

## ABSTRAK

**Latar belakang:** *Corona virus Disease 2019* (Covid-19) menyebar dari 190 negara, pada waktu yang hampir bersamaan sehingga menyebabkan terjadinya lonjakan pasien berbeda dengan pandemi-pandemi sebelumnya. Adanya lonjakan pasien Covid-19 dan jumlah tenaga kesehatan terbatas merupakan tantangan bagi manajemen rumah sakit untuk dapat beradaptasi. Saat ini belum banyak penelitian yang membahas ketersediaan tenaga kesehatan di masa pandemi. Oleh karena itu penelitian ini ingin menjawab bagaimana pengelolaan tenaga kesehatan di masa Pandemi Covid-19 dengan fokus penelitian ketersediaan tenaga kesehatan di ruang isolasi Covid -19

**Metode:** Penelitian ini dilakukan dengan pendekatan deskriptif kualitatif menggunakan studi kasus. Penelitian dilakukan di RS PKU Muhammadiyah Gombong yang merupakan salah satu rumah sakit rujukan pasien Covid-19 dan memiliki jumlah tempat tidur terbanyak di Kabupaten Kebumen. Metode pengumpulan data dengan wawancara mendalam pada 22 informan dan *Focus Group discussion*.

**Hasil:** Metode penghitungan jumlah tenaga kesehatan di ruang isolasi Covid-19 RS PKU Muhammadiyah Gombong menggunakan metode rasio perawat: pasien berdasarkan zona klinis pasien, yaitu zona klinis berat 1:1, zona klinis sedang 3:4, zona klinis ringan 1:10. Dengan menggunakan metode tersebut, pada kondisi BOR rumah sakit 80%, ketersediaan tenaga perawat sudah terpenuhi sedangkan pada BOR rumah sakit 100% terdapat kesenjangan jumlah tenaga kesehatan di ruang isolasi Covid-19. Secara operasional jumlah tenaga masih kurang diminimalisir dengan pengaturan jadwal, distribusi dan komposisi perawat, penambahan tenaga penunjang untuk mengurangi beban kerja perawat. Upaya untuk meminimalisir kesenjangan kompetensi dilakukan dengan cara pemberian pelatihan kegawatdaruratan pasien Covid-19, penggunaan alat bantu pernafasan, pemakaian dan pelepasan Alat Pelindung diri, serta perawatan dan pemulasaran jenazah Covid-19. Penghitungan kebutuhan tenaga dokter belum menggunakan metode tertentu, tetapi cenderung masih memberdayakan tenaga dokter yang tersedia. Upaya menjamin ketersediaan tenaga dokter di ruang isolasi dilakukan dengan cara pengaturan jadwal.

**Kesimpulan:** Kondisi BOR rumah sakit 80%, penghitungan jumlah kebutuhan tenaga perawat dapat menerapkan rasio berdasarkan zona klinis pasien dalam menjamin ketersediaan tenaga kesehatan di ruang isolasi Covid-19. Pada kondisi BOR rumah sakit 100%, meski masih terdapat kekurangan jumlah tenaga perawat, namun strategi dalam meminimalisir kesenjangan jumlah tenaga perawat yang ada cukup berhasil. Perencanaan kebutuhan tenaga dokter belum optimal karena belum dihitung berdasarkan metode tertentu dan lebih cenderung hanya memberdayakan jumlah tenaga dokter yang tersedia. Meskipun terdapat keterbatasan jumlah tenaga dokter, namun tidak didapatkan penutupan layanan pada saat beberapa dokter terpaksa harus dirawat karena Covid-19. Manajemen ketersediaan tenaga kesehatan di ruang isolasi Covid-19 perlu memperhatikan aspek kuantitas yaitu penghitungan jumlah kebutuhan tenaga kesehatan, rekrutmen, distribusi, komposisi ataupun penjadwalan, serta aspek kualitas yaitu pemberian pelatihan sebelum ditugaskan di ruang isolasi Covid-19.

**Kata Kunci:** Evaluasi Manajemen, Tenaga Kesehatan, Covid-19, Rumah Sakit

## ABSTRACT

**Background:** *Corona virus Disease 2019 (Covid-19)* spread to 190 countries, at almost the same time so that there was a spike in patients that was different from previous pandemics. The surge in Covid-19 patients and the limited number of health workers is a challenge for hospital management to adapt. Therefore, this study wants to answer how the management of health workers during the Covid-19 pandemic is focused on the availability of health workers in the Covid-19 isolation room.

**Methods:** This research was conducted with a qualitative descriptive approach using case studies. The study was conducted at PKU Muhammadiyah Gombong Hospital which has the highest number of beds in Kebumen district. The data collection method was carried out by in-depth interviews with 22 informants and then a Focus Group discussion was conducted.

**Result:** This study indicate the method of calculating the number of health workers in the Covid-19 isolation room at PKU Muhammadiyah Gombong Hospital is to use the nurse: patient ratio method based on the patient's clinical zone, namely severe clinical zone 1:1, moderate clinical zone 3:4, mild clinical zone 1:10. By using this method, at 80% hospital BOR, the availability of nurses has been fulfilled, while at 100% hospital BOR there is a gap in the number of nurses. Operationally, the number of staff that is still lacking is minimized by setting the schedule, distribution, and composition of nurses, adding supporting staff to reduce the workload of nurses. Meanwhile, efforts to minimize competency gaps are carried out by providing training. Calculation of the need for doctors by empowering the available doctors. Efforts to ensure the availability of doctors in isolation rooms are carried out by arranging schedules, distribution, and training.

**Conclusion:** Management of the availability of health workers in the Covid-19 isolation room at PKU Muhammadiyah Gombong Hospital consists of planning, namely the application of calculating health workers using ratios based on the patient's clinical zone. In hospital BOR conditions with an average of 80%, the number of health workers is sufficient. In a 100% hospital BOR condition, although there is still a shortage of nurses, the strategy implemented has succeeded in minimizing the gap in the number of existing nurses. In addition to the calculation, the management of the availability of health workers is carried out by internal and external recruitment, distribution of health workers according to competence, scheduling, and training. Planning the need for doctors by empowering the number of available doctors, distribution, scheduling, and training. Therefore, the management of the availability of health workers in the Covid-19 isolation room needs to pay attention to the quantity aspect, namely calculating the number of health workers needed, recruitment, distribution, composition, or scheduling, as well as paying attention to the quality aspect, namely providing training before being assigned to the Covid-19 isolation room.

**Keywords:** Management Evaluation, Health Workers, Covid-19, Hospital