

# New normal, new human resource management

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## Editorial

Human resources are the main assets in a health organization, including in hospitals. The human resources consist of health and non-health resources. Examples of human health resources include doctors, nurses, pharmacists, physiotherapists, and others. Meanwhile, non-health human resources are accountants, economics, businessmen, engineers, security, cleaning services, etc. Indeed, they work together to build quality organizations to serve the community.

In this editorial, I would like to highlight several issues related to the fragmentation between nursing and human resource management. In my previous book (Aunguroch et al., 2021), it was explained that there is fragmentation between the two, so it is rather challenging to regulate the number and position of human resources, especially nurses in organizations. The issues are described in the following.

First, it is about the number of nurses in the hospital. Often, there is a difference in the calculation of the number of human resources between nursing and human resource (HR) departments. In nursing, the number of nurses is calculated based on patient needs, while the HR department calculates the number of nurses based on existing financial resources (Aunguroch et al., 2021). This is indeed a bit of a dilemma, in which one side wants good quality with sufficient resources, while the other wants good quality but limited resources. As

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## Article info

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a result, many nurses sacrifice their time; many work 12 to 24 hours a day due to a lack of resources (Aunguroch et al., 2021).

Second, it is related to bureaucratic and political issues, mainly related to the selection of the head of the nursing department and the head nurses. Ideally, these selections should be based on the competence and quality of existing resources, not because of proximity to the hospital director (Gunawan et al., 2020). For example, many head nurses were chosen because of seniority only, but their education level was lower than other staff. So, to discuss the evidence base, research, or the latest science will be rather difficult because the understanding level may not be the same. Another example, on the contrary, new staff have been elected as head nurses because their education is higher than the others. Sometimes, even though the level of education is high, the clinical experience is lacking, so it is rather difficult to communicate the facts in the clinical practice because of less clinical knowledge. In other words, "good in theory but low in practice." Therefore, the level of education and work experience cannot be separated (Gunawan & Marzilli, 2022). Likewise, in the selection of the head of the nursing department, there should be succession planning for several months with several nurse candidates so that it can indeed meet the needs of the members and the organization (Aunguroch et al., 2021). It can be concluded that selecting the head nurses and the head of the nursing department is crucial, don't just choose because of political comfort. Again, the cooperation of nursing and human resource management is vital on this issue.

Third, it is an issue regarding the integration of healthcare professionals. For example, the problem of nursing documentation and medical records is often unrelated. Nurses and doctors make their own progress notes. However, cooperation between the two is often questioned and is usually limited to the delegation of duties from doctors to nurses. This is also actually influenced by the image of doctors who are higher than the images of nurses and other health workers (Gunawan et al., 2018). It is possible that doctors do not want to collaborate because of the nurses' lack of knowledge, and nurses feel reluctant because the doctors speak high-level words. However, this is not generalized to all. Some nurses are very confident with high autonomy to collaborate with doctors, and some doctors often share with nurses and think they are at the same level of professionalism. However, this is our homework to improve the quality of integration of existing health workers. And this is a vital role for nursing managers and HR resources to facilitate such interprofessional collaboration for better care integration.

Fourth, it is associated with training and development. This is a part of human resource management (Aunguroch et al., 2021). There are two problems at this

point: (1) lack of training and development for existing human resources due to lack of budget. So, it is recommended for HR and nursing managers to provide annual budgeting properly. So, the training and development are carried out regularly so that these human resources are continuously updated with existing knowledge. Indeed, we will not see our nurses and doctors use the 2010 clinical guidelines for their clinical practice in 2022 and beyond; (2) although training and development have been carried out, the evaluation is lacking. For example, when some nurses have finished training, they just disappear or are in a silent mode returning to the previous pattern and no change in the workplace. There are also those whose knowledge is kept alone, without sharing it with others. As a result, it is sometimes questionable whether the training for nurses is needed. Therefore, it is the role of the nurse managers and HR managers to see to what extent the training results have been implemented in their place of work. For example, regarding nursing ward management training, it is hoped that the ward will experience changes towards better progress in terms of structure, process, and outcome.

Fifth, it is related to remuneration. There is still a mismatch between the workload and incentives for nurses because there is still a lot of work for doctors delegated to nurses. In other words, there is no justice regarding the remuneration of nurses (Gunawan, 2020). Most of the incentives that nurses receive are still not in accordance with nursing care, work risks, and the workload they do. Again, it is the job of HR and nursing managers to implement and improve aspects of justice for their staff.

To conclude, in this new normal, we should reflect that our success in dealing with the COVID-19 pandemic from 2019 until now cannot be separated from the existing human resources, especially the role of nurses who are always on standby for 24 hours at the hospital and other healthcare facilities (Gunawan, 2020). Therefore, we need to review the existing aspects of justice in order to create harmony in work and improve service quality. Furthermore, performance appraisal indicators must also be adjusted to the latest hospital service standards. Last, competence-based human resource management must be applied in all aspects of management so that the right people are in the right place, at the right time, and at the right moment (Gunawan et al., 2022). However, human resource management problems are complex; understanding every variable at micro and macro levels is needed to provide appropriate solutions for every single issue.

## Keywords

Nursing; human resource management; training; development; remuneration

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#### Author's Contribution

JG is the sole author of the paper.

#### Author's Biography

Joko Gunawan, PhD is Director of Belitung Raya Foundation, Indonesia.

#### Data Availability Statement

Not applicable.

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