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Great Power Comes Great Responsibility : How is the Regional Public Service Agency (BLUD) Policy Implementation in RSUD dr.Soegiri Lamongan?

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Abstract

Regional Public Service Agency (BLUD) in government agencies aims to improve services to the community based on the principles of efficiency and productivity. Regional hospitals as government agencies have not all turned into Regional Public Service Agency. In fact, by implementing the BLUD, hospitals get autonomy over the management of finances and other resources. This study aims to understand the implementation of BLUD policies in RSUD dr. Soegiri Lamongan. This study uses a qualitative design with in-depth interview data collection process on several key informants, namely financial director, head of nursing department, head of medical support department and patients. This research was conducted in RSUD dr. Soegiri Lamongan from April to June 2021. The results of this study obtained four themes that support the successful implementation of BLUD in RSUD dr. Soegiri Lamongan including communication, resources, dispositions or attitudes, and bureaucratic structures. Some of the findings of the implementation of BLUD in RSUD dr. Soegiri Lamongan still lacks in human resources and funds, communication between officers is still weak, services are lacking and incompatible with SOPs. Hospital management dr. Soegiri Lamongan needs to focus on changing the work system and work culture based on BLUD governance and minimizing resource shortages so as to be able to efficiently create maximum health services to the community.

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INTRODUCTION

The policy of the Regional Public Service Agency (BLUD) is intended to create an organization that focuses on optimal public services based on the principles of efficiency and productivity (Marande et al., 2022; Musnadi & Seftarita, 2018). The implementation of BLUDs in government agencies is regulated in detail in the Minister of Home Affairs Regulation number 79 of 2018 concerning BLUDs. One of the government agencies that can implement the BLUD policy is a regional public hospital.

As a government agency, regional public hospitals become regional technical service units and are operationally dependent on local governments. This administrative status has an impact on the operation of health services in hospitals. One of the impacts that can be seen is the absence of hospital authority in managing finances independently (Musnadi & Seftarita, 2018). In addition, the long administrative bureaucracy makes strategic decision-making processes take a long time (Sriram et al., 2020). Besides that, there is also one of the obstacles faced by hospitals, namely the low resources they have, both in the form of *financial* resources and *non-financial*. In fact, regional public hospitals are required to provide maximum health services in order to obtain patient satisfaction (Kalaja et al., 2016). Previous research has stated that there is a relationship between good administrative bureaucracy and health services to the community (Powell-Jackson et al., 2019). Bureaucracy as the main actor in the policy implementation process (Peters, 2015).

In the dimension of public policy implementation, a deep understanding of the study of public policy is required from a political and administrative perspective. From a political perspective, public policy from the process of policy formulation, implementation and evaluation in a series of processes, there is a conflict of interest between stakeholders of public policy. In the perspective of public administration is in contact with Standard Operating Procedures so that it can be realized in realistic, directed and concrete actions and can be accounted for. This study aims to understand the implementation of the BLUD policy at the dr. Soegiri Lamongan general hospital.

METHOD

This research uses a qualitative method with an interpretive approach. The interpretive method aims to gain a comprehensive understanding from various points of

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view and from various sources. Interviews were conducted with stakeholders including the general director of the hospital, the director of finance, the head of the non-medical section, the head of the nursing department, patients, and members of the Lamongan district legislature. Data acquisition and collection techniques carried out in this study were through the stages of observation, interviews and documentation to gain an understanding of how the implementation of BLUD in RSUD dr. Soegiri Lamongan. This research was conducted in RSUD dr. Soegiri Lamongan in April-June 2021.

RESULT AND DISCUSSION

Implementation is a dynamic process and is influenced by various factors along the way. There are four factors that play an important role in the success or failure of policy implementation including *Communication, Resources, Dispositions or Attitudes, and Bureaucratic structures.* These four factors are the basis and themes in the discussion of this study.

Communication

Communication in policy implementation includes several important dimensions, namely information transformation *(transmission),* information *clarity (clarity)* and information *consistency (consistency).* The transformation dimension requires that information is not only conveyed to policy implementers, but also to target groups and related parties. The dimension of clarity requires that information be clear and easy to understand, as well as to avoid misinterpretation of policy implementers, target groups and parties involved in policy implementation. While the consistency dimension requires that the information conveyed must be consistent, so as not to cause confusion and misunderstanding of policy implementers, target groups and related parties. Kadji (2015) states that orders to implement policies must be conveyed clearly, accurately, and consistently to people who are actually capable of implementing them. If the message and policy orders given by policy makers are not clear and unspecified, it is likely that there will be misunderstanding at the level of the appointed policy implementer.

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Table 1. Communication process in BLUD implementation in dr. Soegiri Lamongan Hospital

No	Indicator	Finding
1	Transmission	There is a scheme for conveying information to all relevant parties when there is a change in BLUD policy from the local government, hospital management, hospital staff to patients/community.
2	Clarity	Communication is given clearly in various ways, formal and informal, written and verbal. There are four fours providing feedback on responses to communications provided so as to minimize misses in interpretation
3	Consistency	BLUD policy information is provided consistently referring to the Minister of Home Affairs Regulation number 79 of 2019.

The implementation of policies on Regional Public Service Agencies (BLUDs) continuously changes dynamically. RSUD Dr.Soegiri Lamongan implemented the BLUD policy since January 1, 2010 based on Decree of the Lamongan Regent Number 188/224/Kep/413.013/2009. In implementing its management, it uses Permendagri Number 61 of 2007 concerning Technical Guidelines for BLUD Financial Management. Currently, changes to BLUD management policies are regulated in the Minister of Home Affairs Regulation number 79 of 2018 concerning BLUDs. All forms of information changes in the implementation of BLUD services at Dr. Soegiri Lamongan Hospital are socialized to all stakeholders from top management, middle management, employees, and the community. This proves that the transmission of communication that occurs involves all parties and is able to transform the main information on BLUD policies to all related groups.

Transformation also takes place in the BLUD policy communication process from one group to another with different characteristics and backgrounds. Top management provides information to middle management on various occasions, for example during coordination meetings. Delivering communication to employees also requires a greater focus in the form of massive and holistic outreach. So that all forms of BLUD policy information are transformed to all stakeholders in the hospital.

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In addition to transformation, the communication that occurs also pays attention to the element of clarity over the content. This is evidenced by the provision of feedback opportunities from the recipient of information when confirmation is needed. This is of course supported by an open organizational structure and culture that supports the implementation of effective communication delivery. BLUD policy implementation cannot be carried out optimally without effective communication. This was conveyed by one of the informants:

> "Socialization about BLUDs directly from my immediate supervisor as well as the organizational structure and work procedures of the hospital. I, as one of the staff at RSUD Dr. Soegiri Lamongan, if something is unclear about the BLUD, I always ask my supervisor for an explanation. And I have an obligation to socialize to patients or the public as users of hospital services" (R6, 2021)

Consistency of communication also plays an important role in the implementation of BLUDs at dr. Soegiri Lamongan. The hospital is a dense professional organization. With a variety of diverse educational backgrounds in hospitals, it also requires great effort in conveying information related to BLUDs. Consistency in the truth of information is needed by all employees in the hospital. To minimize the risk of misinformation, apart from communicating verbally as well as in written form in the form of guidelines, manuals or standard operating procedures. So that all officers in the hospital have the same perception of a policy.

Resources

According to Kadji (2015) important resources include the right staff with the required expertise, sufficient and relevant information on how to implement the policy and adjustments to anyone involved in implementing the policy; authority to ensure that this policy is carried out with specific aims and objectives; and various facilities (including buildings, equipment, land and supplies) in it for the benefit of public services. The resource factor does not only cover the number of human resources or apparatus alone, but also includes the ability of human resources to support policy implementation (capacity and motivation). This is expected to explain the thesis that adequate and qualified resources will produce performance in implementing appropriate and effective policies.

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Table 2. Fulfillment of resources in the implementation of BLUD in RSUD dr. Soegiri Lamongan

No	Resources	Finding
1	**Man**	The fulfillment of human resources in 2021 is only 86.1% of the total HR needs of 999 employees with the classification of a class B Education hospital.
2	**Machine / Facility**	As a type B hospital, the hospital meets the minimum requirements for hospital classification according to Permenkes no. 3 of 2020. Has a bed capacity of 439.
3	**Information/ Authority**	Information is given in stages and HR works according to their authority stated in the job description document .

Resources are an important factor in the development of an organization. Fulfillment of resources as needed will be able to improve health services in hospitals (Munaa, 2020; Regunath & Arumugam, 2020). Procurement of human resources that do not meet organizational needs will allow for an increase in workload and affect employee productivity (Herwati & Munaa, 2021). In addition, the completeness of facilities is one of the factors supporting community decisions in choosing a hospital (Mayasari et al., 2020).

Dispotition

Implementation of public policy as one of the dimensions in the public policy process, which also greatly determines whether a policy is in contact with interests and can be accepted by the public. It does not rule out the possibility that the planning stage or the formulation of policy formulations are carried out as well as possible, but if at the implementation stage the *Standard Operating Procedures (SOPs)*, then what is expected from a policy product is not in line with expectations, because between the formulations and implementation do not go hand in hand. Even these policy products can be a stumbling block for policy makers themselves.

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The attitude of executors in implementing BLUD policies at Dr. Soegiri Lamongan General Hospital generally illustrates that their attitude is good enough, even so there are still those who do not give satisfaction to patients or the community as service users at the hospital. Personnel or employees who are still an obstacle in service are the speed of service from medical personnel or doctors both in outpatient and inpatient during visits. This is possible because each doctor is allowed to have 3 (three) Practice Permit as a place of practice or service. In general, SIP1 is in the main workplace (for example in a government hospital), while the other is in another hospital and SIP 3 is in their independent (private) practice.

Structure of Bureaucracy

Structure of bureaucracy plays an important role in the implementation of a policy. Even though the resource support has been given to the maximum, the unfavorable bureaucratic conditions will disrupt the implementation of public policies in the organization. The bureaucratic structure can be seen from the presence of fragmentation as an obstacle, the availability of SOPs, and the applied policy models.

Table 3. Structure of Bureacracy in BLUD Implementation in RSUD dr. Soegiri Lamongan

No	Indicator	Finding
1	**Fragmentasi**	is carried out in accordance with the main tasks and functions in accordance with SOTK (Organizational Structure and Governance) so as to minimize fragmentation that can divide the organization
2	**SOP**	All existing services, both medical and non-medical services, already have SOP as a reference service.
3	**Model Kebijakan**	policies in RSUD Dr.Soegiri Lamongan are always guided by the latest policy regulations, and adapt to the situation and conditions as well as developments in services, including the implementation of policies as BLUDs

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Organizational fragmentation can hinder the coordination needed for the successful implementation of a policy. On the other hand, that in policy implementation, of course, requires cooperation that involves many components and many people. This causes the wastage of scarce resources, closes opportunities, creates confusion, leads these policies to cross objectives, and causes important functions to be forgotten.

A policy administrator for an organizational unit must develop a standard operating procedure (SPO) to handle routine tasks as they are normally handled. Unfortunately, the standards are designed for policies that have been implemented and are not functioning properly for new policies, making it difficult to change, delay, renew, or unwanted actions. In fact, sometimes these standards can be more of a hindrance than helping policy implementation.

Policy implementers will know what to do and have the desire and resources to carry out policies, but will still be hampered in the implementation process by the organizational structure served. The origin of organizational characteristics, different bureaucratic fragmentation will still hinder policy implementation, waste resources, take unexpected actions, hinder coordination due to different and opposite direction policy implementation processes. This is one of the reasons for the failure of the implementation of a public policy.

CONCLUSION

Implementation of the BLUD policy at RSUD dr. Soegiri Lamongan has not been fully effective. The main purpose of implementing BLUDs is efficiency in service and increased work productivity. This will increase patient and community satisfaction in general. several obstacles that can hinder the implementation of BLUD as a public policy are communication, fulfillment of resources, disposition, and bureaucracy at dr Soegiri Lamongan has not been fully able to meet the needs of human resources. this will have an impact on increasing workload and decreasing employee job satisfaction.

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