

ABSTRAK

Pendahuluan: Ketimpangan distribusi dan retensi dokter spesialis di wilayah tertinggal, terpencil, dan kepulauan masih menjadi tantangan utama penguatan layanan rujukan di Maluku dan Papua. Pendekatan yang memetakan determinan perilaku (predisposing), ketersediaan sumber daya (enabling), dan penguat kebijakan (reinforcing) diperlukan untuk memahami faktor penempatan secara lebih komprehensif.

Tujuan: Menganalisis determinan penempatan dan keberlanjutan bertugas dokter spesialis di Maluku dan Papua berdasarkan kerangka predisposing - enabling – reinforcing.

Metode: Penelitian menggunakan desain mixed - methods. Komponen kuantitatif dilakukan melalui survei terhadap 47 responden dengan analisis deskriptif (mean dan SD) pada indikator predisposing, enabling, dan reinforcing. Komponen kualitatif dilakukan melalui wawancara mendalam dengan pemangku kepentingan untuk memperkaya interpretasi temuan kuantitatif.

Hasil: Faktor predisposing menunjukkan tingkat yang tinggi, ditandai motivasi pengabdian, komitmen bertugas jangka panjang, efikasi diri dalam keterbatasan, serta pemahaman konteks wilayah (rerata item >4). Pada faktor enabling, penerimaan masyarakat terhadap dokter spesialis sangat kuat (mean 4,43; SD 0,58), namun kesiapan sistem layanan belum merata: sarana- prasarana (mean 3,09; SD 1,06), fungsi peralatan medis (mean 2,94; SD 0,94), standar fasilitas rawat inap (mean 2,91; SD 0,91), dan kapasitas laboratorium (mean 3,02; SD 0,92) berada pada tingkat menengah. Komponen terlemah adalah kompensasi, terutama insentif finansial (mean 2,53; SD 1,16) dan insentif non-finansial/pengembangan karier-pelatihan (mean 2,09; SD 1,00). Faktor reinforcing berada pada tingkat menengah, dengan dukungan kebijakan pemerintah daerah (mean 3,32; SD 1,34) dan kontrak/wajib kerja yang jelas (mean 3,53; SD 1,16). Wawancara menegaskan bahwa motivasi pengabdian dan peluang pengembangan profesional menjadi pendorong utama, tetapi retensi sering terhambat oleh ketidaksiapan alat saat dokter kembali, keterbatasan fiskal, disparitas insentif, serta belum optimalnya orientasi pra- penugasan bagi dokter baru.

Kesimpulan: Kesiapan individu dokter spesialis (predisposing) dan penerimaan sosial (enabling) merupakan modal kuat, namun keberlanjutan penempatan terutama ditentukan oleh capability to practice (kesiapan fasilitas / alat/ dukungan operasional) dan policy credibility (kontrak – insentif –pendanaan lintas level yang stabil dan adil). Intervensi retensi perlu dirancang sebagai paket terintegrasi yang menyelaraskan SDM, kesiapan layanan, dan tata kelola insentif.

Kata kunci: Dokter Spesialis, Retensi, Penempatan, Predisposing, Enabling, Reinforcing, Kebijakan Kesehatan.

ABSTRACT

Background: The imbalance in the distribution and retention of specialist doctors in disadvantaged, remote, and island regions remains a major challenge in strengthening referral services in Maluku and Papua. An approach that maps behavioral determinants (predisposing), resource availability (enabling), and policy reinforcements (reinforcing) is needed to understand placement factors more comprehensively.

Objective: To analyze the determinants of placement and retention of specialist doctors in Maluku and Papua based on the predisposing–enabling–reinforcing framework.

Methods: This study used a mixed-methods design. The quantitative component was conducted through a survey of 47 respondents with descriptive analysis (mean and SD) on predisposing, enabling, and reinforcing indicators. The qualitative component was conducted through in-depth interviews with stakeholders to enrich the interpretation of quantitative findings.

Results: Predisposing factors showed high levels, characterized by motivation to serve, long-term commitment to duty, self-efficacy within limitations, and understanding of the regional context (item mean >4). In terms of enabling factors, community acceptance of specialists was very strong (mean 4.43; SD 0.58), but the readiness of the service system was uneven: infrastructure (mean 3.09; SD 1.06), medical equipment functionality (mean 2.94; SD 0.94), inpatient facility standards (mean 2.91; SD 0.91), and laboratory capacity (mean 3.02; SD 0.92) are at a moderate level. The weakest component is compensation, especially financial incentives (mean 2.53; SD 1.16) and non-financial incentives/career development–training (mean 2.09; SD 1.00). Reinforcing factors were at a moderate level, with local government policy support (mean 3.32; SD 1.34) and clear contracts/work obligations (mean 3.53; SD 1.16). Interviews confirmed that motivation for service and professional development opportunities were the main drivers, but retention was often hampered by the unavailability of equipment when doctors returned, fiscal constraints, incentive disparities, and suboptimal pre-assignment orientation for new doctors.

Conclusion: The readiness of individual specialists (predisposing) and social acceptance (enabling) are strong assets, but the sustainability of placement is primarily determined by the capability to practice (readiness of facilities/equipment/operational support) and policy credibility (stable and fair cross-level contracts, incentives, and funding). Retention interventions need to be designed as integrated packages that harmonize human resources, service readiness, and incentive management.

Keywords: Specialist Doctors, Retention, Placement, Predisposing, Enabling, Reinforcing, Health Policy.