

Hubungan Interorganisasi Dinas Kesehatan dan Rumah Sakit pada Aktivitas Tanggap Darurat Krisis Kesehatan di Kota Surakarta: Pembelajaran dari Pandemi COVID-19

ABSTRAK

Latarbelakang: Penguatan kolaborasi terus menerus direkomendasikan dalam upaya penguatan respon sistem kesehatan terhadap kedaruratan kesehatan masyarakat. Penanggulangan pandemi COVID-19 memberikan pengalaman berharga mengenai bagaimana membangun jaringan kolaboratif antar stakeholders dalam sistem kesehatan dibawah komando dinas kesehatan sehingga dibutuhkan kajian yang merefleksikan pembelajaran dari pengalaman ini.

Tujuan: Penelitian dilakukan untuk mengeksplorasi hubungan interorganisasi antara dinas kesehatan dan rumah sakit pada aktivitas tanggap darurat COVID-19 di Kota Surakarta dan memperoleh pembelajaran dari pengalaman tersebut sebagai masukan untuk memperkuat penanggulangan krisis kesehatan di masa mendatang.

Metode: Penelitian menggunakan desain *qualitative content analysis* dan merujuk pada *adapted 3C model* yaitu *Communication*, *Coordination*, dan *Cooperation* yang membentuk kolaborasi pada situasi krisis. Tujuh belas partisipan dari dinas kesehatan dan rumah sakit serta 2 informan kunci dari Satuan Tugas COVID-19 Kota dipilih melalui *purposive sampling*. Data dikumpulkan pada Desember 2022-Maret 2023 dengan wawancara mendalam, telusur dokumen, dan observasi, dan dianalisa menggunakan teknik *content analysis*. *Trustworthiness* dipastikan dengan teknik triangulasi dan *member checking*.

Hasil: Hubungan interorganisasi Dinas Kesehatan Kota Surakarta dan RS dalam penanggulangan COVID-19 berkaitan erat dengan karakteristik krisis yaitu adanya ketidakpastian dengan tuntutan yang tinggi sementara ketersediaan sumber daya sangat terbatas sehingga menuntut adanya kolaborasi melalui proses *communication*, *coordination*, dan *cooperation* dengan pendekatan dan cara-cara yang berbeda dari situasi normal. Komunikasi dilakukan dengan pendekatan yang berbeda untuk memperoleh respon dan keputusan cepat. Informasi yang dibagikan digunakan untuk mengoordinasikan sumber daya dan aktivitas tanggap darurat yang membutuhkan sumber daya lebih tinggi dari situasi normal. Komunikasi dan koordinasi menunjang kerjasama aktivitas tanggap darurat COVID-19 yang membutuhkan penyesuaian proses kerja. Ditemukan faktor-faktor dan tantangan yang mempengaruhi hubungan interorganisasi terkait karakteristik krisis dan konteks Kota Surakarta.

Kesimpulan: Hubungan interorganisasi Dinas Kesehatan Kota Surakarta dan rumah sakit dalam penanggulangan COVID-19 merupakan hubungan kolaborasi yang dibangun dari keterkaitan proses komunikasi, koordinasi, dan kerjasama yang dilakukan dengan pendekatan dan cara yang berbeda dari situasi normal. Peningkatan kemampuan *network manager*, perbaikan pada proses komunikasi, koordinasi, dan kerjasama serta mengenali tantangan, menyiasati faktor penghambat, dan mengoptimalkan faktor pendukung dapat dilakukan untuk memperkuat hubungan interorganisasi.

Kata kunci: hubungan interorganisasi, krisis kesehatan, penanggulangan COVID-19

Interorganizational Relationship between District Health Office and Hospital in Emergency Activities of Health Crisis Management in Surakarta: Lesson Learned from COVID-19 Pandemic

ABSTRACT

Background: Improving stakeholder collaboration is a continuously emerging recommendation to strengthen health system's response to any public health problems. Experiences in tackling the COVID-19 pandemic bring some lessons learned about how to establish a collaborative network of health ecosystem stakeholders under the command of the District Health Officer (DHO).

Objective: This study aims to explore the local actors' views and experiences of the process of interorganizational relationship (IOR) between DHO and hospitals in establishing coordinated emergency activities and responses to tackle the COVID-19 pandemic in Surakarta City, Central Java, Indonesia.

Method: The study used the qualitative content analysis design and referred to the adapted 3C model which includes *Communication*, *Coordination*, and *Cooperation* that articulate collaboration in an emergency situation. Seventeen informants from DHO and hospitals and 2 key informants from regional COVID-19 Taskforce were purposefully selected. The informants were involved in the COVID-19 pandemic response. Data were collected from December 2022-March 2023 through in-depth interviews, document reviews, and observation and analyzed using content analysis techniques. Triangulation and member checking were conducted to improve the trustworthiness of the data.

Findings: IOR between DHO and hospitals in COVID-19 countermeasures was related to characteristics of crisis situation, i.e., uncertainty, high demand, resource constraints, and inability to respond individually, thus organizations were required to be involved in collaboration through the process of communication, coordination, and cooperation with different approaches from normal situation. Communication between DHO and hospitals utilized extraordinary approaches to allow rapid responses and decisions. The information shared was used to coordinate resources and activities in different ways from non-crisis settings due to higher need for resources and busyness of activities during COVID-19 pandemic. The coordination was supported by government policies as COVID-19 was stated as a priority mandate. Communication and coordination affected cooperation in COVID-19 countermeasures per organizations' main function in health system which required work process adjustment. Barriers and facilitators were found to influence the collaboration process along with challenges related to characteristics of crisis situation and context of Surakarta.

Conclusion: The collaboration of DHO and hospitals in Surakarta was articulated by exceptional communication and coordination approaches to actively cooperate in COVID-19 pandemic response. Assigning a capable network manager, improving these 3Cs, fathoming the context, minimizing the barriers, and strengthening the facilitators are needed for the collaboration to be effective.

Keywords: interorganizational relationship, COVID-19 response, health crisis