

Bureaucratic Structure of Regional Hospital: Towards Quality Community Health Services in Gorontalo, Indonesia

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Abstract

As a type of healthcare facility, hospitals serve important and strategic functions in accelerating the improvement of public health. This research aims to find the quality of health services for patients and the community. It was conducted at government hospitals throughout the province of Gorontalo. The methodology of this research is qualitative approach. The data were collected from interviews and questionnaires to gain information regarding the research focus. As the result, Gorontalo province is one of the contributing factors to the realization of quality health services for society. People can access high-quality healthcare systems because the hospital and local government generally create a harmonious relationship to build cooperation in implementing health programs. All in all, the standard of community health is the provision of quality health service. Regional public hospitals are among health services for people; the institutions can provide complete services to the public if the bureaucratic structures meet the needs for health services that align with the continuous development of sciences and technologies.

Keywords: bureaucratic structure, hospital, health services.

1. Introduction

The government's efforts in carrying out development in all sectors of people's lives, especially in the health sector, are regulated in the 1945 Constitution article 28 H (1): "Each person has a right to a life of well-being in body and mind, to a place to dwell, to enjoy a good and healthy environment, and to receive medical care." To carry out the mandate of the 1945 Constitution article 28H (1), the Government of the Republic of Indonesia stipulated Law Number 47 of 2016 concerning Health Service Facilities aiming to provide quality health services to the community. (Lembaran Negara Republik Indonesia, 2020).

Although the central and village government has made efforts, quality health services remain a major problem as many health institutions

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are yet to provide services as mandated in the regulation. Such a national concern is common in almost every province in Indonesia, including Gorontalo. Common problems involve:

1. Health status disparities. Despite improved public health quality nationwide, disparities in health status between socioeconomic levels and urban-rural areas persist;
2. Double disease burdens among Gorontalo people. Some people suffer from double diseases, e.g., hypertension, diabetes, skin diseases, digestive disorders, dermatitis, eye, common cold, dyspepsia, influenza, arthritis, abscess, and myalgia. Other common ailments include heart attack, blood vein diseases, and tumors. To worsen, the COVID-19 disease attacks the majority of the population in Indonesia, including Gorontalo.

From the above data, an epidemiological transition leads to a double disease burden among Gorontalo people. This problem impacts the number and types of health services the public requires.

3. Needs for quality health services have been crucial since some people, particularly in rural areas, do not practice a healthy lifestyle and maintain a clean environment. Littering, polluting rivers and waterways, smoking, and drinking liquor are the main factors hindering quality health actualization;
4. Many patients often complain about low-quality services, equity, affordability, and the slow pace of health care facilities; and
5. The lack of competent healthcare personnel further worsens other problems. Stakeholders, especially hospitals, are urged to consider various previously discussed obstacles.

Hospitals play significant and strategic roles in accelerating public health improvement as a healthcare facility. This is due to the technology and expertise of a hospital as a health facility that is central to people and the environment. (Sardjito, 2019)

Significances of hospitals are also due to outpatient and inpatient services that correlate with the medical services and their supporting factors. From the above discussion, healthcare personnel must be attentive and responsive to problems of health facilities and consider those concerns as disparities in society (Rosemary Mc. Mahon et al., 1999:270)

This notion later emphasizes the urgency to improve the bureaucratic structures of the hospital, which culminates in the rapid progression of the quality of public healthcare service enhancement. This study has two problem statements: (1) what is the quality of health services for patients and the community at government hospitals throughout the province of Gorontalo?; (2) what obstacles do hospitals face in

providing health services for patients and the community in Gorontalo?

2. Literature Review

2.1. Political context: over-regulation of religious activities

Definitions of bureaucracy vary from one researcher to another (Kompas, 2021).

1. Bureaucracy is an actualization of an organization whose implementation correlates with the substance of shared goals (Max Weber, as cited in Risnawan, 2018). In this case, bureaucracy is needed to organize the duties and responsibilities of the organization to ensure that the objectives are measurable and achievable;

2. Frits Morstein Marx believes that modern governments commonly apply bureaucracy in carrying out their specific activities by civil servants in an administrative procedure;

3. Blau and Page add that the bureaucracy is carried out by completing administrative authority and responsibility that extends through arranging public service tasks in an orderly and structured manner; and

4. Dwijowijoto describes bureaucracy as the core of an institution, agency, or organization with a strong and challenging character functioning as a driving force to form and develop latent capabilities related to something with positive and negative values. Its existence is part of a substantial and objective administration.

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2.2. The Role of the Public Bureaucracy for Hospital Services

A regional general hospital (RSUD) is deemed a public organization that is needed by the community to access health services. Prioritizing maximum services is mandatory for all hospitals. The government bureaucracy in public services is essential to ensure regulatory firmness in implementing public services (Afrizon, 2019). In other words, the implementing apparatus must know their responsibilities in public service law enforcement. This concept of public services, including health services, is considered by people as the rights that the government should provide. Health services for the public must uphold the following concepts of healthy bureaucracy.

1. Transparency: all services should be transparent and accessible to all stakeholders;

2. Accountability: all services should be liable based on the applicable norms and regulations;
3. Conditional: all services should be in sync with the situations viewed from the service providers' capability to ensure effective and efficient outputs to their users;
4. Participative: all services should cultivate public participation through sharing ideas and being more vocal in expressing public needs and aspirations;
5. Equality: people can access health services regardless of their tribes, races, religions, groups, and social statuses; and
6. Balancing rights and obligations: all services should prioritize the concept of justice for service providers and users.

From the above six principles, it is essential to incorporate the concepts of public services in all health service activities in regional public hospitals for the public. Government and health personnel's involvement is significant in boosting public health quality. One also should take into account other aspects in bettering health status in society, leading to high recovery rates among inpatients. Those aspects involve being just and professional and implementing ethics and moral and religious values.

2.3. Hospital Concept

2.3.1. Defining Hospital

The hospital is a health service facility where sick people seek treatment to get healthier. In addition, the hospital can also be a contributing factor to disease transmission and environmental pollution. Various hospital services include: medical and support services, healthcare services, recovery services, prevention and improvement of health conditions, education and training for medical and paramedical personnel, and research on the elaboration of health science and technology. (Smart Plus Consulting, 2010)

2.3.2. Functions of Hospital

Hospitals act as social organizations engaged in health that provide comprehensive services for disease treatment and prevention for individuals, which cover inpatient, outpatient, and emergency care (WHO). All hospital services must be administered systematically, effectively, efficiently, and accurately to ensure patient recovery. The government stipulates that hospitals function to

1. Provide treatment and health recovery services based on the applicable standard and regulations;
2. Maintain and improve the health statuses of individuals through complete, second-level and third-level health services based on the patients' needs;

3. Conduct education and training programs to enhance human resources and healthcare services; and
4. Conduct research and development activities and technology screening on health sectors by taking into account ethics of health sciences and transparent public administration and funding. (RS Pratama Kriopanting, 2022)

3. Research Methodology

This qualitative research relied on public opinion surveys. All primary data were collected from interviews and questionnaires to gain information regarding the research focus. Supporting data from documentation in the research site was also retrieved. The study began by investigating past phenomenon and linking it with literature, theories, and other research data to identify possible causes of issues examined in the present work (Sugiono, 2007:3).

4. Results and Discussion

4.1. Overview of Gorontalo

Gorontalo was formerly a part of North Sulawesi until it was officially inaugurated as a separate province on 22 December 2000 through the issuance of the Law of the Republic of Indonesia Number 38 of 2000. The province is renowned for its epithet, the Porch of Madinah, since most of its people are Muslim. Gorontalo has the philosophy of Aadati hula-hulaa to Sara, Sara hula-hulaa to Kuru'ani or every tradition and custom is based on Al-Qur'an principle.

The province covers a total land area of 11,257.07 square kilometers. It had a population of 1.1 million at the 2020 Census residing in 1 city, 5 regencies, 77 districts, and 734 villages/sub-districts. (Purwanto, 2021)

Generally, people in Gorontalo work as civil servants, private employees, farmers, fishermen, and laborers. Farmers dominate the employment category of the population in the province. However, the poverty rate in the province was relatively high, measuring at 15.41 percent in 2021. (Gorontalo BPS, 2021)

The employment and poverty rate data above suggest the possible risks of low health statuses, given the prevalence of some diseases and other health problems. Such a concern demands quality health facilities and services for the public, including the attention of stakeholders (e.g., hospitals).

4.2. Healthcare Services in the Regional Hospitals in Gorontalo

Gorontalo was formerly a part of North Sulawesi until it was officially inaugurated as a separate province on 22 December People in all

regencies, including one city, in Gorontalo, rely on regional public hospitals to access health services. However, some of them (patients and family of the patients) experience different treatments. This issue blames the lack of facilities and other supporting factors, including medical and non-medical personnel, hospital rooms, and medical devices. It is revealed that these facilities differ from one hospital to another. Despite these concerns, all hospitals have done their best to provide quality health services to people. It is worth noting that different treatments may also be caused by patients' conditions: patients' diseases, patients living far from hospitals, socio-economic statuses, and different health insurances. The most concerning issue is the provision of health facilities. For instance, Regional Public Hospital Aloe Saboe, RSUD Gorontalo, is the only hospital with complete modern surgical tools in Gorontalo. Another example is the current pandemic that leads to more complex problems in RSUD Gorontalo, designated as the treatment center for COVID-19 patients. This results in the inability of the hospital to provide healthcare services to patients suffering from other diseases and living near the hospital.

RSUD Gorontalo is the center for other treatments, including the rehabilitation site for narcotic users living in the city of Gorontalo.

Gorontalo has RSUD Toto in Bone Bolango Regency for people with kidney problems requiring hemodialysis. This regency has RS Tombulilato, a hospital that treats people with mental health problems.

Boalemo Regency is home to a regional hospital known as RS Tani dan Nelayan, which focuses on providing solutions to problems related to maternal and infant nutrition. Since the beginning of the hospital's operations, the government of Boalemo Regency has made it a priority to fulfil its commitment to provide adequate medical facilities and infrastructures in order to combat malnutrition among families, children, and mothers. This effort is geared towards ensuring that patients adhere to the treatment regimen that has been prescribed for them so that they can recover from malnutrition. In the Gorontalo Regency, RSUD Dunda is a well-known hospital that offers medical care to everyone in the area. However, it is most well-known for its role in facilitating the process of civil registration by issuing birth certificates. This role has earned it a great deal of notoriety.

Another hospital in Gorontalo Regency is RSUD Zainal Umar Siddiqi; the hospital provides healthcare services focusing on treating patients with dengue fever. Since 2012, this hospital has offered free pick-up services for people who require immediate treatment.

RSUD Hasri Ainun Habibie is the newest hospital in Gorontalo Regency, established in 2013. Since its first operation in 2014, the hospital has

offered a wide range of quality treatments for health problems, e.g., eye, kidney and heart problems, and infectious diseases.

According to the finding, all of the hospitals previously mentioned have no restrictions regarding patients from other areas, as they have helped people from outside the province of Gorontalo, such as Kotamobagu and Luwuk. Those people choose hospitals in Gorontalo province due to the reputation of medical treatments and services. Some people in other regencies in Gorontalo, for example, Pohuwato, even choose RSUD Toto, Bolango Regency, to access hemodialysis care. This is because the hospital has advanced technologies and qualified doctors with expertise in providing treatment for such patients. This condition also applies to other hospitals: RSUD Tombulilato often receives patients with mental health problems from areas outside Bone Bolango Regency. Similarly, RSUD Aloe Saboe often helps patients outside Gorontalo province who need heart and blood vessel treatment. It is worth noting that those hospitals also provide treatments for patients with other diseases, not only limited to a specific health problem. It is important to remember that patients with a history of dangerous diseases and require special and maximum services will be referred to hospitals that are superior in treatment services in accordance with the patient's condition and standard operating procedures for services that apply in every hospital at regional, national, and international standards.

4.3. Constraints of People and Patients in Getting Access to Hospital Services

There are some notable constraints in actualizing quality hospital services in Gorontalo.

1. Poor public awareness of maintaining body health;

The data of the present work report that people's awareness of maintaining body health is relatively low. Such is based on the condition that the majority of patients coming to the hospitals are already in severe condition, hindering the recovery processes despite maximum treatments. To worsen, people are reluctant to benefit from hospital facilities. They are afraid and ashamed of being ill, thus stopping them from explaining their conditions to doctors and nurses. Furthermore, some people are anxious about medical treatment. Another issue is patients' inability to keep practicing a healthy lifestyle, resulting in the recurrence of their disease. Such a problem also blamed the low patient adherence to the prescribed medication; there are some cases where inpatients urge to be discharged from the hospital earlier. A lack of people's awareness of health insurance aggravates the health problem. Many policyholders who are not from low-income groups tend to delay the premium payment as they underestimate the benefit they can receive from health insurance.

This condition further leads to delayed hospital services whenever a patient must be referred to a bigger hospital where the treatment can only be given when the person is an active policyholder. From the above findings, promoting awareness of a healthy lifestyle and understanding of health services and insurance is essential to support hospitals, culminating in improved welfare. Poor understanding of health and hospital facilities only constraint health institutions from providing full support to all patients.

Medical equipment and professional medical personnel alone are insufficient to improve the community's quality of life if it is not accompanied by a healthy lifestyle and an understanding of good health facilities. The government should be firm in imposing sanctions to people who violate the concept of healthy lifestyle, such as smoking, consuming alcohol, and delaying premium payment. Disciplinary enforcement is the key to such a concern.

2. Performance of medical and non-medical personnel in providing hospital services;

Chief among the factors of quality hospital services are human resources. However, many actual data reveal that patients often complain about doctors' and nurses' services. The problems revolve around delays in providing immediate medications, e.g., drug prescription and intravenous fluids, thus hindering patients' recovery. According to the interview, patients under the BPJS scheme (national health insurance provided by Indonesia's government) often face discrimination in getting health services. Consequently, some patients who required immediate surgery were dead due to slow responses and were discredited by medical personnel. It was reported that healthcare personnel prioritized patients who had made full payment of their medical bills. The above report confirms the interplay between patients' recovery and the responses of hospital personnel. Medical personnel, involving doctors, nurses, and midwives, are intellectually competent. This notion is underpinned by the fact that most professionals are civil servants who have passed rigorous selection processes, including intellectual and psychology tests and interview steps. Those tests are to ensure that only competent individuals fill the positions. Despite this, a hospital must make adjustments in the selection process. One example is to enable the interview and psychology test to identify the applicants' emotional stability, culminating in in-depth information about the applicants in terms of empathy, caring, compassion, and conflict and anger management. This process should involve independent psychiatrists to ensure that the selected medical staff has high EQ. Taking into account EQ and spiritual aspects of healthcare personnel is critical since a hospital is responsible for providing regular medical services and ensuring its patients' sense of security and comfortability. Such is due to the claim

that emotional support contributes to faster recovery. If the health workers promote a sense of humanity, they can relieve the psychological pressure patients and their families feel.

3. Hospital budget;

According to the research result, budgeting is one of the common problems in hospitals. Funding from the government is considered insufficient to finance operational costs of hospitals and payment of hospital workers, including non-permanent and contract employees. Such a condition leads to delays in employee payments and strikes. Many hospitals are reported to fire their non-permanent workers due to financial issues. Consequently, hospitals are unable to provide full and immediate services to patients. They also cannot improve their facilities and infrastructures due to the inability to allocate their budget to operational costs.

4. Complicated bureaucracy;

The interview results revealed miscommunication between patients, families, and hospital workers. Patients claim that the hospital complicates the processes of receiving treatment. Often, patients under the BPJS scheme or those from low-income groups are perplexed by this problem. In responding to this claim, hospitals argue that they do not want to be reckless in treating their patients and prefer to adhere to the administrative procedures of the hospitals. The hospitals instruct patients under the BPJS scheme and low-income groups to ask for hardship letters from the government so the patients can get a fee waiver. The patients should provide hardship letters from the village government or authorities, hospital referral letters, and ID cards. Complicated bureaucracy can also occur in patients from the middle-income class. One frequent issue is the unavailability of drugs in hospitals and thus forcing patients to look for the medicines at other pharmacies. Sometimes the drugs are also unavailable at the referral pharmacy, which is detrimental to medical treatments and may result in patients' death.

Based on the above discussion, the present work recommends that government hospitals record their patients' data through an integrated information system, especially those under the government insurance scheme.

This regulation aims to ease bureaucratic processes for those targeted patients. On top of that, hospitals must ensure that their pharmacy installations provide an adequate supply of medicine. Collaborating with other stakeholders, particularly the government's recommendations regarding drug supply, is also essential to help society receive the required treatments.

5. Poor evaluation and monitoring;

Evaluation and monitoring of hospital workers, from doctors to security staff, are other problems that many patients have reported. This suggests the lack of hospital management in monitoring their subordinates. On top of that, hospitals also seem to be lacking in monitoring people in some areas to actualize a healthy lifestyle. An example of this is the smoking prohibition and anti-littering regulations that are limited to only a few areas in Gorontalo. Such a situation results in irresponsible use of public facilities, e.g., smoking and consuming alcohol in public spaces. Stakeholders should be responsible for monitoring people's activities in public areas intensively. For instance, the government should be firm in imposing sanctions on those who violate the healthy lifestyle regulation. The involvement of government and related stakeholders should also be improved to ensure a clean and healthy environment, thus preventing the spread of diseases. Such an approach is significant to alleviating burdens of health systems due to an explosion of patients, thus improving hospital services as they can concentrate more on providing treatment and adequate rooms and prescribing drugs based on the patients' needs.

The field observation suggests the necessity of bureaucracy reformation for formality reasons. Reformation, in this case, should consider identifying the functions and roles of organizational structures. This concept is underpinned by the correlation between bureaucratic structures and health service quality in Gorontalo. The government is obliged to pay more attention to the interplay of those two elements at the municipal and regional levels to ensure that all health systems for the public, specifically hospitals, are implemented accordingly to the applicable regulation. It is also worth noting that leaders and authorities at the hospital should be aware of their objective to boost hospital services. The government and related stakeholders are urged to partake in the process of actualizing less-complicated bureaucracy by evaluating the performance of the leaders and authorities, culminating in less-complicated bureaucracy in health systems for the public. From the above discussion, the present work suggests that hospitals should implement the organic structure in their bureaucracy. This structure is flexible by nature, allowing the organization to utilize its human resource potential effectively. Organic bureaucracy is renowned for its relatively simple concepts, which emphasize the enhancement of job lists and decentralizing the delegation and improvement of work outputs with customer needs-based departmentalization. Furthermore, this typical bureaucratic structure limits the management hierarchy, thus narrowing the gap between the leader and subordinates. (HR Note Asia, 2021).

Applying an organic structure in hospitals is in line with the government's mission to develop work programs, build good governance, and promote civil society participation in developing and reforming civil servants. Furthermore, implementing an organic structure can create conditions in which civil servants in regional hospitals can adapt to changes in technology and the external environment, culminating in responsiveness and accuracy in responding to the needs of society for a quality health system.

5. Conclusion

The importance of bureaucratic reform that emphasizes the selection of an organic structure in every regional general hospital (RSUD) in Gorontalo province is one of the contributing factors to the realization of quality health services for society. Despite various obstacles of complicated bureaucratic procedures, the hospital and local government generally create a harmonious relationship to build cooperation in implementing health programs. This condition results in quality health systems that people can access. Organic bureaucracy is an option for the management of hospital organizations in providing continuous and maximum services for the public as people are no longer perplexed by complex bureaucratic procedures. Moreover, hospital SOPs should be evaluated and enhanced continuously based on public needs for a quality health system.

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