

Characteristics of Organizational Culture on the Quality of Health Services in Meepago Region (Nabire Regency) Study in the Field of Public Administration

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ABSTRACT

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This study aims to emphasize the characteristics of organizational culture and its impact on the quality of health services in public administration in Nabire Regency. The main argument in this research places Robbins' idea of organizational culture into the characteristics of primary organizational culture. The method used in this research is descriptive qualitative, with the data source from observations, in-depth interviews, and documentation. The findings in this research showed that secondary organizational cultural characteristics also had a dominant influence in shaping organizational culture at the research location. The findings in this research show that primary cultural characteristics alone are not enough to achieve optimal quality of health services, especially in conditions in countries or regions that have not yet been settled and established, but on this occasion, I dared to add new organizational cultural characteristics which I call cultural characteristics. Further research can develop the results of this research to investigate health services with a wider scope or in different cases in other places.

INTRODUCTION

Health is part of human rights (Ardinata, 2020; Basuki, 2020; Japar et al., 2024). Recognition of this is contained in the 1945 Constitution. Article 28 guarantees, "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and the right to receive health services." Regarding state responsibility, Article 34 emphasizes, "The state is responsible for providing adequate health service facilities and public facilities". Then in the regulations governing the implementation of the constitutional mandate, namely Health Law no. 23 of 1992, emphasized, "Everyone has the same rights to obtain optimal health (article 4). The government is tasked with regulating, developing and supervising the implementation of health efforts (article 6). The government is tasked with implementing health efforts that are equitable and affordable to the community (article 7).

Health development must continue to be pursued to improve the quality and equitable coverage of public health services. Therefore, it is the government's obligation to fulfill this through quality services. It has often been reported that health standards in Papua are much worse compared to other regions in Indonesia. The infant mortality rate of 50.5/1000 children is much higher than the figure for Indonesia as a whole, namely 43.5 (Indonesia Human Development Report, 2006; Nainggolan et al., 2022). The maternal mortality rate in Papua is 1,116/1000 births, the highest figure in Indonesia. These statistics are a general indicator of the poor health of the population in Papua. The most serious factors causing these health risks are infectious diseases such as malaria, filariasis and tuberculosis. and diseases related to sanitation (Alwi, 2023).

The health service system needs attention to face the above reality, but other obstacles such as; geographic and resource constraints, such as lack of budget, expertise, and public facilities to distribute medicines and equipment. Similar to the education sector, the health sector has been identified by the government as a priority sector, but this policy has not been translated into larger budget allocations (Ananda et al., 2020).

The Papua Provincial government budget for 2002 to 2007, for example, only 8% of funds were allocated for health. Meanwhile, local or district governments only allocate 2% to 5% of funds. Health facilities have indeed been built, but in rural and remote areas, these facilities are often without medical personnel, equipment and availability of medicine. The ratio of medical personnel data from the Papua provincial health service in 2008 states that data per population in various districts varies greatly, ranging from 1 doctor per 2,000 people, to 1 doctor per 23,000 people. And 1 paramedic per 200 people to 1 paramedic per 500 people.

The majority of community health centers or mobile health centers (mobile or small boats) cover sub-districts where transportation and communication conditions are unreliable. Because of this, many remote areas do not have sufficient access to health centers due to the high cost of fuel needed to reach remote areas. Some remote areas can only be reached by using a motorbike or boat, a two-wheeled motorbike, for example the South Papua region: Asmat,

Kepi, Senggo, Okaba, Mindiptana and Digoel, as well as the geographical conditions of Nabire Regency, there are areas that must be reached by plane and temporary motorboats to reach these areas in the rainy season will greatly increase the cost of health services.

This type of situation above is often made worse by the very small number of residents living in villages or villages, for example in Waropko District, where the population is only 2,980 people, spread across 16 villages. This is also greatly influenced by the regional expansion which is very widespread in Papua today. The condition of village or rural communities adjacent to small towns, the residents' sources of income are often varied and improvised through various business activities, to meet their living needs. In areas like this, pressure and competition for resources is high and increases the potential for conflict, due to business competition between native Papuans and immigrants.

Normatively, Law Number 17 of 2023 concerning Health regulates the national health system in Indonesia. Health, according to this law, is one element of general welfare which must be realized in accordance with the ideals of the Indonesian nation. It was also emphasized that health development is directed at increasing the level of health for the development and development of human resources. In the context of this realization, namely the optimal level of health for the community, which is carried out by health service efforts with approaches to maintenance, health improvement (promotive), disease prevention (preventive), disease cure (curative) and health restoration (rehabilitative) which are implemented comprehensively, integrated and sustainable (Kesuma, 2024).

Therefore, health is a basic need of society and as an indicator of human development in a country, the government is obliged and responsible to serve in the context of providing, distributing and fulfilling it specifically to the people, when they need it or before the people ask.

In order to bring government services closer to the community better, one form of attachment that can be accepted in interpreting government services is through the attention and seriousness of the government in running the government. It can be seen as a result of the influence of reform and globalization, which is characterized by the pressure of global information flows and a shift in governmental patterns from centralization to decentralization. Public or contemporary organizations are often faced with change, turmoil and progress. It is often difficult for public organizations to make predictions, because of upheaval or the emergence of uncertainty. Upheavals like this usually also occur in view of restructuring bureaucratic culture, improving public services, and the historical development of the Papuan bureaucracy.

The current condition and face of the bureaucracy in Papua Province today is not only seen as part of a series of previous historical developments. As a power system formed from the context of state legality, it has a long history with files of experience that are full of power domination. The tug-of-war between various interests between the state and society has led to the polarization of governance with a configuration of power that always has to adapt to changes.

Through the post-reform process, which has gone through formal recognition of regional autonomy, namely, Law Number 22 of 1999 which has been updated with Law Number 32 of 2004. Meanwhile in Papua Province, this formal recognition is equipped with specificity through Law Number 21 in 2001. The ups and downs of regional governance in Papua Province are sufficient to explain the dynamics of rapid change towards a bureaucratic model that is responsive to community and development needs. In its development, the movement of change took place in three formats, namely: from traditional to modern, from top down centralized to decentralized, and from bottom up general autonomy to special autonomy.

Apart from traditional governance with its customary system which has quite an influence on the bureaucratic format of government, since the return of West Irian to the fold of the Unitary State of the Republic of Indonesia, until now the Province of Papua (formerly called West Irian and Irian Jaya) has experienced several phases of government, namely: First, the escort phase (initiated and supervised), enforcing Law Number 18 of 1965; Second, the blue-print phase (pseudo-autonomy), implementing Law Number 5 of 1974; Third, the local authority phase (limited broad autonomy), enacting Law Number 22 of 1999, and Fourth, the independence phase (special autonomy), with the enactment of Law Number 21 of 2001 and also the enactment of Law Number 32 of 2004 in City Regency Government throughout Papua Province. In the first and second phases, requirements are based on a centralized system of authority and control, while in the third phase, aspects of autonomy begin to be considered (in a limited way), with a context that is generally applicable throughout Indonesia, and the final phase, refers to the dimension of independence controlled by the cultural spirit and customs. However, at the same time, legitimacy was also strengthened at the Regency/City government level in the format of general autonomy referring to Law Number 32 of 2004.

The focus of this study emphasizes the characteristics of organizational culture and its impact on the quality of health services in public administration in Nabire Regency. This is considered very important because there are still various stakeholder complaints regarding the speed of service provided by government officials who serve them at the local level.

THEORETICAL OVERVIEW

Organizational Culture

Culture is a substantial problem in organizations, both public and private organizations (Julia & Masyrroh, 2022; Fitriani & Manafe, 2022). This is because culture is related to life within the organization. Organizational culture is a philosophy, ideology, values, assumptions, beliefs, hopes, attitudes and norms that are shared and binding within a particular community (Maesaroh & Widodo, 2022).

Specifically, the culture in the organization will be determined by the conditions of team work, leaders and characteristics of the organization as well as the applicable administration processes. Organizational culture is important

because it is the habits that occur in the organizational hierarchy which represent the behavioral norms followed by organizational members (Puspita & Zakiy, 2020). A productive culture is a culture that can make an organization strong and company goals can be accommodated.

Public Service

Public services are an activity or set of activities designed to meet the legal requirements of every citizen and inhabitant to receive goods, services and/or administrative services provided by public service providers (Bazarah et al., 2021). Public services have four elements: 1) service provider; 2) service recipient; 3) Type of service; 4) Customer satisfaction.

The State Administration Institute of the Republic of Indonesia defines public service as: "All forms of public service activities provided by government agencies at the central and regional levels and within BUMN/BUMD in the form of goods and/or services to meet the needs of the community. Public service is a process of helping other people in a certain way, which requires sensitivity and interpersonal relationships to create satisfaction and success, as defined by the Ministry of the Interior. Each service produces products, both in the form of goods and in the form of services.

Public Service Law No. 25 of 2009 stipulates that public services are activities or series of activities to meet the service needs of every citizen and resident for goods, services and/or services according to law. Thus, it can also be concluded that public service is a form of conscious effort from state administrators to the community in the form of goods and/or services to fulfill community needs, because it is the right of every citizen because it is guaranteed by law and public servants are obliged to do so.

METHODOLOGY

The research method used in this research is descriptive qualitative (Moleong, 2021). The data source for this research comes from primary data collected through field observations, in-depth interviews, and documentation. Meanwhile, secondary data comes from literature reviews related to research themes such as research articles, official news, formal documents, and other sources. Analysis of research data includes stages of reduction, data presentation, and drawing conclusions.

RESULTS AND DISCUSSION

The unit of analysis for this research refers to the characteristics of organizational culture developed by Stephen P. Robbins in Peny (2023) which include innovation and risk taking, detailed attention to all health service indicators, results orientation, people orientation, team orientation, aggressiveness and stability. However, the main argument in this research places

Robbins' idea of organizational culture into the characteristics of primary organizational culture. This was done because the findings in this research showed that secondary organizational cultural characteristics also had a dominant influence in shaping organizational culture at the research location.

Primary Organizational Culture Characteristics

The results of the analysis obtained from the answers of all respondents look significant, with the research model proposed and analyzed using path analysis indicating that the organizational culture studied through the dimensions of innovation and risk taking, attention to detail, results orientation, people orientation, aggressiveness, together influence the quality of health services provided to residents in Nabire Regency, Papua Province (Douw & Aedah, 2021).

The influence of organizational culture on the quality of health services shows that the characteristics of organizational culture through the dimensions of innovation and risk taking, attention to detail, results orientation, people orientation, team orientation, aggressiveness and stability need to be improved so that the quality of health services becomes optimal. The dimensions of innovation and risk taking have been implemented, but not optimally enough and need serious attention. Then all dimensions of detailed attention to categories were implemented suboptimally. Furthermore, the influence of results orientation on health services, employees of the Nabire District Health Service have understood the main tasks inherent in them. The next point on the dimensions of people orientation, team orientation, and aggressiveness received quite a positive response from the community. However, the opposite is true for the stability dimension, which shows that some informants think that the stability dimension of health services which includes service satisfaction and meeting needs is still not good.

Characteristics of Secondary Organizational Culture

Research findings show that primary cultural characteristics alone are not enough to achieve optimal quality of health services, especially in conditions in countries or regions that have not yet been settled or established. For this reason, this research shows that there are new organizational culture characteristics that are related to secondary organizational culture characteristics. The characteristics of this secondary organizational culture are based on the results of researchers' findings which include community trust in traditional medicine, culture and traditions of traditional medicine with medicinal plants, the use of traditional medicinal plants in Papuan society, and the weak level of local community trust in generic drugs or chemical medicine.

These findings articulate that organizational cultural characteristics are not only linked to health service organizations, but also to the external

environmental culture that is internalized into public services. For the record, traditional medicines in Nabire apart from having good herbal medical benefits, can also be a part that should receive serious attention from the government and local policy makers (Daeli, 2023). Apart from that, public distrust of doctors' medicines needs serious attention from the government, especially the health service. The public needs to be informed that consultation with a health professional is an important step before making decisions regarding drug use (Aedah et al., 2022).

Response to the Service System in Nabire Regency

The availability of service staff at the Nabire District Health Service still needs to be adjusted to suit needs. Increasing health human resources (HR) is an important factor in providing quality health services. Until now, it has not yet been carried out in accordance with the work program that has been determined by the department. Health human resource development is a key factor in achieving health development goals and improving community health status.

On the other hand, the Papuan people, especially the people of Nabire Regency, continue to complain about health services and health costs that they cannot afford. The available medicines and standard medical equipment needed by the community in Nabire Regency are not available in the regional government's public hospitals. This forces people to have to buy it at commercial pharmacies if they are available, but there are many places in this district where there are no pharmacies and the price of medicines is very expensive. But for remote areas and far from the reach of health service centers it is still very difficult to reach them. So that people in Nabire Regency live far from health service centers. Makes people unable to enjoy the guarantees offered in accordance with the Special Autonomy decision in the health sector.

RESEARCH LIMITATIONS

This study however has several limitations. First, this research is limited to developing the conceptual characteristics of Robbins' organizational culture which includes seven dimensions. Second, the research locus was only carried out in Nabire Regency which cannot be used to generalize the scope of research regarding health services.

CONCLUSIONS

The influence exerted by organizational culture characteristics on the quality of health services based on the organizational culture characteristics developed by Robbins at the Nabire District Health Service is still at a sufficient level or it could be said that this situation is still influenced by other aspects that influence it.

The findings in this research show that primary cultural characteristics alone are not enough to achieve optimal quality of health services, especially in conditions in countries or regions that have not yet been settled and established, but on this occasion, we dared to add new organizational cultural characteristics which we call cultural characteristics. secondary organization. Public trust in traditional medicine, culture and traditions of traditional treatment with medicinal plants, and distrust of doctors' medicines are still big challenges to improving the quality of health services in Nabire Regency.

RECOMMENDATION

Based on the results of this research, several recommendations can be given:

1. There is a need to integrate the characteristics of Robbins' organizational culture with secondary organizational culture which includes the sociocultural environment of the local community.
2. The Health Service needs to increase and inspire trust in the people it serves with an approach that is in accordance with local customs. Apart from that, the Health Service as a public organization needs to be consistent and persistent in responding to the demands for excellent health services that are needed. Third, further research can develop the results of this research to investigate health services with a wider scope or in different cases in other places.

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