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Organization Capacity of Covid-19 Emergency Hospital Wisma Atlet Kemayoran in handling Covid-19 pandemic

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Abstract. The prolonged pandemic causing the health worker deaths number in Indonesia became the highest in Asia and the top three worldwide. The organization's capacity that is ready to be alert and responsive in anticipating and achieving bad possibilities becomes one of the determinants in the face of the highest Covid-19 patient surge at Covid-19 Emergency Hospital Wisma Atlet Kemayoran in July 2021. The national health crisis and the success of facing a surge in cases became the basis of researchers' thinking to analyze the organization capacity at the Emergency Hospital Wisma Atlet Kemayoran. This research is qualitative research using descriptive analysis techniques using six elements of the organizational structure. The results of this study are: a) The specialization of health workers' work is fulfilled through Health Registration Certificate qualifications, educational strata, and military strata; b) The organization has a strong command chain through the military role and the harmonization of military-civilian relations; c) The organization's control range is adjusted based on service needs and supported by the availability of personnel based on Workload Analysis; d) Top manager decision-making is decentralized; e) Formalization of work is formed through rules and procedures, education and education and a safe work culture and f) Departmentalization of the organization in the form of lines and staff.

Keywords. Covid-19 Emergency Hospital, Organizational capacity, Six elements of organizational structure.

1. Introduction

One year more the Covid-19 pandemic in Indonesia caused a very heavy burden on the health care system in the country with a high number of fatalities. This pandemic event shows that the State Defense Health is considered still vulnerable and weak so reform of the country's health system must be carried out. One of the reforms carried out is to make changes to the capacity of health services [13]. According to the United Nations Development Programme (UNDP), one aspect of human security that needs to be considered lately related to the spread of the Covid-19 virus is on health security in the sense that it is not difficult for citizens to gain access to health services and protection from disease. The State of Indonesia especially in dealing with the Covid-19 virus needs to rethink some things related to health security, especially the readiness of the Central and Regional Governments in realizing free health services to their citizens by preparing their facilities and infrastructure and efforts to protect both policies and with other efforts [1].

According to the World Health Organization (WHO), health workers have a role of up to 80% in supporting the success of health development. In the period before the Covid-19 pandemic, WHO reported that Indonesia is one of 57 countries in the world that have a medical and health crisis due to its lack of quantity and uneven distribution [20]. The number of specialist doctors, GPs, and nurses in Indonesia is also the second-lowest in Southeast Asia, and the distribution of both medical and health workers is also still in Java and other major cities (IDI, 2020). . This medical and health crisis became worse during the pandemic. Based on data from the Indonesian Doctors Association (IDI), it is known that during the pandemic the number of motility of medical and health personnel in Indonesiabecamenumber one in Asia and became the top three worldwide. 647 medical and health workers died from Covid-19 infection as in Figure 1 [1].



Figure 1. Health Worker Death Data 2021 [9].

Human Resources is the main aspect that is a reference to national resource management

based on the full devotion of the ability/professionalism and willingness to defend the state of each people to realize the goals and interests of the state. The improvement of the ability of the country's human resources defense capability is carried out to regulate and utilize all national resources to overcome all dangers [7]. Protecting the entire life of each individual against severe dangers including illness and disability is at the core of human safety. The concept of health safety and human safety is a concept that is fused. Health problems can not only be viewed as a "medical problem", but also a matter of human safety. As the backbone of security, human security looks at how important it is to answer health issues that affect human numbers. Infectious diseases are a source of danger to the safety, the safety of people and nations. Especially when the health system becomes vulnerable so that it will cause a sharper impact of mortality [1].

One of the keys to the success of health development is the ability to shape health resilience in the face of health threats and issues, especially in the face of the Covid-19 pandemic. Based on this, it requires the capacity of reliable and adequate health workers supported by other health resources that synergize as Health Human Resources. In general, it can be said that the capacity of human resources is as the ability of a person (individual), an organization (institutional), or a system to achieve performance that produces outputs and results(*outcomes*) to carry out its functions or authority to achieve goals effectively and efficiently [6]. The role of human resources in managing other resources is essential through the ability to shape organizational capacity. An organization is said to be successful if it can manage and utilize human resources and other resources to support the achievement of organizational goals effectively and efficiently.

Covid-19 Emergency Hospital Wisma Atlet Kemayoran (CEH WAK) initially only serves as a place of self-isolation then has switched functions into a hospital that treats mild to moderate symptomatic patients. The highest patient surge experienced was at the end of July 2021 when the capacity of CEH WAK reached 7166 occupancies out of a total of 7394 beds which means 96.92% of beds [11]. The number of these patients continues to decrease along with the decline of daily cases in Jakarta. This shows that the ability of CEH WAK in handling spikes in cases deserves appreciation, especially the ability of organizations and resources in CEH WAK both individually, organizationally, and system. Organizational management in good human resource management is believed to be a success in dealing with the surge in the Covid-19 pandemic amid limited numbers of health workers. The success of an organization large or small is not only influenced by the availability of natural resources but more influenced by the quality of human resources that have a large role in the planning, implementation, and control of the organization concerned [6]. The six elements of the organizational structure support organizational success consisting of a) Specialization of work; b) Chain of Command; c) Control Range d) Centralization and Decentralization; e) Formalization and f) Departmentalization [14]. Based on the ability of CEH WAK in overcoming the surge in patient numbers in July 2021 through good resource management, researchers wanted to analyze the capacity of the organization at CEH WAK using all six elements of the organizational structure.

2. Research Methods

The research method used by researchers in this study is a qualitative research method with descriptive-analytical techniques to further explore the picture of organization capacity at CEH WAK with triangulation data collection techniques through structured and unstructured interview results, secondary data, and observations in the field. The analysis used is the six elements of the organizational structure.

The Operational Section of the implementing element consists of Environmental Health and Occupational Safety Health Subsections, Evacuation and Repatriation Subsections, Logistics Subsections, Accommodation Subsections, and State-Owned Goods Accounting Management Information System Subsection. Then the Human Resources Section consists of Financial Subsections, Planning Subsections (MCU and Orientation), Assignment Subsections, and Release Subsections. The Service Echelons of CEH WAK consist of the Public Relations Section, the Research Unit Section, the Data Unit Section, the Headquarters Unit Section, and the Training Education Section. The Public Relations Section consists of the Enforcement of The Health Order Security Protocol Subsection, the Media Documentation Publication Subsection, the Customer Care Subsection, and the Call Center Subsection. The Data Unit Section consists of Medical Records Subsections, Information Technology (IT) Subsections, and Hospital Management Information System Subsections.

Table 1. CEH WAK Organizational Structure for the period 2020 and 2021

Organizational Structure period 2020	Organizational Structure period 2021
1. Coordinator of CEH WAK.	Leadership Echelon.
2. Expert Group.	1. Unified Joint Task Force Command.
3. Secretariat (IT and Public Relations).	2. CEH WAK Coordinator.
4. Committee (Medical, PPI, Ethics).	The Chief Helper Echelon.
5. LO Agencies and Organizations.	1. Expert Group.
6. Operational Coordinator.	2. Secretariat.
a. Tower 7 Coordinator	3. LO Agencies and Organizations.
b. Self-Isolation Flats (T4 and T5).	4. Committee (Ethics and Law); PPI; Medical; Pharmacy and Therapy; Other Tenakes; Nursing; Quality).
c. Tower 6 coordinator.	5. Functional Units (Specialist Doctors; General Practitioner; Nurse)
d. Headquarters Section Commander.	Executing echelons.
e. Nutrition Coordinator.	1. Medical Services
f. Coordinator of Environmental Health and Occupational Safety and Health.	a. Installation (IGD, HCU/ICU, Inpatient (Towers 4 and 5 Inpatient; Tower 6 and 7 Inpatient)).
g. Logistics Coordinator.	b. Medical Support (Pharmacy; Radiology; Laboratory; Swab; Electromedicine).
h. Accommodation Coordinator.	c. Other Support (Surveilens, Nutrition, Psychology).
i. Management and Accounting Information System of State-Owned Goods.	d. Health Post (General Post; Dental Post).
7. Human Resources	2. Operational
8. Medical Service Coordinator	a. Coordinator of Environmental Health and Occupational Safety and Health.
a. Medical Data Coordinator (Surveilens; Medical Records).	b. Evacuation and Corpse Handling.
b. Nursing Coordinator.	c. Logistics.
c. Medical Coordinator (General practitioner coordinator; Emergency Department Installation Coordinator and Outpatient Coordinator; Inpatient Coordinator; Intensive Care Unit/High Care Unit Coordinator; General Health Post Coordinator of Employees; Swab Team).	d. Accommodation.
d. Medical Support Coordinator (Pharmacy Coordinator, Laboratory Coordinator, Radiology Coordinator).	e. Management and Accounting Information System of State-Owned Goods.
9. Research and Development	3. SDM
	a. Finance
	b. Planning (MCU; Orientation).
	c. Assignment.
	d. Release.
	Echelon of Service.
	1. Public Relations (Enforcement of Order Health Protocol Security; Publication and Documentation Media; Customer Care; Call Center).
	2. Research Unit.

-
3. Data Unit (Medical Records; IT; Hospital Management System).
 4. Headquarter
 5. Education and Training.
-

Source: Researchers results, 2022.

Human resources in CEH WAK is a synergy between the health military and civilian health who are incorporated into a single unit as healthy volunteers. Related to the source of volunteers themselves, in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/230/2021 on Guidelines for the Implementation of Field Hospitals/Emergency Hospitals during the Covid-19 pandemic mentioned that human resources themselves can be sourced from the central government such as the Indonesian National Army/Police of the Republic of Indonesia, the Ministry of Health through registration by the Human Resources Development and Empowerment Agency, local governments and/or communities including professional organizations based on the capacity and needs of health services that are adjusted to the laws and regulations. Almost all important positions in the organizational structure are occupied by health military personnel based on their profession and qualifications. In a commanding manner, the minimum qualification as a Section/Subsection Coordinator is first officer (second lieutenant, first lieutenant, and captain) and the highest is middle officer (major, lieutenant colonel, and colonel). Professionally, the minimum qualification as a Section/Subsection Coordinator is with Bachelor education which is equipped with a Registration Certificate for each profession. Based on the collection of secondary data on the organizational structure of CEH WAK period 2020 and period 2021 (Table 1) it can be known that the organizational structure of CEH WAK is under development.

3.2 Organizational Capacity Analysis of CEH WAK. Some of the views of experts on "Capacity" have provided a deep understanding of the meaning of "Capacity". Capacity is an attribute of the system as a whole that allows humans to create value for development [10]. UNDP defines capacity as the ability of an individual, organization, and society to perform functions, solve problems, set and achieve goals in a sustainable manner [18]. According to the Regulation of the Minister of Health number 75 of 2019 mentions that capacity is the fighting power and potential that exists individually, family, society, and government so that they can prevent, minimize, be prepared and respond quickly or immediately rise from a Health Crisis. According to experts, Robbins (1994) says that organization is a consciously coordinated social unity, with a relatively identifiable boundary, that works on a relatively continuous basis to achieve a common goal or group of goals [15]. Hasibuan's (2011) view in providing an understanding of organization is a system of formal, structured, and coordinated unions of a group of people who work together in achieving certain goals [4].

Based on the understanding of capacity and organization above, the understanding of organizational capacity is an ability, fighting power and potential both individually, family, society, and government as a social unity that is structured and coordinated consciously and continuously to be prepared and responsive to goals and quickly rise from the problem. The success of an organization depends on its ability to manage the resources it has. One of the most important is Human Resources. Human resources are always attached to any organizational resource as a determining factor in the existence and role in providing contributions towards achieving organizational goals effectively and efficiently. Several human resource functions are

consisting of planning, organizing, directing, controlling, procurement, development, compensation, integration, maintenance, discipline, and dismissal. Every organization will always strive to improve or improve the performance of its employees, the goal is that what the company's goals and objectives will be achieved [16]. According to Robbins and Judge (2007), mentions that six elements of the organizational structure support the success of the organization consisting of a) Specialization of work; b) Chain of Command; c) Control Range d) Centralization and Decentralization; e) Formalization and f) Departmentalization [14].

3.2.1. Specialization of Work. The fact is it is better to break a big job into several jobs that are more specific and manned by one or more people than big work done by one person but about many things. The breakdown of this work must certainly be balanced with the adequacy of the number of personnel who are qualified under the specialization to get good performance. The need for specialization of personnel in a job has an understanding that is not much different from the understanding of health workers' professional qualifications needed for a job. The professionalism of health workers is evidenced by the ownership of health registration certificates. Health Registration Certificate is a written certification given to health professionals registered by each medical professional association. Registration is the formal registration of a healthcare professional who already has a certificate of competence or profession and certain other qualifications through statutory approval.

The recruitment process of health volunteers at CEH WAK requires a valid Registration Certificate as one of the requirements. Based on the results of unstructured interviews via mobile phone to Development and Empowerment of Human Resources of Ministry of Health section representatives, Mrs. Desy on September 23, 2021, provided information that health workers recruited to be placed in CEH WAK must meet administrative requirements including age standards, have a diploma according to their field, have a valid Health Registration Certificate, have a self-identity card, be registered as a participant of the Social Security Agency, have a Taxpayer Principal Number, have a letter of approval from a parent/guardian and registered online through an official link issued and distributed by the Ministry of Health. The recruitment and selection process is carried out based on the Regulation of the Minister of Health of the Republic of Indonesia Number 83 of 2019 concerning Registration of Health Workers article 2 paragraph (1) which states that every health worker who practices must have a Health Registration Certificate. This is done as a form of commitment by CEH WAK to maintain and develop the quality and quality of consistent health services through the presence of standardized health volunteers.

What needs to be the concern of the CEH WAK related to the Health Registration Certificate is that still not all health volunteers, especially health volunteers from the military, have Health Registration Certificate that is still valid. This is because the appointment of military volunteers by the relevant agency only refers to the Warrant. Some volunteers also have Health Registration Certificate which is time to be renewed. Regardless of the urgency of health volunteers, it is necessary to consider and reconsider the distribution of these volunteers at CEH WAK if there are indeed health volunteers who have problems with Health Registration Certificate and other administrative requirements. Another selection requirement is to have a BPJS card that is still active, this is because the benefits of new work accident guarantees can be obtained if the volunteer becomes a participant in Social Security Agency. Social Security Agency requirements in selection as a guarantee of work accidents under Law number 40 of 2004 on the National Social Security System and through the Circular Letter of the Minister of

Manpower number M/8/HK.04/V/2020 on Protection of Workers / Workers in the Work Accident Guarantee Program in cases of occupational diseases due to Covid-19.

Regarding the qualifications needed to be able to occupy strategic positions, based on the organizational structure in table 1 and observations in the field, CEH WAK is led by a Coordinator with the qualifications of medical personnel, namely doctors. The appointment of Coordinators with professional qualifications of doctors has been following article 34 of Law number 44 the year 2009 concerning Hospitals and Law number 36 of 2014 on Health Personnel. Coordinator of CEH WAK in addition to meeting the qualification requirements also doubles as the Head of the Indonesian National Army Health Center. It is intended to facilitate coordination and establish a chain of command within the organizational structure. Based on observations in the field, almost all strategic positions are occupied by military and police personnel with a First Officer of Health minimum strata according to their professional and responsibilities with a minimum Bachelor background. The team leader under the Coordinator's control has a minimum qualification of Health Officer strata with a minimum education Associate's Degree. Civilians Unit Coordinators have professional qualifications in their fields and educational at least Magister. Team leaders outside the military have professional qualifications under the field of work and education at least a Bachelor.

Guidelines for the Implementation of Field Hospitals/Emergency Hospitals during the Covid-19 pandemic based on the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/230/2021 mention that human resources in field hospitals/emergency hospitals Covid-19 at least consists of a) Medical personnel and medical support (general practitioners, pulmonary specialists and other specialists by the needs); b) Nursing personnel and/or midwifery personnel; c) Pharmaceutical personnel consisting of pharmacists and pharmaceutical technical personnel; d) Other health workers as needed and e) Non-health workers. When compared to the organizational structure of the 2021 period in table 1, the organizational structure of CEH WAK has met the requirements of the legislation.

The results of a deeper analysis related to the needs of the health worker profession provide the results that the needs of health workers, especially nurses, are still needed at CEH WAK. The results of the interview showed that of 230 respondents, 25.2% chose nurses, 18.3% chose specialists and 13% chose general practitioners as health workers who are needed and who must be added to be fulfilled as in figure 2. This is certainly in line with the availability of health workers at the National level where they still do not meet the standards of the number of needs not to mention many who died while doing health services in the era of the Covid-19 pandemic.

Profesi tenaga kesehatan yang
sangat diperlukan di RSDC WAK

230 jawaban

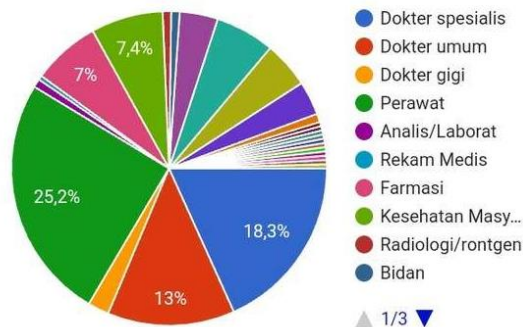


Figure 2. Percentage of Respondents will need health workers at CEH WAK.

Source: Researcher, 2021.

3.2.2. Chain of Command. The chain of command is an unbroken line of the existing set of authorities in the organization. In the concept of the chain of command, there are two important things, namely authority, and unity of command. Authorities refer to the ability to give orders and expect them to be obeyed by employees. To facilitate coordination, each manager has a degree to his authority. The unity of command states that employees must have one leader and be directly accountable to the leader. The decrease in the patient surge in July 2021 in a relatively short time was influenced by the response and preparedness of each unit that had been prepared early. Based on the results of interviews with former CEH WAK Coordinators, namely Mayor Jenderal (Retired) Tugas Ratmono, Sp.S, MARS, M.H on September 24, 2021, gave the results that efforts to anticipate cases had been predicted in advance where CEH WAK also experienced several cases of the spike, but indeed the July 2021 surge was the heaviest. Learning from experience, each part, and unit at CEH WAK is directed to prepare specific policies and strategies by their respective fields to anticipate if there is a spike in cases with the number of 5000 patients even up to 10,000 patients. Quick responses to the directive have been carried out well by each unit and proved that the surge did not last for long.

Military deployment in a strategic position is solely aimed at creating a strong line of command to create a clear chain of command, but it does not also mean imposing military discipline in CEH WAK. Irawan (2016) explained that for an organization to survive, it must be able to adapt to behavior and be responsive to the environment. The organization's attention to improving the ability to survive on environmental dynamics must be supported by several important factors [5]. Staats et al. (2004) explain that three factors must be owned in the adaptation of the environment, namely: information, feedback on performance, and the appropriate social environment [17]. The relationship between health volunteers at the lower levels and the coordinator at the top level have been well-coordinated against the handling of the July 2021 spike in cases. The speed of response in response to regulations and policies is also supported by access to good communication in receiving information. CEH WAK utilizes technological advances to facilitate access to communication both through social media and through the use of large-scale communication aids.

Sarana, Prasarana dan Fasilitas yang diberikan pihak RSDC terhadap relawan

230 jawaban

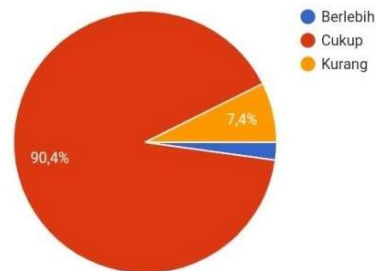


Figure 3. Percentage of Volunteer Satisfaction with Facilities, Infrastructure, and Facilities at CEH WAK

Source: Researcher, 2022.

Establishing a strong chain of command is done by enhancing military and civilian coordination and cooperation. CEH WAK also held social activities to improve military relations with civilians such as race activities and sports together. Another form is with the welfare in the form of incentives, facilities, infrastructure, and facilities that are more than enough. CEH WAK's appreciation to civilian volunteers is also given through the granting of certificates, the awarding of "Satya Lencana" and ease of access to obtain outside work, such as the recruitment of some volunteers to join the military. Based on structured interviews on facilities, infrastructure, and facilities provided by CEH WAK to volunteers obtained results of 90.4% of 230 respondents argued that the existing facilities, infrastructure, and facilities given to volunteers were felt enough (Figure 3).

3.2.3 Control Range. The control range has an understanding on the availability of energy has an impact on the effectiveness of work. When aligned, the wider or larger the range of organizations used, the more efficient the organization is. There are several additional Committees in the Leadership Assistants Echelons, namely the Pharmaceutical and Therapy Committee, the Other Health Personnel Committee, the Nursing Committee, and the Quality Committee. New units such as the Education and Training Unit which eventually evolved into the CEHWA Academy and the Psychology Unit into the Service Echelons as shown in The Organizational Structure of the 2021 period as in table 1. This shows that the CEH WAK in addition to understanding the importance of a strong organizational structure also strives for and implements the development of the organization structure by the needs based on the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/230/2021 on Guidelines for the Implementation of Field Hospitals/Emergency Hospitals during the Covid-19 pandemic.

Initially, the education and training process has existed at CEH WAK but is not yet included in the organizational structure. The education and training process at that time did not have a centralized container and was only implemented sectorally. Likewise with the existence of a Psychology unit at CEH WAK, which initially only had psychiatric doctors for mental therapy of healthy volunteers and patients. With the increase in the incidence of stress at the

beginning of the pandemic, the CEH WAK began to think more about maintaining mental health while increasing the motivation of healthy volunteers and patients. After seeing the importance of the role of the unit, especially to increase the capacity of health volunteers, maintain mental health, and increase the motivation of healthy volunteers and patients at CEH WAK, the unit was included in the organizational structure of the 2021 period as in table 1.

Based on the results of an unstructured interview with the Human Resources Coordinator of CEH WAK, Mayor CKM Giri Widodo, A.Md.Kep, the planning of personnel needs has been adjusted based on its workload using Workload Analysis. Workload analysis is the process of planning personnel needs based on the number of hours worked to complete a workload within a given time. In terms of planning the number of personnel needs, CEH WAK has established the use of Workload Analysis standards as guidelines in estimating the needs of its personnel, especially for health workers. The planning is under the Regulation of the Minister of Health of the Republic of Indonesia Number 33 of 2015 on Guidelines for The Preparation of Health Human Resource Needs Planning.

The results of structured interviews related to the availability of personnel at CEH WAK both health and non-health personnel are quite a in number as in figure 4. Of the 230 respondents, 80.9% said the number of health workers at CEH WAK was enough and 87.6% said the number of non-health workers was enough.

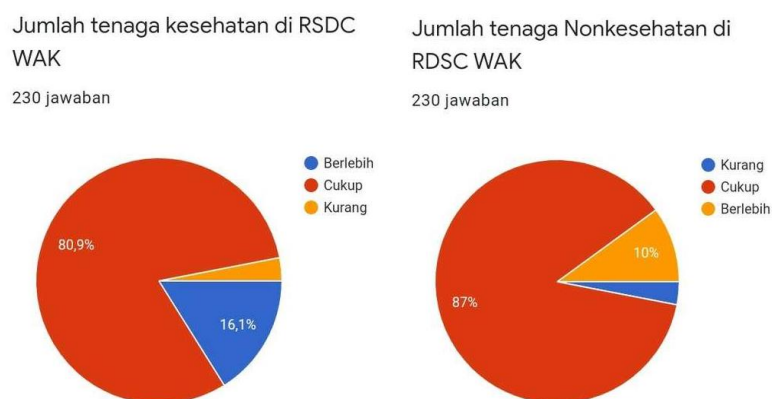


Figure 4. Percentage of Respondents to the Number of SDM in CEH WAK.
Source: Researcher, 2022.

The application of Workload Analysis as a basis for planning personnel needs is also felt to the bottom level. From the results of structured interviews with volunteers related to workload, the results were obtained from 230 respondents there were 94.3% chose enough for workload while in CEH WAK as in figure 5.

Beban kerja para relawan selama
bertugas di RSDC
230 jawaban

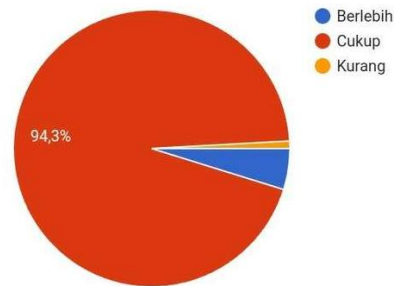


Figure 5. Percentage of Respondents on HRK Workload at CEH WAK.
Source: Researcher, 2022.

The researcher's analysis that refers to secondary data and observations in the field provides the result that the use of the Workload Analysis method is still not implemented in all parts as in table 2. In addition, there are still units that do not include the required HRK qualifications. This has the potential to have the impact of personnel duplication because different units perform calculations on the same health profession to increase the number of volunteers, especially health workers if this is not a special concern. One of the influencing factors is that the incentive is only given to health workers who perform health services so that health workers who are in non-health service units do not get incentives to get the same incentive rights, the strategy is carried out because the incentive is determined based on the profession.

Table 2. Human Resources Needs Planning at CEH WAK

No	Section/Subsection	Basic Planning of Human Resources Needs	Result
1	Education and Training	Workload Analysis	Lack of 18 personnel
2	Publication Relation	Workload Analysis	Lack of 1 personnel
3	Environmental Health and Occupational Safety and Health	Workload Analysis	Lack of 1 personnel with Environmental Health Qualification
4	Laboratory	Workload Analysis	Lack of 27 ATLM personnel at Clinical Pathology Laboratory and Lack of 19 ATLM personnel at PCR Laboratory.
5	Call Center	Workload Analysis	The number of nurses/midwives has been met
6	General Practitioner	Floor Comparison	100% need 481 personnel and real 162 personnel.
7	Nutrient	Workload Analysis	Excess 18 personnel.
8	MCU	Workload Analysis	The amount is met.

9	Environmental Health and Occupational Safety and Health	Workload Analysis	Lack of 1 Admin Data Collection and Data Management personnel and lack of 2 survey team personnel
10	Medical Record	Workload Analysis	Excess 27 personnel
11	Human Resources	Workload Analysis	Lack of 1 personnel
12	Surveilens	Workload Analysis	Excess of 3 personnel
13	Swab	Minimum Services Standards	The number of nurses has been met
14	Radiology	Workload Analysis	Lack of 13 personnel
15	Potter	Workload Analysis	Excess of 4 personnel
16	Psychology	Workload Analysis	Lack of 3 personnel
17	IT	Workload Analysis	Lack of 2 personnel
18	Elektromedic	Workload Analysis	The amount of electromedical personnel has been met
19	Specialists	Optimum Services Standard	The ideal number is 161 personnel (overall specialists) and the current number is 76 personnel (overall specialists)
20	Pharmacy	Workload Analysis and patients number	The minimum number of needs of 600 patients amounted to 113 personnel (44 Pharmacists and 69 Pharmaceutical Technician); 1000 patients amounting 125 personnel (48 Pharmacists and 77 Pharmaceutical Technician); 1600 patients amounting to 152 personnel (61 Pharmacists and 81 Pharmaceutical Technician)

Source: Supplied by Researchers, 2022.

3.2.4. Decentralization and Decentralization. Centralization is the decision-making of an organization by top management without involving the employees below it, while decentralization involves the employees under it to make decisions. CEH WAK Coordinator in decision making is done through closed forum activities that are limited only to the Coordinator of the relevant Section/Subsection and open forum involving all Coordinators and even other parties such as professional ties that are limited only in the CEH WAK environment. Closed forum activities are conducted through Focus Group Discussion (FGD) to discuss external emergency issues and open forums are conducted through Morning Report (Figure 6) activities that discuss general problems that are external. This shows that CEH WAK implements decentralization in decision-making. In decentralization, it will be quickly completed because of more input to organizational decisions.



Figure 6. CEH WAK Offline Morning Report Activities.
Source: Researcher, 2022.

3.2.5. Formalization. Formalization refers to how a job should be done within the organization. In addition, formalization is a standardized degree of organizational behavior through rules, procedures, training, and other related mechanisms. The employees carry out the same work in the same way and produce the same output. Formalization can increase efficiency and fulfillment, but it can also cause problems. Based on the data in table 1, breaking down the organizational structure especially in medical services is distinguished by professional specialization. Units under medical services perform their duties and responsibilities based on their respective professional work standards according to legislation in organizing quality health services.

In formalization, it will direct the employee to carry out the same work in the same way and produce the same output. This is very important especially in the implementation of health services where if something goes wrong then the bad impact is death. To uniformize the process in completing the work to produce the same output and following the objectives of the organization, the Coordinators of the Section/Subsection have published Standard Operational Procedures (SOPs). The issuance of this SOP is intended for similarities in every activity and action so that the results will also be the same despite the rotation of personnel. To ensure the same results, monitoring and evaluation of each result obtained. Monitoring and evaluation activities conducted at CEH WAK are applied to the completed testing of the education and training process by the Education and Training Unit. Another application is to the recommendation of the extension of the volunteer service period through an assessment of the presence, responsibility, honesty, cooperation, and profession of the volunteer concerned (Figure 7) based on the observations of the team leader.

PERIODE: 26 DESEMBER 2021 – 22 JANUARI 2022

Saya yang bertanda tangan di bawah ini:
 Nama : Nuranso Sucipto, S.Si, Apt
 Pangkat / NRP : Letkol Laut (K) NRP 11783/P
 Jabatan : Koordinator Farmasi

NO	NAMA	Profesi	NIK	No. Hp	Area Perugasan	UNSUR PENILAIAN					REKOMENDASI	KET	
						1	2	3	4	5			6
1	Irfan Halmi Multazam	TTK	3211122202960003	082121517711	Tower 3,5B	A	A	B	A	A	B	YA	BPPSDMK

UNSUR PENILAIAN		PENILAIAN		REKOMENDASI		
1	Kehadiran	lepat waktu, sesuai jadwal / perugasan	A	sangat baik	YA	Perpanjangan Tugas
2	Tanggung jawab	Kesanggupan menyelesaikan pekerjaan yang diberikan kepadanya dengan baik dan tepat waktu	B	baik	TIDAK	Pemberhentian Tugas
3	Ketaatan	Kesanggupan untuk menaati segala peraturan yang berlaku	C	cukup		
4	Kejujuran	Tidak melakukan penyalahgunaan wewenang yang diberikan kepadanya	D	kurang		
5	Kerja Sama	Kemampuan untuk bekerja bersama-sama dengan orang lain dalam menyelesaikan tugas				
6	Profesionalisme	Melaksanakan tugas sesuai dengan tugas pokok fungsinya				

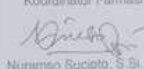
Jakarta, 15 Januari 2022
 Koordinator Farmasi

 Nuranso Sucipto, S.Si, Apt
 Letkol Laut (K) NRP 11783/P

Figure 7. Health Volunteer Assessment and Extension Form.
 Source: Researcher, 2022.

The implementation of education and training also continues to run regularly and is adjusted to the needs of the service so that the output of the service will provide the same results. According to Mathis and Jackson (2008), the effective process of education and training is seen from the fulfillment of two conditions, namely: First, participants apply the material obtained to the work. Second, the application of the acquired material survives consistently [8]. This shows that the selection of material becomes the determinant of the success of the Education and Training Unit. The results of an interview with the Education and Training Coordinator, dr. Mochamat Helmi, M.Sc, Sp. An, KIC, FISQua, MARS on December 13, 2021, obtained information that the training and education materials have been adjusted based on service needs through requests from Section/Subsection and even from volunteers requests themselves. The rotational dynamics of volunteers at CEH WAK will affect the consistent application of materials to the work so that the same education and training are needed over and over again. Focusing on personnel dynamics, the Education and Training Unit has planned on training and education consistently and continuously as in table 3.

Another problem faced by the Education and Training Unit is the support of the CEH WAK related to organizing operations. The support that has been there being obtained through the cooperation with the other organization and ties of the health profession and health education institutions. Based on the results of interviews and secondary data obtained, the problems faced by the Education and Training Unit are limited to being able to organize programs both in terms of facilities and infrastructure, and budget. The education and training process held has zero budget because the budget supported by the Government is allocated specifically to patient service activities. Notoadmodjo (2016) argues that the process of education and training is an effort to increase human resources skills, especially intellectual and personality abilities. The development of an organization or agency is determined by the small amount of attention given to education and training [12].

Other mechanisms related to how much work is done in an organization and given the pandemic that has not ended, the CEH WAK implements a safe culture in its environment by always enforcing health protocols in every activity. This is achieved through the installation of health protocol signs and pointers (Figure 8) as well as mobile patrols conducted by the Headquarters Unit, Environmental Health and Infection Control and Prevention Committee

regularly. It is hoped that routine checks enforcement of health protocols will create a safe culture so that the CEH WAK environment is controlled and safe from the spread of pandemics. A safe culture also applies in the implementation of FGD and Morning Report which is currently conducted online. Another safe culture is to conduct mass and routine swab tests for all human resources at CEH WAK and of course by paying attention to health protocols.

Table 3. Training Plan January-February 2022.

Implementation	Training Materials	Participant Target	Sum
January	Medevac Triage	Physicians and Nurse	100 person
	Mechanic Ventilation	Physicians	100 person
	Basic ICU	Physicians and Nurse	100 person
	Nutrition Management and Intake Training	Multiprofesi	100 person
	PPI	Physicians and Nurse	100 person
	Consular Guidance	Physicians	100 person
	Scientific Sessions	Physicians	100 person
	PERDICCI	Physicians	100 person
	USLS	Physicians	100 person
February	ACLS	Physicians	100 person
	HIPERCCI	Nurse	100 person
	Basic ICU	Physicians and Nurse	100 person
	PPI	Physicians and Nurse	100 person
	PKPO	Pharmacy	50 person
	PALS	Physicians	100 person
	ALTEM	Physicians	100 person
	Consular Guidance	Physicians	100 person
	Scientific Sessions	Physicians	100 person
	Fire Extinguisher Training	Multiprofesi	100 person

Source: Report on Implementation of Training Unit Activities for the period November 2020-August 2021 and Work Program Plan for the period September 2021-February 2022.



Figure 8. Healthy Culture Protocol at CEH WAK.
Source: Researcher, 2022.

3.2.6. *Departementalisasi*. Departmentalization is the basis used in grouping jobs, namely specifying how a worker and his or her activities are grouped. Departmentalization is a basic strategy for coordination activities in organizations because departmentalization influences behavior. Departematization is also described as an organizational chart. Chapter 3.4 mentions that CEH WAK implements decentralization in decision making by involving employees below it and in chapter 3.5 it has been mentioned that the breakdown of the organizational structure of CEH WAK is distinguished according to the professional specialization of health workers. Based on this, the researchers presented an analysis that the form of the organizational structure of CEH WAK is a form of line and staff organization. The form of line and staff organization is a combination of line organization and functional organization. The principle of unity of command is maintained and the delegation of authority takes place vertically from the helm to the leadership below. The leadership remains fully entitled to set decisions, wisdom and realize the company's goals. In helping smooth the task of the leader, he got help from the staff. The task of staff is only to assist, thoughtful suggestions, data, information, and service to the leadership as a consideration to determine their decisions and wisdom [3].

Its superiority: a) The principle of leadership unity is maintained, because the leader remains in one hand only; b) The existence of a grouping of authorities, namely line authority and staff authority; c) There is a clear division of duties and responsibilities between the leadership, staff and implementers; d) The leader has certain subordinates, while the subordinate only has a certain superior only; e) Subordinates only get orders and give responsibility to a certain superior only; f) The implementation of the tasks of the leadership is relatively smoother, because it gets the help of data, information, advice, and thoughts of its staff; g) The principle of the right man in the right place is easier to implement; h) The organization is flexible and flexible, as it can be applied to large and small organizations of enterprises as well as social organizations; i) The discipline and morals of employees are high, because their duties are in accordance with their expertise; j) The advantages of specialization can be obtained as optimally as possible; k) Coordination is relatively easy to implement, because there is already a clear division of tasks; l) Different employee talents can be developed, as they work according to their prowess and expertise and m) Command and accountability through the shortest vertical lines. The disadvantages are a) The implementing group is often confused to distinguish commands or advice assistance; b) Solidarity and "esprit de corp" employees are lacking because they do not know each other and c) Less healthy competition often occurs, because each unit or section considers its duties to be paramount [3].

4. Conclusions And Suggestions

4.1. *Conclusion*. Human Resources management CEH WAK faced a surge in Covid-19 cases in Indonesia in July 2021 in a relatively short time describing the organization's capacity in handling pandemics. Reviewed through six determining elements of the success of the organizational structure obtained the following conclusions:

a. **Job Specialization**

The specialization of health workers at CEH WAK in organizing health services has professional guarantees through Registration Certificate. Strategic positions in organizational structures are manned by personnel with predetermined qualifications by their field of work, which covers the level of education and level of education for the military and the type of professionals based on applicable laws.

b. **Chain of Command**

The chain of command at CEH WAK runs well through lower-level responsiveness in response to policies and strategies. The strength of the chain of command is influenced by the role of the military in the organization, ease of access to communication in conveying information, appreciation for the performance, and harmonization of military-civilian relations through forms of social activities.

c. Control Range

The control range of the organization is experiencing developments that are tailored to the needs of health care. These developments are supported by the availability of personnel through workload analysis planning as guidelines. The implementation of Workload Analysis has not been fully guided due to several constraints related to the distribution and welfare of personnel.

d. Centralization and Decentralization

CEH WAK's top manager decision-making is decentralized by involving side and lower-level managers both externally and internally.

e. Formalization

The formalization of work at CEH WAK was formed through Standard Operating Procedures for all processes of health care, educational materials, and training continuously based on service needs, monitoring and evaluation activities, and the establishment of safe work culture.

f. Departementalisasi

The departmentalization of the organizational structure of CEH WAK is a line and staff organization based on decentralization in decision making and control ranges tailored to the needs of the type of profession and health care function.

4.2. *Suggestion.* Suggestions that can be given by researchers to better support organizational capacity at CEH WAK are:

- a. The implementation of Workload Analysis in planning personnel needs should be a guideline by all units in the organizational structure.
- b. Planning of personnel needs using Workload Analysis is accompanied by the required personnel qualifications.
- c. Constraints and problems related to personnel welfare and human resource development to be of particular concern.

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