

Association between democracy and efficiency in public health services - A case study in Southeast Sulawesi Province, Indonesia

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Abstract: Democratization in developing countries has been discussed whether it could enhance efficiency and effectiveness in public administration. In Indonesia, it has been implemented in the last decades but the ability of the local governance to enhance efficiency in public health services remain questioned. This study examines the association between democracy and efficiency in health service delivery. This study employed a mixed method design and was conducted in Southeast Sulawesi Province, Indonesia. The efficiency was measured by using ratio of the cost purchased (input) and the number of services (output) in community health centres (*puskesmas*). Democratic variables was measured using an index that consist of components of democracy such as public participation, responsiveness, transparency and equality. Spearman's correlation model is used to examine the association of variables. In depth interview was conducted to explore aspects behind the association of the two objectives of administration.

This study found that there is an association between democracy and efficiency in public health services ($p < 0.05$). This study establishes a view that the contradiction of the efficiency and the democracy in the health service is a trade-off. A range of phenomena explaining the trade-off between the two principles refers to the contradiction between democratic morality and characteristics of bureaucracy which was indicated by rivalry of individual aspiration with a trend of weak of health knowledge, on the one hand, and rational calculation with a trend of weak in commitment to democratic health service, on the other. The inquiry, also, finds that the contested individual aspiration and rational calculation is rooted on different philosophy of considerations. The contradiction of consideration based on humanistic approach and bureaucratic professionalism to be proposed to explain the rivalry of individual aspiration and rational calculation. This study suggests that health service managements in the future keep a balance with the shift of focus a little more to the democratic side and accept a little decrease of efficiency as the cost has to pay to overcome the crisis of trust to the public services.

Key words : *democracy, efficiency, primary health service, trade-off.*

I. Introduction

The increasing of efficiency has become inspiration of productivity improvement in the early twentieth century for Frederick W. Taylor, Henry L. Gantt and Frank & Lillian Gilbreth which arising scientific management (Stoner and colleagues: 33-35). Several authors have argues that efficiency of maximum operation has become the objective of 'ideal organization' which is known as bureaucracy from Max Weber (Weber, 1946 translated 2009: 59; Robbins and Coulter, 1994: 337-338). Anitha (2007: 1) has identified that previous studies on bureaucracy have always focused on increasing of the efficiency of administrative structure to obtain service delivery effectively. The shift of paradigm from one theory to another since the era of Woodrow Wilson to *the New Public Management* differed in the way they looked at the problems of administration and the solution they suggested.

However, the acceptance to the efficiency as the final objective of administration process cannot be understood that with the efficiency merely can be done a judgment to the performance of administrators (Denhardt dan Denhardt, 2003: 8). In contrast Dimock (1936), one of scholars, argued that mechanic efficiency is cold calculation and is not human, while success administration is warm and enthusiastic because it relates to the humanity. The two scholars added that other authors suggest that administrators and political leaders finally thinking issues in a democratic frame; such as equity, freedom, and equality, i.e. issues far stronger and harder than efficiency solely.

Nowadays, modern society wants public services forward democratic values. In Indonesia, reforms in public administration has been conducted since 2000 and it influences various aspects of governance. It seems that the intend of the people is similar to what has been long stated by scholars. According to democratic administration theory, developed by Waldo (1952, in Frederick S. Lane, 1986: 456), democratic values should be applied not only in a political event such as an election but also in the socio-economic areas, particularly in public services that it provided by government bureaucratic institutions. Ruger (2005: 303) argues that democratic institutions and practices may influence human development in various aspect, including population health and prosperity. He states that the absence of democracy can potentially reduce the health of people. Furthermore, Ruger pointed out that democracy and health should comprise better and newer public accountability, global cooperation in health; availability and freely information. That components should be applied in diseases prevention, protection of individual rights and freedom of expression and the ability to voice the complaints.

The application of democratic values in to administration has been discussed in the literature. Authors have argued such as Blühdorn(2006: 71) reveal that ‘there is an acute awareness that in many contexts the ideals of democratic governance and efficient governance are mutually obstructive’. At the same time, Box(2001: 612) and colleagues state that The Brownlow Commission of the US President’s Committee (1937) describes that ‘efficient management in a democracy is a factor of peculiar significance’.

There are components democracy, namely public participation, responsiveness, transparency and equality. Participation is one of the most frequent called values (e.g. Callahan, 2007; Winfried Steffani, 1973 quoted by Ingolfur Blühdorn, 2006: 75; Lynn M. Morgan, 2001, Barber, 1984 quoted by Robert B. Denhardt & Jannet V. Denhardt, 2000: 552; Laurence J. O’Toole, Jr., 1997). Responsiveness as the democratic value is described by authors (e.g. Glass & Newall, 1992 quoted by Yang and Callahan, 2007; Richard Child quoted by Richard Box and colleagues, 2001; Robert Dahl quoted by Martin Gillens, 2005 and Wasim Al-Habil (2010). Equality is also included as the democratic value (e.g. Dwight Waldo (1986 in Frederick S. Lane, 1986), Anne Mills (1995), Frank Hendriks & Pieter Tops (1999), B. Guy Peters (2004), Ingolfur Blühdorn (2006), David M. Cutler (2002).

Ebrahim Fakir (2005: 1) noted that there is tendency to make equal on the notions of democratic indicators which comprise right, responsiveness, representation, accountability, transparency, participation, and voice. Some authors pose the tensions between efficiency and democracy in different perspectives especially for democratic values. As Ingolfur Blühdorn(2006: 75) noted that:

Whilst in a broader sense, ... authors are all exploring the relationship between democracy and efficiency, they are in fact all talking about very different issues. Steffani sets the concept of efficiency against that of participation. Okun, and also Ladwig, when highlighting that “the first virtue of economy and administration is efficiency,” whilst “the first virtue of democracy is equality”, are positioning efficiency against equality.

Early efforts in enquiry the association of efficiency-democracy in public services indicated different results. An investigation by Steven R. Beckman, John P. Formby and W. James Smith(2003) found that equity decreasing efficiency (conflict). At the same time, David M. Cutler (2002) reported that there is trade-off between equality in health and efficiency. By contrast, a study by Mildred Warner and Amir Hefetz (2002) found that market based services increasing efficiency (sinergic), as Milena Neskova and David Guo (2009) in their study got the result that public participation leads to better organizational performance in terms of effectiveness and efficiency. This study aimed to examine the relationship between democracy and efficiency. It is carried out to answer questions: Is there any correlation between democratic services in Puskesmas and the organizational efficiency? What is the tendency of association between efficiency and democracy (sinergic or conflict)? How could the association between the two objectives be explained? To answer the questions, this study develop enquiry with two approaches; quantitatively in determining the association

II. Method

This study used a mixed method design, combining both quantitative and qualitative approaches. The quantitative method was used to examine the association between democracy and efficiency. Qualitative approach, on the other hand, was used to explore the reasons for the inverse relationship between democracy and efficiency. The efficiency was measure by using a ratio of the cost purchased by community health centre (*puskesmas*) in year 2013 as input, and the number of services reached by the health centers in the same year as output. The costs covering both from the national and the local budget, while number of services comprising preventive, promotive, and curative health activities; the two are calculated and compared to yield the unit cost of services which describe efficiency in the health centers. The democratic services, on the other hand, refer to the application of items of the democratic index relevant to health services. The index were developed from four democratic values (participation, responsiveness, equality, and transparency). A combination of the fourth have shaped index of democratic health service in the study location. Spearman’s correlation model is used to examine the association of variables, whilst qualitative informations are analyzed to explain phenomena behind the association of the two objectives of administration.

Urban areas of Southeast Sulawesi Province were determined as study location where they are inhabited by the urban characterized community with higher formal education, easier access to the information, and higher awareness of civil rights. All 32 community health centres (CHC) in two cities were included in this study, which are all community health centers located in Kendari and Baubau, the two cities in the province with the characteristics described above.

Secondary data were collected from the health profiles, activity and budget plan, and routine reports to obtain the amount of operational costs and the number of services. Comparing the two yielded the unit costs to determine the efficiency. Interview with management of *puskesmas* is conducted to know number of democratic index applicated. Several documents are seen to confirm the answer, such as letter inviting people representation on a meeting, name list of attending, report on public meeting, filled questionnaire of survey on service satisfaction. An indepth interview was carried out with some informen (management of *puskesmas*, position holder in City and Province Health Offices, and a scholar from a health school).

III. Results

The results cover the amount of expense and the number of services in 32 *puskesmas* and calculate them to gain unit cost to describe the efficiency. In 2013, all *puskesmas* have three funding sources; the Health Operational Cost to finance the promotive and preventive activities, and the Community Health Assurance to fund the curative one (central government), while another one is *Puskesmas* Operational Cost to activate the routine activities (local government). Number of services is obtained from all program activities that comprise medical treatment, maternal and child health, family planning, immunization, nutrition, disease control,

environmental health, health education, school health, and teeth & mouth health. Democratic level is number of democratic index applied in the services. Total indexes of 31 are developed from fore democratic values (public participation: 8 items, responsiveness: 9 items, transparency: 7 items, equality: 7 items).

Statistics of total costs purchased by each puskesmas and total services reached by the health institutions yield the unit cost of services, whilst number of item on index of democracy implemented describe the level of democratic health services. Tabel 1 show the statistics.

Tabel 1. Unit Cost and Index of Democracy

No	Puskesmas	Unit cost of services	Application of Index of Democracy
1	Nambo	24.374	17
2	Abeli	17.222	13
3	Poasia	21.334	11
4	Mokoau	16.036	8
5	Lepolepo	17.229	11
6	Jatiraya	22.446	14
7	Wuawua	11.867	14
8	Perumnas	20.104	10
9	Mekar	16.008	14
10	Kemaraya	20.641	13
11	Benubenua	11.006	13
12	Kandai	35.416	23
13	Mata	13.370	13
14	Puwatu	22.044	12
15	Labibia	17.629	18
16	Wolio	20.165	19
17	Bataraguru	22.121	19
18	Bukit Wolio	24.637	18
19	Betoambari	21.732	17
20	Meomeo	18.038	9
21	Wajo	20.019	13
22	Melai	31.843	20
23	Katobengke	33.256	21
24	Waborobo	39.732	24
25	Sulaa	37.267	21
26	Lakologou	27.270	22
27	Kadolomoko	26.985	22
28	Liwuto	33.605	17
29	Bungi	23.607	22
30	Kampeonaho	40.856	19
31	Lowulowu	20.250	20
32	Sorawolio	33.286	25

Source: DHO Kendari and Baubau, and puskesmas, 2013,

Determining 95% confidence-level, Spearman’s correlation test result in alfa 0.000, showing that nul hypothesis (there is no correlation between democracy and efficiency) is rejected. The two-tailed examination demonstrate that efficiency and democracy in primary health services influences each other. The statistical test, also show the strength of association verbally since correlation is aneffect size. Correlation coefficient of 0.723 and with using the guide that Evans (1996: 47) suggestsstates that efficiency and democracy in health services is in strong correlation. Table 2 demonstrate the results of the two tailed of Spearmans’ correlation test.

Table 2. Results of Spearmans’ Correlation Test

Correlations				
			Efisiensi	Demokrasi
Spearman's rho	Efisiensi	Correlation Coefficient	1.000	.723**
		Sig. (2-tailed)	.	.000
		N	32	32
	Demokrasi	Correlation Coefficient	.723**	1.000
		Sig. (2-tailed)	.000	.
		N	32	32

Source : Results of Statistical Test (SPSS), 2015.

Scattergraph on figure 1 show pattern. It demonstrates a pa

health service delivery in puskesmas with linear pattern. It demonstrates a pa
ratic values tend to have higher unit costs of

health services or lower efficiency. By contrast, puskesmases with lower implementation of democratic values tend to have lower unit costs or higher efficiency.

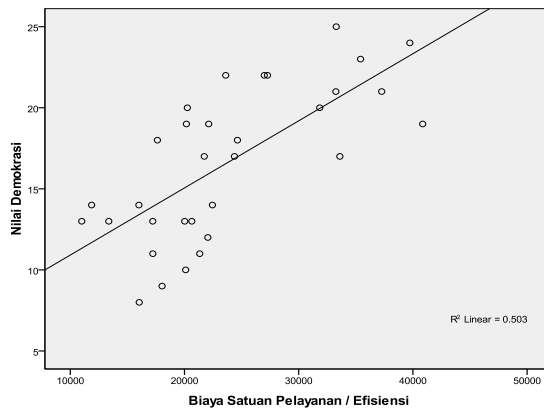


Figure 1. Linearity of efficiency and democracy in health service
Source: Research data on puskesmas in study location, 2013,

Important points from the informenin relates to the exixt conflict between the effort to reach efficiency, on the one hand, and the democracy of primary health services, on the other, describe the contradiction as well.Points of informen's experiencesthat describe the tensionare:

1. They are insisted to response to people aspirations, whilstthey should purchasethe money efficiently so that the entire program can be funded and the percentage of coverage targeted in a year can be seized.
2. The informen see that the two objectives are contradict each other. Puskesmas' services accomodate people's wants had been felt as contradiction with the effort to minimize operational costs. They are confuse, what objective shoud they give priority to.
3. There are opinions that number of services funded by the health operational cost without response to people aspirations tends to be higher than the performance with democratic services because the later approach carry out democratic steps with increasing fund using.

Informen's opinion and experience, then, illustrate aspect behind the conflict between act of determining operational costs purchased for each public health activity and the democratic health services. The main points of the statements describe some aspects refer to the existing competition of rational calculation and individual aspiration. The matter is seen from the following informen's opinion:

1. Efficient services are based merely on suppress the cost of a puskesmas' activity as low as possible and agree with the need, takes not any feeling except rational calculation, and refer to regulations. Differently, they consider civil rights, response to people wants, and other human values fora democratic services.
2. They experience a situation in which they behave contradiction, and it's never go easily. They determine the health activities without participation is far different with that of accept people involvement. The first method needs lower use of time and fund, while the second require higher use of steps of activities, time and money.
3. They feel that the contradictions often complicate them to choose the priority activities because there are many groups of people (housewives, non-governmental organizations, students, prominent persons, inter-sectoral personnel) with different wants and reasons.
4. According to the informen, their puskesmases reach a lower performance because the cost which is genuinly allocated on staff transport to the field for promotive and preventive activities should be changed to fund steps of democratic activities(meeting with present prominent persons, attending discussion on development planning in every village, home visit on behalf of equity and equality in health coverage, etc.).
5. Some informen tell that people they serve see the priorities in a verry different way. Ten-house women group wants puskesmas allocate fund for transport and uniform for the health caders and free medication for their families, prominent persons want free medication for lower income people, students insist open forum, other civil groups demand home visit for equality in health coverage in corners of the cities in particular.

Furthermore, the informen's statements implying their tendency to operate all their activitieswith the bureaucratic features as government appliances. Saveral characteristics of bureaucracy emerged including the bureaucratic expertise, authority, and regulation. The reasons they tend to prioritize in facing the conflict situations appear from the statements that can be shortened as follow:

1. The informenclarified that they hold public health considerations in determining the health activities. Instead of allocate operational cost to carry out public meeting for consensus or workshop for health planning with publicparticipation, they tend to give priority to the health activities that could directly overcome the health problems their communities face. They stated that their priorities are the health interventions that contribute more significant to the reaching of maternal mortality ratio or infant mortality rate.

2. They accept public participation and they listen to the people with their wants in determining the Puskesmas activities, but they asked important questions while interview are conducted; What is the position of my formal authority when facing people wants in the era of the democratic public services? Why should I decide budget allocation based on people wants when rational needs analysis from my professional perspective is different with them, and I have to sign the document and take the accountability?

3. An informant who is a lecturer said that determining health activities is a routine work and it's based on the public health expertise and regulations. In the condition of lower coverage of birth handling by health professional, higher malnutrition, and problem with diseases can be prevented by immunization, management of Puskesmas will give priority to address the problems. The decisions should be based on the instruction of Puskesmas operational cost. Therefore, implementing democratic services with some steps of meeting to build consensus or more responsive to many groups of people will need more time and financial resource.

IV. Discussion

The main results quantitatively and qualitatively direct the discussion to be more accurate with the opposite relation between democracy and efficiency in primary health services. The contradiction refers to the existing conflict in applying the two objectives in the health service delivery that is experienced by the managements of Puskesmas. In addition, the discussion comprises interpretation on the data and information, and deepen aspects behind problematic association between applying efficiency and democracy simultaneously.

Contradiction of Democracy-efficiency in Health Services: Dilemma, Paradox, or Trade-off?

Understanding the contradiction, it is important to use terminology from Wright (1997) or terms advocated by Christopher Pollitt & Geert Bouckaert (2000) as they have been quoted by Flinders (2006: 168). They advise the difference among the terms with the possibility of precision to see the problematic relation. A Trade-off is described as a classic *zero-sum game*, and is defined as a situation in which obtaining an objective, or disappearing a problem, then it has detracted several qualities desired on another, unavoidably. A dilemma is defined as a *lose-lose situation* in which is a trade-off with the situation still negative what option is chosen. A paradox is something seen as glance as incompatible or wrong, but the fact contains a logic or a truth. A trade-off means a *zero-sum game*, a dilemma is a *lose-lose situation*, and a paradox is a *positive-sum game*.

The results of this study show that the association between democracy and efficiency in primary health services is a trade-off. The trend as it shown in figure 1 demonstrate that some Puskesmas applying higher democratic services tend to have lower efficiency, whilst some other who implement lower democratic services tend to have higher efficiency. The gain in one of the two objectives tend to reduce the other, or in other words, the association of democracy-efficiency in health services is in *zero-sum game*. The data show the trade-off, and do not a dilemma in a *lose-lose situation*, or a paradox in a *positive-sum game* either. The next will discuss three of fore democratic values (**participation, responsiveness and equality**) since **transparency** is more likely not to be associated with efficiency as a result of identification of the trend between the two with a scatterplot graph.

The qualitative data strengthen the interpretation since the informen experience the situation that using financial resource efficiently to reach the coverages of Puskesmas activities targeted per year with the trend of reducing level of democratic services. They stated that they confuse what objective they should give priority to, when they are insisted to apply democratic services with responsive to people wants, accomodative to participation, and attentive to the equality of services. At the same time, Puskesmas operational cost tend to result in higher number of health services without response to people aspirations. Reaching higher performance with reducing democratic practices, confusing to prioritize one of the two objectives, and ignoring one of the two objectives result in higher gain in the other, indicate the situation of *zero-sum game*, and not *lose-lose situation*, or *positive-sum game* either.

The result seems to be parallel with Ingolfur Blühdorn and Uwe Jun (2006: 7-8) who describe the contradiction that 'democratic structures tend to be inefficient and efficiency structures tend to be undemocratic'. It's possibly that the result is a case example of Ingolfur Blühdorn (2006: 71) who reveal that '.....the ideals of democratic governance and efficient governance are mutually obstructive'. Other scholars have given attention on the relation between each democratic value and the efficiency. Denhardt and Denhardt (2006: 19-20) note the existing contradiction between desire to reach efficiency and commitment to run one of values in the democratic frame, i.e. responsiveness. The conflict seems to be mapped out when they state that while long debate about politics and administration, and also democracy and bureaucracy, public managers are encountered the conflict of efficiency and responsiveness. In addition, Blühdorn (2006: 75) explain that while Steffani see the efficiency against participation, Okun, and also Ladwig, are positioning efficiency against equality.

The finding that efficiency and democracy in primary health care tend to be conflict is consistent with David M. Cutler's (2002: 904-905) study result in a larger scale of inquiry; i.e. hospital service. He reports that reform on health care and medical services has more than a trade-off. In the medical services, it's not only equality and efficiency in the position of conflict, but both are hostages of the increase of nursing cost.

Based on discussion above, this study lift proposition 1 (minor):

'Contradiction in the implementation of efficiency and democracy in the front line of health services is a trade-off with the pattern that the higher gain in democratic services tend to be followed by the lower reach of efficiency, or vice versa.'

Democratic and Efficient Health Services: The Rivalry of Rational Mechanic Calculation and Individual Democratic Aspiration

Continued inquiry then is focused on the reasons of the conflict to understand more the trade-off between efficiency and democracy in the primary health care. The experiences of the informants indicate that the trade-off is caused by the existing tension between professional skills of management of Puskesmas, on the one front, and the freedom of the people to express their wants, on the other front. It seems that priorities of health activities in the health centers are determined by involving competition between the urge to run their public health expertise and to apply democratic services with response to the aspirations of many individuals.

From their skill side, they tend to choose a priority based on the health knowledge that the activity is a closer intervention to address a health problem and allocate the fund as minimum as possible. From their urge for democratic services, they tend to respond to the wants of many individuals. The contradiction is mirrored from the statement: 'Efficient services are based merely on suppress the cost of an activity as low as possible and agree with the need, takes not any feeling except rational calculation, and refer to regulations. Differently, we consider civil rights, response to people wants, and other human values for a democratic services'.

Another informant tells that democratic services especially in accommodate people participation needs more steps of activities, time, and fund since making consensus related to determining types of Puskesmas' activities is never reached easily. They also say that it is quite different when there is not any insisting for democracy yet in the past time that they determine the health activities without people participation, so that they used fund fewer in planning Puskesmas' activities. Another statement tells that democracy complicate their position when they have to confront with many individuals or groups of people with different wants and reasons.

Some informants tell an important information that genuinely the Puskesmas operational cost is allocated for transport of the staff to the field for promotive and preventive health activities. However, they must allocate it to fund several steps of democratic activities such as meeting with prominent persons, attending discussion on development planning in every village, home visit on behalf of equity and equality in health coverage, etc. They argue that without giving attention to participation, responsiveness and equality in health services, they can allocate the fund directly to the field act of health activities such as services delivery in immunization, health of mother and children, improvement of nutrition, sanitation, etc.

Prominent person of a group of housewife, head of village, religion, person of government intersector, person of student or other civil groups seems to represent individuals in democracy who want Puskesmas implementing democratic services. On the other hand, management of Puskesmas usual run their duties in rational bureaucratic routine with professional skills and authority based working. Tension then raise as a result from the rivalry between individual democratic aspiration and rational mechanic calculation.

One important thing is that the people with hard insist for different priorities of Puskesmas' activities seems to have less health knowledge, whilst person in management of Puskesmas tend to hold their professional skills with lack of commitment to democratic services. The statement the person of Puskesmas look that 'the people they serve see the health priorities in a very different way' and 'many individuals with different wants and reasons' indicate lack of health knowledge of the people they serve. On the other hand, the person of Puskesmas who think and go back to the idea to work like in the past time before the health reform and democratic era demonstrate the tendency to carry out the services with lack of commitment to democracy.

Looking at the literature knowing that authors reveal that democracy contains at least three values: firstly, individual is the main humanity value; secondly, democratic morality states that human are created equally; thirdly: democratic morality emphasis wide participation among citizen. In contrast, from bureaucracy side: firstly, there is needs to unite many individual works to reach an objective; secondly, bureaucratic system is structured hierarchical; thirdly, bureaucratic organization assumed that power and authority flow from the top to the bottom instead of the opposite (Waldo, 1952 in Lane, 1986 and Denhardt & Denhardt, 2006: 19).

The competition between individual democratic aspiration and the orientation to the needs of many individual that 'beyond the capacity of single individual' from Denhardt and Denhardt (2000) may obtain a case sample in the phenomena of the shift of determining primary health activity in Puskesmas from selecting activities by a single planer to determining them through a more democratic process with listening to people proposals. Furthermore, the causal effect from the openness to the aspiration, polarization of the issue, and then difficult consensus because of interests, and culminate in increasing time and money may parallel with the scholars. An opinion from Callahan (2007: 54), for instance, in relates to deliberative and collaborative processes between government and the citizen states that the more open a process, the more polarized an issue.

Human social values are called by the informants as the base of consideration in accommodating participation, responsiveness, and equality. Blühdorn (2006: 77-78) argues that all values related to democracy are centered around political *subjector Self* and that *Self* insists self-determination and self-realization as manifestation of *autonomous Self*, both individual *autonomous Self* and collective *autonomous Self*. This study uses the words individual democratic aspiration as a representation of combination of participation, responsiveness and equality as the spirit of health services and as the manifestation of individual human value and individual development.

The experience of informant to determine the health activities with involvement of a number of groups representative persons seems to be consistent with Ingolfur Blühdorn and Uwe Jun (2006: 8) that:

"The more a democratic system is trying to take into account the preferences articulated by its citizens at the input side, the higher are the costs—monetary and nonmonetary—of the decisionmaking process, and the lower is responsiveness at the output side."

Therefore, what this study is trying to propose as proposition 2 (minor) is that:

What this study propose as proposition 2 (minor) is:

"The implementation of primary health services contains rivalry between individual democratic aspiration with lack of health knowledge, on the one front, and rational mechanic calculation with weak of commitment to democratic service, on the other front, culminated in the trade-off of democracy-efficiency".

Different Administration Practice

Through the indepth interview, this study found that there is different approach between the idea to run democratic and efficient service in the world of primary health care. The informen explanations state that 'they tend to give priority to the health activities that could directly overcome the health problems their communities face instead of allocate the operational cost to carry out public meeting for consensus or workshop for health planning with public participation'. In addition, they state that 'their priorities are the health interventions that contribute more significant to the decreasing of maternal mortality ratio and infant mortality rate'.

It seems that the idea to apply democratic values in essential public service comes from the administration practice with aspirational humanistic approach, whilst the habit to run efficient principle is rooted on the administration practice with professional bureaucratic approach. The query shows indication that the rivalry of rational calculation and individual aspiration is more likely comes from different practices of administration. The former is a routine activity in the practice of bureaucratic professionalism, while the later is a relatively new trend of humanistic considerations. The clarification from the informen that 'they tend to allocate Puskesmas operational costs to fund the health activities that could directly overcome the health problem their community face instead of allocate it to carry out public meeting for consensus or workshop for health planning with public participation', demonstrates the different practices of administrations.

In addition, the rivalry of aspiration-calculation tends to relate with the competition between the right to voice the wants of the people from the democratic side and the formal authority from the bureaucratic side. The question of the informen: 'What is the position of my formal authority when facing people wants in the era of the democratic public services? Why should I decide budget allocation based on people wants when rational needs analysis from my professional perspective is different with them, and I have to sign the document and take the accountability?' indicates the existing tension between the authority from the practice of the bureaucratic professionalism and the aspiration from the practice of humanism based administration.

A consistent testimony comes from an informan that 'determining health activities is a routine work and it's based on the public health expertise and regulations, and that 'in the condition of lower coverage of birth handling by health professional, higher malnutrition, and problem with diseases can be prevented by immunization, management of Puskesmas will give priority to address the problems. 'The decisions should be based on the instruction of implementation of Puskesmas operational cost' strengthens the interpretation. Again, the individual democratic aspiration comes from the democracy with humanism considerations tends to be confronting the formal authority comes from the bureaucratic professionalism.

The strength of the meaning of individual democratic aspiration as center of insisting for participation, responsiveness, and equality sourced from the strength of respect to the existence of individual in the democratic processes. Denhardt and Denhardt (2006) tell that Dwight Waldo (1952) clarify about what he called individual development as the main objective of democratic political system. Meanwhile, contradiction of aspiration-calculation has been long predicted by scholar as Denhardt and Denhardt (2003: 8) tell that Marshall Dimock (1936), describes different spirit of the two ideas with write that 'mechanic efficiency is cold calculation and not human, while success administration is warm and enthusiastic because it relates to human'. Dimock's view indicates the contradiction between rational calculation and human consideration.

Louis C. Gawthrop (1997) argues that 'the bureaucratic machines and the democracy run on the different tracks, depart from different stations and arrive on different destinations'. His view tends to be parallel with the finding of this study that there is contradiction felt by the management of Puskesmas between determining the health activity and budget based on routine with direction from the authority owner in the health organization hierarchy and the people wants to do it with the spirit of participation, responsiveness, and equality. At the same time, Denhardt and Denhardt (2006) describe the contradiction as 'while democracy stresses participation and a bottom up decision making, bureaucracy appreciates efficiency, hierarchy, and a topdown decision making'. The tendency among management of Puskesmas seems to be consistent with Kweit and Kweit (1984: 236) who state that the ideal bureaucracy described by Max Weber based on the expertise to reach efficiency. At the same time, bureaucratic decision making describes centralization of authority. Therefore, there is no place for participation in the ideal bureaucracy.

Therefore, this study proposes proposition 3 (minor):

"The rivalry between individual democratic aspiration and rational mechanic calculation pointed on as a trade-off in democracy and efficiency in the front line of health service is rooted on different approach in administration practice, i.e. humanistic aspirationalism and bureaucratic professionalism.

Finally, a proposition (major) that this study propose is:

"Contradiction of efficiency-democracy in primary health service is a trade-off which is explained by the exist of rivalry between individual democratic aspiration and rational mechanic calculation, and the competition is rooted from two different approaches in administration practice; i.e. humanistic aspirationalism and bureaucratic professionalism".

V. Conclusions

The results of this study show that there is significant correlation in the association of efficiency-democracy in the primary health services. A range of phenomena are found behind the troubled relationship between the effort to reach efficiency and democracy in the health services. The application of the two objectives of administration in the health institutions simultaneously result in a trade-off. A higher efficiency gain in some Puskesmas tends to be followed by a lower democracy level, or vice-versa for some other Puskesmas. The trade-off is more likely be explained by the existing rivalry between the individual democratic aspiration and the

rational mechanic calculation that is rooted from different approach in administration practices; i.e. the humanistic aspirationalism and the bureaucratic professionalism.

We propose that administration practice in the future, in public service, and in the health service in particular, may keep the balance between the effort to reach efficiency and democracy with a little more shift to the democratic side. A little loose in efficiency should be viewed as the price must be paid to reduce the problem of trust to the government. We recommend that future study will develop the index of democracy in public service with a wider democratic values frame that can yield higher number of the item so that inferensial statistic may be applied to establish what democratic value is associated with organizational efficiency. In addition, there is need to evolve the efficiency measure in the primary health services in term of the input and the output.

V. References

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