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Strategi Pimpinan dalam Peningkatan Mutu Pelayanan Keperawatan Di Fasilitas Kesehatan Tingkat Pertama Jajaran Markas Besar Kepolisian Republik Indonesia
Agustin, Martina Sinta Kristanti, S.Kep., Ns., M.N., Ph.D; Ariani Arista Putri Pertiwi, S.Kep., Ns., MAN., DNP
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INTISARI

STRATEGI PIMPINAN DALAM PENINGKATAN MUTU PELAYANAN KEPERAWATAN DI FASILITAS KESEHATAN TINGKAT PERTAMA JAJARAN MARKAS BESAR KEPOLISIAN REPUBLIK INDONESIA

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Latar Belakang: Mutu pelayanan keperawatan di Fasilitas Kesehatan Tingkat Pertama jajaran Markas Besar Kepolisian Republik Indonesia dihadapkan pada struktur komando semi-militer, rotasi pimpinan, keterbatasan sumber daya, dan perluasan akses pelayanan kepada masyarakat umum. Kajian mengenai strategi pimpinan dalam mengelola mutu keperawatan pada konteks tersebut masih terbatas.
Tujuan: Mengeksplorasi strategi pimpinan dalam peningkatan mutu pelayanan keperawatan di FKTP jajaran Mabes Polri
Metode: Penelitian kualitatif dengan pendekatan eksploratif melalui wawancara mendalam terhadap tujuh kepala Fasilitas Kesehatan Tingkat Pertama. Triangulasi sumber dilakukan pada dua perawat Tim Mutu dan triangulasi metode melalui observasi Rapat Evaluasi Mutu di tiga klinik serta telaah dokumen. Data dianalisis menggunakan *content analysis*.
Hasil: Pimpinan memaknai mutu keperawatan sebagai bagian dari keberhasilan pelayanan fasilitas, meskipun penerapan standar dan indikator mutu keperawatan spesifik belum optimal. Strategi peningkatan mutu dilakukan melalui penguatan standar mutu, penyesuaian pelayanan terhadap kebutuhan pasien, pemberian apresiasi kepada staf, pelibatan Tim Mutu, pengembangan kompetensi, serta penyesuaiani terhadap teknologi dan perubahan. Pelaksanaannya dipengaruhi oleh dukungan organisasi, ketersediaan sumber daya, beban kerja, dan dinamika rotasi pimpinan.
Kesimpulan: Strategi pimpinan dalam peningkatan mutu pelayanan keperawatan dilakukan melalui penguatan standar, orientasi pada kebutuhan pasien, apresiasi staf, pelibatan Tim Mutu, pengembangan kompetensi, serta penyesuaian terhadap teknologi dan perubahan. Strategi tersebut dijalankan secara adaptif dan partisipatif tetapi masih terintegrasi dengan mutu pelayanan fasilitas secara umum sehingga diperlukan penguatan standar dan indikator mutu keperawatan yang lebih spesifik serta sistem yang menjamin keberlanjutan program.
Kata Kunci: Fasilitas kesehatan tingkat pertama, kepemimpinan, mutu pelayanan keperawatan.

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ABSTRACT

LEADERSHIP STRATEGIES FOR NURSING CARE QUALITY IMPROVEMENT IN PRIMARY HEALTHCARE FACILITIES WITHIN THE HEADQUARTERS OF THE INDONESIAN NATIONAL POLICE

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Background*: Nursing care quality in Primary Healthcare Facilities under the Headquarters of the Indonesian National Police is challenged by a semi-military command structure, leadership rotation, limited resources, and expanded access to healthcare services for the general public. Studies exploring leadership strategies for managing nursing care quality within this context remain limited.*
Objective*: To explore leadership strategies for improving nursing care quality in Primary Healthcare Facilities in Headquarters of the Indonesian National Police.*
Methods*: This qualitative study employed an exploratory approach through in-depth interviews with seven heads of Primary Healthcare Facilities. Source triangulation involved two nurses from Quality Improvement Teams, while method triangulation was conducted through observations of Quality Evaluation Meetings at three clinics and document reviews. Data were analyzed using content analysis.*
Results*: Leaders perceived nursing care quality as part of overall facility performance, although nursing-specific standards and indicators remained limited. Strategies included strengthening quality standards, adapting services to patient needs, recognizing staff performance, involving Quality Improvement Teams, developing competencies, and adapting to technology and organizational changes. Implementation was influenced by organizational support, resources, workload, and leadership rotation.*
Conclusion*: Leaders perceived nursing care quality as part of overall facility performance, although nursing-specific standards and indicators remained limited. Strategies included strengthening quality standards, adapting services to patient needs, recognizing staff performance, involving Quality Improvement Teams, developing competencies, and adapting to technology and organizational changes. Implementation was influenced by organizational support, resources, workload, and leadership rotation.*

Keywords: *leadership; nursing care quality; primary healthcare facilities*