



Original Research Article

Government Bureaucracy Behavioral In Health Centre Services the City Of Makassar

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ABSTRACT

Community health centers as the government agency responsible for performing basic health services which consist of individual health care and public health services with promotive, preventive, curative and rehabilitation activities. This study was conducted to determine the extent of the application of the principle of government bureaucracy in the ministry of health centers in the city of Makassar. This study applied the qualitative methods, purposive and representative urban community health centers and community health centers choose suburbs. Sources of data obtained from informants through interview, observation and documentation of the elements of bureaucrats and the public health center. The results showed that the behavior of the rationality principle universal bureaucracy, hierarchy and discretion has taken place and applied in health care, but not optimally support the health services at the health center program, due to the behavior of less innovative and less bureaucratic coordination to empower health centers. Behavioral health center bureaucracy in the city of Makassar can be effective if stakeholders can work together in accordance.

Keywords: Bureaucracy, Bureaucratic behavior, Health services

INTRODUCTION

Law Number 36 Year 2009 on Health guarantee people's lives, especially public health by improving health care standards set forth in the Decree of the Minister of Health Minister of Health No. 741/Per/VII/2008 on Minimum Service Standards in the District/City. In anticipation of the reforms in the health sector, efforts have been made to change the behavior of the concepts, strategies and policies, through changes in the values of the organization and the need to bring up a new paradigm of "health paradigm" as a form of anticipation in health development. Some changes with the implementation of the new paradigm

include: health care is more focused on promotive and preventive, the implementation of health efforts more integrated, health is seen as an investment, community as a health development partners in the government, the decentralization of the health services, and the pattern of planning leads to bottom-up planning.

According to Caiden (Islamy, 2001) [1] to improve the administrative performance of individuals, groups and institutions to effectively, efficiently need to improve the professionalism of government officials, i.e., the administrative capacity in the form of responsibility, morale, discipline. Institutionally need to improve

the structure, systems and procedures, leadership and relationships with clients, as well as accountability and responsibility. Indications of this view that the direction of the state administration reform meant refers to two-way, i.e., efforts to improve the structure of matter on the one hand and behavior change services personnel who manage to achieve quality public services.

Behavior of services orientation should encourage any actions and activities to achieve individual and organizational goals. Thoha (2004: 75) ^[2] express that service behavior in a bureaucracy is essentially a result of interaction between individuals and organizations to achieve the goal. Added by Surich (2008: 14) ^[3] that inequality of a bureaucratic behavior in a service activity occurs when the interaction of the individual and the organization is not in line with the objectives to be achieved.

The importance of bureaucracy in the organization as a determinant of service activities to achieve organizational goals, then all actions must be oriented to the achievement of objectives in accordance with the bureaucracy. In the public service in Indonesia, research Dwiyanto (2006: 257) ^[4] gives an indication that in general bureaucratic officials have not been able to put the bureaucratic service users as customers who have the ability to improve the lot of themselves and bureaucracy. Service users are still treated as a client whose fate is determined by his actions, as a result of discrimination in the public service is still often encountered in service bureaucracy.

In connection with the provision of public services held at the health center as a first reference in excellent service, there are some facts that illustrate that the behavior of the professional bureaucracy lacking in service. The results of the study by an NGO in the city of Makassar (FIPO 2011), ^[5] stating that the latest public health services

dominate complaints, consequently work systems and procedures have not been optimized. Makassar Ombudsman Research (2010) ^[6] also indicate that the behavior of the bureaucracy yet professional services in the health center, long queues at the health center service system dominates. Based on these phenomena, it's become into consideration of authors to conduct a study on the behavior of government bureaucracy in the ministry of health centers in the city of Makassar.

METHODS

This paper aims to describe the application of government bureaucracy behavior in health center services in Makassar, and then it can be classified in a qualitative research format with a phenomenological approach. This study purposively done on the health center has standard ISO-9001: 9001 is the Kassi-Kassi health centre and has not ISO-9001: 9001 standard in Barombong health center. Each is in urban areas and the outskirts of the city of Makassar. Based on the problems and goals to achieve the research objectives of bureaucratic behavior in the health center services, then the selection of informants was based on subjects who mastered the problem, have the data and are willing to give a purposive and representative data, the informant was the head of community health centers, administrative staff, doctors and nurses, midwives and community / patient.

Qualitative data analysis is done interactively and continues over time to completion until the data becomes saturated, (Miles and Huberman, 1992). ^[7] Ongoing data analysis activities ranging from data collection, data reduction, data presentation and draw conclusions from interpretations that have been made in the form of an answer of the problem.

RESULTS AND DISCUSSION

Government bureaucracy as an organizational has a structure and procedures to achieve its goals. Indication that the bureaucracy is an organization designed to accomplish administrative tasks systematically based on the sequence of individual work as servants or officials of state or government and public servant hierarchically in accordance with the functions and responsibilities of the administrative procedures. It is expected and required to display appropriate behavior to their role as servants of the state.

The concept of bureaucratic behavior according Thoha (2002) ^[8] can be used together with the concept of organizational behavior as well as organizational bureaucracy basically is a system that is supported by a man who tried to achieve a goal and always behave. In an organization, the desired result is the performance of each behavior as Winardi statement (2004: 144) ^[9] that, behaviors related to performance, which is directly related to the behavior of job tasks, and which need to be implemented to achieve the target task.

Basically, bureaucratic behavior is reflected in human behavior (bureaucrats), in which a set of actions of individuals then transformed into group behavior and organizational behavior eventually becomes a representation which is then interpreted as bureaucratic behavior. Bureaucratic behavior according Ndraha (2003: 521) ^[10] is formed from the interaction between individual characteristics and the characteristics of the organization (bureaucracy) or more specifically between structures and actors (officials).

In carrying out public service tasks, Berger (Heady, 1966: 514) ^[11] categorize the behavior of the bureaucracy as a pattern of behavior that is specific to the three dimensions of universal rationality, hierarchy and discretion. These indicators show that the bureaucracy cannot

discriminate against a particular group or special treats or giving preferential treatment because of the interest in it, in addition to any services that are run should involve all functions in the organizational structure, and all actions and decisions are based on policy leadership or public service purposes.

1. Universal Rationality Behavior

Health services at the health center through the implementation of universal rational principles need to be run in an effort to improve the quality of service so as to give satisfaction to the public. Rational principle is carried out in an objective universal open, dynamic, and non-discriminatory. Through the vision of Healthy Indonesia's role in the health care Health Center is expected to be optimized to the public. Indonesia's success is largely determined by the health bureaucracy at the district health center / city, district to the village level as the technical implementation of the district / city at the forefront of quality service delivery. Government bureaucracy that runs the principle of universal rationality objectively open, dynamic and non-discrimination in the provision of services to the community health center has been practiced in the city of Makassar. Objectively open various rules have been defined and pursued to the bureaucrats and to serve as guidelines. In an open society was given an explanation about the manner of service procedure mechanism through standard operating procedures.

The principle of dynamic behavior in a health center services, seems not optimal as expected by the public. Human resources do not support the health center activities include the provision of services and infrastructure. In terms of discrimination, administrative benchmark was run by the government according to the rules without notice a difference in the community. Running the principle of universal rationality dynamically less flexible service

personnel follow the rapid developments in the organization and outside the organization, consequently PHC service delivery process lasted less "innovative". Theoretically the principle of universal rational objective aspect open line with the views Rainey and Steinbauer (2007: 99) ^[12] that bureaucratic behavior is the relationship between the actions of the bureaucracy in the public interest that focuses on the prevalence of the behavior, i.e., the behavior of people's right to equalization of public services received and not discriminatory conduct. On the other hand this finding has not been consistent with the view Lauer (Rohman, 2010) ^[13] that one of the appropriate strategies to optimize the services needed public services through innovation adoption program.

Behavior with rationality principle universal and non-discriminatory open dynamic can be applied by bureaucrats when coupled with fundamental changes through human resource development and refinement of the equipment according to the needs of society. Demands of urban communities to get better health care than the always provided (service over) is increasing, especially in the health center certified by the ISO-9001 standard as the Kassi-Kassi health centre. Unlike the Barombong Health Center, where the user community is generally located suburban services are still relatively poor level of knowledge so that less demanding better treatment services. They feel quite satisfied with the policy of free health care from the local government, as outlined in the regulations Mayor of Makassar 10 of 2010 Regarding Regional Technical Guidelines Makassar Regulation 7 of 2009 on Health Services in Makassar.

2. Behavioral Hierarchy

One of the aspects of the behavior of the government bureaucracy in providing services to the community is the principle of

hierarchy or level of bureaucratic tasks that require the division of duties, delegation of tasks and responsibilities followed. In the process of service delivery, the three are still showing weakness. Division of labor in health center that has been ISO-9001 standards has been implemented as main duties and functions, but with the additional tasks that are multiple causes workload becomes high officials. In the case of delegation of tasks, the health center has not been standard ISO-9001 sometimes to delegate assignment is less precise because there are some officers carry out the functions of the service is not based on expertise, consequently the responsibility of authorities seem to be weak, bureaucratic apparatus still difficult to separate the tasks carried as an official public with other tasks. Application of the principle of hierarchy in the provision of services may lead to the success of the organization to achieve its objectives, due to the clear division of tasks, delegating the right, and a sense of responsibility to form service bureaucracy will be smooth and fast. Need for speed the flow of technical information can be useful to provide a proper service. Problems that occur in the process of health center services are the tendency of the time spent in the provision of services on a very limited cause less service "coordination".

Observing the conditions of service in health centers, in the theory of organizational behavior according to Davis (1992) ^[14] are vertically behavior in organizations spawned a delegation of tasks. In the case of delegation can occur in case of overlapping behavioral problems or where there is a vacancy responsibility of the work done by other employees who are not overlapping authority so that the work to rest, otherwise less desirable job vacancy occurs as a result overlooked responsibility.

Theoretically, this condition is not consistent with the theory of Davis (1992)

that in order to achieve maximum results an organization there needs to be a balance between the duties, authority and responsibility. Thus the findings of bureaucratic behavior health center in the hierarchy principle can be said to be not in line with the concept in organization theory proposed by Sutarto (1993) ^[15] that implement a division of labor without implementing the principle of coordination will lead to an organizational unit or individual officers walk alone in the absence of unity of direction.

3. Behavior Discretion

Demands professionalism in health care calls for discretionary action in exercise authority, bureaucracy functional tasks run health center services by not waiting for instructions from delays or leadership to decide, especially in the contingency. Health Center as a Regional Technical Implementation Unit (UPTD) based on the results of research and observation, at executive level, discretionary done largely determined by the type of task performed. There are tasks and functions are always bound to strict rules such as drugs and laboratory services. Besides, there are services that can make a leeway of authority possessed or discretion, for example in the inpatient, maternity rooms, examination and poly Maternal and Child Health (MCH). In the implementation of network services to the community and health center services, discretion is always performed based on the proposed work program to Makassar City Health Office. The programs that have been approved and budgeted from Makassar City Health Department subsequently implemented by the health center as outlined in the form of services to achieve the Minimum Service Standards (MSS) specific. One of the obstacles to the implementation of public services is limited, especially in the management of budget authority. Slow disbursement of funds through bureaucratic

mechanisms cause some programs to the community pending. Moreover, the cross-sectoral program involving Unit (SKPD) other, so it really depends on the budget that has not been liquid. For health centers that are already standard ISO-9001, delays in funding can be overcome. But for health centers that have not been standardized ISO-9001 certainly have trouble. In this regard, the authority possessed by the bureaucracy needs to be expanded to address the health center and facilitate the implementation of programs of health center services.

The dependence of the bureaucratic apparatus of health center services in Makassar discretionary action because the health center does not have broad authority to take decisions in the service that can sometimes harm the public. For health centers are ISO-9001 standard has been able to handle being able to fulfill what is required according to the SPM, but for health centers that have not ISO-9001 standards do not discretionary area of the health center that has been ISO-9001 standard. Discretionary actions in the service will be meaningful if the behavior of a decentralized doing "empowerment" (empowering) as an attempt to change behavior through the strategies of power developed by Osborne and Plastrik (1997) ^[16] that is changing the bureaucratic structure is centralized and top-down becomes decentralized and participatory.

CONCLUSION

Application of the principle of bureaucratic behavior in the service of health centers in Makassar can be accomplished either through the universal aspect of rationality, hierarchy and diksresi, but not optimally implement health care. Universal rationality principled behavior in health center that has been standard ISO-9001 and ISO-9001 standards have not run the service tasks objectively open according to the rules that

have been established without significant discrimination, but has not been able to cope with the dynamics of change so impressed bureaucratic services less innovative. Principled hierarchy of bureaucratic behavior in health center that has been ISO-9001 standard carry pretty good division of tasks, delegation is appropriate, as well as responsibility. However, the health center is not ISO-9001 standards, a clear division of tasks is not visible, so the lack of proper delegation of responsibilities to be weak. The high workload at the health center Makassar cause less coordination goes well. In terms of doing discretion, either health center that has been standard ISO-9001 or ISO-9001 standard has not attempted to implement it receives authority, but the authority is still limited and not acceptable according to the conditions and needs, but to take the initiative seem quite up to the appropriate technical capabilities officers . The behavior of the government bureaucracy in health center services in Makassar can be effective if all stakeholders work together with elements of both.

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