

The Impact of Implementing the Policy on the Formation and Structure of Regional Devices Based on Makassar City Regional Regulation No. 8 of 2023 on the Quality of Health Services in Makassar City (Case Study at the Makassar City General Hospital)

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ABSTRACT

This research examines the implementation of Makassar City Regional Regulation Number 8 of 2023 concerning the Formation and Composition of Regional Apparatus, a policy intended to strengthen institutional capacity and improve the quality of public health services. Using George C. Edwards III's policy implementation framework, the research analyzes the influence of communication, resources, implementer attitudes, and bureaucratic structure on health service quality. The study applies a quantitative approach with descriptive and verification methods. Data were collected from 95 respondents consisting of Makassar City Hospital employees (doctors, nurses, and staff) and service users (patients). Primary data were obtained through questionnaires, supported by secondary data from desk research. Statistical analysis was conducted using path analysis techniques. The findings show that, partially, communication, resources, and implementer attitudes have a positive and significant effect on the quality of health services. In contrast, the bureaucratic structure does not have a significant partial effect. However, when analyzed simultaneously, all four factors—communication, resources, implementer attitudes, and bureaucratic structure—have a positive and significant influence on health service quality. The study concludes that effective policy implementation depends not only on formal organizational structures but also on how policies are communicated, supported by adequate resources, and implemented through positive attitudes of implementers. It recommends that the Makassar City Government and implementing agencies, particularly Makassar City Hospital, strengthen these aspects to enhance the success of current and future policy implementation and to continuously improve the quality of public health services.

INTRODUCTION

The government is an institution that exercises political, economic and administrative authority to regulate the affairs of the state at all levels. The government can redistribute revenue through taxes, providing equal opportunities for education, health and employment (Anthony Jnr et al., 2019; Kardoyo et al., 2025; Rawash & Aloqaily, 2022; Sihombing et al., 2024). One of the widely accepted principles regarding the characteristics of good governance is the principle of accountability through a spectrum of approaches, mechanisms and practices that are reflected in the implementation of public services. Public services are all service activities carried out by public service providers as an effort to meet the needs of the community

both personally and institutionally, as well as in the context of implementing the provisions of laws and regulations (Irfan et al., 2023; Konte & Vincent, 2021; Kriswardhana et al., 2022; Maulana et al., 2024).

Public service activities in various regions are still a source of various public complaints. Facts in the field and the results of various empirical studies show that there are still many people who are reluctant to take care of various important documents such as birth certificates, ID card extensions, STNK, passports and the like, except when these documents are suddenly needed. The reluctance of the public, in addition to having given rise to many private document management service providers who often cause dualism in service quality, was also responded to because there was still public dissatisfaction in dealing with the government bureaucracy (Antonova et al., 2025; Krylov, 2020; Shovkun, 2024; Svitlychnyy, 2022).

A recent study in the city of Semarang regarding the preparation of the Community Satisfaction Index (IKM) and the implementation of the Semarang City Minimum Service Standards (SPM) in 2023 and 2024 by the NGO Crisis showed that the IKM of the village unit decreased from 86,703 to 85,103, the Education Office from 80,899 to 78,893, the Hospital from 84,258 to 79,885, the Population and Civil Registration Office from 80,703 to 80,130, and the Department of Transportation from 80,113 to 79,864. A study on criticism of local government public services in Indonesia conducted by Wardaniah (2022) explained that local government public services in Indonesia generally have not run optimally and have not been able to meet the needs of the community. Local governments provide low-quality public services because public service providers at the local government level often do not understand the standards of public services as they should.

Edward Silaban from the Ombudsman of the Republic of Indonesia stated that the portrait of public services in Indonesia in general is still characterized by long-windedness (delaying services), expensive (services are not on time) and incompetent officers. This statement is based on the results of the Ombudsman's assessment of the implementation of government at the ministry/institutional level, provincial governments, and district/city governments throughout Indonesia in 2022. Of the 586 public service providers assessed, 272 agencies (46.42%) entered the green zone, 250 agencies (42.66%) entered the yellow zone, and 64 agencies (10.92%) entered the red zone. This shows that the implementation of public services at the ministry/institution level and local governments has not touched the basic services expected by the community.

The city of Makassar as the fourth largest city in Indonesia and the largest in the Eastern Region of Indonesia, acts as a service center in KTI, a center for trade and services, a center for industrial activities, a center for government activities, a transportation service node, and an education and health service center. With a population of 1,477,861 people as of June 30, 2024, the demand for quality public services is getting higher. However, the condition of public services in Makassar City is still not much different from other cities in Indonesia, which still often reap public complaints.

To improve the quality of public services, the Makassar City Government has stipulated Regional Regulation Number 8 of 2023 concerning the Formation and Composition of Regional Apparatus. This Regional Regulation is a renewal of Regional Regulation Number 8 of 2016 and is adjusted to Government Regulation Number 18 of 2016 concerning Regional Apparatus and Permendagri Number 90 of 2019. This update was carried out to adjust the regional

apparatus organization to the development and service needs of the Makassar City community, including strengthening the health sector through the restructuring of the Makassar City Hospital as one of the regional apparatus organizations that serve public health.

The success of policy implementation is highly dependent on several aspects that affect the implementation of the policy. According to George C. Edwards III (2018), there are four factors that affect the success of policy implementation, namely communication, resources, implementing attitudes, and bureaucratic structure. Therefore, this study aims to find out and explain the influence of the implementation of Makassar City Regional Regulation Number 8 of 2023 concerning the Formation and Composition of Regional Apparatus on the quality of health services at Makassar City Hospital, by examining the influence of communication aspects, resources, implementing attitudes, and bureaucratic structures both partially and simultaneously.

Previous studies have examined these factors in various contexts. For example, research by Rahmat (2020) found that resources significantly affect the quality of public health services for low-income communities. Similarly, Riswandi (2020) demonstrated that communication and implementer attitudes (disposition) are crucial in the implementation of integrated traditional health services at community health centers. Furthermore, Astuti, Aritonang, & Afdhal (2024) highlighted the significant influence of human resources on service performance. However, studies focusing specifically on the impact of regional apparatus restructuring policies such as Makassar City's Regional Regulation No. 8 of 2023 on health service quality remain limited, particularly in urban hospital settings. Additionally, while some research has explored individual implementation factors, few have integrated all four dimensions of Edwards' model to assess their collective and partial effects on service outcomes in a single study.

This research is based on the problem that the implementation of Makassar City Regulation Number 8 of 2023 concerning the Formation and Composition of Regional Apparatus has brought organizational changes within the Makassar City Government, but has not yet produced optimal performance so that the quality of public services, especially health services at Makassar City Hospital, still does not meet public expectations. Therefore, this research focuses on analyzing the effect of the policy implementation on the quality of health services, both partially and simultaneously through communication factors, resources, implementer attitudes, and bureaucratic structure. The purpose of this research is to identify the dimensions of policy implementation that influence the quality of health services and compare empirical findings with theories of policy implementation and public service quality. The results of this research are expected to provide practical benefits in the form of input, recommendations, and solutions for the Makassar City Government in improving the performance and quality of health services, as well as academic benefits in the form of enriching the treasure trove of knowledge on government and public service management, strengthening or testing public policy theories, and becoming a reference for further research that examines other factors that influence the quality of public services, especially in the health sector.

METHOD

This research employed a quantitative approach with descriptive and verifiable methods. The descriptive method described the characteristics of the research variables, while the

verifiable method tested the research hypothesis through statistical analysis. The research was conducted at Makassar City Regional General Hospital (RSUD), a regional apparatus organization providing health services to Makassar City residents.

The population comprised two groups: (1) Makassar City Hospital employees, including doctors, nurses, and administrative staff involved in policy implementation for regional apparatus formation and structure, and (2) patients/consumers using health services at the hospital. Sample size was determined using the Slovin formula with a 10% margin of error, yielding 95 respondents (48 employees and 47 patients/consumers). Sampling techniques included proportionate stratified random sampling for employees and accidental sampling for patients/consumers.

Research variables included independent variables—the implementation of policies on regional apparatus formation and composition, comprising communication (X_1), resources (X_2), implementer attitudes (X_3), and bureaucratic structure (X_4)—and the dependent variable, health service quality (Y). Variable operationalization drew from George C. Edwards III's theory for policy implementation and Parasuraman, Zeithaml, and Berry's theories for service quality.

Data collection occurred in two ways: (1) primary data via questionnaires distributed to respondents using a five-point Likert scale, and (2) secondary data via documentation and literature studies. The research instrument was tested for validity and reliability prior to use. Validity was assessed using the Pearson Product Moment correlation, with items deemed valid if the calculated r value exceeded the table value (0.201 for $n = 95$, $\alpha = 0.05$). Reliability was evaluated using Cronbach's Alpha, with instruments deemed reliable if the alpha value exceeded 0.60.

The data analysis technique was path analysis, an extension of multiple regression. Path analysis examined variable relationship patterns to determine direct and indirect influences of exogenous (independent) variables on endogenous (dependent) variables. Prior to path analysis, ordinal questionnaire data were transformed into interval data using the Method of Successive Intervals (MSI). Hypothesis testing involved t-tests for partial effects and F-tests for simultaneous effects at $\alpha = 0.05$.

RESULTS

Respondent Characteristics

This study involved two groups of respondents, namely employees of Makassar City Hospital and patients/consumers. Based on gender, male employees amounted to 21 people (44%) and women 27 people (56%), while male patients/consumers were 16 people (59%) and women 11 people (41%). The age distribution of employee respondents shows that most (52%) are in the age range of 31-40 years, which is a productive age with adequate work experience. Most patient/consumer respondents (56%) were in the age range of 41-50 years.

In terms of education level, most of the employee respondents (40%) have a bachelor's degree (S1), 25% have a diploma education, and 19% have postgraduate education (S2). This shows that Makassar City Hospital employees have adequate educational qualifications to carry out health service duties. Patient/consumer respondents have a variety of education levels with high school as the highest level of education (37%), followed by bachelor's (30%), diploma (19%), and junior high school (14%). Based on the working period, employees with a working

period of 6-10 years are the largest group (35%), followed by a working period of 11-15 years (27%), and over 15 years (23%).

Validity and Reliability Test Results

The results of the validity test showed that all statement items in the research questionnaire were declared valid, with a correlation value (r-count) greater than the r-table (0.201). For a communication variable (X_1) consisting of 18 items, all items have a r-count value between 0.523 and 0.847. Resource variables (X_2) with 20 items have r-calculated values between 0.497 to 0.823. The executing attitude variable (X_3) with 14 items has an r-count value between 0.512 and 0.796. The bureaucratic structure variable (X_4) with 14 items has an r-count value between 0.489 and 0.768. Meanwhile, the health service quality variable (Y) with 34 items has an r-count value between 0.503 and 0.841.

The results of the reliability test showed that all the study variables had good reliability with Cronbach's Alpha value above 0.80. The communication variable (X_1) had an alpha value of 0.936, resources (X_2) of 0.946, the attitude of the implementer (X_3) of 0.917, the bureaucratic structure (X_4) of 0.927, and the quality of health services (Y) of 0.968. These values indicate that the research instrument has an excellent and consistent level of reliability to measure the research variables.

Description of Research Variables

Based on the results of the study, the communication aspect in the implementation of the policy of formation and arrangement of regional apparatus at the Makassar City Hospital showed quite good results. Communication which includes transmission (delivery of information), clarity, and consistency of policies to all employees showed an average score of 3.94 out of a scale of 5.00 which is included in the good category. This indicates that policy socialization, clarity of information about duties and responsibilities, and consistency in the delivery of policy information have gone well although there is still room for improvement.

The aspect of resources which includes staff (quality and quantity of employees), information (availability of data and information), authority (authority), and facilities (facilities and infrastructure) showed an average score of 3.87 which was included in the good category. This shows that the Makassar City Hospital has adequate resources to implement the policy, but there are still several aspects that need to be improved, especially in terms of the quantity of employees and the completeness of medical facilities.

The attitude of the implementer, which includes policy understanding, commitment, and support for policy implementation, showed an average score of 3.92 which was in the good category. The employees of the Makassar City Hospital showed a positive attitude towards the policy of the formation and composition of the regional apparatus, with a good understanding of the policy objectives and the commitment to implement them. The bureaucratic structure which includes Standard Operating Procedures (SOP) and fragmentation (division of responsibilities) shows an average score of 3.79 which is in the good category, although there is still room for improvement in terms of simplicity of procedures and coordination between units.

The quality of health services at Makassar City Hospital, which was measured by the five dimensions of SERVQUAL (tangible, reliability, responsiveness, assurance, and empathy), showed an average score of 3.88 which was in the good category. The tangible dimension (physical evidence) includes the appearance of physical facilities, medical equipment, and the

appearance of employees. The reliability dimension includes the ability to provide services as promised accurately and reliably. The responsiveness dimension includes the willingness to help patients and provide services quickly. The assurance dimension includes knowledge, courtesy of employees, and the ability to foster patient trust. The dimension of empathy includes the individual attention given to the patient.

Path Analysis Results

Table 1. Correlation Matrix Between Research Variables

Variable	Y	X ₁	X ₂	X ₃	X ₄
Quality of Service (Y)	1,00	0,84	0,78	0,40	0,24
Communication (X ₁)	0,84	1,00	0,75	0,21	0,16
Resources (X ₂)	0,78	0,75	1,00	0,38	0,11
Attitude of the Implementer (X ₃)	0,40	0,21	0,38	1,00	0,26
Bureaucratic Structure (X ₄)	0,24	0,16	0,11	0,26	1,00

Source: Research Data Processing Results (2026)

Table 1 shows the correlation matrix between the research variables. The results of the analysis showed that communication (X₁) had a very strong correlation with the quality of health services (Y) with a value of 0.84. Resources (X₂) also showed a strong correlation of 0.78, while the attitude of the implementer (X₃) showed a moderate correlation of 0.40, and the bureaucratic structure (X₄) showed a weak correlation of 0.24. Correlations between independent variables also showed mixed relationships, with the highest correlation between communication and resources being 0.75.

Based on the results of the path analysis, the following structural equations were obtained: $Y = 0.59X_1 + 0.27X_2 + 0.16X_3 + 0.072X_4$ with a value of $R^2 = 0.78$. This equation shows that 78% of the variation in health service quality can be explained by all four independent variables (communication, resources, implementing attitudes, and bureaucratic structure), while the remaining 22% is influenced by other factors not studied in this study. An R^2 value of 0.78 indicates that this research model has strong predictive capabilities.

Table 2. Partial Influence Hypothesis Test Results

Variable	Path Coefficients	T-calculated value	t-table ($\alpha=0.05$)	Conclusion
Communication (X ₁)	0,59	3,04	1,987	Significant
Resources (X ₂)	0,27	2,45	1,987	Significant
Attitude of the Implementer (X ₃)	0,16	2,15	1,987	Significant
Bureaucratic Structure (X ₄)	0,072	1,17	1,987	Insignificant

Source: Research Data Processing Results (2026)

Table 2 shows the results of testing the hypothesis of the partial influence of each independent variable on the dependent variable. Communication (X₁) has a positive and significant influence on the quality of health services (Y) with a path coefficient of 0.59 and a t-count value of 3.04 which is greater than the t-table (1.987). This shows that the better

communication in the implementation of policies, the higher the quality of health services at the Makassar City Hospital.

The resource (X_2) also showed a positive and significant influence with a path coefficient of 0.27 and a t-calculated value of 2.45. The attitude of the implementer (X_3) has a positive and significant influence with a path coefficient of 0.16 and a t-calculation value of 2.15. However, the bureaucratic structure (X_4) did not show a partially significant effect on the quality of health services, with the t-count value (1.17) being smaller than the t-table (1.987), although the path coefficient was positive (0.072).

For simultaneous testing, the results of the F test showed that communication, resources, implementing attitudes, and bureaucratic structure together had a positive and significant effect on the quality of health services, with an F-calculation value of 85.45 which was greater than the F-table of 2.47 at a significance level of 0.05. This means that the four factors of policy implementation simultaneously affect the quality of health services at the Makassar City Hospital.

The results of the study show that communication in policy implementation has the greatest influence on the quality of health services with a path coefficient of 0.59. This indicates that good communication between policymakers, policy implementers, and service recipients is essential. Clear and consistent communication regarding policy objectives, implementation procedures, and service standards helps employees understand their roles and responsibilities, ultimately improving the quality of service. These findings are in line with Edwards III's (2018) research which states that communication is a key factor in the success of policy implementation. Research by Riswandi (2020) also found that communication has a significant effect on the implementation of health services in health centers.

Resources also showed a significant influence with a path coefficient of 0.27. The availability of adequate resources in terms of human resources, facilities, infrastructure, and budget is very important to support the implementation of health service policies. The availability of competent medical personnel, complete medical equipment, and adequate infrastructure greatly supports the quality of services provided to the community. These results are consistent with the findings of Rahmat (2020) who found that resources affect the quality of poor public health services, and the research of Astuti, Aritonang & Afdhal (2024) which found a significant influence of human resources on service performance.

The attitude of the implementer also has a positive and significant influence with a path coefficient of 0.16. The attitude and commitment of policy implementers, including doctors, nurses, and administrative staff, greatly determine the success of policy implementation. Positive attitudes, high motivation, and commitment to service greatly affect the quality of service provided to patients. These findings support the research of Riswandi (2020) who found that the disposition (attitude of the implementer) affects the implementation of traditional health services in Puskesmas.

Interestingly, the bureaucratic structure does not show a significant partial influence on the quality of health services. Although this aspect does not have a significant effect partially, simultaneous testing still contributes to improving the quality of service. This indicates that the bureaucratic structure is more effective when interacting with other implementation factors. A bureaucratic structure that includes SOPs and fragmentation (division of responsibilities) is

important, but its impact on service quality will be more pronounced when supported by good communication, adequate resources, and a positive attitude of implementers.

The results of this study provide practical implications for the Makassar City Government and the Makassar City Hospital in an effort to improve the quality of health services. First, it is necessary to improve communication through more effective socialization of the policy of the formation and composition of the regional apparatus to all employees. Second, it is necessary to add and improve the competence of human resources as well as improve infrastructure and medical facilities. Third, it is necessary to provide guidance and motivation to employees to increase a positive attitude and commitment in providing services. Fourth, it is necessary to simplify procedures and improve coordination between units to improve the bureaucratic structure.

CONCLUSION

Statistical analysis revealed that, partially, communication, resources, and implementer attitudes in implementing Makassar City Regional Regulation No. 8/2023 on regional apparatus formation and composition positively and significantly influenced health service quality at Makassar City Hospital, with communication exerting the strongest effect (path coefficient of 0.59), followed by resources (0.27) and implementer attitudes (0.16); however, bureaucratic structure showed no significant partial effect. Simultaneously, all four factors—communication, resources, implementer attitudes, and bureaucratic structure—positively and significantly affected service quality, explaining 78% of its variation ($R^2 = 0.78$). The study recommends that Makassar City Government and the hospital enhance communication via better socialization, bolster resources through more competent personnel and infrastructure, foster implementer attitudes with motivation training, and streamline bureaucratic structure by simplifying procedures and improving coordination. For future research, scholars could explore moderating effects of digital technology adoption or external factors like funding constraints on these relationships in other Indonesian regional hospitals.

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