

Analysis of Actor Interaction in Regional Policy Formulation on Health Worker Management in Lubuklinggau City

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Abstract

The management of health workers in Lubuklinggau City still faces various challenges in equitable distribution and meeting the needs of health workers in several fields. To overcome this, the Lubuklinggau City government formulated a policy on the management of health workers to improve the quality and equity of health services. This study aims to analyze actors' interaction in formulating health worker management policies in Lubuklinggau City. Using the descriptive qualitative method, this study examines the interaction between actors in five stages of policy formulation, namely problem identification, preparation of academic papers, internal discussion of the Regional Representatives Council, public consultation, and discussion with the executive. Data was collected through interviews, participatory observation, and document analysis. The results showed that the policy formulation process involved complex interactions between various stakeholders, with the Regional Representatives Council and the Health Office as the key actors. The research also revealed power dynamics and negotiations in each policy formulation stage. Despite efforts to involve various parties, it was found that there are still challenges in integrating diverse interests into the final policy. Based on these findings, it is recommended that local governments improve coordination among stakeholders, develop a more structured mechanism to integrate inputs from various actors and devise a comprehensive strategy to address health workforce distribution gaps, including incentives for placement in underserved areas.

Keywords:

policy formulation; health worker management; power dynamics; negotiations

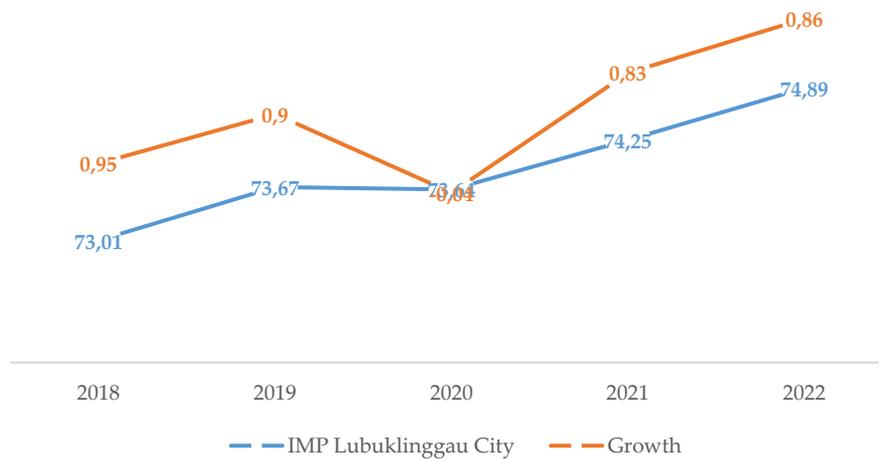
Introduction

Health is a fundamental aspect of national development and improving the welfare of the Indonesian people. This is reflected in the Preamble of the 1945 Constitution of the Republic of Indonesia, which emphasizes the nation's ideals to protect the entire nation and promote general welfare. Amendments to the 1945 Constitution further strengthen the position of health as a human right, as set out in Article 28H and Article 34, which guarantee the right of every citizen to live in prosperity and obtain health services (People's Consultative Assembly of the Republic of Indonesia, 2023).

In line with the constitutional mandate, health development in Indonesia aims to increase awareness, willingness, and ability to live a healthy life for every individual. This effort does not only include aspects of healing, but also includes prevention, health improvement, and recovery

efforts. This approach reflects a change in the health paradigm that emphasizes the importance of comprehensive interventions in improving the health status of the community (Ministry of Health, 2020). The implementation of this new paradigm requires adaptation of health policies at the national and regional levels.

In the regional context, Lubuklinggau City has shown progress in human development, including health aspects. The Human Development Index (HDI) of Lubuklinggau City reached 74.89 in 2022, an increase of 0.64 points from the previous year. Although showing a positive trend, this achievement is still in the high category ($70 \leq \text{HDI} < 80$) and has not yet reached very high status, indicating the need for further efforts in improving the quality of life of the community (The Central Bureau of Statistics Kota Lubuklinggau, 2023). The following is a graph of the development of HDI in Lubuklinggau City from 2018 to 2022:



Source: Central Bureau of Statistics (2018-2022)

One of the indicators in assessing the effectiveness of the health system is the coverage of complete immunization in children under five. Based on the results of the 2022 National Socio-Economic Survey (Susenas), the percentage of children under five who received complete immunization in Lubuklinggau City reached 71.36%, an increase of 1.90% from the previous year. Despite the increase, this figure shows that there is still room for improvement in basic health services, especially in the aspect of disease prevention in children (The Central Bureau of Statistics, 2023).

The optimization of health services is inseparable from the availability and quality of health workers as the frontline of the health system. However, Lubuklinggau City still faces challenges in terms of quantity and distribution of health workers, especially in hospitals. The shortage of doctors, pharmacists, health analysts, nutritionists, sanitation experts, and health promotion personnel is an obstacle in optimizing health services (Lubuklinggau City Health Office, 2023).

Law Number 17 of 2023 on Health has provided a strong legal basis for the Central Government and Regional Governments in planning, procuring, and utilizing health workers by the needs of the community and the characteristics of the region (President of the Republic of Indonesia, 2023). Implementing this law requires regional policies that are comprehensive and adaptive to local conditions, especially in managing health workers in hospitals as integrated medical service centres.

For this reason, at the end of 2023, the Lubuklinggau City Government drafted a Regional Regulation on the Management of Health Workers in an effort to provide comprehensive and adaptive policies at the Lubuklinggau City Regional level for health conditions in Lubuklinggau.

This policy involves a series of complex stages in its formulation process. Birkland (2019) and Howlett & Mukherjee (2017) identified four stages in the health formulation process: problem identification, agenda setting, policy problem formulation, and policy design. Each stage involves dynamic interactions between stakeholders, including the government, legislature, and community groups.

Various factors, including political interests, social pressures, and economic considerations often influence these interactions between parties in the policy formulation process. Sabatier (2019) emphasizes the importance of in-depth analysis of these interactions to ensure that the resulting policies truly reflect society's needs and do not only benefit certain groups.

For this reason, this study aims to identify and analyze the patterns of interaction between parties and understand how these interactions affect the content and direction of the resulting policies. Thus, this research is expected to support efforts to improve the quality of health services through more effective and efficient management of health workers.

Methods

This research used a descriptive qualitative method to analyze the interaction of actors in the formulation of health worker management policies in Lubuklinggau City Hospital (Creswell, 2014). The research location was at the Lubuklinggau City Regional Representatives Council Secretariat with the analysis unit including the Lubuklinggau City Regional Representatives Council, related OPDs, and stakeholders who were directly involved in the policy formulation process. The policy formulation process was analyzed through four stages, namely problem identification, agenda setting, policy problem formulation, and policy design (Howlett et al., 2017).

Data collection was conducted through interviews, participatory observation, and documentation (Yin, 2018). Semi-structured interviews were conducted to understand the perspectives and roles of each actor in the policy formulation process (Kvale & Brinkmann, 2009). Participatory observations were conducted with researchers involved in the daily activities of the research subjects (Spradley, 1979). Documentation is used to collect supporting data in the form of written documents, images, or data processing results related to the policy formulation process (Bowen, 2009).

Data processing used descriptive analytic method with stages: data collection, data reduction, data presentation, and conclusion drawing (Miles & Huberman, 2016). Data reduction was carried out to select and simplify relevant data. Data were then presented in the form of narrative text, matrices, diagrams, tables, or charts to facilitate interpretation. The final stage is drawing conclusions through interpretation of the data that has been presented. This method allows an in-depth understanding of actor interactions and dynamics in the process of formulating health worker management policies in Lubuklinggau City Hospital (Patton, 2014).

Results and Discussion

Actors in Policy Formulation

Regional policy formulation on the management of health workers in Lubuklinggau City hospitals initiated by the Regional Representatives Council is a process that involves the interaction of various policy actors. This process reflects the complexity and dynamics of public policy formulation at the regional level, especially related to the health sector which is one of the mandatory affairs of local government. The initiation of the Regional Representatives Council shows the active role of the legislative body in identifying strategic issues in the region and encouraging the formation of regulations to overcome these problems. The policy actors identified in this policy formulation process are as follows:

Table 1.

Policy Formulation Actors

No.	Policy Actors	Role and Contribution
1	Lubuklinggau City Council	<ul style="list-style-type: none"> - Initiate health worker management policies - Legislation, budget, and supervision functions - Commission in charge of health affairs discusses and approves draft local regulations.
2	Lubuklinggau City Government	<ul style="list-style-type: none"> - Support Regional Representatives Council initiatives and participate in policy formulation - The Mayor and the executive (Regional Secretary, Assistant for Health) direct the policy formulation process. - Coordinate various related sectors to support the policy.
3	Lubuklinggau City Health Office	<ul style="list-style-type: none"> - Leading sector in health affairs

No.	Policy Actors	Role and Contribution
		- Provide data and analysis related to the needs of health worker management regulations
		- Provide substantial input in problem identification and policy alternative formulation.
4	Hospital in Lubuklinggau City	- Managing and empowering health workers
		- Provide direct input related to the needs and challenges of managing health workers in the field.
5	Health Professional Organization	- Representing the interests of health workers
		- Provide technical input related to professional standards and competencies
		- Various organizations such as IDI, PPNI, IBI, and others.
6	Academics/University	- Provide scientific studies and research-based policy recommendations
		- Identify trends and best practices in the management of health workers.
7	Non-governmental organizations (NGOs)	- Voice the aspirations of the community regarding health services
		- Provide a perspective of community empowerment in the management of health workers.
8	Mass Media	- Disseminating policy information to the wider community.

Source: research analysis results, 2024

Actor Interaction in Policy Formulation

The policy formulation process on the Management of Health Workers in Lubuklinggau City Hospital is a crucial stage in the public policy cycle. At this stage, various interests and perspectives are brought together to produce an optimal solution (Cairney, 2019). Analyzing the interaction of actors in this process is important to understand the dynamics of health policy formation at the local level seen through the stages that include: Problem Identification and Agenda Setting Stage, Preparation of Academic Paper and Draft Bill Stage, Internal Regional Representatives Council Discussion Stage, Public Consultation Stage, Discussion Stage with the Executive. With the consideration that this policy has not been ratified and is still under discussion.

1. Identification of Problems and Agenda Setting

At this early stage, the main interaction occurred between the Local Government, especially the Health Office, and various stakeholders to identify problems related to the management of health workers in Lubuklinggau City. Based on the available data, some of the main problems identified include:

- Unequal ratio of health workers
- Lack of competence, number, and distribution of health workers
- Quality of health services that do not meet standards
- Turnover of health workers/program managers that is not matched by the readiness of new officers
- Financing that does not meet minimum needs

The Lubuklinggau City Health Office is the main actor that provides data and analysis related to the condition of health workers. This can be seen from the presentation of statistical data on health workers and their ratio to the total population in the Health Office planning document. In 2022 in Lubuklinggau City there are 4 general hospitals, 2 special hospitals and 10 community health centers. Based on data from the Lubuklinggau City Health Office, the number of health workers in Lubuklinggau City is 543 people divided into medical personnel, clinical psychology, nursing personnel, midwifery personnel, pharmaceutical personnel, public health personnel, environmental health personnel, and nutrition personnel which can be described as follows:

Table 2.
Number of Health Workers in Lubuklinggau City

No.	Profession	Total
1	Medical Personnel	64 people
2	Pharmaceutical Personnel	33 people
3	Clinical Psychology	1 people
4	Public Health Workers	34 people
5	Nursing Personnel	232 people
6	Environmental Health Workers	19 people
7	Midwifery Worker	143 people
8	Nutrition Worker	17 people

Source: Lubuklinggau City Health Office, 2024

When compared to previous data, namely in 2021 the availability of health workers in Lubuklinggau City can be said to be sufficient. However, the need for health workers is juxtaposed with the ratio of the existing population. This can be seen from the health human resources in Lubuklinggau City which states that the indicator of the availability of health workers can be seen from the ratio of each type of health worker per 100,000 population. Based on the population of Lubuklinggau City in 2021 of 236,828 people, the ratio of health workers by type of personnel per 100,000 population including targets and needs is presented in the following table:

Table 3.
Ratio of each type of health worker per 100,000 population

No.	Type of Health Worker	Total	Ratio (per 100,000 population)
1.	Specialist Doctors	96	40,54
2.	General Practitioner	57	24,07
3.	Dentist	12	5,07
4.	Specialist Dentist	1	0,42
5.	Midwife	293	123,72
6.	Nurse	675	285,02
7.	Pharmacist	31	13,09
8.	Safety Technical Personnel	63	26,60

No.	Type of Health Worker	Total	Ratio (per 100,000 population)
9.	Environmental Health	20	8,44
10.	Public Health	38	16,04
11.	Nutrition	24	10,13
12.	Medical Laboratory Technologist	32	13,51
13.	Biomedical Technician	8	3,38
14.	Physical Therapist	17	7,18

Source: Lubuklinggau City Health Office, 2024

The number in question is the number of health workers who provide health services at Puskesmas, Hospitals, and other health facilities (On Call Center). Including public and private hospitals. The ratio per 100,000 population is the health workers who provide health services in Lubuklinggau City (Puskesmas, hospitals, OCC, DHO) per 100,000 population.

Looking at the data above, in order to fulfill the protection and management of the availability of health workers in the Lubuklinggau City area, it is necessary to make norm regulations that specifically regulate the position of health workers. In Lubuklinggau City, there is still a lack of regulations that comprehensively regulate how to manage health workers in the form of a single legal product/codification that specifically regulates the material/content regarding the procedures and mechanisms for managing health workers.

At this stage, the Lubuklinggau City Regional Representatives Council played a role in raising the issue of health worker management as a policy agenda based on data and information presented by the Lubuklinggau City Health Office. In this process, the main interaction occurred within the Regional Representatives Council, especially in Commission III, which is in charge of health affairs. Regional Representatives Council members conducted internal discussions to identify critical issues related to health worker management. At this stage, the Regional Representatives Council actively communicated with various stakeholders, including the Lubuklinggau City Health Office, to obtain accurate data and information on the condition of health workers in the field.

Interaction then extended to health service institutions such as hospitals and health centers. The Regional Representatives Council held meetings with representatives of health facilities to explore real problems in the management of health human resources. Parallel to this, dialogue was also opened with professional organizations of health workers, providing space for the aspirations of frontline practitioners. This process created a rich network of information, enabling the Regional Representatives Council to formulate the urgency and scope of policies needed more comprehensively.

The culmination of this interaction process was seen in the Lubuklinggau City Regional Representatives Council Plenary Meeting on January 29, 2024. This meeting became a formal meeting arena between the legislature and the executive, represented by the Acting Mayor

of Lubuklinggau City. This momentum marked the transition from the problem identification stage to the establishment of an official agenda, with the signing of a joint agreement between the Mayor and Regional Representatives Council Lubuklinggau on the 2024 Regional Regulation Formation Program (Propemperda).

During the meeting, there was an intensive exchange of ideas. The Pj Mayor conveyed the vision of the city government and how the proposed draft regulations were in line with the direction of the city's development. Meanwhile, the Chairperson of the Regional Regulation Formation Agency of the Regional Representatives Council, explained the results of the compilation of proposed draft regulations, including those directly related to the health sector such as the Draft Regulation on the Management of Health Workers and Health Services in Hospitals.

The discussion did not only focus on the substance of the policy, but also considered aspects of budget, implementation capacity, and potential impact on society. After a process of discussion and negotiation, the plenary meeting resulted in a joint agreement between the Mayor and the Lubuklinggau Regional Representatives Council. This agreement includes a list of draft regulations that will be discussed further, including those related to the city's health management. The signing of the joint agreement document marked the beginning of the policy-making process.

2. Preparation of Academic Manuscripts and Draft Local Regulations (Ranperda)

After the Regional Representatives Council decided to initiate a draft regulation on the management of health workers, the next stage was the preparation of an academic paper and a draft regulation. At this stage, interaction between actors intensified. The Regional Representatives Council, through the Local Regulation Formation Agency (Bapemperda), formed a drafting team involving Regional Representatives Council members, expert staff, and academics represented by the Public Administration Laboratory from Bengkulu University. This team is tasked with conducting studies and drafting academic papers as the scientific basis for Raperda. During the drafting process, the Regional Representatives Council team interacted with various stakeholders.:

Table 4.

Interactions between Actors in the Preparation of Academic Manuscripts and Draft Raperda

No	Stakeholders	Interaction Forms	Stakeholder Contribution	Method of Interaction
1	Health Office	<ul style="list-style-type: none"> - Asked for data - Provide information - Input related to the condition and management needs of health workers 	<ul style="list-style-type: none"> - Data on the condition of health workers - Information on regulation needs - Technical input 	<ul style="list-style-type: none"> - Focus Group Discussion (FGD) - Public Hearing
2	Hospital	Provides a perspective on the challenges of managing health human resources in the field	<ul style="list-style-type: none"> - Input related to HRM challenges - Information on needs and obstacles in the field 	<ul style="list-style-type: none"> - FGD
3	Professional Organization	<ul style="list-style-type: none"> - Delivering aspirations - Proposals related to the protection and development of the health worker profession 	<ul style="list-style-type: none"> - Technical input on professional standards - Aspiration for protection and professional development 	<ul style="list-style-type: none"> - FGD
4	Academics	<ul style="list-style-type: none"> - Provide scientific studies - Best practices in health worker management 	<ul style="list-style-type: none"> - Research-based scientific studies - Best practices recommendations 	<ul style="list-style-type: none"> - FGD - Public Hearing

Sumber: hasil analisis penelitian, 2024

This interaction is done through various forums such as hearing meetings, focus group discussions, or public consultations. This process is important to ensure that the draft Raperda is comprehensive and accommodates various interests.

3. Internal Council Discussion Stage

After the academic paper and draft local regulation have been prepared by the local regulation drafting team, the next stage is internal discussion in the Regional Representatives Council. At this stage, the main interaction occurs between factions in the Regional Representatives Council. Bapemperda presents the draft Raperda to all Regional Representatives Council members. Each faction then conducts an internal study and prepares a faction view. In this process, factions consult with the constituents or interest groups they represent. Interactions between factions in internal discussions become dynamic, reflecting differences in political views or interests represented. Negotiations and lobbying between factions occur to reach agreement on crucial points in the draft regulation.

4. Public Consultation Stage

Before the Raperda is discussed with the executive, the Regional Representatives Council conducts public consultations to obtain wider input. At this stage, Regional

Representatives Council interaction with the community and stakeholders is intensified. The Regional Representatives Council held a public consultation forum that invited various elements of the community, namely:

- Representatives of hospitals and health facilities
- Professional organizations of health workers
- Academics and health experts
- NGOs and civil society groups
- Mass media
- General public

In this forum, the Regional Representatives Council presented the draft Raperda and opened a discussion room to get feedback and input. The interaction was very dynamic, with various stakeholders expressing their perspectives and interests. The mass media played an important role in publicizing the public consultation process, opening up wider discussion in the community.

5. Discussion Stage with the Executive

After the Regional Representatives Council has completed internal discussions and public consultations, the next stage is discussion with the executive (Local Government). This stage is an important arena where legislative and executive interests must be harmonized in order to produce effective and implementable policies.

The main interaction occurs between the Regional Representatives Council and the Local Government team coordinated by the Regional Secretary, involving key SKPDs such as the Health Office, Bappeda, and the Legal Department. The complexity of these discussions lies in the need to balance the aspirations of the community that have been gathered by the Regional Representatives Council with the technical realities faced by the city government. Some critical dynamics that need to be considered in this process include:

- a. Differences in budgetary perspectives: local governments have different views on the budgetary implications of Regional Representatives Council -initiated draft regulations. However, arguments were also developed by the Regional Representatives Council to justify the proposed budget allocation, namely by showing the long-term cost-benefit analysis and socio-economic impacts that have been analyzed through the Regulatory Impact Analysis (RIA) method of the proposed policy.
- b. Technical and operational considerations: the health department as the leading sector in health affairs proposes adjustments based on technical and operational considerations in the field. Regional Representatives Council understands that this

input is vital to ensure policy implementability. However, Regional Representatives Council is also critical in evaluating whether the proposed adjustments do not detract from the essence of the policy desired by the public.

- c. **Legal Aspects and Harmonization of Regulations:** The Ministry of Law and Human Rights plays an important role in reviewing the legal aspects and regulatory harmonization of draft regulations. They evaluate alignment with higher regulations, identify potential conflicts, and provide recommendations for adjustments. This process involves intensive consultation between the drafting team and the Ministry of Law and Human Rights to strengthen the legal foundation and improve the quality of the legislation.
- d. **Substantive Negotiation:** Regional Representatives Councils are required to be able to defend the crucial substance of the draft bill while remaining open to constructive input from the executive. The Regional Representatives Council needs to prepare strong data and arguments for each crucial point, and have a flexible negotiation strategy that is oriented towards the interests of the community.

The discussion process can be lengthy, involving a series of meetings and informal lobbying to reach agreement on contentious points. It should be noted that until now, the formulation of policies on the management of health workers is still in the policy harmonization stage. This harmonization stage is a complex process and requires high precision to ensure that the draft regulation is not only in line with local needs, but also in line with higher laws and regulations. This long duration reflects the commitment to produce a comprehensive and implementable policy, although this may slow down the process of passing the draft regulation.

Conclusion

This study reveals the complexity of actor interactions in the formulation of health worker management policies in Lubuklinggau City. The policy formulation process involved various stakeholders, including the Regional Representatives Council, local government, health office, hospitals, professional organizations, academics, NGOs, and mass media. Each stage of policy formulation, from problem identification to discussion with the executive, showed different interaction dynamics. The Regional Representatives Council plays a key role in initiating and coordinating the process, while the Health Office is the main source of technical data and information. Public consultation is an important stage in accommodating community aspirations.

However, the study also identified challenges in health workforce management, including uneven distribution and understaffing in some areas.

Based on these findings, it is recommended that local governments improve coordination among stakeholders in the policy formulation process. There needs to be a more structured mechanism to integrate inputs from various actors, especially from health workers and service-using communities. Local governments also need to develop a comprehensive strategy to address disparities in the distribution of health workers, including incentives for placement in underserved areas. In addition, improving the capacity of local parliaments in health policy analysis can strengthen their role in policy initiation and oversight.

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