

## ABSTRAK

**Latar Belakang:** Kepemimpinan dokter di rumah sakit sesuai Undang-undang nomor 44 Tahun 2009 serta penting karena perawatan pasien dan kinerja rumah sakit menjadi lebih baik dengan melibatkan banyak dokter dalam kepemimpinan. Namun, dokter yang menjadi pemimpin tidak dipersiapkan dan tidak memiliki ketrampilan kepemimpinan yang memadai. Meskipun demikian, kepemimpinan dokter dapat dilatih dan dipersiapkan melalui *talent management* walaupun hal tersebut belum dilakukan di sektor rumah sakit di Indonesia.

**Tujuan:** Mengukur kesiapan, kebutuhan, potensi serta menyusun strategi penerapan *talent management* dokter menjadi pemimpin di rumah sakit dengan mengeksplorasi permasalahan suksesi dan peran pemilik, pengambil kebijakan, manajer dan dokter di rumah sakit pemerintah, swasta dan tentara.

**Metode:** Studi kualitatif dan kuantitatif dilaksanakan pada 5 rumah sakit pemerintah, swasta dan tentara di Kota Yogyakarta dan Kabupaten Bantul. Survey kuantitatif dilakukan pada 67 dokter dan informasi kualitatif didapatkan melalui 30 wawancara mendalam dengan pemilik, direksi, manajemen dan dokter. Analisis kuantitatif menggunakan analisis deskriptif univariate dan bivariate sedangkan analisis kualitatif menggunakan pendekatan kerangka tematik.

**Hasil:** Sebanyak 28.4% rumah sakit memenuhi kriteria kesiapan penerapan *talent management*. Rumah sakit tentara memiliki kesiapan paling baik. Sebanyak 46.3% dokter ingin menjadi pemimpin, 31.3% ingin menjadi pejabat struktural, 59.7% dokter membutuhkan mengembangkan kepemimpinan dan nilai potensi kepemimpinan dokter 3.67 (skala 4). Terdapat perbedaan bermakna dalam kesiapan rumah sakit dan keinginan dokter menjadi pemimpin di antara rumah sakit tentara, swasta dan pemerintah. Permasalahan suksesi antara lain dokter memilih sebagai klinisi, dokter yang menjabat tidak memiliki kapabilitas dan pengalaman kepemimpinan serta kurangnya kandidat dokter pemimpin. Para pemilik, direksi, manajemen dan dokter mendukung *talent management* dan bersedia berperan sesuai wewenang dan tanggung jawabnya.

**Kesimpulan:** Kesiapan rumah sakit dalam penerapan *talent management* berbanding terbalik dengan keinginan dokter menjadi pemimpin dan kebutuhan dokter dalam mengembangkan kepemimpinan. Strategi penerapan *talent management* dilakukan dengan tahapan yang sama, tetapi modelnya bervariasi sesuai karakteristik, permasalahan suksesi dan peraturan perumahsakitan.

**Kata kunci:** *Talent management*, suksesi, kepemimpinan dokter, rumah sakit

## ***ABSTRACT***

**Background:** Physician's role in hospital leadership is very important according to Indonesian Law. But, physicians were not adequately prepared for becoming leaders. Physician leadership could be trained and developed through talent management program although it hasn't been implemented in hospital area in Indonesia

**Objective:** To measures hospital preparedness and physicians willingness, need and potential of leadership; and to propose the strategies to develop physician talent management by exploring the succession problems and roles of the board of directors, CEOs, managers and physicians in public, private and military hospitals.

**Method:** Quantitative and qualitative studies were conducted in five public, private and military hospitals in Yogyakarta and Bantul District. Quantitative data were obtained from survey of 67 physicians. Qualitative information was obtained through in depth interviews with 30 key informants. Both univariate and bivariate statistical analysis were applied for the quantitative and thematic framework approach was applied for the qualitative study.

**Result:** Only 28.4% hospitals had preparedness and military hospital was the readiest. There was 46.3% physicians with the willingness for becoming leaders, 59.7% physician need for developing leadership talent and average score of leadership potential is 3.67 of 4.00. There was statistically significant differences in hospital preparedness and willingness for becoming leaders among military, private and public hospital ( $p=0.010$  and  $0.037$ ). The succession problems were physicians prefer to be clinicians, physician leaders didn't have capabilities, experiences and the lack of physician candidate. The board of directors, CEOs, managers and physicians were committed and play roles to the application of physician talent management.

**Conclusion and recommendation:** The hospital preparedness is inversely proportional to the willingness and the need of physicians in talent management. Strategy of physician talent management implementation in hospital had similar steps, but it varies according to characteristics, succession problem, and hospital law among public, private and military hospital.

**Keywords:** *talent management, succession, physician leadership, hospital.*