

## ABSTRAK

**Latar belakang:** Implementasi Jaminan Kesehatan Nasional (JKN) telah meningkatkan jumlah pasien umum di Rumah Sakit Tentara (RST), tetapi tidak diiringi oleh peningkatan jumlah dan distribusi tenaga medis, khususnya dokter spesialis. Kondisi ini menyebabkan ketimpangan beban kerja dan penurunan mutu pelayanan medis, terutama dalam penanganan kasus kegawatdaruratan dan penyakit kompleks.

**Tujuan:** Penelitian ini bertujuan mengembangkan model pengelolaan tenaga medis berbasis beban kerja ideal yang dapat diterapkan di lingkungan RST.

**Metode:** Penelitian ini menggunakan pendekatan campuran (*mixed-method*) dengan desain observasional kuantitatif dan eksploratif kualitatif. Data kuantitatif dikumpulkan dari 57 responden menggunakan instrumen beban kerja, sedangkan data kualitatif diperoleh melalui wawancara mendalam dengan 8 informan kunci. Studi ini dilaksanakan di RST Tk. III dr. Soetarto Yogyakarta dan RST Tk. IV dr. Asmir Salatiga.

**Hasil:** Analisis menunjukkan beban kerja berlebih pada beberapa dokter spesialis, seperti spesialis anak dan penyakit dalam di Salatiga, serta spesialis bedah dan THT-KL di Yogyakarta. Wawancara kualitatif mengungkapkan bahwa dokter umum sering menangani kasus kegawatdaruratan tanpa pelatihan atau pengawasan yang memadai, sehingga meningkatkan risiko kelelahan dan kesalahan medis. Responden menyarankan perlunya pelatihan terstruktur bagi dokter umum dan redistribusi tenaga medis. Keberadaan dokter residen dinilai sebagai solusi potensial untuk mengurangi beban kerja dan meningkatkan mutu pelayanan.

**Kesimpulan:** Strategi penyesuaian SDM perlu diarahkan pada redistribusi beban kerja dan pemanfaatan tenaga medis secara optimal dengan upaya penyesuaian beban kerja yang lebih proporsional khususnya dokter spesialis dan dokter umum. RST memiliki potensi untuk dikembangkan menjadi rumah sakit pendidikan dimana program residensi berbasis rumah sakit secara bertahap menciptakan tenaga medis yang diberi kesempatan belajar langsung di RST dan penambahan jumlah dokter residen diharapkan membantu dalam optimalisasi pelayanan dokter spesialis, terutama di wilayah yang kekurangan layanan kesehatan.

**Kata kunci:** beban kerja, rumah sakit tentara, mutu pelayanan, kebutuhan residen

## *ABSTRACT*

**Background:** The implementation of the National Health Insurance (JKN) has led to a significant increase in general patient admissions at Army Hospitals (RSTs), without a corresponding augmentation in the availability and diversity of medical personnel, especially medical specialist. This condition has resulted in workload disproportion and a decline in medical service quality mainly in medical emergency and complex disease management.

**Objective:** This study aims to develop an ideal workload-based medical workforce management model tailored for RSTs

**Methods:** A mixed-methods approach was employed, encompassing both quantitative and qualitative methodologies. Quantitative data were collected from 57 respondents, while qualitative insights were garnered through interviews with 8 key informants. The study was conducted at RST Level III dr. Soetarto Yogyakarta and RST Level IV dr. Asmir Salatiga.

**Results:** Quantitative analysis revealed that certain specialists, including pediatricians and internists in Salatiga, as well as surgeons and ENT specialists in Yogyakarta, are experiencing excessive workloads. Qualitative findings highlighted that this imbalance contributes to increased risks of fatigue and medical errors among general practitioners, who often manage emergency cases without adequate training or specialist supervision. The study underscores the necessity for strategic interventions, such as systematic training programs for general practitioners and the optimization of medical personnel distribution. The integration of medical residents was identified as a potential solution to alleviate workload pressures and enhance service quality.

**Conclusion:** Human resource adjustment strategies need to be directed at redistributing the workload and optimally utilizing medical personnel, with efforts to adjust the workload more proportionally, especially for specialists and general practitioners. RST has the potential to be developed into a teaching hospital, where a hospital-based residency program will gradually create medical personnel who are given the opportunity to learn directly at RST. Increasing the number of resident doctors is expected to help optimize specialist services, especially in areas lacking health services.

**Keywords:** workload, military hospital, service quality, resident doctors