



(MUDIMA)



Untangling the Tangled Thread of Health Human Resources Distribution: A Policy Analysis of Community Health Centers in Baubau City

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ARTICLE INFO

Keywords: Health Human, Community Health Centers, Baubau City

Received : 1 March

Revised : 23 April

Accepted : 25 May

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ABSTRACT

This study analyzes the health human resource (HR) distribution policy at the Baubau City Community Health Center (Puskesmas) to identify the root causes of the unequal distribution. Using a qualitative approach with William N. Dunn's policy analysis model, this study evaluates the stages of problem search, definition, specification, and sensing. Data are sourced from official government documents and related literature reviews. The results indicate that the unequal distribution of HR is quantitative, structural, and systemic. The main problems stem from the rigidity of ASN regulations, disharmony between central and regional regulations, and distribution policies that are still administrative and not based on real needs (need-based). These conditions trigger the phenomenon of competency mismatch, uneven workload, and urban bias, which impacts the quality of primary care. This study recommends the need for synchronization of regulations across government levels to create a more adaptive and targeted distribution pattern for health workers

INTRODUCTION

Human Resources (HR) are components keys and assets strategic in system health national role direct in increase degrees health society, as mandated in Law No. 17 of 20233 concerning health. Community Health Center, as end tobak service prime health, demanded For give service promotive, preventive, and curative in a way quality. Success service this is very dependent on equality and sufficiency amount as well as types of health human resources however, in terms of national both regional and national challenges uneven distribution of health human resources evenly Still become issue main, where the accumulation power health often occurs in urban areas while remote areas or community health center with burden Work tall often experience lack.

Identifying Human Resource (HR) Needs in community health centers is not merely an administrative matter, but rather a complex political and technical process within the realm of public policy. According to William Dunn (2018), policy analysis is an intellectual and practical activity aimed at creating, critically evaluating, and communicating knowledge about and within the policy process (Dr. Rahmawati 2021) . In the context of HR identification at the Baubau City Community Health Center, it must be viewed as an effort to formulate problems (problem structuring) to find solutions to health service gaps.

Theoretically, this identification process is in line with the framework of Carl Patton and David Sawicky (Charl V.Patton David S. Sawicky 1986) regarding the basic *Methods of Policy Analysis*, where the crucial initial stage is to verify, define, and detail the problem. In the city of Baubau, the main challenge lies in the mismatch between labor standard regulations (Permenkes) with the reality of budget availability and geographical distribution. Referring to the theory of David Weimer and Aidan Vining (Dr. Rahmawati 2025) , HR identification policies often face the challenge of bureaucratic failure , where information about real needs at the grassroots level (health centers) is not conveyed accurately to the policy-making level at the Health Office.

Baubau City's health profile data shows a paradox: on the one hand, there is an excess of certain categories of personnel in Community Health Centers (Puskesmas) in urban areas (Wolio and Betoambari), but on the other hand, there is a shortage of strategic personnel in buffer/outlying areas (Sorawolio and Lakologou). This phenomenon requires in-depth policy analysis to determine whether the current policy instruments are evidence *-based*. Thomas Dye defines public policy as whatever the government chooses to do or not to do. If human resource identification is only carried out routinely without evaluating the actual workload, then the government is indirectly choosing to allow the inequality in service quality to continue to occur.

Therefore, this study uses a policy analysis approach to identify the issues of formulating policy problems regarding the distribution of human resources in community health centers in Baubau City. Using a hierarchical approach to formulating policy problems, this study will hierarchically identify the root causes of the distribution of human resources in community health centers in Baubau City, by grouping the causes into three categories: *possible causes*, *plausible causes*, and *actionable causes*. This grouping is intended to distinguish between contextual factors and factors that are directly related to the distribution of human resources. logical most influential, as well as factor Which in a way normative And juridical can be used as a basis for policy intervention by local governments.

In an effort to dissect the complexity of the distribution of health workers in community health centers in Baubau City, researchers realized that the inequality of human resources is not merely a technical administrative problem but a poorly structured policy problem (*il-structured problems*) that requires instrument and methodological acumen. Therefore, researchers attempted to identify the problem through the problem formulation *hierarchy technique as proposed by William N. Dunn* (Abdul Wahab 2012) . This approach is carried out through four crucial stages to ensure that the solutions offered are relevant to the root causes of the problem in the

field. First, through the stage namely *problem definition*, researchers conduct initial sensing of problem symptoms, such as complaints of excessive workloads in certain health centers and the absence of strategic personnel in other health centers in Baubau City. This stage aims to capture signals of distribution irregularities before the problem crystallizes into primary failure. Second, problem specification, researchers specifically map the gap between the number of human resources currently available and the minimum requirement standards based on applicable regulations, so that the magnitude of the problem can be measured validly. Third, *problem sensing* researchers formulate a fundamental problem definition, whether the problem in Baubau City is purely due to an absolute shortage of personnel, or is a failure in rotation and placement policies (*misplacement*). By defining the problem precisely, researchers can avoid fatal errors in policy, namely solving the wrong problem (*solving the wrong problem*). Fourth, *problemification*, researchers converge the identification results into the basis for adaptive policy recommendations. By applying the hierarchy technique (William N. Dunn 2018), the research is expected to be able to produce a comprehensive analysis to rearrange the distribution of health center human resources in Baubau City in a more precise, efficient, and equitable manner.

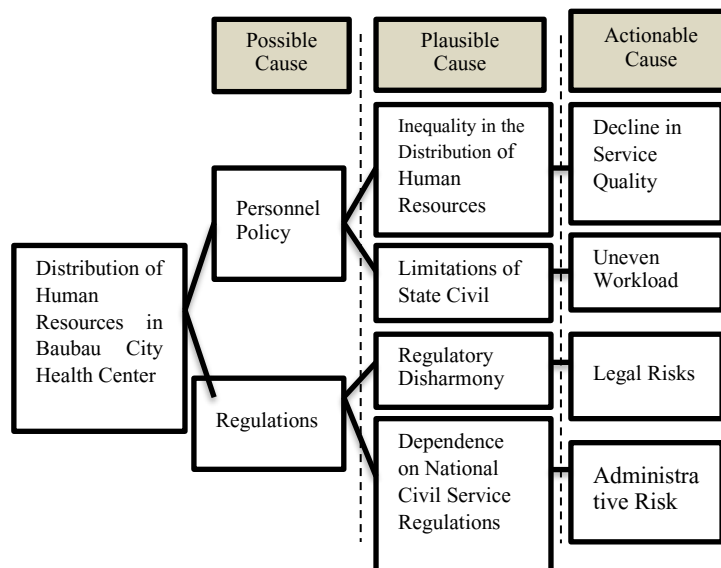
METHODS

This type of research uses a qualitative descriptive approach with a policy analysis research type. The use of this method aims to explore in depth the phenomenon of the distribution of Health

Human Resources in the Baubau City Health Center. Researchers act as key instruments to interpret primary and secondary data in order to produce applicable policy recommendations. Hierarchical data analysis techniques (William N. Dunn 2018) (Dunn), in accordance with the theoretical framework built, data analysis is carried out through the problem formulation hierarchy technique according to William N. Dunn, which includes: (1). Problem sensing; classifying problem situations based on symptoms found in the field, (2). Problem specification; processing HR adequacy data to map gaps. (3). Problem deniation; synthesizing to define the root causes of distribution problems. (4). Problem specification; formulating the final problem statement as a basis for providing policy recommendations.

RESULTS AND DISCUSSION

Problem Identification Results through Dunn's Hierarchy Technique (William N. Dunn 2018) . , which is a technique for identifying possible causes of a problem that is sequentially sought for the root of the problem. This analysis helps to identify three types of causes, namely: (1). Possible causes *are* events or actions that, although distant, may cause a problem situation to occur; (2). Plausible *causes* are events or actions that, based on scientific research or direct experience, are believed to have an important influence on the occurrence of a situation that is considered problematic; (3). Actionable causes *are* causes that can be controlled or manipulated by policy makers because there is no single policy or series of policies aimed at resolving problems. The problem chart in the distribution of Human Resources at the Baubau City Health Center can be seen in the following figure:



Picture: 1. *Analytical Hierarchy Process of Human Resource Distribution in City Health Centers Baubau*
 Source: Primary Data and Secondary Data (Processed) 2026

In line with this view, the analysis of the root cause of the problem is distribution. source Power man in Community Health Center City Baubau done by grouping causes into three categories, namely *possible causes*, *plausible causes*, and *actionable causes*. This grouping is intended to distinguish between contextual factors and factors that are directly related to the cause. logical most influential, as well as factor Which in a way normative And juridical can be used as a basis for policy intervention by local governments.

To answer the research questions related to the identification of the distribution of Human Resources at Community Health Centers in Baubau City, the researcher attempted to identify the problem using a hierarchy technique with four stages as follows:

Problem definition stage : Complaints from medical staff at several urban community health centers (Puskesmas) were found regarding the high patient volume that was not commensurate with the speed of service. Conversely, in outlying community health centers, there was a phenomenon of " *idle time* " for certain staff (such as nurses), but there were vacancies for strategic staff such as dentists or sanitation workers. Observations and interviews at community health centers in the city center (such as Betoambari) showed long queues of patients during peak hours, but limited administrative and registration staff. Conversely, in community health centers farther from the city center (such as Lea-Lea), there was a large surplus of midwives, but the frequency of delivery services was low. Data

showed that the ratio of patient visits in the city center reached 50-70 people per day per doctor, while in the outlying areas it was only 15-20 people per day. These findings support research (Salsabila et al. 2021) which states that regional accessibility creates a magnet for health workers to concentrate in the city center, regardless of their actual workload. However, this also refutes the assumption of classical management theory that staff size is directly proportional to productivity. In the Baubau context, having too many employees in one location without a robust internal referral system actually creates operational cost inefficiencies (*Human Capital Inefficiency*).

Problem Specification Stage: Secondary data shows that Baubau City still has a gap of 19 Health Human Resources to achieve the ideal standard. The inequality is clearly visible where Community Health Centers located in busy centers (Wolio and Betoambari) have an excess of midwives, but a shortage of promotive-preventive personnel (public health and nutrition personnel).

Based on the latest Baubau City SISDMK e-Planning data, a gap of 19 personnel was identified, dominated by Environmental Sanitation Personnel, Nutrition Personnel, and Dentists. In the field, it was found that one Sanitarian had to hold responsibilities in two different Community Health Centers (dual work areas). This caused promotive-preventive programs such as environmental health inspections

to not run optimally in all sub-districts. This condition aligns with the Health Labor Market theory (Plan 2022), which emphasizes that the health labor market often fails to provide specific workers (non-nurses/midwives) in level II regions. Research (B et al. 2020) supports this finding by stating that The low number of public health workers in Eastern Indonesia demonstrates that primary health care, which should be oriented towards promotion and prevention, is often neglected. The recruitment focus, which is still dominated by clinical personnel (doctors/midwives), widens the gap in the need for basic services. This demonstrates a *mismatch* between formation planning and the need for basic services. Secondary data shows that Baubau City still has a gap of 19 health human resources to meet the ideal standard. The disparity is evident, with Community Health Centers (Puskesmas) located in busy centers having an excess of midwives but a shortage of promotion and prevention personnel (public health and nutrition workers).

Problem Definition Stage: The main problem in Baubau City is not simply a "total shortage," but rather a "*distribution mismatch*." This problem is rooted in a placement policy that is still administrative-static, not fully considering the dynamic fluctuations in the real workload. Identification results based on secondary data on mutations over the past 3 years in Baubau City show a pattern of employee movements that tends to move closer to the center of government. It was found that 65% of mutation proposals were based on family and domicile reasons, not based on workload redistribution. As a result, Community Health Centers in difficult areas continue to experience high *turnover* because the workforce feels "isolated" from urban area facilities. This finding supports the argument (Apryani, Tahili, and Haris 2026) Although implementers morally support the policy, they often use **subjective discretion** in providing services, based on personal perceptions rather than formal rules, that distribution policies are often defeated by the "subjective pressure" of implementing actors. Theoretically, according to the Work Motivation Theory (Tarae 2024), without a

competitive local incentive policy for workers in peripheral areas, distribution patterns will always be unequal. The findings in Baubau prove that administrative regulations (Decree on Placement) are not strong enough to withstand the flow of urbanization of internal health workers without adequate non-financial incentive support.

Problem Specification Stage: Need for Adaptive Policy, The focus of the policy problem in Baubau City is the need to restructure internal mutation patterns and strengthen local regulations that regulate incentives for personnel willing to be placed in areas with high workloads. It was found that local regulations (Mayoral Regulations or Head of Department Decrees) regarding human resource distribution have not used the WISN (*Workload Indicators of Staffing Need*) standard rigidly. Determination of the number of personnel still uses the population ratio standard (static), not the service activity standard (dynamic). This is a point of criticism that refutes the effectiveness of *top-down policies* that have been implemented so far. (William N. Dunn 2018), in the latest public policy literature, incorrect problem specification (assuming the problem is the number of people, when the problem is actually workload management) will result in budget waste. This study confirms that Baubau City needs to intervene in the form of a "*Real-Time Distribution Information System*" to monitor the movement of workload between Community Health Centers on a weekly or monthly basis. The findings of this study confirm Walt & Gilson's theory (Rina et al. 2025) that distribution policies do not operate in a vacuum. In Baubau City, policymakers (the Health Office and the Human Resources Development Agency) often face socio-political pressures in employee placement. This results in the "context" aspect (employees' desire to live in the city) being more dominant than the "content" of the policy itself (human resource needs standards). If this condition is allowed to persist, the goal of equalizing primary health care services in Baubau City will be difficult to achieve due to sectoral egos and resistance to rotation. The effectiveness of workload-based planning. The identified inequalities strengthen

Hasan et al.'s (2023) argument regarding the weaknesses of *evidence-based planning*. Meanwhile, the use of the SISDMK application in Baubau City is only limited to fulfilling administrative obligations and has not yet become the primary basis for making transfer decisions. In general, theoretical, effective distribution must refer to *the Workload Indicators of Staffing Need* (WISN). However, findings in the field show that placement more Lots based on the CPNS formation which is rigid, not on analysis burden Work fluctuating annual workload. This creates a situation where a Community Health Center appears administratively "full," yet remains functionally overwhelmed serving patients. Referring to William N. Dunn's hierarchy technique, the findings in Baubau demonstrate the existence of a third type error (*EIII*), namely solving the wrong problem. The local government tends to focus on procurement (new recruitment) as the main solution, even though, through *the Problem Definition stage* conducted by researchers, the root of the problem is misplacement. Dunn argues that without proper problem formulation, policies will only be administrative cosmetics. Real data in Baubau showing certain personnel being "unemployed" on the one hand and "overwhelmed" on the other hand is clear evidence that the problem specification has not touched on the aspect of workload-based productivity. Meanwhile, Charles Lindblom's Incrementalism Perspective (Hupe, Publications, and • 2002) Human Resource Distribution in Baubau City seems to be still trapped in Lindblom's Incrementalism pattern, where the policies taken are only minor modifications of the previous year's policy (only adding or moving a few people) without any radical changes to the distribution system. Lindblom stated that policy makers often take the "safe" path to avoid conflict with actors (health workers). However, in the dynamic context of public health, this incremental approach actually perpetuates distribution inequality because there is no *transformative* effort to implement a redistribution system based on performance and real needs. Optimizing policies through (William N. Dunn 2018) The use of Dunn's hierarchy technique

in this study proves that defining the problem correctly is half the solution. Mistakes in *Problem Definition*, for example by only increasing the number of employees without improving the distribution system will only waste the regional budget without significantly improving the quality of service. In line with the findings of (Apryani, Tahili, and Haris 2026) Regarding public management, Baubau City requires an "Adaptive Distribution Policy." This means the local government must have the political courage to redistribute healthcare workers from surplus health centers to those with deficits, supported by a fair compensation system commensurate with the level of difficulty of the work area.

CONCLUSION

Distribution of Human Resources at Community Health Centers in Baubau City Still experience mal - *distribution* caused by weakness synchronization between analysis burden Work with policy placement. Through Dunn's framework, it was identified that the primary solution is not simply new recruitment, but rather a restructuring of the existing distribution structure through more assertive, data-driven local policy interventions.

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