

Bureaucratic Culture of State Civil Servants in the Implementation of National Health Insurance Policy for the Poor People in Indonesia



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Keywords

bureaucratic culture;
implementation;
national health insurance;
policy;
the poor people;

Abstract

The purpose of this study is to explain the bureaucratic culture of state civil servants in the implementation of a national health insurance policy for the poor people in Indonesia. This study used qualitative research methods. Meanwhile, data collection used in-depth interviews, observation, and document study. Data analysis consists of data reduction, data display, conclusions drawing, and verification. The results of this study indicate that the performance of the state civil servants in implementing health insurance still has bureaucratic culture: pragmatic concerning the interests of the Government, bureaucratic in the mechanism for submitting the participation of contribution assistance recipients (beneficiaries), rigidity in the interaction of work tasks, non-participation in the data collection process for the contribution assistance recipients and short-term orientation in achieving membership targets. Therefore, the government must change the mindset of the behavior of the bureaucracy by transforming bureaucratic culture through learning in change management.

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1 Introduction

Since January 1, 2014, Indonesia has recorded a new history within the National Social Insurance System, namely the operation of the Health Social Insurance Administration Organization. The implementation of Law No 40 of 2004 relating to the National Social Insurance System, following the decision of the Constitutional Court on case Number 007/PUU-III/2005, to provide legal certainty for the establishment of the Social Insurance Administration Organization for implementing Social Insurance programs throughout Indonesia. Article 1 paragraph 1 of Law Number 24/2011 concerning the Social Insurance Administration Organization states that the Social Insurance Administration Organization is a legal entity established to conduct social insurance programs. Following the decision of the Constitutional Court of Indonesia concerning the judicial review of Article 5 of Law No 40/2004 on the National Social Insurance System, that authority is a form of implementation of the Regional Government Law, in particular Article 22h, requiring regions to develop social security systems, including health insurance (Mukti, 2007).

Indonesia has implemented social health insurance (SHI) for a long time ago, but it grew very slowly due to the inconsistent implementation of SHI principles (Wahlgren et al., 2007; Grol & Grimshaw, 2003). However, in 2004, the Indonesian government was committed to introducing a National Health Insurance Programme, and by 2019 to cover a projected population of 257.5 million (Simmonds & Hort, 2013). A national system of Health Insurance would integrate the existing schemes, combining contributions from the formal and informal workforce with the government's contributions for the poor into a single pooled fund. Regional government schemes will also be progressively integrated (Road Map towards National Health Insurance (2012) (Yusuf & Awwaliyah, 2018).

The WHO report (2000) defines a health system as "to include all the activities whose primary purpose is to promote, restore or maintain health. Universally, the health system functions according to WHO, 2000 (Sunjaya, 2010) are (1) stewardship; (2) health services; (3) health financing; and (4) resources. Stewardship is a new concept that expands on an old understanding, namely regulation – setting rules – through two additional components, namely ensuring equality to guide decision-making in the health system and providing strategic direction to the health system as a whole. Based on the description above, the government functions as a regulator in a health system (Ernawati et al., 2022). The function of regulation and determination of health policy and direction is known as the stewardship function (regulation, direction, and supervision). The stewardship function in a decentralized government as in Indonesia, of course, is in the regions, so it is the authority of the regional government. In line with Republic of Indonesia government regulations 8/2003 and 38/2007, the Health Office has a role in licensing, so it is an institution that functions as a regulator in the health sector (Sunjaya, 2010).

Boffin (Sunjaya, 2010), mentions the concept of the performance of the health system centered on three main objectives, namely: (1) improving health; (2) increasing responsiveness to community expectations, and (3) ensuring equity in financing contributions. Then, Sunjaya (2010), explains that responsiveness can be achieved by developing a stewardship function which is a broader understanding of the regulatory function. Public complaints and dissatisfaction related to health should be seen as a failure of this function. This means that there are weaknesses in health policies or regulations. Included in the context of responsiveness are responsiveness to community expectations (non-medical), guarantees for the community, and patient safety.

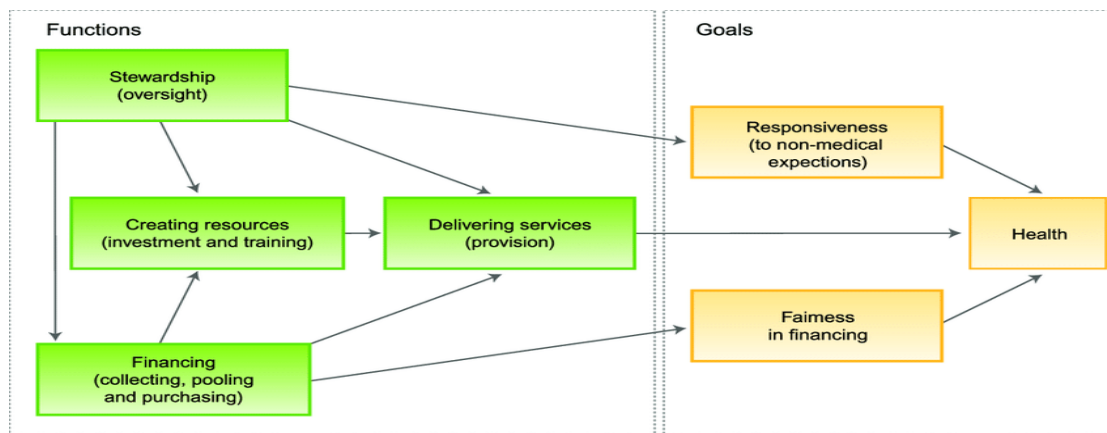


Figure1. Functions and goals of the health system

Meanwhile, the population and the poor in Bandung City, West Java Province, and Indonesia are as follows.

Table 1
West Java Province and Bandung Regency, 2021

	Male	Female	Total
Indonesia	137.871.100	134.811.500	272.682.500
West Java Province	24.508.885	23.763.277	48.274.162
Bandung Regency	1.848.018	1.775.772	3.623.790

Source: Statistical Year Book of Indonesia, 2021

Table 2
Number of Poor People, 2021

	Number
Indonesia	26 503,650
West Java Province	2.951.070
Bandung Regency	263.600

Source: Statistical Year Book of Indonesia, 2022

2 Materials and Methods

The qualitative approach used by researchers intends to understand what phenomena are experienced by research subjects such as behavior, perceptions, motivations, actions, etc., holistically and utilizing descriptions in the form of words and language, in a special natural context and by utilizing various natural methods (Moleong, 2017). The sampling method used in this study is purposive sampling. As said, that purposive sampling is a non-probability form of sampling. Determination of the subjects in this study is the use of non-probability sampling in a purposive manner. That said, "most sampling in qualitative research entails purposive sampling of some kind" (Bryman, 2016). The results of this research are then analyzed; using the data analysis workflow model of Miles & Huberman (1994), which consists of three concurrent flows of activity: data reduction, data display, and conclusion drawing and verification. This data was collect used in-depth interviews, observation, and document study. In detail, related to the analysis of the data, especially the interview, involves four types of coding, namely: the initial coding, focused coding, axial coding, and coding theoretical (Cresswell, 1998). In the initial phase of coding, the researchers do the coding manually, by looking at the transcript of the interview word for word, line-by-line, sentence-per-line, per

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incident or incidents to define what is happening and what it means. So, at this stage, researchers attempt to capture a variety of codes, abstract ideas, or concepts that are emerging (Charmaz, 2006). The informants of this research are the head of the health office of the Bandung city, Indonesia, the head of the Health Social Insurance Administration Organization, the Head of Health Officer, and the Head of the Community Health Center of the Bandung city, West Java, Indonesia. The criteria for selecting informants are leaders in these institutions and they have a minimum of three years of working experience (Lynch et al., 1997; Macintyre et al., 2005). Topics addressed in the in-depth interview are Indonesia's national health insurance, Indonesia's national health insurance policy, preparation for the implementation of Indonesia's national health insurance, and the implementation of Indonesia's national health insurance (Starfield & Shi, 2002; Sallis et al., 1998). The documents studied are Indonesia's population, the number of poor people, regulations on Indonesia's national health insurance, and the Health Social Insurance Administration Organization (Lim, 2013; Hsieh et al., 2015).

3 Results and Discussions

The results of this study indicate that the state civil apparatus have bureaucratic culture: pragmatic, bureaucratic, rigid, non-participatory, and short-term orientation. According to Neo & Chen (2007), government organizational culture includes principles: incorruptibility, meritocracy, markets, pragmatism, and multi-racialism and beliefs: state activism, long-term, relevance, growth, stability, prudence, and self-reliance.

Pragmatic for government interest

Pragmatism is more concerned with practicality than benefits or something more concerned with the final result than the values adopted by society. In other words, pragmatism is based on certain interests related to groups of policymakers or regulatory formulations that have been determined by the Government, so that they do not reflect the interests of the user's needs or the interests of the targets that are the object of policies or regulations set by the Government. This is indicated by the reality of health financing dependents, where participants are recipients of contribution assistance whose contributions are paid by the Government, as said by RF informants.

“... because the recipient of the contribution assistance is paid by the government, the process is also carried out by the government (RF, Interview 02).

There is the governing authority in the form of intervention to the poor as recipients of contributions with symbols to help the poor. This is very useful in the short term, but in the long term, it does not educate the public because it creates dependence on the Government, so they are not aware of their responsibility in health financing. This means that it does not rely solely on the target of the Government's interest but must pay attention to the performance of the Government which is oriented towards the benefits felt by the poor. Therefore, it is reasonable for RF informants to provide the following statement.

.. once the parent agency changed its form, from a State-Owned Enterprise to a Public Legal Entity, all the branches also changed (RF, Interview 02).

So, the statement shows that with every replacement or change of officials, the Government causes a policy change, including in terms of the formation of institutions and at the same time a change in officials. In other words, every change of position is not pragmatic but must be oriented towards sustainable government performance. In addition, it is not to question the replacement of the institution or the restructuring of the institution but must look at the cultural aspect which pays attention to its benefits for the poor. In other words, any change in the government regime must focus on the interests of the community in the health sector as one of the requirements of the Human Development Index.

Bureaucratic in the mechanism of submission of participation recipients of contribution assistance

Bureaucratic government tends to be slow and static. Not only is it slow and static, but it also seems convoluted. The bureaucratic impression in the mechanism for submitting the participation of Contribution Assistance Recipients (beneficiaries) is as shown in the following statement.

The flow of registration of participants who receive contribution assistance as determined by the Government regarding the Health Social Insurance Administration Organization, from the Neighborhood Units (RT/Rukun Tetangga), Community Units (RW/Rukun Warga), Villages (Kelurahan), Subdistricts (Kecamatan), to the City Government, to then be submitted to the Health Social Insurance Administration Organization to become a participant of the Health Social Insurance Administration Organization. It must be determined by the Mayor (Walikota) (RF, Interview 02).

Submission of membership assistance for contribution assistance recipients is very hierarchical and hampers services to obtain membership status for contribution assistance recipients. In addition, the process that occurs can cause inefficiency and give the impression of being unprofessional in the work process, especially related to the division of labor in giving legitimacy to the existence of the participation process for the poor. Thus, this has an impact on the achievement target of participation of the Health Social Insurance Administration Organization from the element of contribution assistance recipients. Besides that, it prioritizes the authority of power, so that it is top-down and not bottom-up because there must be a Mayor's decree. Health is a basic right of every individual. All citizens have the right to health services, including the poor. Currently, the health of the poor has become the Government's agenda which has not been fully realized. This national health insurance program aims for all citizens, especially the poor. Law No. 40 of 2004 concerning the National Social Security System mandates to protect the poor, children and neglected people, and the underprivileged whose health financing is guaranteed by the Government. In addition, the JY informant stated that regarding the issue of membership data for contribution assistance recipients that occurred in the field.

Chaotic. Unclear. There was a case, due to data entry errors (JY, Interview 04).

Geographically, especially seen from the division of the region does not reflect the population needs in the context of health services at the primary health care level, so there is an accumulation of health care needs. Thus, there is an imbalance in the division of regional labor in participation. This happens because the population database is still not controlled according to the population in each region, especially those related to health services.

Rigidity in the interaction of the main task

Rigidity in the interaction of the main task or work. This is because there is still a flurry of tasks and responsibilities between each work unit, as stated by the following TSS informant.

It is not the duty of the Office of Health to collect membership data. However, his duties are Poverty Reduction Coordination Team and assisted by the National Unity and Community Empowerment Agency Office. We need participation data that has been determined by the Mayor (Walikota) because we have to provide funds for next year based on the Mayor's Decree (TSS, Interview 01).

This fact shows that the overall work unit is to serve health. For example, coordinating efforts to reduce poverty, including collecting data on the poor. The data that is owned is very much needed for health services for the poor so that the Health Office can predict the budget needed. In this case, there is no need for a separation of responsibilities. However, comprehensively it is a shared responsibility.

Non-participatory apparatus in the participation process

Society should be positioned not only as an object of development but also as a subject of development. This means that the community should not only be used as a target for development, but also as actors involved in the development process. There is a democratization process in the development process. An indication of a non-participatory attitude in the implementation of the National Health Insurance was conveyed by the RF informant.

“... the community as the object whose contributions are paid by the government is not directly related to the Social Insurance Administration Organization-Health (RF, Interview 02).

The poor who are not involved in the Health Social Insurance Administration Organization participation process, make them unable to express their aspirations, ideas, opinions, and views. Even though this is needed as feedback for the data collection process for the Health Social Insurance Administration Organization membership data needs for the poor.

Short-term orientation in achieving participation target

The implementation of the National Health Insurance in the context of achieving UHC (Universal Health Coverage), especially in terms of the participation target is currently being pursued.

Because it is not required at the same time today the community members must become the participants of the Health Social Insurance Administration Organization. That means, still a long time, four more years. So, that's our registration capacity (RF, Interview 02).

For this reason, steps are needed to build a bureaucratic culture. In this case, the local government needs to build the attitude and behavior of the system which is then followed consistently by the perpetrators to create good governance. [Thoha \(2014\)](#), emphasizes that building a bureaucratic culture is building habits that represent thoughts and values that are believed to be true in the life of the government bureaucracy ([Pant et al., 1996](#); [Wihantoro et al., 2015](#)).

Referring to Weber's view, [Thoha \(2014\)](#), emphasized that there are political factors that can influence the process of the ideal type of bureaucracy. Bureaucratic life seems to have been calculated that it cannot be separated from politics. [Dwiyanto et al. \(2012\)](#), reveal that the character and model of the bureaucracy that has been developing in Indonesia is essentially a form of interaction with the environment, both concerning political, cultural, social, and economic aspects. Meanwhile, according to [Tjiptoherijanto & Manurung \(2014\)](#), in the era of globalization, the biggest challenge for bureaucratic reform is how to forge cultural agreements, especially values. The balance between efficiency and fairness, scope, and management system of the public sector, can be said to be a value agreement.

Welfare achievements, as in Indonesia, cannot be separated from the existence and performance of social policies developed by the state. Social policy, according to [Midgley \(2000\)](#), is a policy instrument that is specifically designed and implemented to improve the welfare of citizens. Social policy can be interpreted as a policy concerning social aspects in a narrow sense, namely those concerning the field of social welfare. The social dimension here concerns the social welfare sector as a field or part of social development or people's welfare that aims to improve the quality of human life, especially those categorized as disadvantaged groups and vulnerable groups. Thus, social policies are strategies, actions, or plans to address social problems and meet social needs ([Huttman, 1981](#)). Social policy is a government decision made to respond to issues of a public nature, namely overcoming social problems or meeting the needs of the community at large. According to [Bessant et al. \(2020\)](#), that in short, social policy refers to what governments do when they attempt to improve the quality of people's lives by providing a range of income support, community services, and support programs.

Meanwhile, [Spicker \(1995\)](#), defines it as the study of the social services and the welfare state. This field of study has developed and expanded, but the core of the study remains on social services. These social services include social security, housing, health, social work, and education. Sometimes a sixth element is also included, namely the ministry of work. [Spicker \(1995\)](#), also adds other services that resemble social services, namely

job services as has been stated which resembles the sixth element, correctional facilities, legal services, and even drainage.

After reviewing the definition of social policy and identifying areas of social policy, Gil (1973), further asserts that social policy as principles or directions of action designed to influence (1) the overall quality of life in society, (2) the living conditions of individuals and individuals and groups in society and (3) the nature of relations in society between individuals, groups, and society as a whole. Broadly speaking, social policy is realized in three categories, namely legislation, social service programs, and the tax system (Midgley, 2000). Based on this category, it can be stated that every legislation, law, or regional regulation concerning social problems and life is a manifestation of social policy. However, not all social policies take the form of legislation. Social policies often involve aid programs that are difficult to touch or see with intangible aids. Therefore, it is sometimes difficult for the general public to recognize social policies and distinguish them from other public policies. In general, public policy is broader than social policy. Policies on transportation, roads, clean water, defense, and security are some examples of public policies. Meanwhile, policies regarding social security, such as social assistance and social insurance which are generally provided for the poor or vulnerable groups are examples of social policies.

Gilbert et al. (1993), explain that social policy includes processes and products. As a process, social policy is a series of stages followed by problem-solving. As a product, social policies are laws, programs, and court decisions. According to Midgley et al. (2009), the policy covers two aspects (1) it refers to the actual policies and programs of governments, policies that affect people's welfare) and (2) academic field of inquiry concerned with the description, explanation, and evaluation of these policies). So, the study of social policy covers the two fields of study above.

4 Conclusion

Based on all the descriptions, it can be concluded that the performance of the state civil servants in implementing health insurance still has bureaucratic culture: pragmatic concerning the interests of the Government, bureaucratic in the mechanism for submitting the participation of contribution assistance recipients (beneficiaries), rigidity in the interaction of work tasks, non-participation in the data collection process for the contribution assistance recipients and short-term orientation in achieving membership targets. Therefore, the government must change the mindset of the behavior of the bureaucracy by transforming bureaucratic culture through learning in change management.

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