

The Study Of Effectiveness Service in Yowari Hospital in Jayapura by Conducting Formalism Practice

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Abstract- The study aims to analyze the effectiveness of its services with no formalism in Jayapura District Yowari Hospital. This study is a qualitative study using a case study approach that refers to Sala Model in the Theory of *Prismatic Society*. The data collection was done by using interviews, observation and documentation. Informants were purposively selected from various elements namely the element of hospital management, medical staff, nursing and midwifery, local governments and the patient/family who totaled 42 and were selected purposively. The data were analyzed qualitatively with descriptive approach. The results showed that the inconsistency in the implementation of the rules or formal provision is a trait that occurs almost evenly on all kinds of services, and a very dominant place in the administrative services and management. The implication of the formalism is in effective several types of hospital services. Nature of certain types of services, it was found that despite the formalism but effective ministry, where the case for their bribes (Bribe), as well as unofficial payments (informal payment).

Index Terms- Hospital Services, Formalism The effectiveness

I. INTRODUCTION

Public service is the responsibility of the government and implemented by government agencies, be it in the center, in the Region, and the environment of the State Owned Enterprises. Public services are public goods and services in the form of services. Nowadays people are increasingly open in their criticism of public service. Therefore, the substance of the administration was instrumental in organizing and directing all activities of the service organization in achieving its objectives. One form of public service implemented by the government is fulfilling the needs of public health. Reforms implemented in the health sector to improve health care and make it more efficient, effective and can be reached by the whole society. As stated in the Decree of the Minister of Health of the Republic of Indonesia No.951/Menkes/SK /VI /2000, namely that "health development goals are to increase awareness, willingness and ability of healthy life for everyone in order to realize optimal degree of public health".

With the increasing level of education and social conditions in the community, also increases the awareness of the healthy life and the circumstances that led to public demand quality health services, comfortable and oriented to customer satisfaction is increasingly urgent one requiring a high service performance. In accordance with Law No. 32 Year 2004 on Regional Government in Chapter IV, Article 11 paragraph (2) stipulated

that the field of governance must be implemented by the Regency and the City is a public works, health, education and culture, agriculture, transportation, industry and trade, investment, environment, land, cooperatives, and labor. Based on these laws, the health sector ranks second (after the field of public works) from the field of governance must be implemented by the local government district and the city. This means that in order Autonomous Region, District and Municipal Government fully responsible for the implementation of health development to improve public health in the region, by providing outstanding service.

The process of healthcare and quality of service associated with the availability of health facilities consisting of primary health care (PHC, Medical Clinic), referral services (hospitals), the availability of health personnel, equipment and medicines. Performance of service concerning the work, the pace of work, jobs which are carried right in line with expectations gan slowly, and timeliness in completing the work. The government has tried to meet the needs of the community health services by establishing hospitals and public health centers in all regions of Indonesia. But until now the government's efforts to meet the health needs of the community still can not meet people's expectations. Many members of the public who complain and are not satisfied with the services provided by hospitals and health centers owned by the government in terms of examination rather overlooked by health workers, long service time, personnel skills, infrastructure /facilities, as well as the waiting time to get service.

One complaint often heard from people associated with the government apparatus is in addition to a convoluted due to bureaucratic rigid, the behavior of individual apparatus that sometimes less friendly, also the performance of employees to provide services in this case timeliness in providing services, the quantity and quality of service is still very low. The low performance of services will build a bad image in hospitals, where patients who are dissatisfied will tell his colleagues. Likewise, the higher the performance of the services provided will be a plus for the hospital, in this case the patient will feel satisfied with the services provided.

Results of research conducted by Ahmad Sudiro (2001) in several health centers in the area of Jakarta is known that in general, patients complain to the queue at the time of administration that is capable of achieving 15 to 20 minutes. This is one of the low number of visits at the health center. The results of opinion polls Jakarta Health Department information center (2000), it is known that one of the factors most frequently complained by the patient is later than the clerk of providing health care, whether it was at the time a patient register at the

counter until the examination and prescription. The results of monitoring Health Information Center note that for one patient at the health center takes time in counter 10 minutes in the examination room 15 to 20 minutes and the place of usual prescriptions reached 15 minutes, so for one patient visit takes 45 minutes to 1 hour.

Practice *formalism* in Indonesia suspected to occur in almost every aspect of the domain of the bureaucracy, especially in the provision of public services. Practices such as corruption, collusion and nepotism is an action that rife. Various regulations have ditelorkan by the government to prevent such practices in the hope of realizing public services more efficient, effective and equitable.

Formalism (*formalism*) is one of the characteristics of the Model Sala developed by Riggs to explain the nature of the society and system administration (bureaucracy) in developing countries where people are experiencing a transition from the type of agrarian society to an industrial society. In addition to the characteristics of formalism, Model Sala also has two other characteristics that heterogeneity (*heterogeneity*) and (*overlapping*) (Riggs, 1964).

In Indonesia, the practice of formalism is considered still dominant place in the government bureaucracy, especially in local government bureaucracy. Results of research conducted by Agus Dwiyanto, et al (2003) showed that the practice of corruption, collusion and nepotism in the field of health care tends to occur in the procurement of drugs, hiring, as well as the determination of the cost of service. Cases of corruption, collusion and nepotism are actions that characterize the practice formalisme according to Riggs.

In the province of Papua, the presence of Law on Regional Autonomy and Law No. 21 of 2001 on Special Autonomy for Papua Province is a golden opportunity for the Provincial Government and District/City in an effort to improve the quality of the field of health care. No exception Jayapura regency government as counties terapit the Jayapura city is the capital of the province.

Efforts to improve the quality of healthcare in the intent can only be achieved when health care bureaucrats obey and act according to the rules, regulations, and applicable principles relating to the health care field or in other words do not practice formalism as suggested by Riggs. But otherwise the fact that in the encounter in the early stages of the survey give an indication differ from what is expected. Other findings in the pre-survey concerning the presence of additional levies that are not stipulated in the regulations. The levy is considered to be somewhat burdensome service users so that they are not optimally utilize health services (public discussions with the initials MT). Based on an above problems it is necessary to study Effectiveness of Care in Hospital Yowari Jayapura district with the practice of formalism undertaken.

II. RESEARCH METHODS

Research design

This study intends to acquire in-depth overview of the formalism in Hospital services Hospital Yowari Jayapura district. To assist researchers in obtaining in-depth description of the purpose of the study, the design of this research uses qualitative

research with qualitative case study approach (*Qualitative Case Study*) as well as administration and management services.

Locus and Research Focus

This research was conducted in Jayapura District Hospital Yowari. Election Hospital Yowari

Data source

These studies collect data from two sources, namely primary and secondary data sources. Sources of primary data obtained through *in depth interviews* with informants. The informants were selected using *purposive* technique. Informants planned as a data source amounted to 42, selected from the five elements related to hospital services is an element of hospital management, medical, nursing and midwifery personnel, local governments, and patient / family. Selection of informants was done with the assumption that the data and information that is relevant to this study only owned by individuals, namely those involved and interested hospital services include medical services, services of nursing care, support services of medical and non-medical, as well as administrative services and management ,

III. RESULTS AND DISCUSSION

1. Formalism In Hospital Service

Formalism is a mismatch between what is stated or be displayed with reality is actually happening in practice bureaucracy (Riggs, 1964). Ferrel Heady (1995), restricting a wide gap between what is stated or be displayed with reality (*discrepancy between form and reality*). The results of field research on e formalism in hospital services are presented according to the research focus preset. The focus of these studies have been developed based on some common traits possessed by formalism. The results of field research shows that not all characteristics of formalism found in all types of hospital services which is the object of observation. Some type of hospital services has been established to be observed are : Medical services, services of nursing care, support services of medical and non-medical, administrative services and management. There are interesting things from the field findings that need to be listened to is that the four characteristics mentioned above formalism is not found equally in all types of service are observed. There are certain characteristics that are found almost exist in all kinds of services, on the contrary there are some features that only occur in two or even one type of service. Here are some of the findings will be presented to the respective field of research focus.

2. The discrepancy between the rules to the implementation of the Hospital services.

One characteristic of formalism is any inconsistency between the rules in relation to the implementation of hospital services. Regulation here can be interpreted as the Act, government regulations, presidential decrees, ministerial regulations, Provincial Regulation, Regulation District/City, Regulation Regents / Mayors, the Decree of the Head of the Hospital, Norms, Principles, Principles principles, standards and procedures that form the basis of service delivery. The

phenomenon of a mismatch between the rules to be implemented in the hospital service is a phenomenon that is found in almost all types of hospital services Yowari Jayapura district.

2. Making the rules and procedures internal that can not be run by the hospital bureaucracy.

One characteristic of bureaucratic formalism in practice in developing countries is their tendency of making the rules and procedures can not be executed by the bureaucracy. In connection with this research, the focus of the discussion will be aimed at making the rules or procedures on hospital services can not be run solely by the bureaucracy of hospital services. Drafting of regulations and procedures that can not be run by the management of the Hospital services.

3. The centralization of power (centralized)

The tendency of centralization of power (centralized) and did not delegate authority is one of the characteristics of formalism. In relation to the organization of hospital services in hospitals Yowari, explanations about the centralization of power and disregard the delegation of authority associated with decision making in the context of hospital services. Feature centralization of power in the decision-making authority still be found within the framework of the internal structure of the hospital which is between the director and the heads of sexy and functional officials. Moreover, this phenomenon is also found within the framework of authority relations are structurally in terms of health care functions between the Hospital and the District Health Office and the Provincial Health Office Jayapura Papua. There are three types of services where these characteristics are still found, namely administration and management services, pharmacy services, and social security insurance services for poor families.

In service administration and management, there is still a reluctance delegation of decision making authority of the director of the hospital to the section chiefs and officials in implementing functional management functions for hospital services. This authority Convergence impact on the reluctance of Officials under the structural level to develop creativity and innovation power in the organization of hospital services. There are several symptoms that strengthens their practice of the centralization of power and the reluctance of the delegation of authority in decision-making, among others : the decision-making functions which are still based on leadership, leadership is less responsive to the suggestions and complaints from officials as well as staff at lower levels, and the lack of frequency coordination meeting and evaluation involving all elements of the service.

4. Report things are good and do not report on things that are not good or that actually happened

One characteristic of formalism is the behavior like to report things that are good and do not report on things that are not good or what happened. In Indonesia, this characteristic is more viscous called by the boss happy. This phenomenon can only be found in the service non-medical support services namely maintenance of hospital facilities. In the Regulation of the Minister of Health of the Republic of Indonesia Number : 129 /Menkes/SK/II/2008 on Minimum Service Standart Hospital, confirmed that hospital management to be responsive to damage

health equipment, timely maintenance of tools, timely in evaluating laboratory equipment and measuring instruments used. Response speed or responsiveness to damaged equipment, including medical devices can be optimally managing unit when the goods leave the report as objectively as possible on the state of the current item to the management or owners of the a hospital.

In the field observation and documentation study to document the evaluation reporting items, were found still reports that not describe the actual condition of the goods. In the circumstances of the report dated June 30, 2015, especially in the circumstances of the column (good/bad) it is stated that the condition of the goods are all in good condition. After confirmation by direct observation in the field and interviews are uncovered facts that are not in accordance with what has been reported.

Facts in units of medical services as well as medical support to show that that is indeed the majority of goods are still in good condition but some items used to service medical support strategic as medical devices laboratory clinics, space radiology, as well as tools in polical outpatient or inpatient hospitalization has been damaged due to age. This condition is true given that most medical devices as well as other supporting facilities held in 2006 since the hospital was founded. Therefore, the majority of medical devices in installations of strategic medical support has been damaged by light or permanently.

B. Effectiveness of Hospital Services

Discussion effectiveness has never been separated from the discussion Often pliers service efficiency and quality of the hospital. Among others accepted indicators include :

1. **Bed Occupancy Rate (BOR)** is indicator to measure the percentage use of bed at a certain time unit used to determine the level of utilization of hospital beds. Figures Low BOR showed a lack of utilization of hospital beds by society. Figures BOR is high (over 85%) indicates the level of utilization of the high bed so it is necessary the development of the hospital or the addition of a bed. BOR ideal value ranges between 60-85%. Based on data obtained from the planning unit and the medical records of Hospital Regional Yowari that figure BOR in the last three years ie in 2013 coverage BOR reached 71%, whereas in 2014, coverage BOR down shortly be 59%, and in 2015 the numbers BOR decreased again to 54%. explanation of the above data is that the utilization rate of the beds by inpatients at the regional hospital Yowari the past three years has decreased. Last year 2013-2015 was a decline in the frequency of the patient's request inpatient services with an average decline of 8.5%, namely from the figure 71% in 2013 to 54% in 2015. This figure illustrates that as a result of the practice of formalism that is high enough as to which has been described

previously caused patients tend seek care at a hospital or other medical facility, so the demand for inpatient hospital Yowari has decreased.

2. **Average Length of Stay (ALOS)** is the average length of stay of a patient. ALOS is also used to measure the efficiency of hospital services, can also be used to measure the quality of hospital services. When applied to a specific diagnosis can be things that need further observation. ALOS ideal value is between 6-9 days. Based on data obtained from the medical records of the section planning and District General Hospital Yowari that number the average length of stay of patients in hospitals Yowari in the last three years are as follows: in 2013, the average length of stay of patients was 4.1 days, in 2014, the average length of stay of patients reached 4 days, and in 2015, the average length of stay of patients is 4.3 days. Figures ALOS in the last three years on average still below the ideal number of hospitalization days, ie between 6-9 days. Figures ALOS in addition to providing an overview of the level of efficiency of hospital services, but also can give an idea about the quality of hospital services. In terms of quality of hospital services, the actual condition is associated with the practice of formalism is quite high in some strategic medical support service units, as well as medical support service units and non-medical support mainly of Administrative and management services unit.
3. **Net Death Rate (NDR)** is the net death rate or mortality clean at 48 hours after the patient is treated for every 1000 patients out. Indicator is used to Determine the quality of care / hospitalization. The lower the number NDR a hospital means that service quality is getting better. NDR value that can be tolerated is less than 25 per 1000 patient out. Data obtained from the planning section and the medical records of hospitals Yowari NDR figures show that, in 2013 NDR figure is 18 per 1000 patient out, while in 2014 the numbers NDR was 22 per 1000 patient out, and in 2015 reached the figure NDR 24 per 1000 patient out. The explanation above shows that the number of patients died within 48 hours after treatment, increased significantly until nearing the threshold of tolerance of 25 per 1000 patient out. This data is in line with the achievements of BOR and ALOS figures that showed a decrease in related interest of patients undergoing treatment and quality of hospital services who have not experienced deficits improve significantly. Thus, it can be interpreted bring the mortality rate among clean after 48 hours of treatment at the Hospital Yowari actually the implications of the practice of formalism which

causes a lack of effective service in some units of medical services strategically, supporting services of medical and non-medical, service nursing / midwifery , as well as supporting services of medical and non-medical practices of all of the which are interlocking with the practice of formalism to service of Administrative and management.

4. **Gross Death Rate (GDR)** is the gross death rate or general death rate for every 1000 patients out. These indicators are used to determine the quality of care / hospital care. The lower the GDR means the quality of hospital services, the better. GDR ideal value should not be more than 45 per 1000 patient out. Data obtained from the planning section and the medical records of hospitals Yowari in the last three years shows that in 2013 reached 30 per 1000 patient out, in 2014 it was 28 per 1000 patient out, and in 2015 reached number 35 per 1000 patient out. Whilst the GDR experienced fluctuations in the last three years but still no improvement, even Reached an average increase of 5%. This fact shows that the real GDR although Also Increased the number has not Reached the limit value tolerance ie 45 per 1000 patient out. This figure actually have a relationship with Reviews their practice of formalism that occur in various types of services on a Previously as described. If observed carefully, seemingly a trend that is in line with some other indicators that BOR, ALOS, and the NDR.

5. The number of patient visits to the emergency unit, outpatient and inpatient.

Data on indicators BOR, ALOS, GDR and NDR as described previously in line with data on the development of the number of patients in emergency units, outpatient and Significantly Decreased inpatient roomates over the last three years. Data on the number of patients in the Intensive Care Unit in the last three years has decreased significantly. In 2013 the number of visits reached 23.791, this figure dropped in 2014 decreased to 20.423 and in 2015 the number of patients has decreased again to 19.626 patients. In the outpatient department, Although total outpatient visits in the last three years experienced an increase fluctuate, but the numbers did not shift significantly, in 2013 the number reached 23.337 outpatients, then increased in 2014, so 24.838 men, and then decreased again in 2015 shortly be 23.107 patients. While total in patients in the past three years clearly experiencing a declining trend. In the year 2013 the number of inpatients reached the 6.828 patients, this figure has decreased in 2014 to 6.047, and then decreased again in 2015 to 5.820 patients. Condition number of Patients in three games this overall service units Showed a Decrease. This fact actually have relevance to practice formalism high enough on the various types of good medical care, nursing care, medical support services, and non-medical, all of which stem from their practice of formalism in the administration and management services unit. Then all it can be concluded that the hospital services at home Yowari Jayapura district does not operate effectively as a result of their high formalism practice on different types of primary medical

services as well as medical and non-medical support waitress mainly of Administrative and management services.

IV. CONCLUSION

Formalism in hospital services at the Hospital Yowari still exist and are found in various types of hospital services such as medical services, Midwifery and nursing care, medical support services and non-medical, as well as the services of Administrative and management; one of the characteristics of formalism that is found in various type of service at the Hospital Yowari are:

- a) Organizationally (corporat), the service at the Hospital Yowari less effectiveness f as a result of the high formalism practice. It was shown by the values of the indicator measuring efficiency through indicators of utilization of beds (BOR), the average length of stay of patients through indicators ALOS, the death rate net of patients within 48 hours after treatment (NDR), general mortality rate of patients (GDR), as well as the number of patient visits to the emergency care unit, outpatient and inpatient which overall have decreased significantly in the last three years.
- b) Specifically in certain service units, high formalism practice causing the service less effective. Service unit in question is a radiology service, installation service waste management, facilities maintenance services Hospitals, clinical laboratory services, as well as linen service / laundry.
- c) Ambulance services and the bodies are kind of services where the practice of high formalism, but Effectively by the ministry for Reviews their bribes (Bribe) and unofficial payments (informal Payment).Practice formalism high enough in the service of Administrative and

hospital management, became the root cause of the practice of formalism in various types of health services at the Yowari Hospital good medical care, nursing care services, as well as support services of medical and non-medical.

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