

**LOCAL GOVERNMENT POLICY IN DISTRIBUTION
OF HEALTHCARE WORKFORCE DURING THE COVID-19
PANDEMIC (KEBUMEN REGENCY)**

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Abstract

The main responsibility of the Indonesian government is to protect its citizens, including in the healthcare sector. However, the Government of Kebumen Regency has not fully implemented the responsibility. The research questions are (1) what were the policies of the local government of Kebumen Regency concerning the distribution of healthcare workforce during the COVID-19 Pandemic? (2) How do legal theories address any issues related to the local government policies concerning the distribution of healthcare workforce during the COVID-19 Pandemic? This was a qualitative descriptive study which used a sociological or empirical non-doctrinal method. The study was carried out in Kebumen Regency and the sources consisted of the Head of the Healthcare Agency, one human resource analyst, and one healthcare worker. This study operated under various theories, including Aristotelian political ethics and the will to power by Friedrich Wilhelm Nietzsche. This study found that the regent of Kebumen Regency had not demonstrated concern in distributing healthcare workforce to healthcare facilities during the COVID-19 Pandemic. The policy issued by the government of Kebumen Regency concerning the distribution of healthcare workforce is considered inappropriate. The political ethics theory shows that local government could issue policies concerning the distribution of healthcare workforce regardless of the existing needs for healthcare human resources. The will to power theory shows that local government policies can be considered as either appropriate or inappropriate policy.

Keywords: *distribution, healthcare workforce, healthcare policy, local government.*

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A. Introduction

The COVID-19 pandemic, which first hit at the end of December 2021, forced the government to design policies as an effort to anticipate Pandemic to Endemic transitions in Indonesia. Changes in healthcare, education, economic, social, and other aspects impact the community concerning how to survive and adapt to post-pandemic conditions. The government has taken several measures to prevent the recurring COVID-19 outbreak, ranging from the COVID-19 vaccination program at the national level (including the first, second, and third doses or the booster shots) given to children aged more than six years to the elderly. In addition, the government has also taken some measures to prevent another COVID-19 outbreak caused by a new variant, namely Omicron. Since the first official announcement by the Ministry of Healthcare of the Republic of Indonesia on December 16, 2021, that the first COVID-19 case was identified at Wisma Atlet in Indonesian citizens who were in quarantine after traveling abroad, healthcare workforce and healthcare facilities were forced to be prepared to face the new variant and wave of the COVID-19 in Indonesia.³ Globally, as of February 6, 2022, there were 386,548,962 confirmed COVID-19 cases; 5,705,754 of which died with a death rate of 1.5%. In Southeast Asia, there were 53,006,544 confirmed cases and 742,307 deaths (1.4%). Based on the data, there were 219 affected countries and 180 countries with local transmission. It can be said that the global risk was very high.⁴

The public healthcare system during the COVID-19 pandemic faced many challenges. There were various problems that may still occur during the third wave of the pandemic, including unequal distribution of Personal Protective Equipment (PPE) for healthcare workforce, uneven distribution of healthcare laboratory tests, and limited number of healthcare workforce in healthcare facilities. Healthcare workers, whose work routine was to provide healthcare services to the community, had to deal with extra works, for example, dealing with the COVID-19 pandemic. In fact, the limited number of healthcare workers and uneven distribution of healthcare workers in several regions in Indonesia remains a problem. According to the fourth paragraph of the Preamble to the

³ Ministry of Health of the Republic of Indonesia, 'Kasus Pertama Omicron di Indonesia Diduga dari WNI yang Datang dari Nigeria' (2021) <<https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20211219/5339013/kasus-pertama-omicron-di-indonesia-diduga-dari-wni-yang-datang-dari-nigeria/>> accessed February 11, 2022.

⁴ Ministry of Health of the Republic of Indonesia, 'Peta Sebaran Transmisi Lokal dan Wilayah Terkonfirmasi' (2022) <<https://infeksiemerging.kemkes.go.id/dashboard/covid-19>> accessed February 7, 2022.

1945 Constitution of the Republic of Indonesia, one of the goals of the Republic of Indonesia is to protect all the people of Indonesia, meaning that the government is responsible for providing protection to all the Indonesian citizens regardless of ethnicity, religion, race, or socio-economic status, including the provision of proper and adequate healthcare facilities and the availability of quality healthcare workers and equitable distribution of healthcare workers throughout Indonesia.

Based on Article 4 of Law No. 36 of 2009 on Health, everyone has the right to healthcare. This means that every Indonesian citizen has the right to a healthy life expectancy in daily activities and to interact with other society members. The right to healthcare is a human right that should be respected and upheld, including by the state. To enforce the right to healthcare, the government has the responsibility to realize equitable management of healthcare resources for all people to obtain the best condition of healthcare. One of the healthcare resources is healthcare workers. The government is responsible for the planning, selection, utilization, training, and quality control of healthcare workers in the context of healthcare service provision according to Article 21 of Law No. 36 of 2009 on Health. In the selection and utilization of healthcare workers, it is important for both central government and local governments to consider the types of healthcare services that the community needs, the number of healthcare facilities and the number of healthcare workers based on the workloads in healthcare facilities. The government is also responsible for the placement of healthcare workers according to the needs in each region by considering the rights of healthcare workers and the right of the community to equitable distribution of healthcare services.⁵

Healthcare services for the community are provided in healthcare facilities by healthcare workers from different backgrounds, including medical sciences, nursing, midwifery, clinical psychology, pharmacy, public healthcare, environmental healthcare, nutrition, physical therapy, medical engineering, biomedical engineering, traditional healthcare, and other healthcare-related studies.⁶ These healthcare facilities provide capital-intensive and labour-intensive services due to increased financial transactions and the large number of healthcare workers. However, healthcare workers have limitation in providing healthcare services in healthcare facilities because they are normal human beings who have different abilities among each other. Such limitations are analysed for the

⁵ Law No. 36 of 2009 on Health, art. 26 par. (1), (2), (3) and (4); Law No. 36 of 2014 on Healthcare Workers art. 13, 22, and 23,

⁶ Law No. 36 of 2014 on Health, art. 11.

purpose of planning the needs for healthcare workers in healthcare facilities as regulated in Regulation of the Minister of Healthcare of the Republic of Indonesia No. 33 of 2015 on Guidelines for Planning Human Resources Needs in Healthcare Sector. Meanwhile, the workload of healthcare workers is analysed based on the provisions in Regulation of the Minister of Administrative and Bureaucratic Reform of the Republic of Indonesia No. 1 of 2020 on Guidelines for Job and Workload Analysis.

The result of calculating the workloads of healthcare workers under the provision of healthcare services can be used to determine the needs for healthcare workers and it serves as the guideline for planning the needs for healthcare workers in healthcare facilities. This is in accordance with Regulation of the Minister of Healthcare of the Republic of Indonesia No. 43 of 2017 on the Formulation of Functional Position Formations in Healthcare Sector. This regulation has set the required number of healthcare workers based on the workloads of healthcare facilities in providing healthcare services to the community. The healthcare workers' workload regulated in this provision is the normal workload of providing healthcare services in normal conditions. During the COVID-19 pandemic and to anticipate the third wave of the Pandemic, the healthcare workers' workload is suspected to increase, thus requiring a higher number of healthcare workers to provide healthcare services to the public. This is because, in addition to the normal job description, the healthcare workers are given more jobs during the pandemic, including sampling and performing swab tests, contact tracing for warning contact for exposure, and rolling out the COVID-19 vaccination program.

Local governments have autonomy and an obligation to manage their own regions to promote community welfare. The healthcare sector is one of the sectors that local governments are obliged to manage. Regency/municipal governments delegate the authority to regulate the healthcare affairs in their region to the regency/municipal Healthcare Office. The planning, selection, placement, and utilization of human resources in the healthcare sector, namely healthcare workers, are carried out by the Regency/Municipal Healthcare Office. In 2021, the need for healthcare workers per 1,394,038 population in Kebumen Regency was 7,596 healthcare workers, but until the end of 2021 this regency only had 4,293 healthcare workers, with a total of 5,618 but 1,325 of them had not had Proof of Registration Application and License.⁷ In this case,

⁷ Healthcare Office of Kebumen Regency, *Profil Kesehatan Dinas Kesehatan Kabupaten Kebumen Tahun 2021* (Healthcare Office of Kebumen Regency, 2021).

there was a healthcare staffing shortage, for example, 3,303 healthcare workers. Therefore, it is necessary for the local government to issue a policy concerning the placement and distribution of healthcare workers to all healthcare facilities to be able to provide healthcare services to the community properly. Based on Regulation of the Minister of Administrative and Bureaucratic Reform No. 13 of 2019 on the Proposal, Stipulation, and Training of Functional Positions for Civil Servants, civil servants who held structural positions and had healthcare educational backgrounds were shifted to healthcare workers with functional positions. This policy had an impact, for example, a reduction in the number of officials with structural positions and an increase in the number of healthcare workers. The healthcare workers were distributed equally to healthcare care facilities. Based on the policy of the Government of Kebumen Regency through Decree of the Kebumen Regent No. 281 of 2021 on Termination of Civil Servants from Structural Positions and Re-appointment in Functional Positions at Regional Working Unit of Public Healthcare Centre within the Authority of the Government of Kebumen Regency, which was issued on December 31, 2021, these healthcare workers were returned and distributed to healthcare care facilities. However, 30 healthcare workers were not returned to their functional positions as healthcare workers but placed in non-healthcare institutions. This implicitly showed that the government was arrogant and indifferent to the COVID-19 pandemic condition, which required a greater number of healthcare workers due to an increased in the number of confirmed cases.

Akram stated that there have been many changes in the healthcare services during the COVID-19 pandemic. The healthcare profession which previously upheld traditional principles and policies has faced new challenges which were never encountered previously, namely difficulties in finding and equitably distributing ventilators, medical laboratory tests, and Personal Protective Equipment (PPE). Healthcare workers are forced to deal with situations that require difficult ethical decision-making that affects the life and death.⁸ The concept of healthcare needs and maximum benefits are confronted with inequitable distribution of healthcare equipment and indifference to access to healthcare services, thus leading to moral pressure which causes new problems in relation to human rights ethics for healthcare workers and the community as the service recipients. The healthcare workers are entitled to the right to self-protection from being affected by the

⁸ F. Akram, 'Moral Injury and the COVID-19 Pandemic: A Philosophical Viewpoint' (2021) *Ethics, Medicine and Public Healthcare* 18.

COVID-19 virus, while the community has the rights to optimal healthcare services from healthcare workers with adequate healthcare infrastructure. Patients and their family members need quality healthcare services from healthcare workers.

Afroogh, Kazemi, and Seyedkazemi explained that in terms of ethics, the principle of maximization, for example, saving more human lives and life expectancy, can be understood by the healthcare worker community.⁹ This principle was a challenge during the COVID-19 pandemic in which there was scarcity of resources that could be allocated only for a few patients treated. Because of this principle, resources that had been given to patients had to be reallocated.

This study requires further studies because this study is limited to the distribution of healthcare workers which requires the issuance of government policies related to the handling of the COVID-19 Pandemic. Future studies are expectedly able to describe all the government policies which regulate the mechanism of healthcare workers in handling the COVID-19 pandemic in Indonesia.

The research was conducted in Kebumen Regency because there was a gap between the number of healthcare workers and the number of the population in Kebumen Regency who received healthcare services. The number of physicians was still lacking with a ratio of 30.16 per 100,000 population in Kebumen Regency, while according to the World Healthcare Organization (WHO), the ideal ratio is 40 per 100,000 population. In addition, the number of dentists was also lacking, with a ratio of 3.63 per 100,000 population in Kebumen Regency, while the targeted ratio is 11 dentists per 100,000 population. The ratio of midwives was 74.41 per 100,000 population, while the ratio according to the Indonesia Sehat program is 100 per 100,000 population. The ratio of nurses to the population was 128.55 nurses to 100,000 population in Kebumen Regency; they were mostly assigned to handle the COVID-19 Pandemic, particularly in contact tracing and vaccination. In fact, this gap might be larger due to the effort of accelerating COVID-19 vaccine deployment in Kebumen Regency.

Regulation of Minister of Administrative and Bureaucratic Reform No.13 of 2019 on Proposal, Stipulation, and Training of Functional Positions for Civil Servants, which returns officials with structural positions who have either healthcare-related educational backgrounds or healthcare-related expertise to officials with functional positions (as

⁹ S. Afroogh, A. Kazemi, A Seyedkazemi, 'COVID-19, Scarce Resources and Priority Ethics: Should Maximizers be More Conservative?' (2021) *Ethics, Medicine and Public Healthcare* 18.

healthcare workers) was implemented the last in Kebumen Regency compared to other regencies in Central Java Province. The governments of other regencies/cities in Central Java Province had already implemented it before Kebumen, for example, they distributed healthcare workers according to their proportion in healthcare facilities.

This study aimed to reveal how the local government issued policies concerning the distribution of healthcare workers to non-healthcare institutions during the COVID-19 pandemic, while many healthcare facilities lacked healthcare workers to treat patients with confirmed COVID-19.

B. Problem Formulation

Based on the abovementioned background, the problem formulation that will be discussed in this study are: what are the local government policies concerning the distribution of healthcare workers during the COVID-19 pandemic in Kebumen Regency? and how do the legal theories respond to the local government arrogance in the distribution of healthcare workers during the COVID-19 pandemic?

C. Methodology

This was a qualitative descriptive study with sociological or empirical non-doctrinal methods. In this study, the law was seen as a social phenomenon instead of the law as a normative rule. The qualitative method is a method that focuses on the general principles underlying any phenomena in human life or patterns of analysis of socio-cultural phenomena using the culture that exists in the community to obtain an overview of the prevailing patterns. This approach was used to reveal the arrogance of the local governments in the distribution of healthcare workers during the COVID-19 pandemic because this approach can reveal the problems behind the policy issuance processes.

The data sources in this study consisted of primary and secondary data sources. The respondents involved in this study were the Head of the Healthcare Office in Kebumen Regency, one human resource analyst, and one healthcare worker whose job placement was in a non-healthcare institution. The research was conducted in Kebumen Regency because the researchers lived and domiciled in Kebumen Regency, so they had good knowledge about the cultural, social, and religious aspects of this regency. In addition, the researchers often interacted with healthcare workers in some healthcare facilities, so they had good understanding of the psychological condition of the healthcare workers there.

D. Results and Discussion

1. Local Government Policy in the Distribution of Healthcare Workers during the COVID-19 Pandemic in Kebumen Regency

The government has issued a policy, for example, the 2020-2024 Medium-Term Development Plan (RPJMN), which mandates to increase access to and quality of healthcare services to expand universal healthcare coverage by focusing on strengthening primary healthcare care and promoting both promotive and preventive measures as well as innovation and technology utilization. The strategies consist of improving maternal and child healthcare, promoting family planning and reproductive healthcare, improving community nutrition, improving disease control, promoting the movement of community's healthcare life (GERMAS), and improving healthcare services as well as drug and food control. Both the direction and strategies of RPJMN imply that, to achieve good and equitable healthcare development for all Indonesian citizens, it is crucial to have high-quality healthcare services, including healthcare workers. During the COVID-19 pandemic, extraordinary-quality healthcare services and a larger number of healthcare workers are needed to provide healthcare services to the public. The local governments are responsible and authorized to regulate, improve the quality, and utilize healthcare workers as needed.¹⁰ Kebutuhan tenaga kesehatan di Masa Pandemi COVID-19 sejak bulan Maret 2020 yang lalu sangat banyak. The need for healthcare workers during the COVID-19 Pandemic since March 2020 has been growing significantly. Until 22 February 2022, there have been 2,066 healthcare workers who have passed away nationally, consisting of 730 physicians, 670 nurses, 398 midwives, 51 medical laboratory technologists, 48 pharmacists, 46 dentists, 12 radiographers, 8 dental therapists, 7 sanitarians, 5 pharmacy technicians, 4 paramedics, 3 electromedical staffs, 2 epidemiologists, 1 healthcare entomologist, 1 medical physicist, and 80 other people with healthcare-related professions.¹¹ Of this number, Central Java ranked fourth as a province with the highest number of healthcare worker deaths in Indonesia (193 deaths).

Based on data from the Profile of Human Resources in Healthcare Sector of the Healthcare Office of Kebumen Regency in 2021, this regency has various government-owned healthcare services, consisting of 35 Public Healthcare Centers, 1 healthcare

¹⁰ Law No. 36 of 2014 on Healthcare Workers, art. 4 par. (a) and (b).

¹¹ Laporan Covid-19, 'Statistic' (Laporan Covid-19, 25 Februari 2022) <nakes.laporcovid19.org/statistic?> accessed on 25 February 2022.

laboratory, 1 lung clinic, and 2 tertiary hospitals.¹² The government-owned healthcare service facilities have different needs for healthcare workers according to the demographic conditions of the region and the population. In Kebumen Regency, there was a shortage of 3,303 healthcare workers. This regency has not fully implemented Regulation of the Minister of Administrative and Bureaucratic Reform No. 13 of 2019 on Proposal, Stipulation, and Training of Functional Positions for Civil Servants, which returns officials who have structural positions, healthcare-related educational backgrounds, and healthcare-related expertise, as healthcare-workers with functional positions. A total of 20 workers with structural positions were not returned as healthcare workers with functional positions, instead they were placed in non-healthcare institutions. Meanwhile, during the pandemic, healthcare care facilities were faced with an increasing need for healthcare workers because, in addition to providing routine public healthcare services, they had to deal with many other additional duties, including performing swab tests, delivering the swab samples to healthcare laboratories, making contact tracing, and performing COVID-19 vaccinations¹³. The heavy workloads with a limited number of healthcare workers certainly require concern from the local government. The local government should have known how the community needs healthcare services, unless the local government will be considered arrogant.

Based on the results of the interview with an informant, namely the Head of the Healthcare Office of Kebumen Regency, the distribution, transfer, termination, appointment, and selection of healthcare workers in Kebumen Regency are under the authority of the Regent of Kebumen. The Healthcare Office of Kebumen Regency, as an institution authorized to manage the healthcare sector in Kebumen Regency can only propose to the Human Resources Development and Staffing Agency of Kebumen Regency. The Healthcare Office of Kebumen Regency has made efforts to return healthcare workers from their structural positions to their initial positions as healthcare workers who should be placed in healthcare care facilities, especially ones that lack healthcare workers. The Healthcare Office of this regency with several other healthcare care facilities have been able to fulfilled new functional positions such as healthcare

¹² Healthcare Office of Kebumen Regency (n 7).

¹³ Jihyun Park and Dodik Setiawan Nur Heriyanto, 'In Favor of An Immigration Data Protection Law In Indonesia And Its Utilization For Contact Tracing' (2022) 4 (1) Prophetic Law Review 1.

administration.¹⁴ The Healthcare Office has already had a database system for healthcare workers, which comprises planning, recruitment, and distribution of healthcare workers through an integrated system with the Ministry of Healthcare of the Republic of Indonesia. This integration system has been successfully tested through the National COVID-19 Vaccine Deployment for Healthcare Workers starting from the first and second doses as well as booster shots. The distribution of healthcare workers in the Healthcare Office in this regency has met the provisions in Article 26 paragraph (3) of Law No. 36 of 2009 on Health, which takes into account the type of healthcare services needed by the community, the number of healthcare facilities, and the number of healthcare workers to meet the workloads of the healthcare services. Utilization of human resources in the healthcare sector serves as an effort to distribute, utilize, and develop healthcare resources.

Based on the results of the interview with a respondent, namely human resource analyst from the Healthcare Human Resources Development and Staffing Agency of Kebumen Regency, the distribution and placement of civil servants from all educational backgrounds, including healthcare workers, are the authority and prerogative of the Regent of Kebumen Regency. The Healthcare Human Resources Development and Staffing Agency the Kebumen District Healthcare Personnel and Human Resources Development Agency only receives input and proposals from institutions under its authority, namely the Healthcare Office as well as the Population Control and Family Planning Office. Such inputs are then proposed to the Regional Secretary to be forwarded to the Regent. The decisions of the Regent will be sent back to the Healthcare Human Resources Development and Staffing Agency for the issuance of a Decree on the placement and distribution of employees, including healthcare workers. The planning, proposal, placement, and return of officials with structural positions to functional positions as healthcare workers had met the existing standard operating procedures. However, there were a few officials with structural positions who were not returned to functional positions as healthcare workers yet placed in non-healthcare institutions to fill the existing vacancies. The Government of Kebumen Regency showed a concern with the COVID-19 pandemic by making collaboration efforts with the heads of other institutions such as the Military District Command and Police in

¹⁴ Interview with the Head of the Healthcare Office of Kebumen Regency on December 28, 2021.

handling the COVID-19 pandemic.¹⁵ Based on the results of the interviews, it can be concluded that, in terms of the distribution of healthcare workers to healthcare facilities, the government of Kebumen Regency complied with the laws and regulations and did not show arrogance. This means that the government of Kebumen Regency showed no concern for public healthcare services, but their concern was to fill vacant bureaucratic positions. This policy contradicts article 26 paragraphs (1), (2), (3) and (4) of Law No. 36 of 2009 on Health and articles 13, 22, and 23 of Law No. 36 of 2014 on Healthcare Workers.

Based on the results of an interview with a civil servant who was originally a healthcare worker but placed in a non-healthcare institution, he was disappointed with the decision taken by the Kebumen Regent because their healthcare-related knowledge could no longer be implemented in the non-healthcare institution. He said that he and his previous co-workers had worked together in the healthcare sector for a long time as workers with structural positions; they already had kinship and closeness among each other. However, he had to comply with the decision of the Regent due to the code of ethics and obligations as a civil servant, unless he would be given sanctions and penalties.¹⁶ This is because healthcare workers, as workers with functional positions, serve as subordinate workers who must obey all regulations, policies, and decisions taken by the heads of institutions. Healthcare workers, who must comply with their own healthcare-related code of ethics, must also comply with other codes of ethics applicable in their workplace.

2. Legal Theories That Can Respond to Problems in the Policy Issued by the Local Government concerning the Distribution of Healthcare Workers during the COVID-19 Pandemic

According to Aristotle in terms of ethics in the code of ethics, it is true that a happy life is to live in accordance with the values of life; these values are a way of living in the best way.¹⁷ In all countries, there are three elements, namely the first class which consists of the very rich class, the second class which consists of the very poor, and the third class which consists of the middle class. It is admitted that moderation is the best, so it is better to own moderate amounts of wealth. Under these life conditions,

¹⁵ Interview with a human resources analyst in Healthcare Human Resources Development and Staffing Agency of Kebumen Regency on December 29, 2021.

¹⁶ Interview with a respondent who was previously a healthcare worker but then placed in a non-healthcare institution on January 2, 2022.

¹⁷ Inu Kencana Syafie, *Politik (La Politica)* (Visimedia, 2007) 198.

people will tend to uphold the principle of rationalization. However, those with something extreme, for example, extremely beautiful, extremely strong, extremely wealthy or the opposite such as extremely poor and extremely weak, will find it difficult to uphold the principle of rationalization. Of these two types, one develops into violence and major crimes, while the other one develops into dishonesty, immorality, and disrespect for others. In this case, there is an act of violence and insult to another person. Those of the middle class are usually neither indifferent to the rules nor ambitious. In terms of healthcare workers, according to Aristotle's category, these workers are included in the middle class because they tend to obey the rules and have no ambition to rebel or achieve better goals. Indonesia as a legal state has a legal system. Indonesia implements three legal systems simultaneously, namely the civil law system, the customary law system, and the Islamic legal system. These three legal systems aim to regulate people's lives based on different sources and achieve the welfare of the community. Those who adhere to the principle of rationalization will tend to obey the applicable rules, while those who have power will usually not obey them. The development of the legal system in Indonesia will form some elements that are in line with the concept proposed in Aristotle's theory. With the regional autonomy, the local governments can regulate and distribute healthcare workers to all regions within their authority regardless of the existing needs for healthcare workers.

Mind wisdom cannot prove truth or mistake.¹⁸ This is very impossible that the mind can obtain the truth. A mind that has reached the reflective thinking cannot be satisfied by returning to general concepts, but it usually moves forward to new levels. The certainty obtained might come from doubts. In a policy taken, there are no facts in truth, but only interpretations and perspectives. In making interpretation, people have their own perspectives. Different understanding will be obtained when there is a change in perspective. Truth is a fallacy that is useful for maintaining the flow of life. In other words, truth equals mistake. The notions of truth and mistake or the right and the wrong can be used interchangeably. In this study, the policy taken by the local government of Kebumen Regency, in terms of the distribution of healthcare workers by returning civil servants with structural positions to become healthcare workers with functional positions during the Pandemic, can be considered the right thing because this policy met the standard operating procedure, but it can also be considered a mistake.

¹⁸ Julian Young, *A Philosophical Biography* (Cambridge University Press, 2010) 98.

Arrogance, which is defined as freedom not to obey the rules in policy making, can be equated with the concept of “will power” proposed by Nietzsche. The will to power is realized by not understanding the surrounding environment that tries to suppress the subordinate groups. The policy taken does not need ethical and moral considerations because morality is a means of the oppressed to generalize their own hatred.¹⁹ The oppressed group in this study was healthcare workers.

The policy of the Government of Kebumen Regency in the distribution of healthcare workers can be considered as right or wrong. On the one hand, it has gone through the considerations, reviews, and studies of many experts. On the other hand, this policy might be considered as wrong (arrogance) when seen from the perspective of the community's needs for quality healthcare services and healthcare workers. The community's need for quality healthcare facilities during the COVID-19 pandemic contradicts the local government policy which focuses on filling the vacant formations in other institutions that are not directly related to the handling of the COVID-19 pandemic. In fact, the community highly needs the local government's concern by making a policy concerning the distribution of healthcare workers during the COVID-19 pandemic. The local government's policy that prioritizes the community's needs for healthcare workers and services will be seen as the right thing that might not be seen as a mistake regardless of the points of view used.

Nietzsche rejects the fact of knowledge; the foundation of knowledge is belief. Decisions and policies are basically based on trust.²⁰ The mind is not directed at knowledge, but at mastery of objects and goals. The will to make equal means the will to power. Article 26 paragraphs (1), (2), (3) and (4) of Law No. 36 of 2009 on Health and articles 13, 22 and 23 of Law No. 36 of 2014 on Healthcare Workers regulate the distribution and placement of healthcare workers in healthcare facilities. Such knowledge and the pandemic conditions serve as the basis for policy making. In addition, information about healthcare workers exposed to COVID-19 should arouse more concerns in the policy making. According to the arrogance concept in the will to power theory, it can be said that all entities in the world need interpretation – there is no such thing as clear facts – and all ideas are confusing, unclear, even open to multiple and often contradictory interpretations. The will to power as the basis of the human

¹⁹ Wayne Morrison, *Jurisprudence: From the Greek to Post-Modernism* (Routledge, 2016) 410.

²⁰ Listiyono Santoso and others, *Epistemologi Kiri* (Ar-Ruzz Media, 2003) 66.

impulse; impossibility to achieve the truth; a statement that there are no clear facts, or statements about interpretation in the world; that God is dead; that religion is a means by which some individuals dominate others, and it is an ideological lens through which people avoid subjecting the real world to radical interrogation.²¹

The policy of the local government concerning the distribution of healthcare workers was made only to comply with Article 26 paragraphs (1), (2), (3) and (4) of Law No. 36 of 2009 on Health and Articles 13, 22, and 23 of Law No. 36 of 2014 on Healthcare Workers, but it did not take into account the community's need for healthcare workers in relation to the provision of healthcare services. The uneven distribution of healthcare workers has created public distrust of the policies made by the local government. This means there is no knowledge as a basis for trust. Policies made without knowledge are wrong when seen from various perspectives. This may lead to the perception of arrogance of a policy made by the authorities or local government. In fact, the policy made by the local government did not pay attention to several considerations and studies on the conditions during the COVID-19 pandemic, including the fact that there were many healthcare workers exposed to and died from the COVID-19 disease.

There is a conflict between the interests of the community through the distribution of healthcare workers and the interests of the authorities, particularly the local government, thus leading to competition. The internal competition between individuals and groups is seen by Nietzsche as a form of agonism. Agonism is the idea that conflict and struggle are the natural basis of life, which is replicated in social, political, and cultural life. Human intelligence can change the nature in many ways but cannot eliminate the presence of conflicts between individual humans and in social groups.²² The conflict of the policy concerning the distribution of healthcare workers does not cause a war or riots in the community. It is still in the form of an internal conflict, for example, a debate topic among the oppressed groups (healthcare workers). The healthcare workers expect that the regent, as the local government representative, can make policies that demonstrate concern for the community and considers the impacts of the policy implementation on the community, particularly during the pandemic. According to Nietzsche, what makes a man great in politics is his ability to

²¹ Wayne Morrison (n19) 411.

²² Diego A. von Vacano, *The Art of Power, Machiavelli, Nietzsche and the Making of Aesthetic Political Theory* (Lexington Book, Rowman & Littlefield Publisher, 2007) 78.

transcend the constant antagonisms of life and to see that a higher goal can be achieved if he abandons the will to oppress. Nietzsche named it as "love of humanity" that a great leader has by prioritizing the common good of the nation or humanity.²³

The conflicts between the two interests need resolution. The local governments that impose their wills through policies that they make without giving healthcare workers the opportunity to give recommendations or express opinions can be considered arrogant. Reasonable agreement in this case is irrelevant because the one in power imposes his views on others. According to Nietzsche, some truths are hard to bear; these truths should not be accessible to all people. To a certain extent, the role of the rulers is to bear the responsibility to know certain truths and live with them, while the community live in illusions. Nietzsche was concerned about the public morality after winning over the rulers because if this was for real, certain truths were like centrality and inevitable pain in life; human beings will never know. However, the rulers need the people to constantly provide criticisms, allowing them to be able to sharpen their philosophical "reasoning".²⁴

To a certain extent, people can impose their will on other people and the nature. The nature might agree with the human actions from a scientific and technical perspective. But such human's power over the nature has limitation and it cannot change human nature. Humans are deeply rooted in the nature. They are not completely facilitated and constrained by the nature, but they are deeply rooted in it.²⁵ It is difficult to conduct mediation or deliberation between the authorities/rulers and the community because there is a gap between these two groups. The minority groups in the society will always suffer due to policies made by the authorities.

The minority groups in the society will always suffer due to policies made by the authorities. The rights of the minority that should be protected and upheld by the authorities because these rights have been handed over to the authorities during the general election are, in fact, not properly protected and upheld.

²³ Ken Gemes and John Richardson, *The Oxford Handbook of Nietzsche* (Oxford University Press, 2013) 19.

²⁴ Rolf-Peter Horstmann and Judith Norman, *Nietzsche, Beyond Good and Evil* (Cambridge University Press, 2002) 71.

²⁵ Walter Kaufmann, *Nietzsche, Philosopher, Psychologist, Antichrist* (Oxford University Press, 2013) 93.

E. Conclusion

In the COVID-19 pandemic, extraordinary-quality healthcare services with many healthcare workers are needed to provide public healthcare services. The local government is responsible and authorized for the regulation, improvement, and utilization of healthcare workers as needed. The need for healthcare workers in the COVID-19 pandemic since March 2020 has been growing significantly. A total of 20 workers with structural positions were not returned as healthcare workers with functional positions, instead they were placed in non-healthcare institutions. The growing need for healthcare workers is because, in addition to the normal job description, the healthcare workers are given more jobs during the pandemic, including sampling and performing swab tests, contact tracing for warning contact for exposure, and performing the COVID-19 vaccination program. The healthcare workers' workload is increasing yet the number of healthcare workers is limited, thus requiring a concern from the local government. The local government should know the community's needs for healthcare workers and healthcare facilities, unless the government will make policies that considered arrogant and wrong. The healthcare problems reflect policy failure which reflects poor policy formulation, inaccuracy of implementation, low effectiveness of policy evaluation, lack of support from various actors, as well as other external and internal factors that play a role in policy making. Policy failure may start from inappropriate policy formulations.

To increase the effectiveness of policy formulation, policy makers must be able to formulate evidence-based policies, allowing the resulting policies to accommodate the internal and external environment and conditions of the policies. In addition to formal processes that affect policy formulation and implementation, various non-technical aspects as well as non-formal processes also play a role in the dynamics of policy making. The personality of the elite policy makers in the local government has been proven to affect the process of policy making, implementation, and revocation. The elite policy makers are selected based on individual motivation and ability to affect social structures, especially healthcare. It is necessary for the local government of Kebumen Regency to combine a bottom-up and top-down approach to create balance, without which, there is often an assumption that the success of policy making by the government is determined by those who implement it at the regional level. In other words, policy-related problems are often seen as poor implementation rather than bad policies. The implementation stage will affect the policy impact that cannot be fully anticipated and predicted in advance at the

formulation stage. The local governments play a strategic role in implementing policies that are easily affected by changes in organization and its management.²⁶

In fact, the disharmony between the national and local policies will cause inefficient implementation. Local governments should be able to fulfil various needs and demands to respond to various dynamically emerging contexts. A policy is made as a response to the community problems to provide a solution to these problems. A policy always starts with the design or formulation of solutions to community problems. However, the policies made are not always able to serve as solutions to community problems.

According to Aristotle in terms of ethics in the code of ethics, it is true that a happy life is to live in accordance with the values of life; these values are a way of living in the best way. The policy made by the Government of Kebumen Regency has not contained an effort to bring happiness to the lives of healthcare workers and the community who need quality and professional healthcare services. The community needs the improvement of the quality of healthcare services with an equitable distribution of healthcare workers throughout this regency. The policy of the local government uses the principle of rationalization, which healthcare workers and the community should obey. Unfortunately, the principle of rationalization does not pay attention to the healthcare impacts on the community, thus failed to bring happiness to the community. According to Friedrich Wilhelm Nietzsche in his will to power theory, mind wisdom cannot prove truth or mistake. Arrogance, which is defined as freedom not to obey the rules in policy making, can be equated with the concept of “will power” proposed by Nietzsche. The “will power” is realized by not understanding the surrounding environment that tries to suppress the subordinate groups. The policy taken does not need ethical and moral considerations because morality is a means of the oppressed to generalize their own hatred. The oppressed group in this study was healthcare workers. It is difficult to conduct mediation or deliberation between the authorities/rulers and the community because there is a gap between these two groups. The policy of the local government of Kebumen Regency concerning the distribution of healthcare workers has brought an impact, namely decreased quality of healthcare services due to insufficient number of healthcare human resources. This deviates from the vision of the Ministry of Healthcare of the Republic of

²⁶ Dumilah Ayuningtyas, *Analisis Kebijakan Kesehatan: Prinsip dan Aplikasi* (Rajawali Pers, 2019) 4.

Indonesia which is manifested in six pillars of healthcare transformation, one of which is the transformation of healthcare human resources.

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