

DECENTRALIZATION THE HEALTH POLICY THROUGH THE ASPECT OF SERVICE QUALITY

Bachtiar, Sangkala, Hamsinah, & Syahribulan
Faculty of Social and Political Sciences Hasanuddin University
INDONESIA

ABSTRACT

The implementation of decentralization has largely changed the order and function in the system, as a result of the transfer of authority from the center to the regions, the district / municipal governments have considerable authority for the management of natural resources, funds and people. Fundamental changes that require also the development of policies that support the implementation of decentralization in realizing health development as needed. One of the consequences of decentralization is the reduction of the central role of the dominant role of operations to the dominant role of the policy. Decentralization that refers to this paper is related to the behavior of government bureaucracy applied by the bureaucracy apparatus of Public Health Service and Community Satisfaction from the quality of service received is determined by the condition of society in the area of Public Health Center.

Keywords: Decentralization, Policy, Health, Service Quality.

INTRODUCTION

Decentralization is basically a necessity for democratic governance in a country as large as Indonesia. The decentralization policy spawned regional governments with a political variety to channel local voice and local choice. Decentralization is meant to be an instrument capable of accommodating the aspirations of a pluralistic society with diverse conditions and potentials. Decentralization does not mean to abandon centralization because basically decentralization and centralization are in a continuum line. Decentralization and centralization are not mutually exclusive but complementary as a useful configuration in the achievement of the objectives of governance. It is therefore understandable that the proper implementation of decentralization in its broad sense is capable of at the same time fulfilling the principles of efficient and democratic governance (Khairul, 2009).

The consequences of decentralization have changed most of the systems and functions, as a result of the transfer of power from the center to the regions, the district / municipal governments have substantial powers to manage natural resources, funds and people. Fundamental changes that require also the development of policies that support the implementation of decentralization in realizing the development of health as needed. One of the consequences of decentralization is to reduce the central role of the dominant role of operations to the dominant role of the policy. This new role also influences the health policy process in accordance with the conditions of the region concerned. If the districts / municipal agencies of the pre-decentralization era serve only as policy implementers, they must now act as managers and policy makers at the local level (Widaningrum, 2007).

Government policy to decentralize health policy is expected to improve the quality of service to the community in accordance with the mandate of Law number 32 year 2004 regarding regional government and now changed into Law No. 23 of 2014 about local government that

mandate the implementation and management of health sector is preferred to be more efficient and effective service to the community.

Since the implementation of decentralization of health in Indonesia in accordance with the mandate of Law 23 of 2014 on local government, provides more space for local governments to be able to address the health problems faced in the area. Decentralization of health development aims to optimize the development of health in a way to bring health services closer to the community. With the decentralization system, health development programs are expected to be more effective and efficient to respond to community needs. This is possible because the decentralistic system will shorten the bureaucratic chain. In addition, the decentralized system also provides the authority for the regions to determine their own programs and the allocation of health development funds in the region.

Furthermore Mardiasmo (2001), explains that in general the system of performance measures is broken down into five categories: (1). Input Indicator, which measures the resources invested in a process, program, or activity to produce output (output and outcome). This indicator measures the amount of resources such as budget, human resources, information, and policy. (2). Output indicator is something that is expected directly achieved from an activity that can be physical / non-physical. This indicator is used to measure the output generated from an activity. (3). Outcome indicator, ie everything that reflects the functioning of output (direct effect) in the medium term. In many cases, the information needed to measure outcomes is often incomplete and not easily obtained. Therefore every agency needs to examine various approaches to measure outcome of the output of an activity. (4) Benefit indicator, which describes the benefits obtained from outcome indicators. Benefit (benefit) is generally not immediately visible. Benefit indicators show things that are expected to be achieved if the output can be completed and function optimally. (5). Impac indicator, which shows the effect of the benefits obtained.

CONCEPT OF DECENTRALIZATION

The terms Decentralization and Regional Autonomy in the context of the discussion of the governance system are often used randomly. Both of these terms are academically distinguished but practically in the conduct of government cannot be separated. Regardless of the interpretation in defining regional autonomy and decentralization, basically between the two concepts there exists a linear interconnection. Decentralization and regional autonomy are like two currencies that give meaning to each other. More specifically, it may be argued that the presence or absence of regional autonomy is largely determined by far-reaching authority has been centralized by the central government to local governments.

The concept of decentralization is often confused with the terms deconcentration, devolution, political decentralization, territorial decentralization, administrative decentralization, decentralization of positions, autonomy and co-administration and so on. Various definitions of decentralization and regional autonomy have been found by experts, which are generally based on different perspectives, making it difficult to obtain the most appropriate definition. However, it is necessary to present some limitations proposed by the experts as a matter of consideration and discussion in order to find a fundamental understanding of the implementation of decentralization. There is no single and universal definition of the meaning of the word decentralization. From the Latin root of decentralization means "far from the center" (Jha, & Mathur, 1999) decentralization is the delegation of authority from

the central government either by deconcentration of delegations of regional offices or by devolution to local officials or local bodies (Riggs 1988).

This restriction only explains the process of authority that is centralized to the regions. The process is through two ways, namely by delegation to the officials of the officials in the region (deconcentration) or with devolution to the regional autonomy bodies, but not explained the contents and extent of authority and consequence of the transfer of authority to the body of regional autonomy agency. In the Encyclopedia of the social science is mentioned that: The process of decentralization of the transference of authority, legislative, judicial or administrative, from higher level of government to lower (Sills, 1972).

In this sense, decentralization is the transfer of authority and higher levels of government to lower government, whether involving the legislative, judicial, or administrative sectors. In the Encyclopedia it is also argued that decentralization is the opposite of centralization, but it is not confused with the notion of deconcentration, since it is generally interpreted as a delegation from superiors to subordinates, to perform an action on behalf of their superiors, without letting go of the authority and responsibilities of their superiors.

Decentralization is a relatively large authority especially in making important decisions that are widely delegated to the lower levels of the organization through the chain of command (Salusu, 2004). In the centralized system of government authority both in the central and in the central regions in the hands of central government. In the decentralization system, some of the central government's authority is delegated to other parties to be implemented. According to Soejito (1984), the delegation of government authority to other parties to be implemented is called decentralization. Decentralization of the state can be distinguished between: (a) territorial decentralization, namely the handover of power to organize and manage its own household, (b) functional decentralization, ie the devolution of power to regulate and manage certain functions (surianingrat, 1981).

POLICY CONCEPT

The term common policy is synonymous with the English word 'Policy' which is distinguished from the words wisdom (virtues). Policies are the chosen principles or ways of acting to direct decision-making. There are several opinions on the definition of policy which, among others, Suharto (2005), policy is an applicable provision characterized by consistent and repetitive behavior, both from those who make it and those who obey it (who are affected by the policy). In addition Titmuss (1974), also defines policy as "the principles governing actions directed towards certain goals". Titmuss also argues that it is always problem-oriented and action-oriented.

The success of a public policy is strongly influenced by the prevailing environmental factors, because in principle the public policy is a system consisting of three components that each other have a strong influence on a reciprocal basis. The three components are: public policy, policy makers, and public policy-making environments. This means that the success of a public policy is strongly influenced by the success of the system as a whole, but in this case experts in the public policy environment often pay little attention to environmental circumstances, as evidenced by some of the following public policy definitions.

Based on Parker's (1975) view, argues that public policy is a particular goal or set of specific principles or actions undertaken by the government at any given time in relation to an object

or circumstance (Wahab & Solichin, 1990). The same view expressed by Dye (1987) formulates public policy as all options or actions taken by the government.

From some of these opinions when critically examined it seems more emphasis on a political approach where public policy is dominantly influenced by the interests of the authorities, including in the process of analysis tend to emphasize more unilateral views of the authorities. Or it can be said that the policy made is the result of the allocation of political value. When a number of decisions are collected then it will take shape as a policy. Furthermore, if the intended option is put at the preferred level of choice then there is a strategic and non strategic option. Strategic ones are often likened to policies, if strategically understood as the best choice (Salusu, 2004). The best choice is certainly obtained from the many alternatives confronted. This is where it is formulated and implemented and puts it at the level of choice that is formulated and implemented and puts it at the level of: (1) strategic policy/decision, (2) non-strategic policy/decision, consisting of operational tactical policy/decision and technical policy/decision operational. From this description is enough to provide an understanding of the concept of decision, it's just that still needs to be understood is understanding is a strategic understanding and strategic decision.

DECENTRALIZING THE HEALTH SERVICES POLICY

To find out how Public Health Centers performed after decentralization of health service policy, the researcher used Theory proposed by Selim & Woodward (1992), that to measure the performance of public sector organization can be measured from several indicators such as Demand / Workload, Economy, Efficiency, Effectiveness , and equity. The volume of work that is targeted by the organization of Public Health Centers as the provision of health services to the community has been determined through the Minister of Health's decree on minimum service standard in the district / city health. Purpose and Objectives of Minimum Service Standards to equalize the actualization of obligatory health affairs according to the Minister of Home Affairs Regulation No. 6/2007 on operational definition, size / unit performance indicators, national targets for 2010 and 2015. In the current era of reform, the desire of the Indonesian nation to realize a clean and good government is still difficult to achieve. The fact that there have been some changes, but a clean and good government is still far from expectations. One of the factors to realize clean government and good governance is bureaucracy. The position and role of bureaucracy are very important in public policy and services including health services in Community Health Centers. The bureaucracy determines the efficiency and quality of service to the community through the administration and development.

Bureaucracy as a modern institution is a primary function of public services behaving to meet the needs of society. Bureaucratic attitude or action in carrying out its ideal service function according to Weber will create a healthy bureaucracy. But in the development of public service provision that became the public demand less improved quality. Various complaints about the quality of public services derived from the behavior of the bureaucratic apparatus in providing public services to the public, service bureaucracy is too oriented to the rules causing inaction, stiffness and dissatisfaction in the community.

Fundamentally, the implementation of good governance and good governance requires professional bureaucratic behavior. The tasks undertaken by the bureaucratic apparatus are always based on the normative foundation and compliance as the ethics that control every step of execution of duty, authority and authority entrusted to him, especially in facing the

phenomenon of globalization demanded a fundamental change of government apparatus in various things, especially attitude and behavior in the implementation of job duties to realize the vision and mission of the government.

In the context of the quality services that society needs, the role of government bureaucracy through universal rational attitude and action, performing tasks according to hierarchical levels, and exercising wider discretionary authority in order to achieve the policy objectives should be prioritized in public service delivery system, Public health.

Service to the community is the duty and function of government bureaucracy. The government as the State apparatus also has the duty to serve and improve the welfare of the community. In situations where the role, duties and functions carried by the government are not manifested into positive attitudes and actions will undermine the democratic order, as well as in carrying out health service duties. Health sector is a sector that still requires the role of government because of the nature of goods and services as social goods. The role of government is the primary responsibility of basic health service activities for the community, since the health status of citizens has always been a national priority and an essential service. In the public health system, there is a relationship between state and society reflected through the provision of services.

Good health care is a requirement of every citizen. Good health care will be a measure of the full success of human development. For that quality health service by itself will give birth to a result of quality service also, which is also a success of government or government bureaucracy in carrying out the task entrusted to him.

In carrying out the duties and functions of the government that provide quality services to the community, it is necessary to improve the quality of service through improving the public service system as a whole and integrated from the service actors, including the management agency called bureaucratic government behavior. The role of the government bureaucracy according to Berger in (Heady, 1966) is always guided by the main principles of universal rationality, hierarchy and discretion.

Bureaucratic behavior also greatly determines the quality of health services to the public, in this case the Community Health Center as element of basic services in the sub-district, the bureaucratic service provider directly facing the community as the recipient of the service. Based on the above, there are several things that can be done by officers or officers of Community Health Center in performing service duty in the following aspects:

First, aspects related to universal rational behavior. The universal rational attitude and action of the government in the task of organizing society as the recipient of health services, not only run the work in accordance with existing rules and is open to what rights and obligations must be fulfilled by the community, but the bureaucracy always be flexible to accept the changes in performing services and always acting fairly, not discriminating or not discriminating against certain groups, so as to create an efficient bureaucratic process oriented humanity.

Second, the aspect of bureaucratic behavior based on hierarchical principle. As it is known that the meaning of bureaucratic reform is one of them is to lead to the improvement of the organizational structure for the improvement of service activities. In the organizational structure there is a division of tasks and responsibilities that have been divided based on

tupoksi each work unit, and every part there is a procedure or workflow in accordance with the tupoksi. The principle of hierarchy in carrying out the job tasks is needed in an effort to improve the quality of service because through the hierarchy level is clear and not long, the service process is not convoluted. The tasks assigned to the bureaucratic apparatus are clear and in accordance with their competence so that the balance of workload can achieve the organizational goals and achieve the fulfillment of community needs. There should also be openness because without public disclosure and involvement as a network in decision-making, policy-making in the regions will only lead to weakness in terms of accountability (Nahrudin, 2014).

Third, aspects of discretion behavior. Discretionary authority is understood as the ability of bureaucratic apparatus to decide a government policy that is implemented in situations and conditions appropriate to a particular region. Efforts to improve the quality of service depends on the space of freedom of authority obtained by the bureaucratic apparatus as long as implemented not too far deviated from the agreed rules. Properly exercising discretionary authority to overcome difficulties when experiencing problems in health care procedures will facilitate efforts to satisfy public needs.

Health services at Public Health Centers as the spearhead of service to the community are under the structure of Local Government Level II has a high dependence in making policies according to the condition of the Center for Public Health. If the Public Health Center apparatus is limited to the space for authority discretion, it will have an impact on the lack of creativity of the bureaucratic apparatus and the service process will become sluggish and rigid.

To carry out the duties and functions of the Center for Public Health, namely to provide technical and administrative services, there are principles of government bureaucracy behavior that is considered principal in the scope of health care management as an important element and leading member service to the Public Health Center customers, as well as observe the findings that are implementative within the scope of health services at Community Health Centers. These principles are principles of universal rationality, hierarchy and discretion.

In this research, the above three aspects will be used as reference to analyze the behavior of government bureaucracy in health service area of Public Health Center.

Based on the results of research at the location of the study, the authors found that some of the bureaucratic apparatus serving as community service has been carrying out the task of service in a universal rationality based on rules stipulated by the government in the operational guidelines and basic tasks and functions each part, although from the hierarchy of task delegation is not implemented, and lack of discretionary authority to help solve the needs of the community in this case patients who come to the Center for Public Health. Attitudes or actions displayed by the Public Health Center service personnel are partially strictly impressed because they lack the freedom to decide which programs the community needs.

The number of burden of tasks that are not balanced with the number of officers available with the lack of authority to run the service process, causing the implementation of the tasks of Public Health Center services run monotonously. The dilemmatic situation experienced by the service personnel because on the one hand runs the functional tasks on the other hand also

performs administrative structural tasks. Conditions made by these officers have become the standard rules received from the Health Office.

QUALITY OF PUBLIC HEALTH CENTER SERVICE

Quality of service is a comparison of services received with the desired service desires. If expectations exceed, then the service will be felt satisfactory because it has exceptional quality and also a pleasant surprise. When expectations are not appropriate, service is considered unacceptable and if expectations remain as perceived, then quality will be satisfactory.

The quality of Public Health Center service is related to the service activities provided by the bureaucracy of public service providers who are able to fulfill the wishes, desires and wholeness and able to give satisfaction to the public. Public Health Center as one of the technical implementing unit of Regency / Municipality Office plays a role in conducting quality public services to the community by performing various basic service efforts to meet all expectations, wishes and wholeness and able to provide satisfaction for the community.

Quality of service has a strong relationship with customer satisfaction. Good service quality provides a strong stimulus to service users to use the services of the provision of such services, and when they need such services. The ability of service providers to understand the wishes of the community will enable them to understand what consumers want, so that the provision of services can be appropriate or at least close to the quality desired by society as consumers.

In this study, the analysis of service quality of Community Health Center is adjusted to Goetsch & Davis concept (2002), where service quality is a dynamic condition related to service products, human, process and environment that meet or exceed expectations. Added the concept of Albrecht et al, (1990) that the provision of services to the public should pay attention to aspects of service systems, service providers, service strategies and the public. Based on the concept, the quality of service of Public Health Center in this research emphasizes on the quality of service performed by government bureaucrats as health service provider of Community Health Center.

CONCLUSION

Government bureaucracy behavior applied by the bureaucratic apparatus of Public Health Centers can be done either by principled in universal rationality, hierarchy and discretion, but not maximal in implementing health services. The quality of service of Public Health Center seen from the aspect of affordability seems inadequate, because less support service programs. On aspects of reliability, responsiveness, assurance and empathy, service quality appears not optimal. Community satisfaction of the quality it receives is determined by the condition of the community in the area of Public Health Center. Communities within the center of the Center for Public Health have a broader level of knowledge about health than people in the suburban Community Health Center.

REFERENCES

Albrecht, K., Zemke, R., & Gómez, H. S. (1988). *Gerencia del servicio*. Legis Ltda.

- Dye, T. R. (1987). *Organizing Power for Policy Planning. The View From the Brookings Institution*. Power elites and organizations, 185-86.
- Georges M. Selim, Sally A. Woodward. (1992). *The Manager Monitored*.
- Goetsch, D., & Davis, S. B. (2002). *Manajemen Mutu Total, Manajemen Mutu untuk Produksi, Pengolahan dan Pelayanan*. Jakarta: Prenhallindo.
- Heady, Ferrel and Sybil I. Stokes (ed), (1962). *Papers in Comparative Public Administration*, The University of Michigan. Institute of Public Administration, Ann Arbor, Michigan.
- Jha, S. N., & Mathur, P. C. (Eds.). (1999). *Decentralization and local politics* (Vol. 2). SAGE Publications Pvt. Limited.
- Mardiasmo, (2001). *Pengawasan, Pengendalian dan Pemeriksaan Kinerja Pemerintah dalam Pelaksanaan Otonomi Daerah*, Jurnal Bisnis dan Akuntansi, pp.441-456
- Muluk, M. R. K. (2009). *Peta konsep desentralisasi & pemerintahan daerah*. ITSPress bekerjasama dengan Lembaga Penerbitan & Dokumentasi, FIA, Unibraw.
- Nahrudin, Z. (2014). *Akuntabilitas Dan Transparansi Pengelolaan Dana Alokasi Desa di Desa Pao-Pao Kecamatan Tanete Rilau Kabupaten Barru*. Otoritas: Jurnal Ilmu Pemerintahan, 4(2).
- Parker, R. A. C. (1975). *Economics, rearmament and foreign policy: the United Kingdom before 1939-a preliminary study*. Journal of Contemporary History, 10(4), 637-647.
- Riggs, W Fred. (1988). *Administrasi Negara-negara Berkembang : Teori Masyarakat Prismatic*, Jakarta: Alih Bahasa Tim Yasogama, Rajawali.
- Salusu, J. (2004). *Pengambilan Kepts Stratejik*. Grasindo.
- Sills, D. L. (1972). International encyclopedia of the social sciences. Vols. 5 & 6.
- Soejito, I. (1984). *Sejarah Pemerintah Daerah di Indonesia II*. Jakarta: PT. Pradnya Paramita
- Surianingrat, B. (1981). *Desentralisasi dan dekonsentrasi pemerintahan di Indonesia: suatu analisa*. Dewaruci Press.
- Titmuss, R. M. (1974). *Social policy* (pp. 1-2). London: Allen & Unwin.
- Widaningrum, A. 2009. *Reformasi Manajemen Pelayanan Kesehatan*. Yogyakarta : Penerbit Gaya Media.