

The Model Of The Formulation Of Health Service Policies

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Abstract: *As in many other developing countries, public service at several fields such as education, health, public transport, housing, social welfare, nutrient, electricity and drink water, has been delivered by governmental bureaucracy aimed to improve social welfare of the people. Therefore, the access to the decision-making to determine the allocation of public service and also the access to the bureaucracy to determine the distribution of service will be important to achieve the evenly distribution of service. These accesses may be the conceptual framework to measure the ability of governmental organizations in achieving developmental goals or the ability to reduce social imbalance in the society. Result of research indicates that (1) The management of Public Hospital of Dr. Saiful Anwar Malang (structural and functional) has adequate political will for the effort of improving the quality of health service. It is supported by preparing Renstra 2008-2012 which is focused on the simplicity of service, the clarity and certainty of service, the security and comfort of service, the transparency of information, the efficiency in dealing with services, the economic, the punctuality of service, and the justice; (2) The model of the formulation of health service policies at Public Hospital of Dr. Saiful Anwar Malang is constructed through stages and steps. It begins with the stage of agenda setting, followed by the stage of problems identification, the stage of solution alternatives identification, the stage of solution determination, the stage of trial, the stage of evaluation, the stage of model determination, and the stage of socialization; and (3) Some parties are involved within the formulation of health service policies at Public Hospital of Dr. Saiful Anwar Malang. They are: House of People Representatives for East Java Province, The Local Government of East Java (Governor), The Board of Supervision, The Managing Officer, Hospital Committees, Internal Monitoring Unit (SPI), External Auditor, Employee, Service User, Faculty of Medicine of University of Brawijaya in Malang, and business partners including health insurer firm, associate, government, immediate society, and environment.*

Keywords: *Model, Formulation, and Health Service.*

I. Introduction

Since 1998, Indonesia has attempted to reform various sectors of life including political, economical and social sectors. It may be inseparable from global development in which the balance between state and people is strictly demanded. The flow and movement of this reformation, however, is closely related to the symptom of the collapse of development ideas which usually rely merely on the concepts of materialism and capitalism. The concept and approach of capitalism have been considered as failed to explain phenomenon of people's strong demand to participate into national development.

As in many other developing countries, public service at several fields such as education, health, public transport, housing, social welfare, nutrient, electricity and drink water, has been delivered by governmental bureaucracy aimed to improve social welfare of the people. Therefore, the access to the decision-making to determine the allocation of public service and also the access to the bureaucracy to determine the distribution of service will be important to achieve the evenly distribution of service. These accesses may be the conceptual framework to measure the ability of governmental organizations in achieving developmental goals or the ability to reduce social imbalance in the society.

However, some policies of public service are biased toward empowering the national interest, such as the stability of bureaucracy, rather than defending the interest of unprivileged group who lack of political and economical sources. Public service given by the government seems benefiting more the middle-to-upper classes who often live at town, than the poor classes in the village or remote area. The biased socio-economical and bureaucratic benefits toward the privileged group are so prominent. The discussion will show that unexpectedly, the combination of economical, sociological and institutional factors have put the poor peoples in the difficulty to access, or to have imbalanced access if any, to public service.

The problems of health and education are two faces of a coin. Both are growing in advance with the density of population. The discovery of medicine for various diseases has driven up the demand for health service from many strata of ages.

Public Hospital of Dr. Saiful Anwar Malang is a government hospital. The vision is to establish a self-supported Education Hospital, while the mission is to deliver primary and ultimate health service. This ultimate health service may be realized through the standards such as pre-hospital, hospital and post-hospital. The self-supported hospital is achievable through the principle of management autonomy, which involves trilogies and four satisfactions.

The trilogies are the improvement of service quality, the improvement of efficiency and the improvement of hospital income.

Four satisfactions involve: (1) Patient Satisfaction, meaning that the patients receive health service based on the quality standard given to the customer; (2) Employee Satisfaction, which means that the right and obligation, and also "relative demand" of employees are met (including work equipment, work environment, and employee function as human, officer and professional); (3) Hospital Satisfaction, meaning that the hospital is enabled to generate income and to reduce operational and maintenance costs, such that it may reduce subsidy if possible to attain "cost recovery" and/or self-supported financing; and (4) Owner Satisfaction, which means that the owner of the hospital has fulfilled the tasks and goals required by the Local Government of East Java in particular, or the Ministry of Health in general.

The result of temporary observation at Public Hospital of Dr. Saiful Anwar Malang, especially over various health service policies made by care units, seems indicating that although structures and infrastructures of health service have been ideal and reliable, in practice, health service is still one-sided, and therefore, service quality must be improved. Public dissatisfaction is too apparent when the expected health service is hardly obtained from the existing care units. Indeed, it is important to do further analysis over the health service model which considers the expectation and demand of peoples for health service at Public Hospital of Dr. Saiful Anwar Malang.

II. Review Of Literatures

Kellough (2003) [1] in *Reinvention of Public Personal Administration : An Analysis of the Diffusion of Personnel Management Reform in The State* explains about efforts of America government to change the rules and procedures of civil service and also several jurisdictional realms in order to implement bigger changes in the personal practices. Such public sector reformation has been implemented in several states. The states remain very significantly in their passion to implement dramatic changes to the public service system.

Farnham (2003) [2] in *Collective Bargaining in Public Services* has found that although the quality of public service is proved as increasing recently, there are different methods to deliver public service in European countries. An important factor to explain the different public service system in European countries is that each country has its own public service and this public service plays distinctive role in the daily issue.

Savas (2002) [3] is trying to compare the service quality of governmental bureaucracy in serving the public and that of private organization. In *Competition and Choice in New York City Social Service*, Savas discovered that New York has shifted from a social service system provided by governmental agents into a contract system which involves private sector. Competitive contract has been successful by producing a promising level of competition.

Beblavy (2002) [4] in *Management of Civil Service Reform in Central Europe : decentralization and Public Administration Reform* has reported few steps to improve public service aspects in gradual manner. Conway (2000), [5] through *Relationship Based Services Marketing: The Case of New Primary Care Groups in the National Health Service (UK)* is focusing on several changes made in National Health Service (NHS). This UK context is aiming to establish new form of organization by underlining the importance of the relationship between new organization/firm and stakeholders within and beyond NHS.

According to Taylor (2000), [6] in *Facts, Myths and Monsters: Understanding The Principles of Good Governance*, health service restructuring in Kanada is related to the function of corporate governance in health service sector. The principles of corporate governance have been reorganized but only few are implemented. New governance model, however, is still inconsistent to the principle of good corporate governance.

In pursuance of Thomas R. Dye (in Abdul Wahab, 1997), [7] public policy is any actions conducted or not conducted by the government. Aligned with this opinion, Irfan Islamy.M (2002) [8] adds that public policy is a set of actions predetermined by, and implemented or not implemented by, the government which is aimed toward to goals, or oriented toward certain goals, on the behalf of the interest of peoples.

W.I. Jenkins has formulated public policy as a set of interdependent decisions made by a political actor for selected goals with methods to achieve these goals at certain situation. Principally, these decisions always remain within the boundary of power and authority of the political actor (Abdul Wahab, 1997). [7]

R. Rose (in Parson, 1997) [9] has said that there are several stages in the decision making, such as: introducing the public to the demand for a policy, positioning the issue/topic into public agenda, the role of government in the decision making, resource and constraint, the determination of policy, factors determining governmental selection, output, policy evaluation, and feedback.

Considering the cases happening in many parts of the world, especially at developing countries, it may be suggested that the scope of fundamental health service is only the fourth staple after food, cloth and shelter (James R. Jeffers, 1990). [10] In essence, health service is a positive commodity. However, peoples are not expecting health service as a positive object for consumption, but it is only desired in negative condition, precisely when peoples experience sickness. Educational background, people's degree of trust to modern medicine, and the influence of culture on the attitude toward disorder, disease and death, are a set of variables or factors influencing how far modern health service is considered by society.

These factors also put consumers in doubt position, pressured or afraid. This only makes them difficult to consider in rational way the purchase of an obvious commodity. As a result, the demand for health service is distorted and unpredictable than the demand for other goods or services, among other is education.

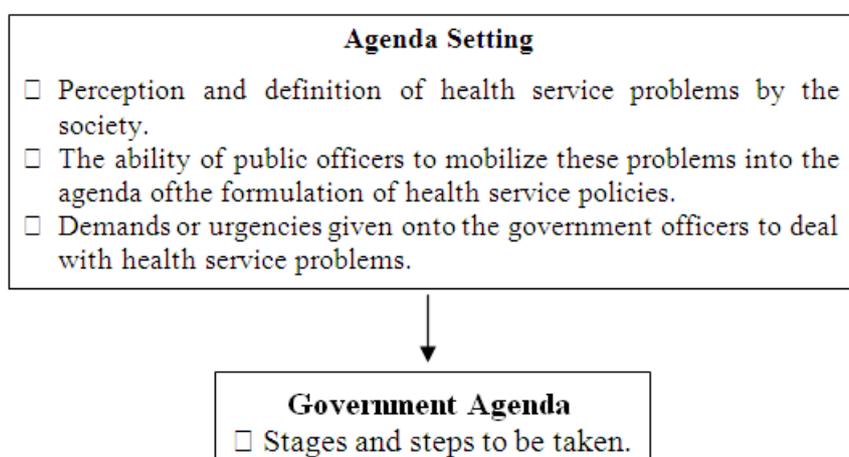
Moreover, consumers are making the decision to use health service often in perforce way or at suppressed condition, and therefore, it is difficult for them to make a rational decision. Other important factor that is only affirming the ignorance of consumers and their difficulty to make rational decision is that consumers are easily to accept and to be influenced by physician advices. In ethical manner, physician can act as an objective adviser, as the officer to buy product and service, and also as the distributor of medical service. All physicians to do are on the behalf of consumers because consumers are seldom in making rational decision for their interests.

When the quality of public service is subsided and the interests of politic and power are given high priority, then any efforts to improve service qu ality are only becoming a discourse. The literatures reviewed before have shown that public service has witnessed the imbalance interest where the public that shall be the main priority for accepting health service is understated. The presence of public has been reduced by factors and symptoms of certain collective interests, which usually reflect the different affordability of health service between "the have" and "the nothave".

In the context of symmetric relationship between the bureaucracy of service delivered by health service units and the society to be served, the problems are only turning bad if problems are not responded by the formulation of policies related to the delivery of public service at heath sector. The understanding of the bureaucracy about what is expected from the empirical order of health service can be easily distorted by elitist mechanism in the policymaking of health service. Such condition urges the establishment of one-direction scenario in determining health policy.

This scenario may escort the negative impact of health service into the surface. Unfavorable experience of health service may trigger complaint of peoples because they always demand for good quality of service. As suggested by Denhardt and Denhardt (2003), [11] primary service or qualified service as new paradigm of public service may not work well if the context of symmetric relationship between the society in one hand and the bureaucracy as the determiner of health policies in other hand shall remain under the management that is below expectation.

Taking account this description, the current research departs from the frame of thought as shown by the following visualization of charts:



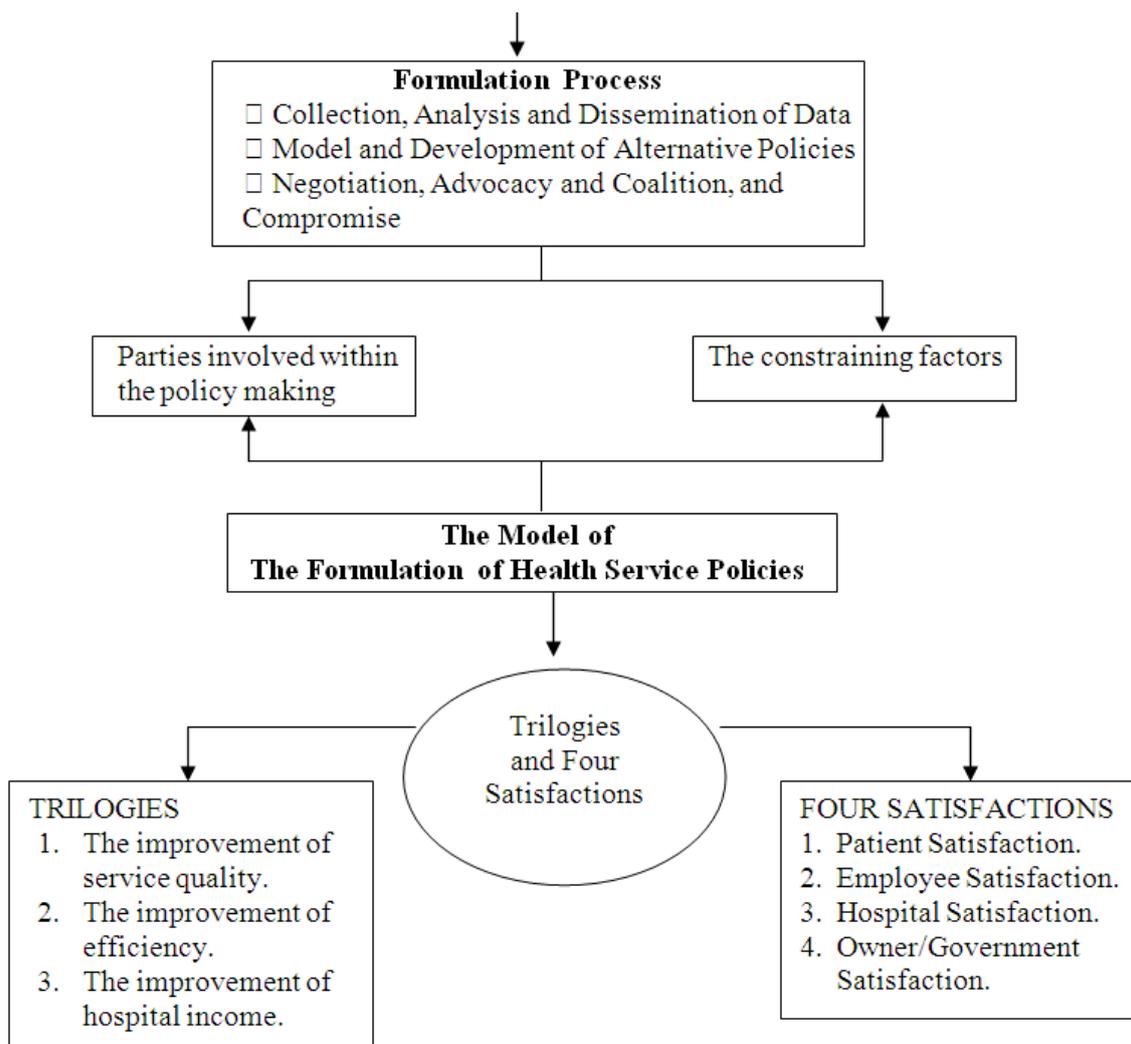


Figure 1. Frame of Thought of The Formulation Process of Health Service Policies

Scopes and realities are reviewed under the perspective of the formulation of health service policies. These are understood in phenomenological way. Therefore, research approach is qualitative.

Qualitative data are the raw materials collected by the author by reviewing previous researches. These data are usually materials actively noted such as interview transcript, field note and observation result. Data may also be theories of other researches or additional documents founded by the author, such as diary, photograph, official sheets and articles.

Two stages are acknowledged in data analysis. First stage is the analysis over the data on field, and second stage is the analysis after data are collected. Onfield data analysis is not implemented after data are collected but during the collection of data. It may be conducted continuously until the research is accomplished.

Meanwhile, data validity is confirmed through inspection technique. There are criteria to implement this inspection technique. Pursuant to Lincoln and Guba (1985)[12] and Moleong (1993)[13], there are four criteria, such as credibility, transferability, dependability and confirmability.

III. Result Of Research

1. Agenda Setting To Formulate Health Service Policies at Public Hospital of Dr. Saiful Anwar Malang

Some factors are influencing the policy making such as:

a. The influence of external pressures

Administrators may make decisions due to external pressures. Indeed, there is an approach of decision making called “rational comprehensive” which means that administrators as the decision maker shall consider alternatives based only on “rationality”. However, the process and procedure of decision making cannot be separated from the real world.

b. The influence of old habits (conservatism)

Old habits of an organization (Nigro calls it as “sunk costs”) may relate to the investment of capitals, resources and timings. Once these are utilized to finance certain programs, these habits are followed persistently by administrators although their decisions have been criticized as wrong and need for change. Old habits are maintained if the resultant policy is satisfying.

c. The influence of personality

Some decisions are influenced by the personality of the decision maker. For example, the personality of the decision maker may on the stake during the hiring or appointment of new employee.

d. The influence of old groups

The social environment where the decision maker belongs to may influence the decision making. The disputed parties may disrespect the problem-solving by insiders, but will find the solution as satisfying if the decision is made by the external. The decision making sometimes has to consider the experiences of others outside the government realm.

e. The influence of the past

The experience of training and the history of previous job can influence decision making. For instance, a person makes a decision not to delegate authorities and responsibilities to others because of the fear that these authorities and responsibilities can be abused. Peoples who work in headquarter can make the decisions that do not match with the field condition.

2. The Process To Formulate Health Service Policies at Public Hospital of Dr. Saiful Anwar Malang

The process to make public policies is usually started from the understanding of certain problems or issues. The degree of transparency defined as whether a system is relatively democratic or not must be recognized. Problems shall be measured on how is the mechanism to bring forward issues into the agenda of governmental policies. After being set into this agenda, the issues are finally becoming public policies.

3. Parties Involved within The Process To Formulate Health Service Policies at Public Hospital of Dr. Saiful Anwar Malang

Some parties are involved within the formulation process, such as House of People Representatives for East Java Province, The Local Government of East Java (Governor), The Board of Supervision, The Managing Officer, Hospital Committees, Internal Monitoring Unit (SPI), External Auditor, Employee, Service User, Faculty of Medicine at University of Brawijaya in Malang, and business partners including health insurer firm, associate, government, immediate society, and environment.

4. The Constraints Against The Formulation of Health Service Policies at Public Hospital of Dr. Saiful Anwar Malang

Some factors are constraining the formulation of health service policies at Public Hospital of Dr. Saiful Anwar Malang are as follows:

a. Workers:

Result of diagnostic review by HSF USAID has indicated that Public Hospital of Dr. Saiful Anwar Malang, being classified as Class A or B Hospitals, has adequate number of workers (care paramedics and non - medical workers) but the medical workers are overwhelming. Employment standard may need reevaluation and the composition of medical workers is not harmonious. Other finding is that many physicians are working also as part-timer in private hospital. Honorary workers seem great in number. It may influence service quality because service quality cannot escape from care quality.

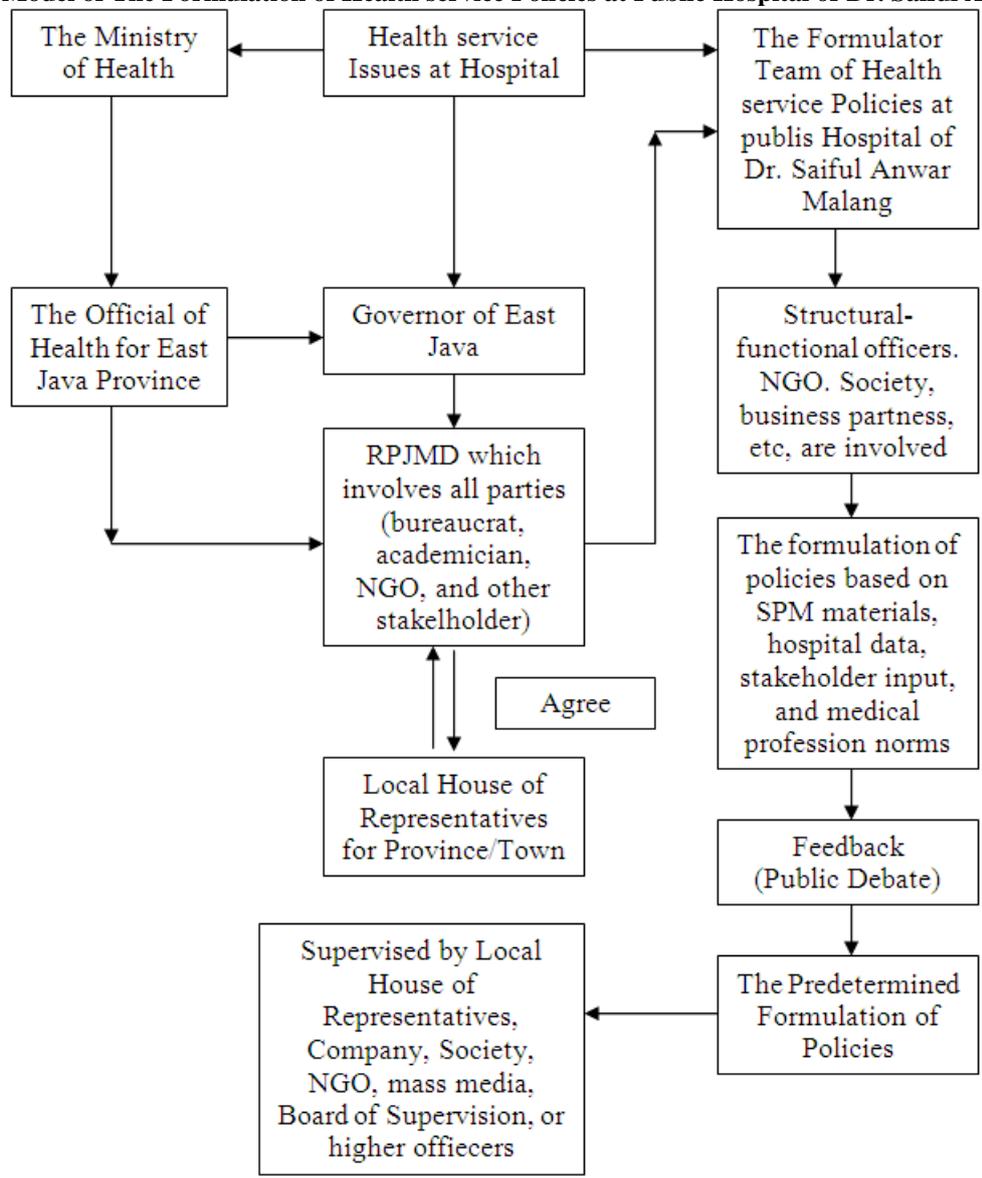
b. Funding

Problems of health funding include fund limitation, inefficient fund usage, and unevenly distribution of fund. Payout system in the hospital is mostly based on fee for service and out of pocket, while the payment through insurance system is still limited. For any funds disbursed by the government, these are expended through many fragmented channels. As a result, there may be lacking of coordination and integration in the planning and implementation. The use of fund may not be efficient but the usage in private hospital is possibly more efficient.

c. Facility

The buildings of Public Hospital of Dr. Saiful Anwar Malang are mostly constructed in less complete way and not following the norms of hospital buildings. Therefore, inefficiency is becoming prominent. Hospital environment is easily subjected to the dirt, and this may reduce the image of service at government hospital. This image shall be better next time.

Model of The Formulation of Health service Policies at Public Hospital of Dr. Saiful Anwar Malang



IV. Conclusions

Based on the result of analysis, the conclusion is made as follows:

1. The management of Public Hospital of Dr. Saiful Anwar Malang (structural and functional) has adequate political will for the effort of improving the quality of health service. It is supported by preparing Renstra 2008-2012 which is focused on the simplicity of service, the clarity and certainty of service, the security and comfort of service, the transparence of information, the efficiency in dealing with services, the economic, the punctuality of service, and the justice.
2. There may be exhorts from consumers (the society with direct or indi rect engagement), community or NGO with focus on public health to urge the bureaucracy of the local government, House of Local Representatives, mass media, and others, to improve the quality of health service. Any complaints and critics from stakeholders shall not be denied by civil officers as the formulator of policies at Public Hospital of Dr. Saiful Anwar Malang. The denial will risk of losing sympathy and influence from the society. The demand for better quality of policies must increase the awareness of the local government (especially the

public officers at Public Hospital of Dr. Saiful Anwar Malang) about the importance to improve the capacity in formulating and planning of policies.

3. Public Hospital of Dr. Saiful Anwar Malang is operating as efficient and effective business organization, and putting the society as the stakeholder that shall be served. In relative with various health service policies at care units, it is shown that although structures and infrastructures are ideal and reliable, the practice of health service is still one-sided, and therefore, service quality must be improved.
4. The model of the formulation of health service policies at Public Hospital of Dr. Saiful Anwar Malang is constructed through stages and steps. It begins with the stage of agenda setting, followed by the stage of problems identification, the stage of solution alternatives identification, the stage of solution determination, the stage of trial, the stage of evaluation, the stage of model determination, and the stage of socialization. In the stage of agenda setting, the leaders of Public Hospital of Dr. Saiful Anwar Malang take several steps such as listing what agendas need to use, determining the priority of agendas, and ordering the agendas. The stage of problems identification involve steps such as recording the data of problems to be dealt, and ordering the problems based on its urgency rate. The stage of solution alternatives identification will communicate the alternatives to the related parties (The Official of Health for East Java Province, Governor, and House of Local Representatives for East Java Province, mass media). Finally, the stage of socialization involves communicating the agendas to internal public (the employees of Public Hospital of Dr. Saiful Anwar Malang), stakeholders, mass media and wider public.
5. Some parties are involved within the formulation of health service policies at Public Hospital of Dr. Saiful Anwar Malang. They are: House of People Representatives for East Java Province, The Local Government of East Java (Governor), The Board of Supervision, The Managing Officer, Hospital Committees, Internal Monitoring Unit (SPI), External Auditor, Employee, Service User, Faculty of Medicine at University of Brawijaya in Malang, and business partners including health insurer firm, associate, government, immediate society, and environment.
6. The formulation of health service policies at Public Hospital of Dr. Saiful Anwar Malang, however, does not give adequate public sphere (public space) to the targeted group, NGO and other parties with competence to the policies. Such mechanism is truly reflecting a centralistic power which underestimates "paradigm of equality". It may lead to the creation of gap between targeted groups due to the disregard of their interests. The formulators may consider these targeted groups as peoples who are difficult to think their problems in practical and rational ways. Therefore, it is concluded that the formulation of health service policies at Public Hospital of Dr. Saiful Anwar Malang is implemented at relatively short-term and not engaging other related parties although they are the target of policy.
7. Some factors are constraining the formulation of health service policies at Public Hospital of Dr. Saiful Anwar Malang. These factors are elucidated as follows. Not all formulators of policies understand the policymaking process, are sensitive to public matters, and/or are competent in using instruments and goals. Stakeholders may be debating about how to solve public issues. Many interests are not entirely accommodated. The communication from the policy formulators is not effective and/or not convincing the public.

Suggestions

1. As stated by Williams (in Abdul Wahab, 2002), [14] local autonomy, which aspires for the creation of a democratic local government, may change the existing paradigm in implementing the bureaucracy and its public administration. The change of paradigm also includes the change of the setting of health service policies. Concretely, in more democratic sociopolitical context, the local development, including health service policies and others, shall be inclusive, which means that the development must be "the belonging" of all shares of society without exception.
2. To fulfill this demand, the Local Government (East Java Province and Malang City) is required to be a transparent and modern governmental institution, which means that it shall be open to the participation of outsiders in the policy making process, especially for health service policies. The quality of public policies may be improved through wider participation. Therefore, the Local Government is also suggested to improve the mediating institution to articulate the interest of peoples and to formulate policies at localities. Such institution may be important to ensure the implementation of health service policies and to produce good governance mechanism. In other words, the local development and the strategy pursued by the Local Government to realize this development are the responsibility of the government, private and society.
3. All claims, critics, inputs, complaints and others must be immediately resolved because it may give important clues to the Formulator Team and facilitate the Team in improving the quality of public service at health sector, especially at Public Hospital of Dr. Saiful Anwar Malang.

4. The apparatus and bureaucrats at Public Hospital of Dr. Saiful Anwar Malang shall deepen their knowledge by studying the public policies at higher education. This deep understanding may ensure that the quality of policies at all sectors is maximally improved for the welfare of society.

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