come to attend SISCa.

As described above regarding SISCa guidelines table-1, table-2, table-3, table-4, table-5, and table- 6, according to observation in Laolora Sub-village, Manleuana Village, table-1 with the help of trainees from UNITAL, Department of Nutrition, table-2 no activity, table-3 health professional attending only in SISCa, table-4 no activity, table-5 health professional attending only in SISCa, and table-6 trainees from UNTL, Department of Nursing is doing health promotion but only presents about reproductive health and family planning, and health professional also conduct home visits. During the home visit,

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health professionals looked for babies, children who had not been fully vaccinated, and children who had not been vaccinated to be vaccinated but did not make other interventions because of low human resource allocation and lack of maximum effort of health personnel.

These services require sufficient human resources and good cooperation between health professionals and local authorities to provide complete interventions in SISCa. Another observation in Beto Tasi Sub-village, Madohi Village showed that table-1 health professionals are attending, table-2 no activity because the allocation of health professionals does not follow the area of work in each table, table-3 attend only in SISCa, table-4 no activity because the allocation of health professional does not follow the area of service each table, table-5 only attend in SISCa, and health professional conduct health promotion on reproductive women, exclusive breastfeeding and immunization, care for our teeth, and dengue mosquitoes. There are also home visit activities, but as mentioned above, only attend vaccinations for babies and children.

On the other hand, a creative health worker will facilitate him to perform all his duties without any challenges. According to observation in the field, health professionals in SSK Comoro are not creative, as seen from the work done in the implementation of SISCa that faces some challenges, such as participation being less and joint work between health professionals and local authorities being less because of suboptimal communication between the two parties 'teachers. Regarding work experience, according to observation, health professionals in SSK Comoro have a lot of experience in the years they started working in consultation, vaccination, delivery, and others. From the point of view of personality, the health professional has a good personality because they provide good care and good communication with patients. In terms of motivation, health professionals have good motivation, as in SISCa work they give advice to each other and follow the work of other colleagues which motivates them to provide good services to the communities. Looking at emotions, some health professionals do not control their emotions; some seem to provide quick care because some make home visits or go in and out of the house, and some only on the SISCa site, so there are some misunderstandings between health personnel. Linked to intellectual, health professionals have a good level of education, but as mentioned above, training for health professionals will be less, and training given in the past, including new volunteers who have not attended training, somehow the implementation of SISCa will face many problems. Organizational culture is a set of values that are agreed upon and followed by all members. From the organizational culture, SSK Comoro has a good organizational culture; all health professionals complement each other in each other's work when SISCA is implemented at the grassroots level.

The implementation of a program always has internal and external factors that support and hinder implementation. Therefore, in the implementation of SISCa, there are internal and external factors, as well as supporting factors and barriers that influence the success of SISCa implementation. In his book Nelson Martins on the Revitalization of Primary Health Care in Timor-Leste, he describes that “there are various reasons that

become barriers to the implementation of SISCa, such as insufficient health workers, insufficient financial resources, a lack of transportation, and good coordination between health officials and community leaders in some places” (Martins, 2011).

On the other hand, the thesis on the Analysis of the Implementation and Relevance of the Integrated Community Health Services Program (SISCa) for the Implementation of Primary Health Services (SPS) in Manatuto Municipality, Timor-Leste, showed that “the implementation of SISCa in Manatuto Municipality faced problems such as geography, budget, transportation, logistics, and even human resources” (Soares, 2019). According to the research results, the supporting factor is human resources, although there are fewer health personnel, they make efforts to provide good services to the community, with sufficient budget allocated, sufficient transportation, and collaboration with local authorities to implement SISCa. Some villages have been doing well during this time.

There are also barriers such as poor communication within the village lack of advocacy and lack of community participation. According to observation, when SISCa conducted in Laolora and Beto Tasi villages conducted well but not accompanied by local authorities, during this time, Mother Support Group (GSI) did more work to warn the communities, but many communities did not want to go to the consultation because they say they are fine, some do not want to take their children to the vaccine because they are afraid their children have a fever and do not want to sleep at night, and some are busy with household chores, so SISCa makes less participation from the community.

According to the results of research and observation in the field, the benefits that SISCa offers to the community are to bring health assistance to the community, such as pregnant women who arrive on the day of consultation can consult at SISCa, sick children receive all care, and disabled and elderly people also go to the consultation and get all the treatment. Other observations also showed that pregnant women and children participated more in treatment; children who had not been vaccinated and newborns were vaccinated because health professionals made home visits.

Conclusion

Based on the results of the analysis presented, the author concludes that the availability of health professionals in SSK Comoro related to the implementation of SISCa will face problems such as limited human resources, so when SISCa is implemented at the grassroots, health professional must perform 'o more than one task. Given the competence of health personnel, most do not attend training on SISCa, so when SISCa is implemented at the grassroots level, health professional provides services to the community according to their knowledge and experience.

Some factors contribute to the success of SISCa implementation, such as internal and external factors support, and resistance factors. Support factors are human resources that implemented SISCa, although health professionals are limited, the efforts of health professionals for SISCa can be carried out well, the sufficient budget allocated, transportation, and collaboration with local authorities to implement SISCa in the village

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is doing well. Implementation of SISCa faces many challenges, it also offers many benefits to the community, such as bringing health assistance to the community; pregnant women and children who reach the day of consultation can consult in SISCa; and disabilities and the elderly also receive all treatment. On the other hand, children who have not been vaccinated and newborns are also vaccinated because health professionals visit the home.

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