



THE BASIC TRAINING NEEDS OF HEALTH PROVIDERS TOWARD PANDEMIC PREPAREDNESS AND RESPONSE: INDONESIAN CASE IN PANDEMIC COVID 19

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ABSTRACT

Health providers have the most important role on Pandemic Covid 19 case management and prevention at the health centre, hospital and communities, even though they are one of the vulnerable groups for contracting Coronavirus Disease 2019 due to close contact when providing direct health services to patients with Coronavirus Disease 2019. Basic training is one the efforts that are expected to increase the knowledge and skill of the health workers about pandemic covid 19 preparedness and response on prevention and infection control and personal protective equipment against pandemic covid 19 so that transmission to health workers at the health facilities can be prevent. The purpose of this study is to identify and analyse the government policy about the need of standardized and basic training of health providers. The methodology used is a literature reviewed of government policies and report on Pandemic Covid 19 preparedness and response in Indonesia, and related scientific journal. The result of reviewed found that the needs of basic training of health providers towards pandemic preparedness and response consist of case management, stress management, psychological self-care, intensive care, personal protective equipment, communication strategy, epidemiological surveillance, contact tracing, collection of specimens, laboratory examination, hygiene and sanitation protocol and isolation strategy.

Keywords: basic training; health provider; pandemic preparedness

INTRODUCTION

Health providers have the most important role on Pandemic Covid 19 case management and prevention at the health centre, hospital and communities, even though they are one of the vulnerable groups for contracting Coronavirus Disease 2019 due to close contact when providing direct health services to patients with Coronavirus Disease 2019. For almost two years of working non-stop to provide services to the community to deal with the pandemic, not a few Indonesian health workers have died in the struggle due to being infected with the COVID-19 virus (3). Policy makers at the regional level and country level need to: integrate explicit health workforce requirements in pandemic response plans, appropriate for different levels of care, for short, medium and long term; ensure safe working conditions for all deployed health workers including adequate training to ensure basic needs and training standard (1,2,6). Basic training is one the efforts that are expected to increase the knowledge and skill of the health workers about pandemic covid 19 preparedness and response on prevention and infection control and personal protective equipment against pandemic covid 19 so that transmission to health workers at the health facilities can be prevent.

In addition to this, the pandemic conditions and the demands of the profession have also caused health workers to experience fatigue due to the sources of stress faced by health workers during the COVID-19 pandemic which can affect work and personal life. To identify and analyse the government policy about the need of standardized and basic training of health providers towards pandemic preparedness and response.

METHODS

The method used in this research is Systematic Literature Review (SLR) for journal papers published from 2015 – 2021. The research stage which consists of the planning stage is the initial stage of conducting the SLR, the next stage is the conducting stage, namely the implementation stage of the SLR, and the last stage is reporting, which is the stage of writing the SLR into a report. At this stage, questions are determined according to the research topic. The following is a research question in this study: 1) What is the government policy about the basic training need of health providers towards pandemic preparedness and response in Pandemic Covid 19?; 2) What is the standardized training need of health providers towards pandemic preparedness and response in Pandemic Covid 19?.

The data is analyzed and the results will answer the Research Question (RQ) that has been determined previously and will discuss the government policy about the need of basic and standardized training needs of health providers toward pandemic preparedness and response that often appear from 2015-2021. The results of the search process and inclusion and exclusion criteria are only 14 literatures, papers that have met the criteria, namely journal papers published in the 2015-2021 period and having discussions related to government policy and basic need and standardized training for providers towards pandemic preparedness and response in Pandemic Covid 19. The information obtained is then grouped into several types of literatures. The types of literature that have been successfully obtained consists of articles, books and some secondary data from PubMed, and Google Scholar

RESULTS

Table 1.
 The Results of the Analysis of 13 Articles

No	Author and Year	Objective	Methods	Sample	Result
1	(Susiladewi & Yanti, 2021)	To analyse effect of training and video provision for the pre-knowledge of nurse about personal protective equipment at the General Hospital Bali Mandara	This research is a quantitative study using the pre-experimental method one group pre-test-post-test design, which was conducted on 210 respondents using purposive sampling technique.	Nurse at the Hospital of Bali Mandara	The Wilcoxon test results obtained a p value of 0,000, meaning that there was an effect of training and video provision on nurses' knowledge of personal protective equipment during the Coronavirus Disease 2019 pandemic during the 2019 Coronavirus Disease pandemic.
2	(Chowdhury & Chakraborty, 2017)	To assess and compare, objectively, hospital preparedness with available Centre of Disease Control	CDC has issued checklist for the assessment of hospital preparedness for COVID-19 pandemic,	Hospital	Element two is for the development for written COVID-19 plan. Element eight consists of addressing the occupational health of healthcare workers. Lowest scoring was in the element seven represented visitor

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		and Prevention (CDC) standards	globally. This list contains 10 elements with sub-sections. We objectified the same and scored the hospital preparations accordingly. Various financial efforts made by the hospital to procure COVID19-specified items was also recorded		access and movement within facility. During the study period, the hospital procured items of approximately 55 lakhs. In the study period, doctors, nursing staff, housekeeping staff, and security staff were channelized for doing COVID-19 duties
3	(Manik, Christa Gumanti, & Dkk, 2020)	To analyse Indonesian government's policies related to the protection of health workers during the COVID-19 outbreak, by examining regulations, related journals, national and international (electronic) media, and related data on health workers contracting the disease	Literature review such as government regulation, result of press conference, scientific journal related to Pandemic of Covid 19 use policy triangle by Waltz and Gilson.	Health worker	Multisectoral cooperation to develop technology-based health services and continued training for health workers in responding the outbreak are needed. Government needs to collect and publish data on health worker infection rates and deaths nationally. It is also important to keep promoting the use of masks and good hygiene practices in the society
4	(Yumna, Ag, & Mustopa, 2020)	To know the training methods and development of company during Pandemic Covid 19.	The method used in this study uses qualitative methods and uses a literature review approach	Companies that have started using new methods in training and development	Training methods during Pandemic Covid 19 can be use the eLearning platform such as zoom, google meet and others. Training design should be prepared as well as the planning to improve the knowledge and skill of the worker.
5	(Bourgeault et al., 2020)	Integrate explicit health workforce requirements in	Analysis of country policy	Health worker	While support and appreciation is seen for all those health workers putting themselves at risk to save other

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		pandemic response plans, appropriate to its differentiated levels of care, for the short, medium and longer term; ensure safe working conditions with personal protective equipment (PPE) for all deployed health workers including sufficient training to ensure high hygienic and safety standards.			people's lives and to provide care in extremely difficult circumstances across many societies, more explicit policies and practices to support health workers are needed for a sustainable health workforce through the pandemic and further into the future.
6	(Duong et al., 2021)	To examine the relationship between country-level rankings on these two indices, along with two additional indices (the Universal Health Coverage Service Coverage Index and World Bank Worldwide Governance Indicator (n = 195)) and compared them to the country-level reported coronavirus disease (COVID-19) cases and deaths (Johns Hopkins University	Country-level daily data on COVID-19 were sourced from the JHU COVID-19 Dashboard. A first research team worked to collect data on reported COVID-19 cases and deaths, extracted from 22 January 2020 through 17 June 2020. A second research team separately collected the most recent year data for each index: 2019 for GHSI, 2019 or 2018 for IHR-SPAR, 2017	COVID-19 cases and deaths data.	This study included data from 195 countries, which represent 99.5% of the population in the world as of 2018. Almost all included countries reported at least 12 weeks of COVID-19 case and death data (93.8%, range = 5–12 weeks). Africa reported the lowest proportion of countries with 12 weeks of data (85.5%); the remaining five world regions reported at least 90.0% of countries with 12 weeks. All countries in South America and Europe reported 12 weeks of data (n week = 2310).

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		COVID-19 Dashboard) through 17 June 2020	for UHC-SCI and 2019 for WGI.		
7	(Adikaram, Priyankara, & Naotunna, 2021)	To examine the experiences of human resource professionals (HRPs) in managing crises posed by the COVID-19 pandemic	Employing qualitative research methodology, in-depth interviews with 24 HRPs of different industries were carried out	Companies	The findings indicate how the HRPs have navigated through five phases of the crisis as (a) anticipatory; (b) crisis; (c) adjustment; (d) rebounding; (e) continuance or reverting to old ways, struggling with many decisions and actions.
8	(Apriansyah Muger, et al., 2020)	To provide an overview of strategies that can be carried out in an effort to foster work motivation for current employees, especially employees of the Medika Hospital BSD Tangerang	Hospital visits for delivery of health services	Health worker at the hospital	The results of community service obtained include increased motivation for employees to work harder and improve their competence during the Covid19 pandemic and the increased knowledge of employees at the Medika Hospital BSD Tangerang so that they have a good perspective on the importance of increasing and building self-motivation to work better and learn to be responsible in the present as their provision for life in the future
9	(Murniati & Rahmah, 2020)	The purpose of this study was to measure the effectiveness of education and training of employees during the COVID-19 pandemic which was carried out online	This study uses a quantitative survey method	Respondents from this study amounted to 91 participants in education and training.	The results of this study indicate that online education and training methods are quite effective during the COVID-19 pandemic. Technical constraints on online education and training activities affect employee focus on the course of activities.
10	(Nadella & Rahadi, 2020)	To identify the competence of the internet shop worker	Qualitative research through interview	Internet shop owner	The owner still committed to provide the internet shop in order to facilitate the need of consumer
11	(Hamouche, 2021)	To investigate the impact of COVID-19 on Human Resources	This paper is a general literature review, which aims at broadening	Human Resources Management	It has been grandly impacted by COVID-19, generating significant challenges for managers and HRM practitioners. This impact and these challenges are explored

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		Management (HRM)	the scope of management research, by exploring the impact of the COVID-19 on HRM.		in this section, in relation to strategic HRM and working conditions, as well as HRM functions, specifically, staffing, performance management, training and development, compensation management, safety and health management, and employees' relations. Each HRM function is discussed individually, however, they are interrelated. This suggests that any change in one HRM function will affect the other function
12	(Gigauri, 2020)	To investigate challenges HRM has faced regarding alterations in jobs, tasks and duties, flexitime working schedules and work-related travel. It examines how HR managers are satisfied with workplace management during the pandemic and with communication arrangements. The paper also analyses the recruiting and selection process, as well as personnel development and training issues	The survey method of quantitative research tradition was applied to gather primary data from Georgian HR managers.	Human Resources Manager	Today's organizations have to remain adaptive to unforeseen events, as an external crisis create increased uncertainty among the workforce, which pose threats to the organizations' performance
13	(Utitofon, Eyibio, & Josaphat, 2021)	The purpose of this study is to assess the effect of Covid-19 on HR development and management for	Qualitative research was adopted to elicit relevant information which revealed that effective HR	Human Resources Management	Covid-19 has significant impact on workplace and the uncertainty emanating has imposed unfavourable environment for HRM practice which requires radical adjustment to ensure that workforce is managed based

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		socioeconomic sustainability of organizations	practices are driven by novel business model to promote safety workplace through remote working/training which require determining eligibility and durations, work expectation, and giving technological support to employees working from home.		on safety measures in line with Covid-19 guidelines
14	Yandrizal	The purpose of the study to found out the readiness of technology-based learning methods during and after the COVID-19 pandemic for workers Health	A quantitative method with an exploratory design, with the following procedures: sequential combination sequentially which starting by analyzing the relationship between the independent variable and the variable dependent. The following step is a qualitative analysis by describing the items of the variables.	Sample is health worker Health Centers in 10 Regencies/Cities throughout Bengkulu Province. based on accidental sample, for health workers who came from 179 Puskesmas throughout Bengkulu Province.	The chi-square test concluded there is no relationship availability of technology with the willingness of train with a p value of 0.158. There is a relationship between the readiness of technology-based participants with willingness training with p value 0.000. There is a relationship between support for the work environment with the willingness of training with a p value of 0.000. There is a relationship between environmental support infrastructure and facilities with the willingness to train with p value 0.000

Result from RQ1: The Government Policy on Basic Training Need

The result of reviewed found that the government policies to deal with the basic training of COVID 19 pandemic have been set starting from the central level which is followed up at the district level. The needs of basic training of health providers towards pandemic preparedness and response consist of management of Pandemic COVID 19, respiratory infection outbreak, case management, stress management, psychological self-care, stress management, intensive care, personal protective equipment, communication strategy, epidemiological surveillance, contact tracing, collection of specimens, laboratory examination, hygiene and sanitation protocol and isolation strategy.

Related to government policy, establish synergies between health worker safety and patient safety policies and strategies are very important, consist of:

1. Develop linkages between occupational health and safety, patient safety, quality improvement, and infection prevention and control programmes.
2. Include health and safety skills in personal and patient safety into education and training programmes for health workers at all levels.
3. Incorporate requirements for health worker and patient safety in health care licensing and accreditation standards.
4. Integrate staff safety and patient safety incident reporting and learning systems.
5. Develop integrated metrics of patient safety, health worker safety and quality of care indicators, and integrate with health information system.

Result From RQ2: The standardized training

The needs of standardized training among health providers were very important to improve the knowledge and skill of the health providers as well as international standard refer to standard operation procedure of Covid 19 case management and infection control. Mostly standardized training as a mandatory training for the health providers at the referral hospital at the national and provincial level. The objective of the standardized training was to improve the knowledge and skill of the health provider to provide support of the health worker to prepare, respond and handle Pandemic Covid 19. Other goals of the basic training were to take effective administrative infection control measures to prevent the transmission by any health care institution. It required the support of leadership in the health care institution in consultation with hospital management.

Refer to WHO's Health Worker Safety Charter, develop and implement national programmes for occupational health and safety of health workers:

1. Develop and implement national programmes for occupational health for health workers in line with national occupational health and safety policies.
2. Review and upgrade, where necessary, national regulations and laws for occupational health and safety to ensure that all health workers have regulatory protection of their health and safety at work.
3. Appoint responsible officers with authority for occupational health and safety for health workers at both the national and facility levels.
4. Develop standards, guidelines, and codes of practice on occupational health and safety.
5. Strengthen intersectoral collaboration on health worker and patient safety, with appropriate worker and management representation, including gender, diversity and all occupational groups.

DISCUSSION

The COVID-19 pandemic has reminded all of us of the vital role health workers play to relieve suffering and save lives," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "No

country, hospital or clinic can keep its patients safe unless it keeps its health workers safe. The study shows that there is a policy issued by the Directorate General of Disease Prevention and Control regarding the guidebook to be a guide for health workers in carrying out disease prevention efforts. Even in India, hospitals set up a committee that compiles the readiness of human resources in the face of covid 19. This result is in line with the theory of government policy is the executor of basic policy decisions, usually in the form of legislation. But it can also take the form of orders or decisions of important executives or other judicial bodies, these decisions identify the problem to be addressed. (Buse, Mays, & Walt in Manik, CG, 2020). Training material is a very important component in conducting a training, where the material provided can meet the needs of Human Resources or the trainees. The material given during the Covid-19 period should be presented in a concise, clear and direct manner, and easy for the trainees to put into practice (Annalia in Rita, 2021). This review found out that the basic need training should address physical and psychological health and safety which is in accordance with Bourgeault et al that mentioned addressing physical and psychological health and safety lead to a priority setting. While others literatures mentioned the basic need of personal protective equipment (PPE), case management, intensive care, personal protective equipment, communication strategy, epidemiological surveillance, contact tracing, collection of specimens, laboratory examination, hygiene and sanitation protocol and isolation strategy is important.

Prevention of Covid 19 infection in health provider is very important for the protection of health providers themselves and also for the reason that they do not become the source of infection. Hence, training the health providers becomes imperative. It is also beneficial to test the knowledge after the training session which shows whether the objectives of the training session were achieved. In order to make easier access for the health providers around the world, WHO provide standardized online training related to Pandemic Covid 19.

CONCLUSION

The Indonesian Government needs to ramp up the country's health providers capacity through provision of standardized and basic training of Pandemic Covid 19 to get knowledge as well as skill in the screening of patient, diagnosis, and treating the patients. The needs of basic and standardized training of health providers towards pandemic preparedness and response consist of case management, stress management, psychological self-care, intensive care, personal protective equipment, communication strategy, epidemiological surveillance, contact tracing, collection of specimens, laboratory examination, hygiene and sanitation protocol and isolation strategy are the strategy to improve the knowledge and skill of the health providers. Self-protection from the transmission of infection during the various procedures of infection outbreak management is equally important, if not more.

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