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Assessing the Implementation of Health Workforce Planning Policy: A Case Study of Medical Human Resource Management at Kawali District Public Hospital, Ciamis, Indonesia

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A B S T R A C T :

The availability of qualified health human resources (HRH) that are equitably distributed and effectively utilized is essential to achieving optimal health development and improving public health outcomes. To ensure this, systematic HRH planning is required. The Indonesian Ministry of Health Regulation No. 33 of 2015 concerning *Guidelines for Health Human Resource Needs Planning* stipulates that institutions should apply the Health Workload Analysis (*Analisis Beban Kerja Kesehatan*, ABK-Kes) method to determine staffing requirements. However, Kawali District Public Hospital has not yet fully implemented this regulation. This study aims to assess the current number of medical personnel at Kawali District Public Hospital compared to the required number based on the Ministry of Health Regulation No. 33 of 2015, identify the gap between existing and required personnel, and formulate strategies to meet staffing needs using SWOT analysis. A quantitative descriptive approach was employed to analyze the data. The findings reveal that the current availability of medical personnel at Kawali District Public Hospital generally aligns with the results of the Health Workload Analysis. As a *Regional Public Service Agency* (BLUD), the hospital possesses managerial flexibility to implement recruitment policies to address identified human resource shortages. The SWOT analysis indicates that Kawali District Public Hospital occupies a position requiring proactive strategies that leverage internal strengths and external opportunities to enhance the competitiveness and quality of its health workforce compared to other hospitals.

Keywords: health workforce planning, Indonesian Ministry of Health Regulation No. 33/2015, public hospital management, workload analysis.

1. Introduction

According to the World Health Organization (WHO), hospitals play an essential role within social and health systems as institutions that provide comprehensive, curative, preventive, and promotive health services to the community. In line with this, Law No. 44 of 2009 on Hospitals defines a hospital as a health service institution that offers comprehensive individual health care through inpatient, outpatient, and emergency services. Health development in Indonesia represents a collective effort aimed at increasing public awareness, willingness, and capacity to live healthily to achieve the highest possible standard of public health. This right is guaranteed by the 1945 Constitution of the Republic of Indonesia, particularly Article 28H paragraphs (1) and (2), which affirm that every person has the right to live in physical and mental well-being, to reside in a healthy environment, and to obtain access to health services.

Public health services, including hospital care, must be delivered with high quality and equity to ensure public satisfaction and trust. Achieving high-quality service requires the support of competent and adequately distributed human resources, as they serve as the thinkers, planners, and implementers of health development. Law No. 25 of 2009 on Public Services emphasizes that the state is responsible for serving all citizens by fulfilling their basic rights and needs, including the right to health. However, ensuring the provision of quality health services remains a complex challenge, particularly in the current era of globalization, where hospitals face issues such as limited personnel, inadequate infrastructure, and inefficient service delivery.

To improve the quality of public services, especially in regional hospitals, local governments have adopted the Regional Public Service Agency management system as regulated by the Ministry of Home Affairs Regulation No. 79 of 2018. This framework grants public hospitals greater flexibility in financial and human resource management, enabling them to deliver more effective, efficient, transparent, and accountable services to the public. Hospitals, as dynamic organizations, must continuously adapt to changing environments to ensure operational efficiency and sustainable service delivery. Law No. 17 of 2023 further details the classification of hospital human resources into medical personnel, health professionals, and supporting health staff. These categories encompass a broad range of professions, including doctors, nurses, pharmacists, nutritionists, laboratory technologists, and rehabilitation specialists, each of whom plays a vital role in maintaining the hospital's operational performance. Effective management of these diverse professionals is essential for hospitals to meet service standards, particularly for those categorized under specific hospital types, such as Type D hospitals.

The management of health human resources in Indonesia is guided by the Ministry of Health Regulation No. 33 of 2015 on Guidelines for Health Human Resource Planning. This regulation introduces two institutional planning methods: The Health Workload Analysis method and the Minimum Staffing Standard approach. The Health Workload Analysis method, in particular, is widely recommended for determining human resource requirements at

institutional levels such as hospitals, community health centres, and other healthcare facilities. This method relies on systematic calculations of workload and available working hours to determine the optimal number and distribution of health personnel required to ensure service efficiency.

Kawali District Public Hospital, a Type D regional hospital located in Ciamis Regency, West Java Province, serves as an essential public health service provider for the surrounding communities. However, the hospital continues to face significant challenges related to human resource adequacy, especially regarding the availability of medical specialists. Based on the hospital's internal documents and interviews with local health authorities, the number of patient visits has continued to increase, while the availability of specialized medical personnel remains below the national standard required for Type D hospitals. Currently, the hospital only employs a limited number of medical specialists, including internal medicine and paediatric specialists, and still lacks other essential specialists such as surgery and obstetrics, as required by the Ministry of Health Regulation No. 47 of 2021.

As an institution managed under the Regional Public Service Agency system, Kawali District Public Hospital possesses managerial autonomy that allows for more flexible financial and human resource policies. Nevertheless, shortages in medical personnel continue to affect service quality, operational efficiency, and patient satisfaction. Addressing this challenge requires the implementation of systematic health workforce planning aligned with the principles established in national regulations. By applying structured planning and analysis methods, hospitals can better anticipate service demands and allocate human resources effectively.

The issue of inadequate human resources at Kawali District Public Hospital has broader implications for service quality and hospital performance. Human resources are a critical element in any hospital, as the availability of qualified personnel directly affects service quality, patient satisfaction, and ultimately, hospital revenue. To achieve optimal health outcomes, hospitals must ensure that their workforce is appropriately planned, distributed, and developed according to workload and service needs.

In the context of Indonesia's health development goals, the availability of qualified and evenly distributed health personnel is a prerequisite for ensuring equitable access to healthcare services. Therefore, systematic planning of health human resource needs is essential to support the implementation of national health programs and to meet increasing service demands. The Ministry of Health Regulation No. 33 of 2015 emphasizes that institutions should employ the Health Workload Analysis method to determine staffing needs based on the actual workload and available working hours.

Given the observed challenges at Kawali District Public Hospital, it becomes crucial to analyze the hospital's medical human resource planning in alignment with the national health workforce policy. This study seeks to assess the current number and composition of medical personnel compared to the required standards, identify existing gaps, and formulate strategic recommendations to optimize workforce planning. By applying the Health Workload Analysis method and SWOT analysis, this research aims to provide evidence-based strategies that can enhance the hospital's capacity to meet human resource needs, improve service quality, and strengthen the overall performance of regional public hospitals in Indonesia.

2. Literature Review

2.1. Hospital Human Resource Management

Hospital human resource management involves the processes of planning, organizing, directing, and controlling the acquisition, development, compensation, integration, maintenance, and termination of employment of human resources to achieve individual, institutional, and societal goals. Human resources are regarded as an investment within the hospital organization that must be maintained, developed, and adequately supported to ensure long term institutional sustainability (Raziansyah and Melinda 2021).

According to the Regulation of the Minister of Health of the Republic of Indonesia No. 3 of 2020 Article 11, the number and qualifications of human resources shall be adjusted based on the results of workload analysis, needs, and the hospital's service capabilities. This regulation emphasizes that hospitals must balance staff quantity and quality according to actual workload and service demand to ensure effective service delivery.

Hospitals, as complex organizations, face various challenges both internally and externally. External challenges include technological developments, government regulations, socio cultural dynamics, demographic and geographic factors, labour market conditions, economic fluctuations, and competitor activities (Siagian 2016; Handoko and Siagian 2016). Internally, challenges arise from hospital characteristics, information systems, workforce diversity, managerial values, and interactions with professional associations.

External challenges are factors outside the hospital that can influence the development and effectiveness of human resource management, both positively and negatively (Siagian 2016). One of the key external factors is technological advancement. Rapid innovation in medical and non-medical technologies requires hospitals to continuously upgrade their workforce skills. Without adequate training and adaptation, hospitals risk underutilizing available technology or facing obsolescence in clinical service delivery. To address this, hospitals must provide regular training or recruit personnel with specialized technological expertise. Economic factors also affect hospital staffing. Increasing demand for hospital services requires an adequate number of skilled professionals, yet during economic downturns, hospitals must balance cost efficiency with staff retention. Managers are therefore challenged to optimize workforce utilization while maintaining service quality under financial constraints. Competitive dynamics present another challenge. Hospital managers must pay attention to the strategies of competitors, particularly regarding employee remuneration, professional allowances, and welfare programs. These factors influence the ability to attract and retain qualified personnel. Likewise, policies focused on patients such as pricing, service quality, and satisfaction also shape the hospital's competitiveness in the health service market.

Moreover, compliance with political and legal frameworks is essential. Health sector regulations such as the Health Act, Occupational Health and Safety Act, and Hospital Act directly affect human resource management policies and operations (Raziansyah and Melinda 2021). Additionally, socio cultural factors play a role in shaping workforce behaviour, motivation, and inter professional collaboration. Hospital managers must understand these dimensions to formulate policies that align with the social environment and workforce characteristics. Geographical and demographic factors also impact hospital staffing. Hospitals located in accessible, safe, and well-developed environments equipped with educational and recreational facilities are generally more attractive to health professionals than those in remote or less developed areas. Demographics, including educational background, age distribution, and skill composition, further determine the availability and suitability of human resources in different regions (Raziansyah and Melinda 2021).

Internal challenges originate within the hospital and affect its human resource management system (Siagian 2016). These include organizational characteristics, individual employee differences, information systems, managerial values, and professional associations (Handoko 2016). In hospitals, professional associations serve as collective structures representing various professions such as the Indonesian Medical Association for physicians and the National Nurses Association for nurses. Hospital human resource managers must collaborate effectively with these professional bodies to ensure harmonious industrial relations and policy alignment Furthermore, hospital employees possess diverse backgrounds, talents, and knowledge bases. Recognizing and managing this diversity is crucial for optimizing performance. Human resource managers must design fair and transparent systems for performance evaluation, promotions, transfers, and training (Raziansyah and Melinda 2021).

Human resource planning in hospitals aims to ensure that staffing aligns with institutional needs efficiently and effectively. It involves forecasting future workforce requirements, evaluating current capabilities, and implementing strategies to bridge identified gaps (Siagian 2016). The benefits of hospital workforce planning include

- maximizing utilization of existing human resources
- enhancing productivity through optimal role allocation
- anticipating quantitative and qualitative future workforce requirements
- providing reliable human resource data for decision making
- facilitating program formulation and performance improvement

Priyono and Marnis (2015) add that effective human resource planning helps to

- determine the quality and quantity of staff for each position
- ensure continuity of personnel availability
- prevent managerial inefficiencies and task overlaps
- facilitate coordination and integration to boost productivity
- avoid both shortages and surpluses of staff
- serve as a reference for recruitment, selection, development, compensation, and termination policies
- provide a foundation for performance evaluation and career management

According to the Regulation of the Minister of Health No. 56 of 2014 on Hospital Classification and Licensing, hospital workforce planning comprises four key interrelated activities which are inventory of human resources, forecasting of future needs, formulation of human resource plans, and monitoring and evaluation.

Workload represents the volume of work assigned to an employee, encompassing both physical and mental demands (Mahawati 2021). It is influenced by external factors such as physical environment, equipment, organizational structure, and psychosocial conditions, as well as internal factors including health status, motivation, and psychological resilience. Law No. 36 of 2014 on Health Workers defines health personnel as individuals dedicated to healthcare who possess the requisite knowledge and skills obtained through formal education and are authorized to provide healthcare services. One indicator of hospital efficiency is the availability of sufficient, qualified, and professional human resources.

Excessive workload can lead to fatigue, stress, and reduced performance among health professionals (Salcha and Juliani 2021; Hakman, Suhadi and Yuniar 2017). High work pressure, extended shifts, and inadequate rest can result in psychological distress and burnout, particularly among emergency and intensive care workers (Shoja et al. 2020; Greenberg et al. 2020). Therefore, understanding workload distribution and planning staffing accordingly are essential for maintaining staff wellbeing and service quality. Ilyas (2017) emphasizes that workload assessment serves as the foundation for determining staffing needs in healthcare institutions. The Health Workload Analysis method enables hospitals to calculate optimal staffing levels accurately and efficiently, providing data driven insights for managerial decision making.

2.2. Regulation of the Minister of Health No. 33 of 2015: Planning Methods for Health Human Resources

The Minister of Health Regulation No. 33 of 2015 provides comprehensive and standardized guidelines for planning health human resource needs within health service institutions in Indonesia. This regulation was established to ensure that health human resource planning is carried out in a systematic, objective, and evidence-based manner, allowing health institutions to identify and fulfil their staffing requirements according to the types and volumes of services provided. The regulation defines health human resource planning as a continuous process aimed at determining the number, types, and qualifications of health personnel necessary to achieve the objectives of health development effectively and efficiently. Health human resource planning under this regulation is expected to serve as an instrument for achieving an optimal balance between the availability of personnel and the actual needs of health services. The purpose of this planning process is not only to ensure that adequate numbers of health workers are available but also to guarantee that their distribution, qualifications, and competencies align with the service standards and community health priorities. In practice, this planning process supports health policy formulation, facilitates rational budgeting for human resource development, and promotes equitable access to health services across regions.

The regulation outlines two principal methods that can be applied by health institutions in conducting institutional level human resource planning. The first is the Health Workload Analysis method, which determines the required number of staffs based on the relationship between the volume of work and the available working time of each employee. This method emphasizes the principle that staffing requirements should correspond directly to the actual workload generated by the hospital's service units. By using measurable workload indicators, this approach produces data driven calculations that accurately reflect the demand for medical, nursing, and support personnel.

The second method, known as the Minimum Staffing Standards approach, establishes a basic standard for the number of personnel needed in each category of health service. This method functions as a regulatory benchmark for institutions that are unable to perform a detailed workload analysis due to limitations in data or technical capacity. The Minimum Staffing Standards serve as a safeguard to ensure that essential services are delivered without interruption, particularly in resource limited settings. However, it is generally recommended that hospitals employ the Health Workload Analysis method, since it offers greater precision and adaptability in aligning staff numbers with service realities.

The Health Workload Analysis method requires comprehensive and accurate data related to institutional characteristics, types and numbers of existing health personnel, categories of services offered, working days and hours, time allocated for training and administrative duties, and other non-clinical activities. It also requires clear documentation of standard operating procedures, job descriptions, and service volume statistics. Through this method, the workload of each staff category is quantified, and the total working time available for each position is compared with the time required to perform all assigned tasks. The outcome of this comparison reveals whether there is a surplus or shortage of staff, thus providing a rational basis for recruitment, reassignment, or restructuring of personnel.

The process of determining staffing needs using the Health Workload Analysis method follows a systematic sequence of stages. These stages include identifying the type of health service facility and staff categories, determining the available working time for each staff group, establishing workload components and time norms for each task, calculating workload standards, assessing the impact of additional or support activities, and finally estimating the total number of staffs required. The method also takes into account non-clinical activities such as training, meetings, supervision, and reporting, which influence the total time that staff can dedicate to direct patient care.

The primary advantage of the Health Workload Analysis method is its objectivity in linking human resource requirements directly to measurable workloads. This approach minimizes the use of subjective assumptions and allows managers to make decisions supported by quantitative evidence. It also enables health institutions to simulate different staffing scenarios based on changes in service volume, facility expansion, or policy adjustments. Consequently, this method supports both short term and long-term workforce planning, ensuring that staffing remains responsive to fluctuations in patient demand and institutional capacity. In addition, the implementation of the Health Workload Analysis method aligns with the broader objectives of national health human resource management, which include promoting efficiency, improving service quality, and achieving equitable distribution of health workers. When properly applied, this approach provides a clear understanding of how human resources are utilized within each department and helps identify areas where efficiency can be improved through task redistribution, training, or recruitment.

For hospitals such as Kawali District Public Hospital, applying the Health Workload Analysis method as stipulated in the Minister of Health Regulation No. 33 of 2015 is crucial for identifying staffing gaps, planning recruitment, and improving the quality of health services. It serves as a foundation for evidence-based policy making, allowing the hospital management to justify staffing decisions to local government authorities and budget planners. Ultimately, effective implementation of this regulation ensures that human resource planning contributes to the overall goal of strengthening hospital performance and enhancing public access to equitable and high-quality healthcare services.

3. Research Method

This study employed a quantitative descriptive design to examine the implementation of health workforce planning at Kawali District Public Hospital, Ciamis, Indonesia. The purpose was to assess the alignment between existing medical personnel resources and the requirements outlined in the Minister of Health Regulation No. 33 of 2015 concerning *Guidelines for Health Human Resource Needs Planning*. The descriptive approach was selected to provide an objective, systematic, and factual overview of the hospital's human resource conditions, focusing on identifying gaps between available and required staff as well as evaluating the effectiveness of current planning mechanisms. The study was designed as a single institutional case study, allowing an in-depth examination of the processes and outcomes of human resource planning within the hospital setting. The research focused specifically on medical personnel, including general practitioners, dentists, and specialists, given their central role in ensuring service quality and hospital performance. All medical personnel at Kawali District Public Hospital were included as the study population, using a total population sampling technique. This approach ensured comprehensive data coverage and accurate representation of the hospital's workforce structure.

Data collection relied on both primary and secondary sources. Primary data were obtained through structured interviews with hospital leaders, including the head of the hospital, department heads, and human resource officers. These interviews explored institutional practices, challenges, and strategies in managing human resources. Direct observations were also conducted to document real-time workforce deployment and operational dynamics. Secondary data were gathered from institutional documents such as human resource records, service activity reports, organizational charts, and performance evaluations. Additional references were derived from relevant regulations, academic publications, and Ministry of Health reports to support contextual analysis.

Data analysis employed the Health Workload Analysis (HWA) method as stipulated in the Minister of Health Regulation No. 33 of 2015. The HWA approach quantifies staffing needs based on workload indicators and available working time. The process included identifying categories of medical staff, determining effective working time per year, defining workload components, setting time norms, and calculating standard workloads for each position. These calculations were used to estimate the optimal number of personnel required to meet service demands efficiently. The findings from the HWA were compared with the hospital's current staffing data to identify surpluses or shortages and evaluate the adequacy of workforce allocation.

To complement the quantitative assessment, a qualitative SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was conducted to identify strategic factors influencing the hospital's human resource management. Internal factors, such as managerial policies, staff competencies, and institutional capacity, were assessed alongside external factors, including regulatory frameworks, labour market conditions, and demographic trends. Integrating the HWA and SWOT analyses provided a comprehensive evaluation of the hospital's strategic position in addressing human resource challenges and improving workforce planning effectiveness. Data validation was ensured through triangulation by cross-verifying findings from interviews, document reviews, and quantitative calculations. The consistency of staffing data was checked against national standards and Ministry of Health benchmarks to ensure reliability. Ethical considerations were maintained throughout the research process. All participants were informed about the study's purpose and provided consent prior to data collection. Confidentiality and anonymity were preserved to protect individual and institutional identities.

4. Results and Discussion

4.1. Overview of Medical Personnel Distribution and Planning

Human resource planning for medical personnel at Kawali District Public Hospital is conducted annually, with recruitment and fulfilment implemented gradually according to the hospital's budget capacity. The fulfilment process begins at the unit level, where each department submits its staffing requirements to the hospital director. Following this submission, a directive is issued to the Human Resource Division to form a recruitment team. In addition to recruitment through hospital mechanisms, medical personnel needs, particularly those for civil servant positions, can also be proposed directly to the District Health Office, which may facilitate staff transfers to fill the required positions. Recruitment and administrative selection processes are conducted online, while written examinations, interviews, and practical tests are carried out offline. The number of medical personnel accepted is determined by the qualifications, needs of each hospital unit, and the availability of budgetary resources.

Based on document analysis from the hospital's Human Resource Department, the distribution of personnel at Kawali District Public Hospital is shown in Table 4.1. The hospital employs a total of 256 staff members, consisting of 111 civil servants, 49 government contract employees, 34 hospital contract employees, and 62 outsourced workers. The data reflect the diverse employment statuses within the hospital, which influence recruitment mechanisms, job security, and career development.

A closer examination of specialist physician distribution reveals that the hospital currently employs one paediatrician, one clinical pathologist, one radiologist, and one psychiatrist, with no internal medicine specialist available. When compared with the minimum specialist requirements outlined in the Minister of Health Regulation No. 30 of 2019 concerning *Hospital Classification and Licensing*, it becomes evident that Kawali District Public Hospital, as a Type D facility, has not yet fully met the minimum staffing standards for specialist doctors. The absence of certain specialties, such as internal medicine, indicates a service gap that may affect diagnostic and treatment capacity, particularly for complex or chronic cases.

The classification of medical and dental practitioners at Kawali District Public Hospital follows the provisions of the Ministry of Administrative and Bureaucratic Reform Regulation No. 139/KEP/M.PAN/11/2003 for medical doctors and No. 141/KEP/M.PAN/11/2003 for dental practitioners. According to these regulations, the positions are categorized into First, Junior, Intermediate, and Senior levels. These classifications are only applicable to civil servant medical personnel. As shown in Table 4.3, the hospital employs 11 civil servant doctors and 2 civil servant dentists, distributed across various ranks. Specifically, there are 3 doctors classified as First, 2 as Junior, and 2 as Intermediate, while for dentists, there are 2 classified as Junior. No personnel currently hold Senior-level classifications, indicating limited advancement within the career hierarchy.

The analysis of medical personnel needs in this study refers to the existing number of civil servant doctors and dentists at Kawali District Public Hospital and is guided by the *Guidelines for Health Human Resource Needs Planning* under Minister of Health Regulation No. 33 of 2015. This regulation emphasizes the use of the Health Workload Analysis method to determine the optimal number of personnel based on service workload, effective working time, and institutional needs. The staffing data suggest that while the hospital has made efforts to align recruitment with existing regulations and institutional needs, disparities remain between actual availability and regulatory standards. The shortage of certain specialists and the heavy reliance on non-civil servant staff indicate a structural imbalance that may affect long-term workforce stability. Furthermore, the predominance of outsourced personnel in administrative and operational units reflects a dependence on flexible but less stable employment arrangements.

These findings highlight the need for more comprehensive health workforce planning that integrates workload-based calculations with strategic recruitment and retention policies. Enhancing collaboration with the District Health Office to facilitate civil servant allocation, expanding specialist training opportunities, and optimizing budgetary planning for personnel recruitment would help bridge the current gaps. In addition, developing a systematic human resource information system could strengthen monitoring, planning, and evaluation processes, ensuring that staffing aligns with both service delivery goals and national health workforce standards.

Overall, the data indicate that Kawali District Public Hospital has established a structured but still evolving system for medical human resource management. While progress has been made in annual planning and the partial implementation of the Minister of Health Regulation No. 33 of 2015, further efforts are required to achieve full compliance and ensure sustainable workforce adequacy in line with the hospital's service mandate and classification.

4.2. Determination of Medical Workforce Requirements through Health Workload Analysis at Kawali District Public Hospital

Human resource planning for medical personnel at Kawali District Public Hospital is conducted annually, with fulfilment implemented progressively according to the hospital's financial capacity. Each service unit is responsible for submitting its annual staffing proposal to the hospital director, who then issues a directive to the Human Resource Department to form a recruitment committee. The recruitment process is carried out through both internal and external mechanisms. For civil servant medical personnel, requests are submitted to the District Health Office to facilitate staff transfers or appointments. Recruitment and administrative selection are conducted online, while written examinations, interviews, and practical tests are administered offline. The final number of personnel appointed each year is determined by the hospital's operational needs, candidate qualifications, and budget allocation.

An analysis of hospital documentation from the Human Resource Department reveals that Kawali District Public Hospital currently employs 256 personnel, comprising 111 civil servants, 49 government contract employees, 34 hospital contract employees, and 62 outsourced workers. This diverse employment composition indicates the hospital's effort to balance permanent and temporary staffing structures, ensuring flexibility in operational management while maintaining essential service coverage. However, reliance on outsourced personnel, particularly in administrative and operational roles, highlights potential challenges in ensuring workforce stability and long-term institutional capacity.

The distribution of specialist physicians at Kawali District Public Hospital shows a partial fulfilment of national standards. The hospital currently employs one paediatrician, one clinical pathologist, one radiologist, and one psychiatrist. Based on the minimum specialist requirements outlined in the Minister of Health Regulation No. 30 of 2019 concerning *Hospital Classification and Licensing*, a Type D hospital should have at least four key specialists:

internal medicine, paediatrics, obstetrics and gynaecology, and surgery. The absence of an internal medicine specialist and other core specialists indicates a significant service gap, particularly in handling complex or emergency cases. This shortage underscores the need for targeted recruitment and retention strategies, especially in specialized fields that are essential to comprehensive care delivery.

The classification of doctors and dentists follows the Ministry of Administrative and Bureaucratic Reform Regulation No. 139/KEP/M.PAN/11/2003 for medical doctors and No. 141/KEP/M.PAN/11/2003 for dental practitioners. These regulations categorize professional ranks into four levels: First, Junior, Intermediate, and Senior. At Kawali District Public Hospital, these classifications apply only to civil servant personnel. The latest staffing data indicate that there are 11 civil servant doctors and 2 civil servant dentists, distributed across several ranks, with most occupying the First and Junior levels. The absence of Senior-level practitioners suggests limited opportunities for professional advancement and specialization, which may contribute to workforce stagnation and affect the hospital's service development potential.

The analysis of staffing requirements was conducted using the Health Workload Analysis (HWA) approach as stipulated in the Minister of Health Regulation No. 33 of 2015 concerning *Guidelines for Health Human Resource Needs Planning*. This method calculates staffing needs based on workload indicators, available working time, and service volume. The analysis begins by identifying the types and categories of medical personnel, determining the effective annual working time, and establishing workload components such as direct service, indirect tasks, and additional responsibilities. Each workload component is assigned a time norm, which is then used to calculate standard workloads and determine the total number of personnel required for each position. By comparing these calculated requirements with the actual staffing levels, the study identifies both surpluses and shortages of medical personnel.

The findings show that while the number of general practitioners and dentists meets the basic requirements for a Type D hospital, there remains a shortage in several key specialist areas. The limited number of permanent medical staff, particularly specialists, affects service delivery continuity and forces reliance on part-time or referral-based arrangements. Moreover, the imbalance between civil servant and non-civil servant staff may impact administrative efficiency and staff retention, as contractual personnel often experience limited career development opportunities and lower job security.

A qualitative assessment using SWOT analysis complements the quantitative workload analysis to identify strategic factors influencing workforce adequacy. The hospital's internal strengths include established recruitment mechanisms, a structured human resource planning process, and the flexibility provided by its status as a *Regional Public Service Agency* (BLUD), which allows for more autonomous financial and administrative management. However, weaknesses such as limited budget capacity, dependence on outsourced labour, and a shortage of senior medical personnel pose constraints to sustainable workforce development. Externally, the hospital benefits from regulatory support and potential collaboration with the District Health Office, while facing challenges from competitive labor markets and rural geographic constraints that limit the attraction of qualified specialists.

Overall, the results indicate that Kawali District Public Hospital has made progress in implementing a structured and evidence-based approach to medical workforce planning, consistent with the Health Workload Analysis framework. However, full compliance with the Minister of Health Regulation No. 33 of 2015 has yet to be achieved. To strengthen workforce planning, the hospital should prioritize strategic recruitment for specialist positions, establish continuous professional development programs, and optimize resource allocation to align staffing with service demand. Developing an integrated human resource information system would also enhance data accuracy and support more dynamic planning, ensuring that workforce distribution remains efficient and responsive to evolving healthcare needs.

Through a combination of quantitative workload analysis and strategic evaluation, this study underscores the importance of aligning human resource management practices with national health workforce policies. Effective implementation of these principles at the institutional level is critical to ensuring that district hospitals like Kawali can maintain high-quality, accessible, and sustainable health services for their communities.

4.3. Analysis of Medical Workforce Needs and Strategic Planning at Kawali District Public Hospital

The analysis of medical workforce needs at Kawali District Public Hospital, conducted using the Health Workload Analysis method as stipulated in the Minister of Health Regulation No. 33 of 2015, revealed a significant disparity between the number of existing medical personnel and the number required to meet optimal service standards. The data indicate that the hospital currently operates with an insufficient number of both doctors and dentists across various professional levels. For instance, while there should ideally be ten junior doctors, eleven intermediate doctors, and eight senior doctors, the hospital currently employs only four, five, and two respectively. Similarly, the number of dental professionals is below the required standard, with three junior dentists and four intermediate dentists needed, compared to the current staff of none and two respectively.

This shortage stems largely from the regulatory scope of Minister of Health Regulation No. 33 of 2015, which specifies workload standards only for doctors and dentists holding civil servant status. Non-civil servant medical practitioners, who constitute a growing proportion of the workforce in regional hospitals, are not covered by these provisions. Consequently, the workload analysis for non-civil servant medical staff remains subject to each hospital's internal policy. This regulatory limitation has contributed to inconsistencies in workforce planning and the difficulty of achieving equitable staffing distribution, particularly in smaller regional hospitals such as Kawali District Public Hospital.

Recognizing these challenges, the hospital conducted a strategic human resource planning assessment using a SWOT (Strengths, Weaknesses, Opportunities, and Threats) framework. The aim was to identify internal and external factors that influence the hospital's ability to meet staffing requirements, optimize its existing resources, and improve competitiveness in the regional healthcare system.

The analysis revealed several internal strengths, including the hospital's status as a Class D public hospital, the presence of a clearly defined organizational structure, the availability of standard operating procedures, and its formal designation as a Regional Public Service Agency (BLUD), which provides managerial and financial flexibility. However, these strengths are counterbalanced by internal weaknesses such as limited infrastructure, inadequate staff competence, weak enforcement of standard operating procedures, and an underdeveloped reward and sanction system. Additionally, low work discipline among some personnel remains a concern that affects service delivery and efficiency.

Externally, the hospital operates in an environment rich with opportunities yet laden with challenges. The implementation of the National Health Insurance System (JKN) and the hospital's role as a regional referral centre create favourable conditions for institutional growth. At the same time, competition from private hospitals, a growing population, and environmental changes represent pressing threats that require proactive adaptation. The results of the

internal and external strategic assessments demonstrate that Kawali District Public Hospital is positioned within a favourable strategic quadrant. The cumulative scores show that the institution's strengths slightly exceed its weaknesses, while external opportunities outweigh potential threats. This positioning suggests that the hospital has sufficient internal capacity and environmental support to pursue proactive development strategies aimed at improving service quality and human resource management.

From this analysis, several strategic directions emerge. The hospital's foremost priority is to leverage its institutional strengths to expand service capacity. This can be achieved by increasing inpatient bed numbers, particularly in Class III wards, to accommodate a growing patient base, and by enhancing outpatient services through the recruitment of additional medical specialists and sub-specialists. Strengthening partnerships with third parties, such as insurance providers or academic institutions, could further enhance operational efficiency and facilitate knowledge transfer.

At the same time, addressing internal weaknesses remains essential. The hospital should invest in professional development programs to enhance the competency of medical and functional staff. Structured training, workshops, and continuing education initiatives can play a critical role in building a more capable and responsive workforce. Infrastructure improvement must also be prioritized through careful resource planning and alignment with available funding, ensuring that upgrades are both sustainable and impactful. Furthermore, the consistent implementation of standard operating procedures should be reinforced through effective monitoring mechanisms, accompanied by fair systems of incentives and disciplinary measures. Such institutional strengthening would not only improve service consistency but also build a culture of accountability and performance orientation among staff.

To mitigate external threats, the hospital should focus on maintaining a high level of professionalism and patient-centered service to remain competitive with private healthcare institutions. Developing attractive healthcare service packages, improving communication strategies, and increasing public awareness of available services could enhance the hospital's image and patient trust. Regular socialization activities, such as seminars and outreach programs, can also ensure that both staff and the public remain informed about evolving health regulations and institutional policies.

Ultimately, this analysis highlights the critical importance of evidence-based human resource planning in achieving sustainable hospital performance. Kawali District Public Hospital stands at a strategic juncture, where the effective integration of regulatory frameworks, institutional capacity, and strategic foresight can determine its success in delivering equitable and high-quality healthcare services to the community. Through the application of the Health Workload Analysis method and the strategic utilization of SWOT findings, the hospital can strengthen its foundation for long-term growth while ensuring alignment with national health policy objectives.

The findings from the workload analysis and SWOT assessment at Kawali District Public Hospital carry important implications for both institutional management and broader health policy. At the institutional level, the persistent shortage of medical personnel underscores the necessity of adopting a dynamic and data-driven approach to human resource planning. While Minister of Health Regulation No. 33 of 2015 provides a structured framework for determining staffing needs, its application remains limited to civil servant medical practitioners, leaving a regulatory gap for contract-based and non-civil servant staff who constitute a significant proportion of the workforce. Addressing this regulatory imbalance is crucial for ensuring the equitable distribution of healthcare personnel across different employment categories and optimizing workforce utilization within public hospitals.

From a governance perspective, the integration of workload-based planning with strategic management tools such as SWOT analysis enables hospitals to align operational decisions with long-term institutional goals. The case of Kawali District Public Hospital demonstrates that effective health human resource management requires not only technical compliance with national regulations but also adaptive institutional strategies that consider local challenges and opportunities. Strengthening internal capacity through continuous staff development, enhancing organizational discipline, and fostering innovation in service delivery are fundamental steps toward achieving operational excellence.

At the policy level, these findings emphasize the importance of revisiting national guidelines on health workforce planning to accommodate the evolving employment landscape in Indonesia's public healthcare sector. The inclusion of non-civil servant personnel within the regulatory framework would allow for a more comprehensive and realistic assessment of staffing needs. Moreover, decentralizing certain aspects of human resource authority to regional hospitals could enhance responsiveness to local demands, improve recruitment efficiency, and foster greater accountability in managing public health resources.

In the context of hospital governance, the development of human resource policies that integrate evidence-based planning with institutional autonomy, as embodied in the BLUD framework, represents a forward-looking approach to improving service quality. For Kawali District Public Hospital, leveraging its existing strengths while systematically addressing weaknesses positions the institution to play a more significant role within the regional health system. Strategic collaborations, capacity-building initiatives, and adaptive management practices will be essential to achieving sustainability in both workforce adequacy and healthcare delivery outcomes.

In conclusion, the experience of Kawali District Public Hospital illustrates that effective health workforce planning is not merely a matter of regulatory compliance but a strategic process that combines analytical rigor, institutional adaptability, and proactive governance. By integrating workload analysis with strategic planning, public hospitals can transform human resource management into a catalyst for organizational development and service excellence. Such an approach, if replicated across Indonesia's regional hospitals, could significantly strengthen the national health system's capacity to provide equitable, efficient, and high-quality healthcare services to all citizens.

5. Conclusion

This study was conducted to analyze the needs of medical personnel at Kawali District Public Hospital in accordance with the Minister of Health Regulation No. 33 of 2015 and to identify strategic measures through SWOT analysis to improve hospital performance. The findings reveal that the current human resource formation at Kawali District Public Hospital consists of 256 employees, while the calculated requirement based on the regulation is 532 personnel. This indicates a significant shortage of 276 health professionals that must be addressed through comprehensive workforce planning and targeted recruitment strategies. The analysis based on the Minister of Health Regulation No. 33 of 2015 demonstrates the importance of systematically determining workforce needs through the stages of defining the type of health facility and personnel categories, calculating available working time, establishing workload components, and setting workload and support task standards. Through this method, it was determined that additional personnel

are required across several categories, particularly in general practitioners and dentists. To close this gap, the hospital management is advised to pursue multiple recruitment pathways, including civil servant transfers, the hiring of personnel under the Public Service Agency (BLUD) scheme, contract-based recruitment (PPPK), and outsourcing arrangements. The SWOT analysis further emphasizes that increasing the number and quality of medical personnel is crucial to improving service quality and institutional competitiveness. Given its status as a BLUD, Kawali District Public Hospital possesses managerial flexibility that enables proactive policy-making in recruitment and resource allocation. This strategic advantage should be maximized to ensure that staffing levels are sufficient and service standards are maintained. Furthermore, enhancing the welfare of medical professionals, particularly specialists, through improved financial incentives and facilities is essential to attract and retain qualified personnel. By ensuring adequate remuneration and professional support, the hospital can address the current shortage of specialists and achieve a more balanced distribution of human resources. In practical terms, hospital management should continue to conduct regular workload analyses and periodic evaluations to align staffing needs with evolving service demands. Training programs and managerial capacity building are also necessary to strengthen the overall human resource management system. Closer coordination with the Ciamis District Health Office and local government will further support the hospital in implementing effective and sustainable staffing solutions. The analysis indicates that the optimization of human resource planning based on evidence and strategic management is critical for enhancing hospital service performance. By integrating the principles of the Minister of Health Regulation No. 33 of 2015 with proactive institutional strategies derived from SWOT analysis, Kawali District Public Hospital can overcome its workforce challenges and achieve its goal of providing comprehensive, equitable, and high-quality healthcare services to the community.

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