

# The Influence Of Policy Implementation From The Change Of Institutional Status Toward Quality Of Patient Service In Hospital

Dadang Kusnadi

**Abstract:** Fenomenon and community problem in government hospital management not aware to want and need public. Silent, safety and consumer satisfaction is phenomenon lack quality care. Goal this research goal for analysis about influence of policy implementation of hospital change institution status to the quality of patient service in Hospital. Kind of research is the quantity design on approach the explanatory survey, research analysis regression linier multipel with analysis method validitas product moment pearson exam and reliability exam is alpha cronbach technique to hypothesis exam is path analysis and statistic exam (t). Datum transformation is Skala Likert with measurement the method successive interval. The population one thousand seventh two person with sample technique stratified random sampling, the instrument research is questioner and interview patient on counter imforman. The result of assuming research that it is anticipated that implementation of change policy of institution status of hospital "X", there is significant influence to quality of service of patient (Y) is 66.31% and the other factor (e) is 33.69%. In the implementation factor is significant to positif influence to quality service is communication (X<sub>1</sub>) is 0,49%, human resources (X<sub>2</sub>) is 0,25%, disposition (X<sub>3</sub>) is 0,32% and structure birocratic (X<sub>4</sub>) is 0,33%. The conclusion from four factor independent variable (X) is the implementation of policy to quality service patient (Y) to influence and can receive in knowledge. To concept the development in implementation of policy need culture job factor, because every product policy to contact direct with the community as to basic public policy.

**Keywords:** implementaton policy, institutio status, quality service

## 1 INTRODUCTION

Health sector development is an integral part of the national development inseparable from human development Indonesia. People in improving the degree of health and welfare of the community. Until now the assessment of performance and image of the hospital as a community service (public service) The quality is still low. It is still many phenomena and the complaints against the management of hospital services a government impressed not in conformity with expectation and community demands. Comfort, security and satisfaction of patient care is the phenomenon of hospital services a government that showed quality is still low. The government has tried to improve the image of hospital services with policy change issued several regulations and leads on good governance and good clinical governance, But with some times changes in the policy regulations institutional status the hospitals and in the law (Regulations), government regulations (PP), The ministry of health regulation republic Indonesia, starting from Swadana hospital, non-tax state, Jawatan company And now the financial management of public service could not meet the expectations of service quality and expectations patients at the prime service, independence, efficiency, the flexibility and the productivity in its management. From the results of observation reported in the Description of the background above, then researchers make a statement a problem, the implementation of policy change in the status of institutional hospital is not optimal, Is so that necessary efforts to improve the quality of services which meet the expectations of patients. Word of problems mentioned above, then the researcher ask questions of the problem of research as follows; How big the influence of the implementation of a policy change in the status of the hospital institution on the quality of patient care.

## METHOD

This research explained and analyzed levels of influence independent variable on variables bound dependent variable. The kind of research is using the quantitative design with the approach the method explanatory survey that explains analyze

the implementation of influence policies and the institutional changes status hospital on the quality of patient care in hospitals, Both in the partial or whole of factors influence the implementation of this policy. An analysis of the data used in this research was *analisis regresi linier multipel* which is followed by using analysis lane (*Path Analysis*), The validity of testing research instruments so that reliable (sahih) and *reliable*, Testing conducted first to collect data that has validity and done reliability high the approach that was undertaken with analyze beforehand to collect the data that has validity and *product moment pearson correlation*, Which includes steps namely; The determination of correlation value (r); rate determination t = calculate; The withdrawal of the decision rule; And the criteria for interpretation. Next research would be conducted the approach *Alpha Cronbach*, To test the reliability, index will show the extent to which an instrument used to measure the same symptoms and is relatively consistent. The ordinal of the level of the measurement of data being the interval with transformation likert scale of the answer is the answer categories covered consisting of 5 category consisting of the answer: strongly agree, agree, not agree, doesn't agree, very not agree. The answer is adapted to form the questions covered with respondents based on situation and condition factual. The determination of correlation value (r) with the formula as follows:

$$r = \frac{N(\sum xy) - (\sum x \sum y)}{(N \sum x^2 - (\sum x)^2 \cdot N \sum y^2 - \sum y^2)}$$

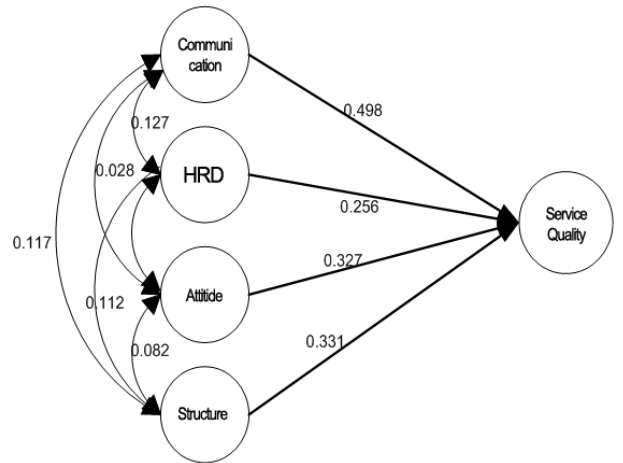
Each answer respondents are score, that they would be used for, the measurement of an ordinal the score is used for purposes related to the interval by a method of analysis "*Method of Successive Intervals*" (MSI) To be processed in quantitative, the ordinal of data transferred to the data in the interval *Path Analysis*. Teknik the sample collection that is used is *Stratified Random Sampling*, With a population of targets in this research were 1072 respondents in hospital employees. That its status as Perjan Hospital will be turned into PPK-BLU Hospital. That deals with the services provided care of patients ranging from structural officers, the head of

Staff Medic Functional and functional official as well as total were 962 patients as *counter improvemant* That there are in the closet pavilion, class I, class II and class III and the room *intensif care*.

**RESULT**

[1] The influence of the implementation of policy change in the status of institutional hospital on the quality of patient care in hospitals .Based on the results of research and statistical tests to variable the implementation of policy change in the status of institutional hospital with a symbol (X) ; Which includes the factors in the communication (X<sub>1</sub>) with indicator ; Transmission, clarity , consistent , resources (X<sub>2</sub>) With the indicators : staff , information , the authority, facilities . The attitude of managers ( X<sub>3</sub> ) with the indicators: behavior , incentives, and bureaucratic structure ( X<sub>4</sub> ) with the indicators: standard operating procedure, on the increasing fragmentation significant influential in the quality of patient care ( Y ) with dimension i.e. reliability with the standards of service, capability of providing services , undiscriminating service, responsiveness to complaints patient response indicators , response officials provide patient care and expertise, theurapeutic communication with the assurance, and the ability to coordinate the guarantee certainty of service, empathy with ease attention special services and indicators , with the tangibles and facilities According to the demands of patients, facilities as standard equipment, the appearance of civil servants and the appearance of room facilities.

**Picture :** Path Diagram variable of policy implementation toward service quality.



The influence of factors the implementation of a policy change in the status of institutional the hospital to a significant increase in the quality of patient care at the hospital , namely: the results of the study show that the communication ( X<sub>1</sub> ) having of closeness that is significant in the process of the implementation of a policy change in the status of institutional the hospital, where statistical testing obtained a coefficient 0,4980 lane at the impact the total directly factors communication ( X<sub>1</sub> ) to the quality of patient care ( Y ) = 24.80 % marked has gained support .The results of research and statistical tests is also supporting and relevant to the concept of the implementation of policy Change the status of institutional hospital demanded the presence of the activity of communication with the indicators , namely: clarity scores level 872 (63.118) in the category of being , the accuracy of the scores provided by 65.868) in the category of being , consistent scores level 303 (65.86) is located in the prologue is . This proved that a communication that conducted in the the implementation of a policy change in the status of institutional the hospital , either between a determining / decision makers and apparatus institutions implementor a policy change in the status of institutional the hospital, as an effort to concrete has not been as expected desirable to increase the quality of patient care at the hospital . Counter information obtained problem in the process of implementation among other: obscurity messages and interpret wrongly, the accuracy of a message and lacking focus, the consistence the message being delivered, understanding a message is received .Should be getting better and better communication between a doctor with a patient, a nurse with patients, decision makers of the and officers implementor institutions, the more effective also the implementation of a policy change in the status of institutional the hospital in the effort to improve the quality of patient care at the hospital. The results of research the resources (X<sub>2</sub>) showed the closeness that significant in the process of implementation of policy change in institutional status. The results of the statistics obtained the coefficients 0,2563 lane with the influence of total quality of services to patients ( Y ) is 6,568 % . Marked received positive support. The results of research and test these statistics support and relevant to the concept of the implementation of policy change in the status of institutional hospital demanded the resources to the indicators, namely: staff scores level ( 66.84 292) in the category of being, the ability of the scores 615 ( 66.84) in the

**Table.1.** Recapitulation of test Reliability result

Variable	Score	Explanation
Implementation of Policy	0,853	Reliable
Quality of service	0,807	Reliable

**Table.2.** Matrixs invers of policy implementation correlation

	X <sub>1</sub>	X <sub>2</sub>	X <sub>3</sub>	X <sub>4</sub>
X <sub>1</sub>	1.488394668	-0.28936	-0.13943	-0.174879879
X <sub>2</sub>	-0.289359249	1.939761	-0.62251	-0.310620715
X <sub>3</sub>	-0.139427334	-0.62251	1.33308	-0.123707187
X <sub>4</sub>	-0.174879879	-0.31062	-0.12371	1.692872369

**Table.4.** The result of test (F<sub>count</sub> and F<sub>table</sub>) Influence of policy implementation toward patient service quality

Variable	F <sub>count</sub>	F <sub>table</sub>
Implementation of policy	43.772	2,40

category of being , the scores facilities 969 ( 70.21) is located in the category of good. This proved that resources conducted in the implementation of policy change in the status of institutional hospital, both between the determination and decision makers and city officials and the implementor policy change in the status of institutional hospital, as a concrete not met in accordance with the hope of desired in

**Table.5.** The result of Variabel test from policy Implementation Toward service quality.

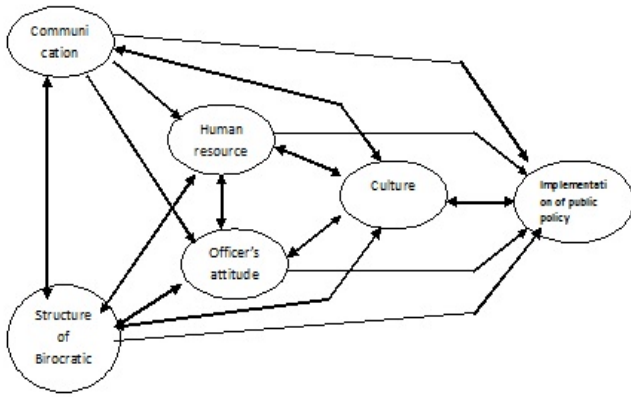
Dimension	Uji t <sub>count</sub>	t <sub>table</sub> (5%)	Explanation
Communication (X <sub>1</sub> )	6.60851	1,99	Signifikan
Human resource (X <sub>2</sub> )	2.97903	1,99	Signifikan
Officer's attitude (X <sub>3</sub> )	4.58581	1,99	Signifikan
Struktur birokrasi (X <sub>4</sub> )	4.12625	1,99	Signifikan

Improve the quality of patient care at the hospital. Counter information obtained to constraint in the process of implementation among other : staff less supportive because they have not been understand the purpose and objective as the ability of human resources lacking conformity to the procedures and the system complete services events are not based on standard, non-compliance of facilities. Should be getting better and better a power source in decision makers of the and officers institutions implementor, The more effective institutional status also the implementation of policy change in the hospital in efforts to improve the quality of patient care in hospitals. The results of the attitude ( X<sub>3</sub> ) showed the close relationship in the process of implementing a significant institutional change its policies. Test results obtained by the statistics 0,3271 coefficient influence the quality of patient care ( Y ) as 10.696 % , they received positive support and relevant. The results of research and statistical tests is also supporting and relevant to the concept of the implementation of a policy change in the status of institutional hospitals which demands implementing attitude with the indications namely: staff by 347 his score into the category of a good 726 personality his score into the category of a good and the readiness his score 1124 is at good category. This proved that attitude implementation conducted in the implementation of a policy change in the status of institutional hospital support either between a determining / decision makers and apparatus institutions implementor a policy change in the status of institutional hospital as an effort to concrete are not being met as expected desirable to increase the quality of patient care at the hospital. Counter information obtained of constraints in the process of implementation among other: the compliance level and do not have belief and trust in, absence of recognition, incentive and support, work does not have high motivation, tendency Implementor , the more effective implementation of policy also change the status of institutional hospital in efforts to improve the quality of patient care in hospitals. The results of research the bureaucratic structure ( X<sub>4</sub> ) showed the closeness that significant in the process of implementation of policy change in institutional status .The results of the statistics obtained the coefficients 0,3316 lane with the influence of total bureaucratic structure to the quality of patient care (Y) is 10.997 % , marked has gained support and relevant to facilitate the implementation of service . the exercise of service, obscurity structures until the committee said he was

rich in a prim, the bureaucrats the lack of synergy in work, the bureaucratic structures little regard for the interests of patients. Should be better as a bureaucratic structures in decision makers / chief executive / implementor, and officers the more effective implementation of policies and institutional changes status hospital in efforts to improve the quality of patient care in hospitals.

## DISCUSSION

The government are making efforts to do various a policy change in the status of institutional hospitals to create a quality of services in accordance with their needs and expectations consumers / clients. This study was conducted to obtain information and analyzing the influence of the implementation of a policy change in the status of institutional hospitals use 4 ) factors Edward-III according to the theory as independent variable i.e. communication, resources, attitude executives and the structure of bureaucracy. The quality of service as a dependent variable ( output variables ) i.e. tangible, empathy, reliability, responsiveness, assurance. Resources and bureaucratic structure as input variables and communication and implementing attitude as a process variable , work culture as a factor to five who will support process to create a quality of patient care at the hospital. The development of the theory of the implementation of public policy, namely the implementation of public policy on the theory oriented according to Edwards III used in this research , hence writers can be said the results of the study on the theory is as a logical consequence of the invention of writing a dissertation this .First the theory of Edwards with four factors it is implemented, people--the communication, resources, the attitude of managers, and the structure of the bureaucracy is an affirmation that reflect on existence of more bureaucratic apparatus as well as government policies and the implementor actor. The second, that theory not yet consider empirical real conditions as the base of the implementation of community policy, especially in people--the attention to the development of other factors working culture where the policy is implemented, any product for any policy which will be implemented, or ascertained rises in direct contact with the community as a base of the implementation stage of it.. Because that is, hence writers may be asserted that in the process of implementation of policy, besides attention and apply to four factors according to Edwards III of the implementation of policy, other factors also need to pay attention to where employees work culture is the product of the policy will be implemented. The results of the research necessary cultural factors working constructed as a model for the implementation of development policy; constituting a norm of the fundamental principle that binds the individuals to behave in a patient care in hospitals. The development of the implementation of the policy the Edwards be construed as the following: the development of



A model of the implementation of the policy that is the culture of labor standards behave as constituting a fundamental principle binding the individual to behave in health care. Institutional dimension: hospitals former times was still be missionaries in a foreign language, it smells the organizational structure and institutional staff on the line since the Dutch colonial era and even during the hospital as a legacy of colonization, there are well known names which retain the war, the hospital because of the leading social services. An institution to be in the office of a director concurrently to provide services. Within the institutional hospitals owned by Dutch government gradually handed over to the government with the activity in a staged manner service, with their working institution for managing the hospital is known his leadership were very disciplined and was very professional that only for the benefit of community service poor or less well-off . Their working attached to employees with the attitudes and behavior do not expect for change, from generation to generation has the habit of and of the nature of and the driving force that be entrenched within a group are running into problems done in the hospital .The concept of their working according to Triguno ( 1999 ) is a philosophy appreciate view of life as values that being of the nature, habits and driving force as well as be entrenched in the life of a community groups or organization. Confirmed by Triguno that cultures employment is one component of human qualities very attached to the identity of the nation and become a yardstick the base of development. The dimensions of motivation at the hospital service provider, following changes and challenges as a service industry and the development of service. It is looming on the existence of motivation of the service of patients treated , to respond quickly and right do not know the difference in rank, the group, the tribe, the status of, the economy, religion, but upholds the spirit of tolerance of patient care in a frame of nationalism. Dimensions mentality and morality implementing apparatus policy dimension that is important, in the success of any product measures which would be implemented. Suitability and the ability of duty that have been carried out is in line with the tasks and role of organization and the function of the hospital. Ndraha ( 1998 ) has suggested culture of a work as operational is a group of a base mind or mental program that can be used to improve the efficiency of work and cooperation a human being possessed by a community group. Increased capacity and expertise dimensions mentality of implementing reform through training and skills to improve the quality of services in accordance with the development of advanced technological progress and change medicine and the needs of the organization. Carry out work culture had meaning in a very,

because it would change attitudes and behavior in accordance with the value of human resources and the norm in the environment. Ndraha (1998) in his research found the correlation between positive and significant cultural organization with the achievement of its employees, among other cultural work of one thing that need attention in improving the quality of service. And morality of implementing reform is an important dimension policy, in determining the success of any product policy will be implemented. Equivalence and the ability of the task have been implemented in accordance with the duty and the function and role of the organization of the hospital. Ndraha ( 1998 ) said cultural work. Cultural factors such work is considered important consideration in order the implementation of public policy. Because according to e Marshall ( 1996) development of the culture of work required of ethics of cooperation that will be playing an effective system work with other parties. Hence not a product when government policy will be implemented experienced the challenges and changes in operational received little support ethics cooperation, in accordance with policy change in the leaders of the cabinet then policies follow him. Based on the results of research and discussion of the previous then things can be summed up as follows: the implementation of a policy change in the status of institutional hospital significantly impact on the quality of service. The implementation of policy factors consisting of: communication resources, attitude committee said bureaucratic structure its influence large enough on the quality of service. Out of four of these factors communication factors have the biggest impact, while resources having influence smallest. This proved that the existence of resources shows a condition that has not yet become serious attention from hospital. In this research another factor which complement the implementation of policy concept espoused by Edwards III namely cultural factors of work as the base of the implementation of public policies particularly in institutional hospital. Suggestions that is the development of scientific aspects that can be raised the writer is as follows: deals of this research was conducted using explanatory survey design in quantitative , and more to gain an understanding that deep and comprehensive implementation of the policy change the status of institutional hospital, need to be equipped with research in the design of qualitative analyze more in-depth factors to any other policy implementation. The effort to improve the quality of patient care, requiring support human resources that have the ability, inventiveness and skill in providing services. Empathy / concern employees the room services for providing health services are counted as the family s brother own, so that needs to be accompanied with the attitudes and behavior that professional based on need and demands patient and or his family. It is deemed necessary to do further research in order to enrich science is the science of public administration, especially the implementation of a policy change in the status of institutional the hospital, bearing in mind there are other factors, namely culture work also influence are permitted successfully the implementation of a policy change in the status of institutional the hospital. Practical suggestions which are can be thought writer is as follows: in order to improve the quality of service, the necessary efforts to increase the effectiveness of hospital institutional status of the policy change by increasing the effectiveness of communication, resources, the attitude of managers and bureaucratic structure. Increase communication effectiveness of institutional status in the implementation of

policy change can be done by making hospitals and more types of media communication including with computerized to use technology can be accessed quickly, proper and efficient. The increase in resources done by improving the quality implementor policy, financial support and procurement of information and supporting facilities. Improving the quality sparatur/implementor policy can be done with the road increased capacity and professionalism of apparatus, through education and training of policy change in status of institutional hospital, as well as proper selection in accordance with the ability and the background of education relevant. The increase in the attitude of managers can be improved by doing the reinvigoration of understanding officials about the importance of policy change in the status of institutional hospitals to improve the quality of patient care. In efforts to encourage an increase in the attitude of officials in support of the implementation of policy change in institutional status needs to be given an award (rewards for reform that really carry out the task of policy change in status institution of hospital. The increase in the structure of the bureaucracy done with more playing an effective role and structure of the organization of the offender independently and not attached to the structural and functional .Then give priority to the team work in improving the effectiveness of the implementation of policy change in institutional status. The increase in other factors that also influence on the effectiveness of the implementation of policy change in the status of institutional hospital, is attention to cultural work as the base of the implementation of policy change in the status of institutional hospital .Attention to this factor, it can be done through increased understanding and officials on implementing policy dimensions, people-the conformity between the ability of officers with the function or duty, provider responsive enough to serve patients and hospitals as an institution held training to improve the ability of implementing reform in accordance with the development and change the status of institutions and hospitals.

## SAY THANK YOU

The responsibility of writing a dissertation as a form of academic study in order to end a doctoral program of social sciences that the concentration of the administration fully aware that no escape from a deficiency and the perfection and limitations, whether they are in engineering and academic writing. Hopefully this research result will be a reference in order to study science and development administration, especially in the field of public policy implementation .Writing a dissertation is not in spite of assistance and guidance of various parties. As a form of all that, hence writers please he expressed gratitude and appreciation to the honorable: highest Mr. Prof.Dr.Gandjar Kurnia,Ir.,DEA; Mr. Prof.Dr.H.A.Himendra Wargahadibrata, dr.,SpAn.,KIC; Mr. Prof.H.A.Djadja Saefullah,Drs.,MA.,PhD; Mr. Prof.Dr.H. Dedi Rosadi,Drs.,MS; Mr. Prof.Dr. H. Karhi Nisjar,S. Akt.,MM, Mr. Prof.Dr.Yosy Adiwisatra, Mr. Prof.Dr.J.Winardi.SE; Mr. Prof.Dr. H.Asep Kartiwa,Drs.,SH.,MS, Mr. Prof.Dr.H. Budiman Rusli, Drs.,MS; Mrs. Prof. Dr.Hj.Cissy S. Kartasamita, SpA(K),MSc, Mr. Prof.Dr.H. Sugana Tjakrasudjatma,dr.SpM; Mr. Prof.Dr.H. Gantira Natadisastra, dr.SpM and Mr. Edi Djunaedi,dr.SpM; Mr. Prof.Dr. Burhan Arief,Ir.; Mrs. Dr.H.Farida Sirlan,dr.,SpM, For guidance and direction of dissertations. Support and the spirit of researchers' mother beloved and family and his wife and children. Finally Allah swt has the science of the right, the love and most merciful and only to goodness he is who can

respond and help all parties had been given to the author of. Hopefully a blessing and always its blessing and guidance to us all Amen.

## REFERENCES

- [1] Abdul Wahab, Solichin, , 2000. Policy of Analisis : Formulation To Implementation Of Public Plicy, Jakarta : Bumi Aksara.
- [2] Aditama, Yoga Tjandra. 2004. Mangement and Administration Hospital, Ed-2, UI Press
- [3] Djadja Sefullah, 2005, Implementation and Practice of Public Administration, Doctoral Program Padjadjaran University.
- [4] Edward III George. 1980. Implementing Public Policy, Congressional Quarterly Press
- [5] Edward III George C and Sharkansky, Ira. 1978. "The Policy Predicament : Making and Implementing Of Public Policy." San Fransisco : W.H.Freeman and Company.
- [6] Goetsch L.David and Davis B.Stanley,2002. Total Quality Management. Second Edtion. Jakarta : PT Prenhallindo.
- [7] Grindle, 1980. Public Choices and Policy Change, John Hopkins University Press, Baltimore and London.
- [8] Howlett, 2003.Studying Public Policy, Second Edition Oxford University Press.
- [9] Ibrahim, Amin., 2003. The Main Points Public Adminsartion and Implementation, Doctoral Program of Padjadjaran University.
- [10] Ingraham W.Patricia and Rosenboolm H.David, 1992. The Promise and Paradox of Civil Service Reform, University of Pittsburgh Press, London.
- [11] Mazmanian and A Sabatier, 1983. Implementation and Public Policy, Scott Foresman and Company.
- [12] Mustopadidjaja,2003. Management Proses and Public Policy : Formulation, Impelementation,and evaluation Of Performance, Jakarta : Public Administraion Institution and Duta Pertiwi Foundation.
- [13] Sabatier, Paul dan Mazmanian, Daniel.1998. The Condition of Effective Implementation Research. Dalam Stillman II, Richard J. Public Administration : Concepts & Cases, Hlm.374-388, Boston : Houghton Mifflin Company.
- [14] Subarsono, 2005. The Analisis Of Public Policy, Yogyakarta : Pustaka Pelajar.
- [15] Tachyan, 2006,. The Implementatoni Of Public Policy, AIPI-Puslit Unpad, Bandung

- [16] Tangkilisan, Hesel Nogi S,2003. Public Policy, Yogyakarta: The Renewal Public dministration in Indonesia & Lukman Offset.
- [17] Tjiptono, F., 2003. Total Quality Management, Yogyakarta : Andi Offset
- [18] Trisnantoro L., 2005. The Strategic Aspect Of Hospital Management, Yogyakarta:
- [19] Penerbit Andi, Van Meter, Donalds and Carl E Van Horn, The Policy Implementatation Process: Conceptual Framework, Administration and Society,Vol-6,No.4
- [20] Zeithaml, V.A., Parasuraman., Berry,L.L., Delivering Quality Services : Balancing Customer Perceptions and Expectation. New York : The Free Press