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**A QUALITATIVE STUDY: EVALUATION OF WAITING TIME IN
REGISTRATION FROM HUMAN RESOURCES WITH MALCOM
BALDRIGE APPROACH**

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ABSTRACT

Background: Building a health system is one of the SDG targets – universal health coverage (UHC). Strong primary health care system needs to be in place (4). The critical issue is the quality of health by improving patient safety, effectiveness, focus on patients, timely, efficient and fair (4, 10). Long waiting times decreased utilization of national health insurance, decreased use by the public and the rising cost of health. (5,7,8,9). The aim of this paper is to investigate how the human resources can lead to long waiting times in the registration by using Malcolm Baldrige approach (6).

Method: This study used qualitative design to describe waiting time problem and it's causes. Informants were appropriately and adequately selected in relation to waiting time including patients clinic, staff and management so the information were triangulated by resources, by methods and by data itself. The results were write as transcription and content analysis carefully done to identify themes and problem. This study held at Public Health Center, Cariu, Bogor, Indonesia in December 2016.

Results: All the informants expressed their concern related to waiting time and need to formulate effective solutions. The solutions were proposed related to causes to the waiting time ; no monitoring and evaluation effort to control waiting time and it's impact, clinical safety procedures, unsatisfied patients and ineffective clinical outcomes ; low priority to human resources management; no supervision ; no on the job training; no evaluation of patients need and expectation, the public health center never had services design ; network instability and inflexibility in the provision of facilities.

Conclusion: Monitoring and evaluation, human resources management, supervision, on the job training, strategic planning, patients focus , commitment and the leadership itself are needed to decrease waiting time.

Keywords: the waiting time of registration, the quality of health services, human resources

INTRODUCTION

Building a health system that can provide access to health inputs and services for the whole population without causing financial hardship is one of the SDG targets – universal health coverage (UHC). Before achieving universal health coverage, however, a strong primary health care system needs to be in place. In 1978, the World Health Organization's Alma-Ata declaration identified primary health care as pivotal to delivering health for all [4]. To ensure healthy lives and promote well-being for all at all ages", we need to address a critical issue: the quality of health care by improving patient safety, effectiveness, focus on patients, timely, efficient and fair [4,10]. In Indonesia, primary health care is realized in Public Health Center (Puskesmas). The Ministry of

Health of the Republic of Indonesia improves the quality of health services at health facilities both human resources and infrastructure with a variety of programs [11].

In primary health care facilities, long waiting times result in decreased utilization of national health insurance, decreased use by the public and the rising cost of public health. [5,7,8,9]. Some research shows that waiting time, administrative inefficiencies, weak case management or insensitive, drug stock-outs, shortages of equipment and poor condition of the facilities have all been shown to limit the intended benefits of universal health coverage. Quality considerations as important as the direct and indirect costs in determining health-seeking behavior, but still do not receive the same attention from health planners as the scope of services and affordability [5]. Research in Tanzania concluded, the perceived quality of health services is a strong determinant of health service utilization and have a different impact on health care utilization [7]. Similarly, research in El Salvador show that households do not appreciate the community health workers, and prefers the high cost of private treatment, even the poorest families, because the waiting time is lower and a higher probability of successful treatment. Similarly, a higher level of publicly funded health centers and hospitals-are preferred because they are less costly in terms of time because they offer a "one stop shopping" and does not require multiple visits, and the success of treatment is higher than among the health post, health unit or community health workers. The purpose of this research is how the human resources know the waiting time of registration as one of the quality of health services, what problems are there in the waiting time and how to find a way out. The aim of this paper is to investigate how the human resources can lead to long waiting times in the registration by using Malcolm Baldrige approach to find root causes and the solutions [6]. Malcolm Baldrige's theory provides direction to be able to analyze the problems of an organization. There are 7 things considered in Malcolm Baldrige namely Result (product services); Management Process; Customer Focus ; Work Force; Strategic Planning ; Leadership and Measurement, Analysis and Knowledge Management . All components are equally important role in an organization [6].

METHODS

This study used qualitative design to describe waiting time problem and it's causes. Informants were appropriately and adequately selected in relation to waiting time including patients clinic, staff and management so the information were triangulated by resources, by methods and by data itself. Further the results were write as transcription and content analysis were carefully done to identify themes and problem causes. Interviews were conducted with unstructured, no answers are provided. Interview progressed to the fundamental answer is found. Data interviews were recorded, analyzed and summarized by the researcher. The results of the interview to be convinced by looking at some documents the results of the registration process and also to observe directly the registration process in Public Health Center. The study was conducted in Public Health Service, Puskesmas Cariu, Bogor Regency, West Java, Indonesia in December 2016.

RESULTS

All the informants expressed their concern related to waiting time and need to formulate effective solutions. The solutions were proposed related to causes most probable to the waiting time i,e related to; there is no monitoring and evaluation effort to control waiting time and it's impact especially related to clinical safety procedures, unsatisfied patients and ineffective clinical outcomes. Long ineffective waiting time was related to low priority to human resources management in the public health center . The informants mentioned that there is no supervision , no on the job training among other. Other factors related to ineffective services waiting time is there no evaluation of patients need and expectation so the public health center never had services design and arrangement

to prevent patient crowding in specific times. Beside, network instability and inflexibility in the provision of facilities caused by desentralisation financial sytem contributeto long waiting times.

DISCUSSION

The deep interviewing of informan has pointed some conditions which led to long waiting time in registration. The main problem is the lack of registrator. As the lack of workforce are still problem in Indonesia, the goverment still focus in the medis workforce such doctor, dentist, nurses, midwife, farmacist, public health, nutrisionist [12]. The non medic workforce is still not priority for the government. The unappropriate educational and background, the untrained of the registrator is contributing the long waiting time in registration. In the case of workforce performance human capital or assets, including employee knowledge, skills, experience, ability, personality, internal and external relationship, attitudes, behavior are essential for creating the firm specific advantages [13]. The research done by Neti M.Bustani concluded that long waiting time is caused by lack of registrator [14].

The second main problem of the long waiting time in registration is the facilities of public health center. Computer and internet connection are needed for the on line registration since the National Health Insurance held by BPJS which evaluate the performance of public health center by the Pcare [16]. Software can reduce waiting time hopefully [17], for a lot of rural area are not coveredged by good connection. Unstable network takes time to entry the data of registration. Research done by Sondang et all showed that utilization of Pcare by primary health care is still not optimal. Barrier of using Pcare came from the connection [18]. Public health center can not provide the computer soon because of financial management system of the local government. Providing a good and stable connection is not a single efforts of public health center. It needs a cooperation with another stakeholders in the government.

The third problem found is the management process in health care and the leadership. There is no job description of the staff, the schedule is unclear and uncoordinated. Ye, Nong et all research that job scheduling methods can reduce waiting time variance [19]. The lack of information to the patients how important the medical card for the registration process. Poor information systems increase hospital queues [20]. There is no assessment problem in the registration process. The staffs are not involved in handling of registration's problem. Responsiveness of the leaders is still low. Staff are still late. Lack of assertiveness. Attention to the weakest part of the registration staff is still lacking. Public health center is government institution where the learder is appointed by the government. The leader is the manager. In the research of human resource management pratices by Christopher Collins explain how to manage employee performance by ; direct monitoring ; cultural and peer pressure ; proffesional standards ; processes, rules and procedure. Direct monitoring believe that the only way to ensure that employee perform as expected is by continually monitoring their action. It can be done by managers and supervisor or use technology to monitor the employees. Cultural and peer pressure encourage employees to provide feedback to one another, ask for co – worker input on employee performnce appraisal, and design work based work around team. Professional standard believe that individuals are motivated to perform at high levels and do excellent work because of thier profesional socialization. Processes, rules and procedure believe that individual will perform to expectation if the company clearly lays out expectation. It has detailed job description and explicit work rules for employees to follow, has detailed organization charts so employees understand reporting lines, and have a formal process of performance appraisal and regularly scheduled meeting to provide peformance feedback to employees [21]. The research said that a leader play a role part in the management. The government should consider the right leader in public health center and also conduct of trainings to produce a qualified workforce.

Limitation of the study was to convince staffs to give answers and or opinions. However with slow and careful persuasion the level of trust was high that can be seen no hesitation to discuss and ask sensitive issues such family matter ; rational logical answer among informants; can be explained by any theory related to quality of care

CONCLUSION

Conclusion The human resources plays a very great improvement in the quality of service in this case is the waiting time of registration. And of all the human resources section foremost leaders determine how the service takes place. Knowledge, exemplary, caring, coaching, assertiveness is expected of a leader. Leadership and other human resources also hampered by infrastructure and facilities in health centers. Monitoring and evaluation, human resources management, supervision, on the job training, strategic planning, patients focus, commitment and the leadership itself are needed to decrease waiting time. Suggestions from this study is the training of registration, medical records personnel training, leadership training for leaders of quality improvement, team building work, increase the intensity of the performance evaluation, and socialization of quality improvement among the staff.

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