

ABSTRAK

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Analisis Kompensasi dan Beban Kerja Bidan Desa di Kabupaten Kendal

121 Hal + 15 tabel + 2 gambar + 22 lampiran

Beban kerja bidan desa dilihat dari banyaknya program KIA, tugas pokok dan tambahan yang di lakukan oleh bidan dengan standart Goal 8 jam per hari dalam menyelesaikan tugas pokok dan 16 jam perhari dalam menyelesaikan tugas tambahan dan kegiatan lain-lain. Kompensasi dilihat dari adanya perbedaan jumlah gaji yang di terima oleh bidan PTT dan PNS, perbedaan jumlah insentif yang di terima dari jasa pelayanan PKD, penggantian biaya jampersal dari bulan Januari-April belum di bayarkan, masih ada bidan yang tidak mendapatkan fasilitas PKD, masih ada bidan yang belum mendapatkan sepeda motor, masih ada bidan yang berpendidikan DI, belum semua bidan desa mengikuti pelatihan yang berhubungan dengan KIA. Tujuan penelitian adalah menganalisis kompensasi dan beban kerja bidan desa di Kabupaten Kendal.

Jenis Penelitian adalah *deskriptive*. Informan utama penelitian adalah bidan desa dan informan triangulasi yaitu Kepala Puskesmas, Sie Kesga Kabupaten Kendal dan Kepala Bagian Keuangan di Dinas Kesehatan Kabupaten Kendal. Data di kumpulkan dengan wawancara mendalam (*indepth interview*), Observasi *Daily Log*, melakukan *Focus Group Dissusion* (FGD).

Hasil Penelitian menunjukkan bidan PNS di wilayah dataran tinggi (Pageruyung) jumlah jam kerja lebih tinggi (6,58 jam) di bandingkan dengan bidan PNS (Singorojo 02) di dataran rendah (6,01 jam). Bidan yang berstatus PNS jumlah *take home pay* lebih tinggi di bandingkan dengan bidan PNS di wilayah dataran rendah. Bidan PTT di wilayah dataran rendah dengan jumlah jam kerja lebih tinggi (6,38 jam) di bandingan dengan bidan PTT di wilayah dataran tinggi (6,00) jam. Jumlah *take home pay* wilayah dataran tinggi maupun dataran rendah seimbang/sama dengan jumlah yang di peroleh. Adanya perbedaan jumlah gaji dan insentif yang di terima oleh bidan PNS dan bidan PTT, masih ada bidan desa yang berpendidikan DI sebanyak 2 orang, belum semua bidan desa baik PNS maupun PTT mengikuti pelatihan yang berhubungan dengan KIA. Bidan desa yang mendapatkan PKD sebanyak 5 orang, Non PKD sebanyak 3 orang. Bidan desa yang berdomisili di desa sebanyak 7 orang dan 1 berdomisili diluar kecamatan. Bidan desa yang mendapatkan sepeda motor sebanyak 1 orang.

Saran kepada Dinas Kesehatan di harapkan agar semua bidan desa mengikuti pelatihan yang berhubungan dengan KIA untuk meningkatkan keterampilan dan keahlian, di harapkan agar semua bidan desa yang masih berpendidikan DI di beri kesempatan untuk meningkatkan pendidikan DIII untuk menambah pengetahuan dan keterampilan, mempromosikan koperasi kepada bidan desa agar bisa di pergunakan oleh seluruh bidan desa apabila dalam masalah keuangan, di berikan *Reward* bagi bidan desa yang memenuhi target cakupan, pencatatan dan pelaporan di fokuskan sesuai dengan tupoksi bidan desa dalam pelayanan KIA

Kata Kunci : Beban kerja dan kompensasi

Kepustakaan : 51 (1998-2012)

ABSTRACT

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Analysis on Compensation and Work Load of Village Midwives in Kendal District

121 pages + 15 tables + 2 figures + 22 enclosures

Assessing workload of village midwives was based on the amount of KIA programs, main duties and additional duties done by midwives with the standard goal of 8 hours per day in completing main duties, and 16 hours per day in completing additional duties and other activities. Assessing compensation was based on the difference of the amount of salary that was received by midwives with non permanent working status (PTT) and midwives with civil servant working status (PNS); the difference of incentive that was received from PKD service fee; and reimbursement of Jampersal cost from January-April that had not been paid. Midwives with no PKD facility, no motor cycle were still found. There were midwives with D1 level of education. Not all village midwives followed training related to maternal and child health (KIA). Objective of this study was to analyze compensation and workload of village midwives in Kendal district.

This was a descriptive study. Main informants were village midwives, and triangulation informants were a head of primary health center (puskesmas), a head of family health section of Kendal district, and a head of finance section of Kendal district health office. Data were collected through in-depth interview, observation, and focus group discussion (FGD).

Results of the study showed that working hour of midwives PNS located in the hill areas (Pageruyung) was higher (6.58 hours) than that of midwives PNS located in the low areas (Singorojo 02) (6.01 hours). Take home pay of midwives PNS located in the hill areas was higher than that of midwives PNS located in the low areas. Working hour of midwives PTT located in the low areas (6.38 hours) was higher than that of midwives PTT located in the hill areas (6.00 hours). Take home pay of midwives PTT in both areas (hill and low) was similar. There was a difference of salary and incentive received by midwives PNS and PTT. There were 2 village midwives with D1 level of education. Not all midwives PNS and PTT attended in the training related to KIA. Village midwives who received PKD were 5 midwives; village midwives with no PKD were 3 midwives. Village midwives who stayed in the village were 7 midwives, and who domiciled in the outside of sub-district was 1 person. Village midwife who received motor cycle was 1 person.

Suggestions for district health office were to improve skill of village midwives through training related to KIA, to give opportunity to village midwives with D1 level of education to take D3 program, to promote 'koperasi' to village midwives to help them who had financial problem, to give reward for village midwives who achieved the coverage target, to focus recording and reporting according to village midwives main duties (tupoksi) in KIA service.

Key words : workload and compensation

Bibliography : 51 (1998-2012)