OPTIMIZING INPATIENT HEALTHCARE SERVICE: A COMPREHENSIVE IMPLEMENTATION OF MISTER OF HEALTH REGULATION NO.4/2019

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ABSTRACT

Policy Implementation of Minister of Health number 4 of 2019 concerning Technical standards for fulfilling essential service quality at minimum service standards in the health sector has changed various public policies regarding health, especially in the field of implementation of health services related to the implementation of policies in hospitals. Studies on the implementation of services in hospitals need to be carried out to meet the minimum service standards in the health sector, so synchronization of cooperation is needed between health workers and health support workers, especially at the Gondanglegi Islamic Hospital, Malang Regency.

This study aims to (1). To describe and analyze the Implementation of the Health Service Policy for inpatients based on Permenkes Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency. (2) To determine the factors that encourage and hinder the implementation of inpatient health service policies based on Permenkes Number 4 of 2019 concerning Health Services at the Gondanglegi Islamic Hospital, Malang Regency.

This study used a qualitative approach with data collection techniques through interviews, documentation, observation, and group interviews. The data obtained were analyzed using interactive model data analysis methods.

The results of the study show that (1) Implementation of the Inpatient Health Service Policy based on Minister of Health Regulation Number 4 of 2019 is carried out as well as possible so that the Inpatient Health Service at Gondanglegi Islamic Hospital in Malang Regency can run well. (2) Factors that encourage optimization and inhibiting factors are minimized in implementing the policy of Regulation of the Minister of Health Number 4 of 2019 concerning health services in hospitals so that health services for inpatients at the Gondanglegi Islamic Hospital in Malang Regency can run well.

Keywords: **Implementation, Policy, Service, Hospital**

INTRODUCTION

Optimization The implementation of health regulation number 4 of 2019 has changed various public policies regarding health, especially in the field of implementation of health services related to the implementation of policies in hospitals.

Optimizing good service that meets needs is very important in an effort to provide satisfaction to service users (customer satisfaction). Therefore, to make this happen requires an understanding of key external factors, by: (a) recognizing the dynamics of customers or service users, especially those related to needs and wants; (b) developing an approach framework towards achieving service user satisfaction; and (c) aligning organizational goals with the goals of service users (Kearns in Islamy, 1998).

Optimization of service performance is still far from what was expected, in the context of health services at the Gondanglegi Islamic Hospital, Malang Regency, the need for quality human beings who can provide adequate services to the public is very necessary. Implementation of good and fast services has become a demand and hope for the community. One of the areas targeted for actualization is in terms of services to the community. This is in line with and in accordance with the spirit of reform which demands quality services.

The development of human resources in an organization must be directed at the formation of quality human beings, so that they can carry out the main tasks and functions within the organization optimally, the end result of which can be seen from improved services to the community (public). The importance of improving the quality of human resources shows that this factor (quality people) is a determinant of the success of development in various fields. Development humans have the first characteristic, humans must have confidence in themselves. He must not be plagued by a sense of inferiority (inferiority complex) which gives rise to an attitude of resignation or surrender to fate, so that he becomes passive or apathetic about the possibility of improving his fate. With self-confidence, humans have stability of character, so that they are able to manage their lives in the midst of society. Second, development people must have a strong desire to improve their fate. The feeling of happiness that can revive his enthusiasm is not because he is satisfied with enjoying the life he is experiencing, but is obtained because he has the opportunity to direct his life's goals in a higher direction than what he had previously achieved. Third, development people have a dynamic character, so they are good at taking advantage of every opportunity that benefits them; able to solve life problems faced; and always ready to face socio-cultural changes that occur in society. Fourth, development people must be willing and able to collaborate with other people on the basis of

understanding and respecting the rights and obligations of each party. Fifth, development people are expected to have a high moral character, including: being honest, always keeping promises, and being sensitive to the rights and interests of other parties.

From the description above, it is clear that organizational development is largely determined by the quality of the human resources it has. On the one hand, qualified humans are expected to be able to exploit natural resources in such a way that it benefits society at large. On the other hand, quality people in the organization's management ranks will be able to provide satisfactory services to the public. This last point is important because so far, there has been a lot of criticism and outpouring of dissatisfaction aimed at the Gondanglegi Islamic Hospital organization in Malang Regency as a result of their services being considered "bad" by the public with the following complaints:

"I apologize in advance, I am disappointed with the service at the hospital, my brother was not served quickly and transparently, the nurse who was consulted with the patient's family did not provide certainty even though the lab results had come out and the reason was that the doctor was not there, it had not been handled for 5 days. completely because the doctor's schedule is busy" (Google Review RSI Gondanglegi 30 May 2022)

To improve the quality of service to the community and to reduce high economic costs, increase efficiency, productivity and effectiveness, human resource development is an absolute requirement that must be met if you want to survive and develop and win total competition in the current increasingly competitive global era. Human resource development can be done in various ways, including through education and training.

Nowadays education and training programs are increasingly directed at increasing the human capabilities of planners, implementers and supervisors and controllers of development. Therefore, the existence of humans as human resources needs to be reviewed in terms of quality and quantity.

Furthermore, paying attention to the increasing demands of the community at the Gondanglegi Islamic Hospital, Malang Regency, for services, both in the form of administration, services and in the form of products. People want fast and accurate service. However, in real conditions in the field, it turns out that society's demands have not been met. This is because people at the Gondanglegi Islamic Hospital, Malang Regency are still not optimal in carrying out service tasks. Facts on the ground at the Gondanglegi Islamic Hospital, Malang Regency show that people who sit in certain positions required to take part in education and training actually only take part in training after the person concerned takes office.

The human quality improvement program at the Gondanglegi Islamic Hospital, Malang Regency, through a human resource development policy strategy, seeks to be more adaptive to progress and development, the complexity of challenges and opportunities, as well as accommodating the implementation of main tasks.

From the various empirical problems above, it shows that the optimization of services at the Gondanglegi Islamic Hospital, Malang Regency is still not optimal. Therefore, various efforts are needed to build human resource capacity at the Gondanglegi Islamic Hospital, Malang Regency in order to provide better service to the community.

Based on empirical problems as stated above, this research examines the Optimization of Health Service Policy for Inpatients (Policy Implementation Study Based on Minister of Health Regulation number 4 of 2019. With the Study Object at the Gondanglegi Islamic Hospital, Malang Regency).

LITERATURE REVIEW

Public Policy Implementation Theory

Theory is a set of interconnected concepts, definitions and propositions that are systematically arranged as the result of previous scientific writing using a certain set of writing methodologies to explain certain symptoms or relationships in the phenomenon being researched. The various theories put forward in the theoretical study are a means of answering the problem formulation that has been written in advance and as a basis for carrying out analysis in this research.

George C Edward III Implementation Model

The policy implementation model with a top down perspective was developed by George C. Edward III. Edward III named his public policy implementation model Direct and Indirect Impact on Implementation. In this theoretical approach there are four variables that influence the successful implementation of a policy, namely communication, resources, disposition and bureaucratic structure. A detailed discussion regarding the four variables above is as follows:

Communication Factors

The first variable that influences the successful implementation of a policy, according to George C. Edward III, is communication. Communication, according to him, determines the success of achieving the goals of implementing public policy. Effective implementation occurs when decision makers already know what they are going to do. Knowledge of what they will do can work if communication goes well, so that every policy decision and implementation regulation must be transmitted (or communicated) to

the appropriate personnel department. Apart from that, the policies communicated must be precise, accurate and consistent. Communication (or transmission of information) is needed so that decision makers and implementers will be more consistent in implementing every policy that will be implemented in society.

There are three indicators that can be used to measure the success of communication variables, namely:

a) Transmission;

Good communication distribution will also produce good implementation. Often what happens in the distribution of communication is misunderstanding (misscommunication). Based on Edward III's research results summarized in Winarno (2005:127), there are several general obstacles that usually occur in communication transmission, namely:

1) There is a conflict between policy implementers and orders issued by policy makers. Conflicts like this will result in direct distortions and obstacles in policy communication.
2) Information is conveyed through layers of bureaucratic hierarchy. Communication distortion can occur due to the length of the information chain which can result in information bias.
3) The problem of capturing information is also caused by the perception and inability of implementers to understand the requirements of a policy.

Before an official can implement a decision, he must be aware that a decision has been made and an order for its implementation has been issued.

There are several things that arise in transmitting implementation commands. Firstly, there is a conflict of opinion between implementers and orders issued by policy makers. Conflict over these policies will create immediate obstacles or distortions to policy communication. Both information passes through layers of bureaucratic hierarchies. As we know, bureaucracy has a strict structure and tends to be very hierarchical. Third, ultimately the capture of communications may be hampered by selective perception and the unwillingness of implementers to know the requirements of a policy. Sometimes implementers ignore the obvious and try to guess at the true meaning of communications.

b) Clarity;

Communication received by policy implementers (street-level bureaucrats) must be clear and not confusing (not ambiguous or ambiguous).

Unclear policy messages do not always hinder implementation, at a certain level, implementers need flexibility in implementing policies. But on another level, this will actually distort the goals to be achieved by the policies that have been established. The clarity dimension requires that policies be transmitted to implementers, target groups and other interested parties clearly so that they know what the aims, objectives, targets and substance of the public policy are so that each of them will know what must be prepared. and implemented to make the policy a success effectively and efficiently (Edward III in Widodo, 2010:97). Edwards identified six factors that encourage unclear policy communication. These factors are the complexity of public policy, the desire not to disturb societal groups, the lack of consensus regarding policy objectives, the problems in initiating a new policy, avoiding policy accountability and the nature of judicial policy formation.

c) Consistency;

The third factor that influences policy communication is consistency. If policy implementation is to be effective, implementation orders must be consistent and clear. Because if the orders given change frequently, it can cause confusion for implementers in the field. The consistency dimension is needed so that the policies taken are not confused, thereby confusing policy implementers, target groups and interested parties. Conflicting decisions will confuse and hinder administrative staff and hinder their ability to implement policies effectively.

Resource Factors

The second variable that influences the success of implementing a policy is resources. Resources are another important thing in implementing policies. According to Goerge C. Edward III, resource indicators consist of several elements, namely:

a) Staff;

The main resource in policy implementation is staff. Failures that often occur in implementing policies are caused by staff being inadequate, inadequate or incompetent in their fields. Just increasing the number of staff and implementors is not enough, but it is also necessary to have sufficient staff with the necessary skills and abilities (competence and capability) in implementing the policy or carrying out the tasks desired by the policy itself. Policy implementation will not be successful without support from human resources of sufficient quality and quantity. The quality of human resources is related to skills, dedication, professionalism and

competence in their field. Meanwhile, quantity is related to whether the number of human resources is sufficient to cover the entire target group. Human resources greatly influence the success of implementation, because without the reliability of human resources, policy implementation will be slow. Inadequate staffing can hinder the transmission of policy guidance. Lack of information from high-ranking officials is often the cause of ambiguity in implementation orders.

b) Information;

In policy implementation, information has two forms. Firstly, information related to how to implement policies. Implementers must know what they must do when they are given an order. Second, information regarding compliance data from implementers with established government rules and regulations. Implementors must know whether the people involved in implementing the policy comply with the law.

c) Authority;

In general, authority must be formal so that orders can be implemented. Authority is the authority or legitimacy for implementers in implementing politically determined policies. When authority is nil, the power of the implementers in the eyes of the public is not legitimized, so that it can thwart the policy implementation process. But in other contexts, when formal authority exists, errors often occur in seeing the effectiveness of the authority. On the one hand, effectiveness will decrease when authority is misused by implementers for their own interests or for the interests of their group. Authority is another important resource for policy implementation. Authority comes in many forms, from providing assistance to forcing behavior. Adequate authority is often scarce, especially when it comes to managing other personnel. Sometimes that authority does not exist even on paper (formal authority). At other times, implementers have formal authority but are limited in its use.

d) Facility;

Physical facilities are also an important factor in policy implementation. Implementors may have sufficient staff, understand what must be done and have the authority to carry out their duties, but without supporting facilities (facilities and infrastructure) the implementation of the policy will not be successful.

Edwards III (1980:11) categorizes organizational resources as consisting of "Staff, information, authority, facilities; building, equipment, land and supplies". These resources can be measured from the aspect of adequacy which implies

suitability and clarity; "Insufficient resources will mean that laws will not be enforced, services will not be provided and reasonable regulations will not be developed." Resources are positioned as input in the organization as a system that has economic and technological implications. These resources include human resources, budget, facilities, information and authority.

1. Disposition Factors

The third variable that influences the success of policy implementation is disposition. The important things that need to be paid attention to in disposition variables, according to George C. Edward III are:

a) Appointment of bureaucrats;

The disposition or attitude of implementers will create real obstacles to policy implementation if existing personnel do not implement the policies desired by high-ranking officials. Therefore, the selection and appointment of policy implementing personnel must be people who are dedicated to the policies that have been established.

b) Incentive;

Edward stated that one of the techniques suggested to overcome the problem of implementing tendencies is to manipulate incentives. Therefore, people generally act according to their own interests, so manipulation of incentives by policy makers influences the actions of policy implementers. By increasing certain profits or costs, it might be a motivating factor that makes policy implementers carry out orders well. This is done as an effort to fulfill personal or organizational interests.

2. Bureaucratic Structure Factors

One of the determining factors for success in implementing public policy is the bureaucratic structure. Even though the resources to implement a policy are available, or the policy implementers know what should be done, and have the desire to implement a policy, it is possible that the policy cannot be implemented or realized because of weaknesses in the bureaucratic structure. Such a complex policy requires the cooperation of many people. When the bureaucratic structure is not conducive to the available policies, this will cause resources to become ineffective and hinder the implementation of the policy. The bureaucracy as the implementer of a policy must be able to support policies that have been decided politically by coordinating well.

According to Edward III, there are two characteristics that can boost the performance of a bureaucratic or organizational structure so that it can move in a better direction, namely by:

a) *Standard Operating Procedures*(SOUP);

It is a routine activity that allows employees (policy implementers or administrators) to carry out their activities every day in accordance with established standards or the minimum standards required. According to Winarno (2005: 150), standard operational procedures (SOP) are a development of internal demands for certainty of time, resources and the need for uniformity in complex and extensive work organizations. Referring to the opinion of George C Edward III in Widodo (2010: 107) states that this is also the case whether operational standards are clear, both regarding mechanisms, systems and procedures for implementing policies, the division of main tasks, functions and authority as well as responsibilities between actors and the lack of harmony in relationships. Between one implementing organization and another, it also determines the success of policy implementation.

b) Fragmentation

Is an effort to spread responsibility for employee activities or activities among several work units. Edward III in Winarno (2005:155) explains that fragmentation is the distribution of responsibility for a policy to several different bodies so that it requires coordination. Edward III in Widodo (2010: 106), said that a fragmented (fragmented or scattered) bureaucratic structure can increase communication failure, because the opportunity for instructions to be distorted is very large. The more distorted the implementation of policy, the more intensive coordination it requires.

Supporting Theory

Public Service Theory

Understanding Public Services

Public services are the most important element in improving the quality of social life in any society Afrial (2009:12). The concept of public service or general service is basically an effort carried out by a person, or group, or bureaucracy to provide assistance and convenience to the community in achieving a certain goal (Istianto, 2011: 121).

Patient Concept

A patient is a person whose physical or mental weakness submits to supervision and care, receives and follows the treatment prescribed by health workers as stated by Prabowo (in Wilhamda, 2011). Meanwhile (Aditama, 2002) believes that patients are those

who are treated in hospital. According to (Soejadi, 1996) patients are the most important individuals in the hospital.

Hospital Concept

Hospitals as organs that were originally founded based on social, humanitarian or religious purposes have experienced development in their history, so that hospitals function to bring together 2 (two) principal tasks that differentiate them from other organs that produce services.

Social Reality Theory

Social Reality Theory is within the theory of social facts and social definitions. The theory of social facts is that existing standards are important. In social facts theory, humans are products of society. All human behavior, actions and perceptions originate from society. Meanwhile, in the social definition, humans form society.

Sociological Theory of Health

Sociology of health is a branch of science that is still relatively new in sociology. You need to know that initially this branch of science was known as medical sociology, where medical sociology first developed in the United States through several stages since the 1920s.

Education And Training Concept

Understanding Education and Training When doing a certain unfamiliar job, it is necessary to first learn how to do that job. No one can carry out a task well if they don't study it first, even if the job seems easy, for example typing a letter.

People who do not have experience will have difficulty implementing it. So, education and training are very necessary. Providing education and training is one of the efforts to improve the quality of human resources in accordance with job needs. In order to improve human resources in each work unit it will also be related to the nature of education and training.

Human Resources Concept

In order to improve employee performance, it is necessary to develop human resources to achieve organizational goals. Human resource development is something urgent because through this development employees will increase in terms of knowledge, skills as well as attitudes and behavior. Another thing that requires every organization to develop human resources is the changes that occur both within the organization and outside the organization. In development, employees are developed to be more suited to the job and organization (Hasibuan, 2000:68).

Nurse

A nurse is someone whose job is to provide care to individuals, families and groups in sickness and health. In general, there are two types of nurses, namely vocational nurses, with a minimum of a D3 Nursing graduate, and professional nurses, with a minimum of a Bachelor's degree in Nursing. For professional nurses, this consists of nurses and specialist nurses. A nurse has at least the role of care provider, manager and community leader, educator, advocate, and researcher.

Hospital Administrative Staff

The hospital administration department is the 'gateway' for registering and managing cards for outpatient and inpatient care. Apart from taking care of the registration section, the administration section can also issue financing details if you need an idea of the costs in advance.

RESEARCH METHODS

Types of research

This research focuses more on Optimizing Health Service Policies for Inpatients (Study of Policy Implementation of Minister of Health Regulation Number 4 of 2019 with the Study Object at the Gondanglegi Islamic Hospital, Malang Regency). Of course, this policy is an elaboration of a program that has been prepared systematically previously by the Gondanglegi Islamic Hospital, Malang Regency.

Research focus

The focus of this research is as follows:

1. Implementation of the inpatient health service policy based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency:
   a. Judging from the standard quantity and quality of goods and/or services;
   a.1. Standard quantity:
   a.1.1. Patient;
   a.1.2. Medical Personnel;
   a.1.2.1. Doctor;
   a.1.2.1.1. Medical specialist;
   a.1.2.1.2. General practitioners;
   a.1.2.2. Nurse;
   a.1.2.3. Midwife;
   a.1.2.4. Inpatient Class;
   a.1.2.4.1. Number of rooms for Adults;
   a.1.2.4.2. Number of rooms for children;

a.2. Quality of goods and/or services:
a.2.1. Drugs;
a.2.2. Hospital Equipment;
a.2.3. Infrastructure (ambulance);
a. Judging from the standards for the number and quality of health personnel/human resources;
b.1. Specialist doctor customers;
b.2. General practitioner/attending doctor customers;
b.3. Nurse/medical personnel customers;
b. Reviewed based on technical instructions or standard compliance procedures;
c.1. Minister of Health standard technical guidelines;
c.2. Technical guidelines for inpatient rooms compared with human resources;
c.3. Technical guidelines for number of beds, infrastructure;
c.4 BPJS Technical Guidelines at RSI Gondang Legi;

2. Factors that encourage and hinder the Optimization of Minister of Health Regulation Number 4 of 2019. At the Gondanglegi Islamic Hospital, Malang Regency:
   a. Supporting Factors:
   -Internal: Regulation and budget support;
   -External:Social Reality for Nurses and Administrative Personnel;
   b. Inhibiting Factors:
   -Internal:Education and Training for Nurses and Administrative Staff;
   -External: Patient satisfaction

Research Locations and Sites

The research location is based on several reasons as follows:

1. There is still relatively little research on Optimizing Inpatient Health Service Policies conducted in hospital organizations, even though it is known that the quality of service in these organizations will influence the output of the institution.
2. Gondanglegi Islamic Hospital, Malang Regency is a hospital that has been around for several decades and is still existing and growing.

Data Sources and Types

Data source

Data sources for this research consist of: informants, events and documents which are explained in the description below.

(1) Informant

The source of this research is the human resources of the Gondanglegi Islamic Hospital,

Malang Regency, namely the employees. The selection of data sources or informants is adjusted to the information needs to be obtained, with the key informant being the Director of the Gondanglegi Islamic Hospital, Malang Regency. Apart from that, other sources of data as informants are as shown in the following table;

Table 3.1. Names of informants

No.	Name	Status	Position
1	Dr. Navis Yuliansyah,. MM. RS	Doctor	Director of Gondanglegi Islamic Hospital
2	Dr. Husnul Muttaqin, MM	Doctor	Deputy Director of RSI Gondanglegi
3	Dr. Randi Sukamana	Doctor	General practitioners
4	Rini Yuni Astuti, S.Kep.	nurse	nurse
5	Irma Yanti, S.Kep Ners	nurse	nurse
6	Ida Hariani, SE	Administration staff	Head of Finance
7	Dina Roifa Amalia, SH	Administration staff	administrative officer
8	Ibn Jazari	Public	service use, whose address is Gading Village, Bululawang District, Malang Regency
9	Wardoyo	public	service users, who live in Putatlor Village, Gondanglegi District, Malang Regency

Data collection for each data source is based on the principle of "data saturation", that is, if there are no more variations in the answers to the questions asked by the researcher, the data collection process is stopped. Data sources are selected based on the researcher's assessment of the information they have, and it takes place in a snowball manner, meaning that there are more and more over time, according to the needs of the research.

(2) Incident

The event that is the source of data for this research is the service conditions at the Kondanglegi Islamic Hospital, Malang Regency.

(3) Document

A number of documents that have been used in this research are: Kondanglegi Islamic Hospital, Malang Regency in Figures; Performance Accountability Report of the Gondanglegi Islamic Hospital, Malang Regency, Website of the Gondanglegi Islamic Hospital, Malang Regency.

Data Type

The data used in this research are: primary and secondary data.

1. Primary data

This is data obtained directly from sources as informants who are directly related to the research focus in the form of the words and actions of people who are observed or interviewed.

2. Secondary data

This is data that comes from outside the words and actions of the people being observed (Moleong, 2002: 113). So secondary data is data that has been processed in the form of written texts or documents, for example in the form of decrees, regulations and so on. So this research uses secondary data based on a document approach. Documents used include: Institutional regulations of the Gondanglegi Islamic Hospital, Malang Regency, including the Performance Accountability Report of the Gondanglegi Islamic Hospital, Malang Regency, Website of the Gondanglegi Islamic Hospital, Malang Regency.

Data collection technique

The data collection techniques used in this research are as explained in the description below.

(1) Observation

So that research problems can be answered in depth and comprehensively, researchers use the participant observation method, but do not participate fully, so that researchers can have longer and deeper social interactions with research subjects. In this way, researchers hope to know the habits, conflicts, dynamics and changes that occur within the subject, as well as the relationship with the implementation of the Inpatient Health Service Policy. This observation method can be used because the researcher lives in Malang City so he can often carry out observations at the Gondanglegi Islamic Hospital, Malang Regency.

In this way, researchers can make observations, especially regarding employee activities, their "complaints", and also employee perceptions and so on.

(2) Interview

Another data collection method is in-depth interviews and supporting instruments in the form of field notes. In practice, researchers have conducted in-depth interviews with the Director of RSI Gondanglegi Malang Regency and several work unit leaders who often have contact with the community or who have the main function of serving the community. Researchers will also conduct interviews with structural and functional officials and staff from the Gondanglegi Islamic Hospital, Malang Regency.

(3) Documentation

The documentation method was also used by researchers in this research, especially to collect secondary data, both regarding the Islamic Hospital organization. Secondary data in the form of reports collected includes: Performance Accountability Report of the Gondanglegi Islamic Hospital, Malang Regency, Accountability Information Report of the Gondanglegi Islamic Hospital, Malang Regency.

Data analysis

In analyzing the data, this study discusses the Optimization of Health Service Policies for Inpatients Based on Minister of Health Regulation Number 4 of 2019, with the Study Object at the Gondanglegi Islamic Hospital, Malang Regency) which is a very complex behavior, which includes: beliefs, goals and other cultural aspects , which can

influence the achievement of human development goals, whether carried out through various types of education and training, how the Gondanglegi Islamic Hospital, Malang Regency formulates and implements this strategy, plus a number of other aspects that influence the implementation of this policy, including employee behavior implementers, and the role of other institutions in the process of developing human capacity. The phenomenon of human development in the Kondanglegi Islamic Hospital, Malang Regency is approached through research with an explanatory, inductive character and emphasizing processes rather than products.

In this research, there are no hypotheses determined from the start, there is no treatment, and there are no restrictions on the final product. However, in the research process there is a working hypothesis that is verified. Thus, researchers use the interactive analysis model proposed by Miles, Hubberman and Saldana (2014:33), where the analysis components are described as follows:

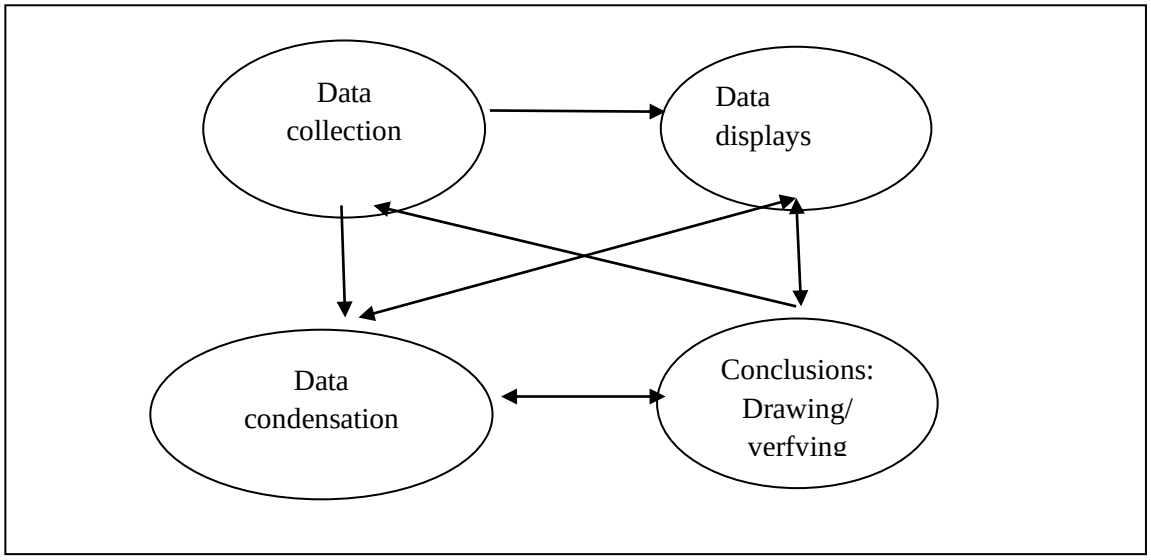

Figure 3.1.*Components of Data Analysis: Interactive Models*
Source: *Miles, MB, Huberman, AM & Johnny Saldana (2014). Qualitative data analysis: A Methods sourcebook (3 edition). Arizona State University: Sage Publications.*

The interactive analysis model that the researcher chose in analyzing the data was based on the consideration that qualitative data analysis is an ongoing effort and takes place continuously. In this research, data collection was carried out by searching, recording and collecting data through interviews, documentation and observations related to Human Resource Development in Patient Services Based on Minister of Health Policy No. 4 of 2019 with the object of study at the Gondanglegi Islamic Hospital, Malang Regency.

The amount of data obtained from the field is quite large, so it needs to be recorded carefully and in detail. Reducing data means summarizing, selecting the main things, focusing on the important things, looking for themes and patterns. In this way, the reduced data will provide a clearer picture, and make it easier for researchers to collect further data and search for it if necessary (Sugiyono, 2008: 247). In this research, after collecting data, data related to Human Resource Development in Optimizing Patient Service Policies based on Minister of Health Policy No. 4 of 2019 with the object of study at the Gondanglegi Islamic Hospital, Malang Regency, reduced to classifying each problem so that conclusions can be drawn from the data.

The problem of data reduction, data presentation and drawing conclusions or verification is a series of analytical activities that follow each other and can provide accurate conclusions. This model also recommends that researchers in carrying out data collection activities, both during the data collection process and when the collection process is complete, still consider three components of analysis, namely:

(1) Data Condensation

The data that has been obtained is presented in the form of a detailed description. The researcher reduced the field report, summarized it, selected important things related to the research theme and then coded it to make it easier to rephrase it in the presentation of the research data.

(2) Data presentation

After the data has been reduced, the next step is to display the data. In presenting data, the data is organized, arranged in a relationship pattern, so that it is easier to understand. Displaying data will make it easier to understand what is happening, plan further work based on what has been understood (Sugiyono, 2008:249). The presentation of data is carried out to make it easier for researchers to describe the data so that it will be easier to understand the development of human resources in patient care based on Minister of Health Policy No. 4 of 2019 with the object of study at the Gondanglegi Islamic Hospital, Malang Regency).

The data is presented in tabular form, so that researchers can get concrete phenomena regarding what the Gondanglegi Islamic Hospital, Malang Regency, is doing in order to develop human resources.

(3) Verification/drawing conclusions

The next stage is drawing conclusions and verification. The initial conclusions put forward are still temporary, and will change if strong supporting evidence is not found at the next stage of data collection (Sugiyono, 2008:252). In this research, the initial conclusions put forward by the researcher will be supported by data obtained by the researcher in the field. Answers from the research results will provide explanations and conclusions about the research problems examined in this study.

Researchers draw conclusions to get the meaning of the data that has been obtained, as well as looking for meaning from existing and emerging patterns, themes, relationships, which are presented in conclusions that are still tentative in nature, therefore the data must continue to be

sought, so that with a continuous verification process, In this way a grounded conclusion is obtained.

Data Validity

In this case, it is done using 4 activities to check, namely:

(1) *Credibility*(Credibility)

Namely to provide guarantees that the data presented is valid data so that it can be trusted. In order for the research results to gain high credibility, seven techniques were carried out in the field as follows (Lincol and Guba, 1985).

(a) The researcher has provided assistance and continues to actively provide assistance: (1) in order to foster trust in the Director of the Kondanglegi Islamic Hospital, Malang Regency, unit leaders and employees under study (2) the researcher understands, experiences and feels for himself the complexity of the situation and (3) avoids distortion due to the presence of researchers in the field;

(b) *Persistent observation*or observation, researchers carry out continuously to understand a phenomenon more deeply;

(c) *Triangulation*In this research, triangulation was carried out in three types, namely method triangulation by applying a combination of in-depth interviews conducted by researchers, researchers combining it with observation and documentation studies (secondary data), data source triangulation by including data from both direct data sources in the field (primary) which consisting of various stakeholders involved in secondary data including the results of previous research.

(d) *Referential Adequacy Check (Lincoln and Guba, 1985),*This is preparation of data collected during research in the field. This data in the form of archives is used as reference material to check whether it raises doubts or not.

(e) Member check (Lincoln and Guba, 1985), To increase the credibility of the results of this research, involve participants (informants) to review.

(2) Transferability (Transferability)

So that the conclusions of the research results can be transferred to other contexts, the research itself compares the context in which the research was carried out with the context in which the research was implemented in a different place.

(3) Dependability (Dependency)

Namely through an audition process or careful examination of all components and research processes as well as research results, here human instruments are very decisive. Researchers as instruments themselves are present directly in the field and conduct interviews to obtain the required data.

(4) *Confirmability*(Certainty)

This criterion is used to assess whether the research results are quality or not. The results of this research, after triangulation, were commented on by the informants and also

through a sharing process, discussions with colleagues, accompanying teams while in the research arena, then the researcher's next action was to report the research results in detail and carefully with reference to the research focus.

RESEARCH RESULTS ANDDISCUSSION

OPTIMIZATION OF HEALTH SERVICES FOR INPATIENT PATIENTS Based on Minister of Health Regulation number 4 of 2019. With the object of study at the Gondanglegi Islamic Hospital, Malang Regency.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at Gondanglegi Islamic Hospital, Malang Regency, in terms of standard quantity and quality of goods and/or services, has been regulated to be in accordance with Type C Hospital policy. This cannot be separated from What isIt is explained that as a policy made by the government in the form of government actions that have certain objectives that prioritize the interests of the community, which are formulated as follows:

a. Policies always have goals or are oriented towards certain goals.
b. Policies contain the actions or patterns of actions of government officials.
c. Policy is what the government actually does and not what the government intends to do.
d. Public policy is positive (government action regarding a particular problem) and negative (government officials' decision not to do something).
e. (Positive) public policy is always based on certain laws and regulations that are coercive in nature (Anderson in Widodo, 2010:14).

Regarding HR capacity in detail is as follows; The standard number can be seen from: The number of patients is 51,278 people. The patient was treated byThe resources at RSI Gondanglegi are important in implementing policies, according to Goerge C. Edward III, that the main resource in implementing policies is staff. The staff at Gondanglegi Islamic Hospital consists ofThere are 22 Specialist Doctors, 11 General Practitioners, 119 Nurses, 16 Midwives, and Inpatient Classes in 4 blocks with details: The number of rooms for Adults is 77 rooms; The number of rooms for children is 23 rooms. So that it doesn't happen kFailing to implement policies, the staff who handle patients must be made adequate and competent in their field.

Judging from the quality of goods and/or services, it has been arranged to comply with Type C Hospital policy. This is in accordance withpolicies made by the government in the form of government actions that have certain objectives that prioritize the interests of the community.Quality of goods and/or services at Gondanglegi Islamic Hospital with the following details:

Drugs; pharmaceutical supplies/preparations are carried out according to standards (100%) as per PMK 72/2016 concerning Pharmaceutical Service Standards in Hospitals; Hospital Equipment; In accordance with PMK No. 3/2020 concerning Classification of Hospital Licensing, it is concluded that health equipment (alkes) is met at around 75% and other general equipment is met at around 80% of regulatory standards; Infrastructure (ambulances) total 3 units, 2 standard transport ambulances, 1 specifically for corpses. For this reason, the types of services provided by hospitals are categorized into general hospitals and special hospitals. The classification of general hospitals and special hospitals is determined by the government based on service capabilities, health facilities, supporting facilities and human resources. Regarding standards, they have been set to comply with Type C Hospital policy. For goods capacity, the procedures are in accordance with the procedures to be checked through the Hospital Health Technology Team.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at Gondanglegi Islamic Hospital, Malang Regency, in terms of standards for the number and quality of health personnel/human resources which are still constrained by location and other factors, the personnel for specialist doctors is still insufficient, whereas for Other fields are complete, with the following details: Specialist doctor customers; The average is Surgical Clinic: 2,913 people, Children's Clinic: 2,361 people, Mental Clinic: 1,093 people, Skin Clinic: 1,103 people, Eye Clinic: 3,069 people, Ob-gyn Clinic: 579 people, Orthopedic Clinic: 816 people, Lung Clinic 3,121 people, Internal Medicine Clinic: 7,578 people, Medical Rehab Clinic: 7,844 people, Neurology Clinic: 6,403 people, while customers are general practitioners/attending doctors; On average there are 8,954 people, customers nurses/medical personnel (none)

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at Gondanglegi Islamic Hospital, Malang Regency, in terms of technical instructions or procedures for meeting standards;

c.1. Minister of Health standard technical guidelines;

Fulfillment of regulatory standards for all ministries and institutions (K/L) is adopted into the 5-year Strategic Plan (Renstra) and operationally defined each year in the annual Work Program (Proker). Then it is further reduced to more technical planning in terms of

reference (Terms of Reference). This was done because rationalization of budget availability and preparation of human resources required time.

c.2. Technical guidelines for inpatient rooms compared with Human Resources;

There is still a shortage of 1-3 nursing staff compared to standard calculations (regulations) to fulfill staffing patterns. Fulfillment of staff in inpatient rooms is carried out programmatically (planned in stages), regulation-based, data-based and considering economic factors.

c.3. Technical guidelines for number of beds, infrastructure;

The number of beds (TT) has met the minimum standard for type C hospitals, namely 100 TT with a minimum availability of class III of 20-30% of the total TT and preparation of 30% for changing the function of general inpatient rooms into isolation rooms if there is a spike in cases of infectious diseases. according to the Circular Letter from the East Java Provincial Health Service in 2022.

c.4 BPJS Technical Guidelines at Gondang Legi Islamic Hospital;

The implementation of BPJS services is carried out by establishing a Quality Control and Cost Control Team (KMKB) which in principle tries to balance business profit targets with service quality standards provided to patients participating in BPJS Health. The number of patients who pay through BPJS Health reaches around 75% of the total payment method for all patients. Monitoring the quality of BPJS Health services is carried out by the Malang Main Branch Office of BPJS Health through walk trough audits (WTA) 5 times in 2022 and periodic monitoring of 7 compliance indexes for advanced referral health facilities (FKRTL) with an average range of 70- 80%.

Optimization of health services for inpatients based on Government Regulation of the Minister of Health Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of the health authority element, all doctors and health workers as well as professional providers of guidance have been equipped with letters explaining their respective authorities. Judging from the health information elements, health services for inpatients at hospitals are very adequate. There are already letters explaining the authority of all Deputy Directors and other medical personnel as well as the DPA. Judging from the element of health authority, all doctors and health workers as well as professional providers of guidance have been equipped with letters explaining their respective authorities, health services for inpatients at hospitals are very adequate, health authority has been implemented as it should.

Optimizing inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of

information elements, the Director of the Gondanglegi Islamic Hospital said that through the integrated Hospital Management Information System (SIMRS), health information continues to be developed. Judging from the health information elements, health services for inpatients at hospitals are very adequate. Through integrated SIMRS, health information can continue to be developed. Judging from the information element, through integrated SIMRS, health information continues to be developed, can continue to be professionally developed, and the health information presented is clear and informative.

All doctors and health workers as well as professional providers have been provided with letters explaining their respective authorities. All Deputy Directors and health workers as well as Professionals Giving Directions have been equipped with letters explaining their respective authorities. Judging from the health information elements, health services for inpatients at hospitals are very adequate. There are already letters explaining the authority of all Deputy Directors and other medical personnel as well as Budget Implementation Documents (DPA). Judging from the element of health authority, all doctors and health workers as well as professional providers have been equipped with letters explaining their respective authorities, health services for inpatients in hospitals are very adequate, health authority has been implemented as it should.

Health facilities are implemented by adapting to hospital needs, namely type C. Judging from the elements of health facilities, health services for inpatients at the hospital are very adequate. Paying attention to the statements from the five informants, the researcher concluded that health services for inpatients were based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of the health facility element, that health facilities were implemented by adapting to hospital needs, namely type C, health services. Inpatients at the hospital are very adequate and good, the health facilities provided are quite adequate.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, is reviewed based on technical instructions or procedures for meeting standards, namely that the Hospital has been equipped with regulations that refer to government regulations for carrying out technical activities. This means that the health services for inpatients at the hospital are very adequate because they are equipped with various regulations that refer to government regulations for carrying out technical activities (for example there are SOPs), they are very compliant, they are good, technical instructions or exemplary procedures standards are well explained.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at Gondanglegi Islamic Hospital, Malang Regency, in terms of the Communication Factor, namely the communication factor between the Doctor in Charge of Service (DPJP), the Professional Giving Directions and other health workers including the patient and family It has complied with hospital regulations, it is very compliant, it is good, the authorized staff is very communicative and clear in giving directions.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at Gondanglegi Islamic Hospital, Malang Regency, in terms of the Communication variable, namely Transmission, that the manual and digital dissemination of information has been regulated in regulations, is easy to translate and is relatively very good, in Regulations have been set for the dissemination of manual and digital information, everything related to transmission is explained both manually and digitally.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at Gondanglegi Islamic Hospital, Malang Regency, in terms of the Communication variable, namely Clarity, that for the delivery of high alert medication to patients there must be clarity in communication, one of which is the obligation to do a double check on patients who has been regulated in the SOP. One of the information provided is about the medication given to the patient which is explained in detail.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of the Communication variable, namely Consistency, that is, the consistency of implementing communication in accordance with regulations has been monitored and evaluated and stated in the semester or annual attachment. Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at Gondanglegi Islamic Hospital, Malang Regency, in terms of the Communication variable, namely the consistency of implementing communication in accordance with regulations, has been monitored for evaluation and outlined in semester or annual attachments, very consistent, consistency for The implementation of communication in accordance with regulations has been monitored and evaluated and written in semester or annual reports. It is good, communication is carried out consistently.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of the Disposition Factor, it has been regulated separately so that the service can be evaluated, it is good, it has been regulated by the Hospital.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of the appointment of leadership factors at the Gondanglegi Islamic Hospital, Malang Regency. Unfortunately, in particular, the appointment of directors and deputy directors has been regulated separately in the regulations of the Gondanglegi Islamic Hospital Foundation, namely in accordance with the appointment mechanism and SOP.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, viewed from the Incentive Factors at the Gondanglegi Islamic Hospital, Malang Regency, that the Incentives at the Hospital are regulated based on certain calculations and are optimized every month and of course they are adequate and meets standards.

Optimizing inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of Incentive Factors at the Gondanglegi Islamic Hospital, Malang Regency. Incentives in hospitals are set based on certain calculations and optimized every month. Sufficient and meets standards. In certain calculations, hospital incentives have been determined to be received on time every month. It's good, it has been arranged by the hospital.

Optimizing inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of Organizational Structure Factors at the Gondanglegi Islamic Hospital, Malang Regency. The organizational structure is adapted to the needs of Type C Hospitals and adapted to current conditions. It has been adapted to current conditions and has also been adapted to the needs of Type C Hospitals for their organizational structure.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of Standard Operating Procedures (SOP) at the Gondanglegi Islamic Hospital, Malang Regency, which has been issued according to needs and referring to related policies and with reference regarding related policies, SOPs have been issued according to needs and made according to needs and implemented optimally.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of Fragmentation (distribution of responsibility for a policy to several different bodies, thus requiring coordination) at the Gondanglegi Islamic Hospital, Malang Regency, in order to facilitate communication and integration, hospital policies involve other related fields.

Paying attention to the analysis of the research results above, minor proposition 1 is prepared as follows:

IfOptimizing Inpatient Health Services is carried out as well as possible, so that Inpatient Health Services can run well.

FACTORS THAT ENCOURAGE AND OBSTACLE THE OPTIMIZATION OF THE MINISTER OF HEALTH REGULATION NUMBER 4 OF 2019 CONCERNING HEALTH SERVICES AT THE GONDANGLEGI ISLAMIC HOSPITAL, MALANG DISTRICT.

Supporting factors.

Internal Supporting Factors.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency. Judging from the regulations at the Gondanglegi Islamic Hospital, Malang Regency, the regulations refer to government regulations and are adjusted to the conditions and capabilities of the hospital and are very good, still refers to government regulations, is good and meets standards.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency. Judging from the budget support at the Gondanglegi Islamic Hospital, Malang Regency, in order for it to be implemented as optimally as possible, all requirements are in the Budget Work Plan (RKA) but budget support is lacking, so that it can be implemented as optimally as possible, all Hospital needs have been accommodated in the Budget Work Plan, and have been regulated by the Hospital.

5.2.1.1. External Supporting Factors.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, viewed from the Social Reality for Nurses at the Gondanglegi Islamic Hospital, Malang Regency, that Nurses continue to carry out their duties without being influenced by social reality. Very supportive because social interaction is good. Without being influenced by social reality, nurses continue to work carrying out their duties according to their competence.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of

Social Reality. For the administrative team at the Gondanglegi Islamic Hospital, Malang Regency, nurses continue to carry out their duties without being influenced by social reality, which is very supportive because of interaction. social is good, without being influenced by social reality so that nurses continue to work carrying out tasks according to their competence. Nurses carry out their duties professionally without being influenced by social reality.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at Gondanglegi Islamic Hospital, Malang Regency, in terms of the authority of the directors (steps taken by administrators to resolve a particular case that is not or has not been regulated in a standard regulation) at home Gondanglegi Islamic Hospital, Malang Regency, said that the easiest thing is to hold a meeting and then the results of the meeting can be used as a basis for making flexible decisions by deliberation to reach consensus and communication between lines. Meetings can be used as a basis for making decisions because it is easiest to hold a meeting and everything is regulated by the hospital

Optimizing inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of orientation towards change, indicating the extent to which employees are willing to accept changes at the Gondanglegi Islamic Hospital, Malang Regency, that regular socialization of all changes needs to be carried out. . Quickly adapt to any changes supported by friendly communication and interaction between employees. Periodically, socialization of all changes needs to be carried out. Services are adjusted to current conditions which shows that employees take care of changes as long as the changes to the hospital refer to good things.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, viewed from the culture of paternalism, (a system that places the leadership as the most dominant party) at the Gondanglegi Islamic Hospital, Malang Regency, that the preparation of regulations includes The budget work plan is prepared from the bottom (work unit) and then processed so that it is approved by the leadership. More of a culture of joint deliberation, communication and interaction between divisions and employees. In order to be processed so that it is approved by the leadership, the preparation of regulations including the budget work plan is prepared from the bottom (work unit).

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at Gondanglegi Islamic Hospital, Malang Regency, in terms of service

ethics (seen from whether a leader in providing services to the community has a commitment to respecting the rights of consumers to obtain services transparently, efficiently, and with guaranteed service certainty) at the Gondanglegi Islamic Hospital, Malang Regency, which has been adjusted to regulations and standards, especially standards in hospitals. Really respect consumer rights because of the company culture that the consumer is king. By referring to hospital accreditation standards, hospital regulations and standards have been adjusted.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at Gondanglegi Islamic Hospital, Malang Regency, viewed from the intensive system, (in the form of providing material and non-material awards to employees who excel to achieve the desired work results. Meanwhile, for employees who do not achievers are given disincentives in the form of warnings, warnings of postponement or demotion or dismissal) at the Gondanglegi Islamic Hospital, Malang Regency, which has been explained in the HR policy/HR guidelines. The value of togetherness is highly upheld, apart from that there are rewards and punishments for all employees. The HR policy/HR guidelines are explained in detail.

Optimizing inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of the spirit of cooperation (conceptualized as team integration) at the Gondanglegi Islamic Hospital, Malang Regency, that teams that are evaluated as not being able to work together will be re-evaluated or will be revised. Togetherness is really maintained and upheld because it is instilled that we as a super team cannot run alone and eliminate sectoral and personal egos. Teams that are less able to work together will be evaluated. Community: in terms of good, professional service.

Obstacle factor

Internal Inhibiting Factors

Optimization of inpatient health services based on Government Regulation of the Minister of Health Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of Education and Training for Nurses at the Gondanglegi Islamic Hospital, Malang Regency, that education and training have been regulated in the Hospital Budget Work Plan . Competency training needs to be improved. The education and training sub-section has socialized that education and training are included in the Hospital Budget Work Plan and that quality and quantity need to be increased to increase the competency of administrative staff. Regarding education and training, this does not yet exist in theoryThe policy implementation model was developed by George C. Edward III, where in this theoretical approach there are four variables that influence the successful

implementation of a policy, namely communication, resources, disposition and bureaucratic structure.

The first variable that influences the successful implementation of a policy, according to George C. Edward III, is communication. Communication, according to him, determines the success of achieving the goals of implementing public policy.Optimization Effectiveness occurs when decision makers already know what they are going to do. Knowledge of what they will do can work if communication goes well, so that every policy decision and implementation regulation must be transmitted (or communicated) to the appropriate personnel department. Apart from that, the policies communicated must be precise, accurate and consistent. Communication (or transmission of information) is needed so that decision makers and implementers will be more consistent in implementing every policy that will be implemented in society. There are three indicators that can be used to measure the success of communication variables, namely:

a). Transmission; Good communication distribution will also produce good implementation. Often what happens in the distribution of communication is misunderstanding (misscommunication). Based on Edward III's research results summarized in Winarno (2005:127), there are several general obstacles that usually occur in communication transmission, namely:

1) There is a conflict between policy implementers and orders issued by policy makers. Conflicts like this will result in direct distortions and obstacles in policy communication.
2) Information is conveyed through layers of bureaucratic hierarchy. Communication distortion can occur due to the length of the information chain which can result in information bias.
3) The problem of capturing information is also caused by the perception and inability of implementers to understand the requirements of a policy. Before an official can implement a decision, he must be aware that a decision has been made and an order for its implementation has been issued.

There are several things that arise in transmitting implementation commands. Firstly, there is a conflict of opinion between implementers and orders issued by policy makers. Conflict over these policies will create immediate obstacles or distortions to policy communication. Both information passes through layers of bureaucratic hierarchies. As we know, bureaucracy has a strict structure and tends to be very hierarchical. Third, ultimately the capture of communications may be hampered by selective perception and the unwillingness of implementers to know the requirements of a policy. Sometimes implementers ignore the obvious and try to guess at the true meaning of communications.

b) Clarity;

Communication received by policy implementers (street-level bureaucrats) must be clear and not confusing (not ambiguous or ambiguous). Unclear policy messages do not always hinder implementation, at a certain level, implementers need flexibility in implementing policies. But on another level, this will actually distort the goals to be achieved by the policies that have been established. The clarity dimension requires that policies be transmitted to implementers, target groups and other interested parties clearly so that they know what the aims, objectives, targets and substance of the public policy are so that each of them will know what must be prepared. and implemented to make the policy a success effectively and efficiently (Edward III in Widodo, 2010:97). Edwards identified six factors that encourage unclear policy communication. These factors are: -complexity of public policy, -desire not to disturb groups of society, -lack of consensus regarding policy objectives, -problems in starting a new policy, -avoidance of policy accountability and the nature of court policy formation.

c) Consistency;

The third factor that influences policy communication is consistency. If policy implementation is to be effective, implementation orders must be consistent and clear.

Because if the orders given change frequently, it can cause confusion for implementers in the field. The consistency dimension is needed so that the policies taken are not confused, thereby confusing policy implementers, target groups and interested parties. Conflicting decisions will confuse and hinder administrative staff and hinder their ability to implement policies effectively.

2. Resource Factors

The second variable that influences successoptimization a policy is a resource. Resources are another important thing in implementing policies. According to Goerge C. Edward III, resource indicators consist of several elements, namely:

a) Staff; Key resources inoptimizationpolicy is staff. Failures that often occur in implementing policies are caused by staff being inadequate, inadequate or incompetent in their fields. Just increasing the number of staff and implementors is not enough, but it is also necessary to have sufficient staff with the necessary skills and abilities (competence and capability) in implementing the policy or carrying out the tasks desired by the policy itself. Policy implementation will not be successful without support from human resources of sufficient quality and quantity. The quality of human resources is related to skills, dedication, professionalism and competence in their field. Meanwhile, quantity is related to whether the number of human resources is sufficient to cover the entire target group. Human resources greatly influence the success of implementation, because without the reliability of human resources,optimization will be slow. Inadequate staffing can hinder the

transmission of policy guidance. Lack of information from high-ranking officials is often the cause of ambiguity in implementation orders.

b) Information; Inoptimization policy, information has two forms. Firstly, information related to how to implement policies. Implementors must know what they must do when they are given an order. Second, information regarding compliance data from implementers with government rules and regulations that have been established. Implementors must know whether the people involved in implementing the policy comply with the law.

c) Authority; In general, authority must be formal so that orders can be implemented. Authority is the authority or legitimacy for implementers in implementing politically determined policies. When authority is nil, the power of implementors in the eyes of the public is not legitimized, so it can thwart the policy implementation process. But in other contexts, when formal authority exists, errors often occur in seeing the effectiveness of authority. On the one hand, effectiveness will decrease when authority is misused by implementers for their own interests or for the interests of their group. Authority is another important resource for policy implementation. Authority comes in many forms, from providing assistance to forcing behavior. Adequate authority is often scarce, especially when it comes to managing other personnel. Sometimes that authority does not exist even on paper (formal authority). At other times, implementers have formal authority but are limited in its use.

d) Facilities; Physical facilities are also an important factor in policy implementation. Implementors may have sufficient staff, understand what must be done and have the authority to carry out their duties, but without supporting facilities (facilities and infrastructure) the implementation of the policy will not be successful. Edwards III (1980:11) categorizes organizational resources as consisting of "Staff, information, authority, facilities; building, equipment, land and supplies". These resources can be measured from the aspect of adequacy which implies suitability and clarity; "Insufficient resources will mean that laws will not be enforced, services will not be provided and reasonable regulations will not be developed." Resources are positioned as input in the organization as a system that has economic and technological implications. These resources include human resources, budget, facilities, information and authority.

3. Disposition Factors

The third variable that influences the success of policy implementation is disposition. The important things that need to be paid attention to in disposition variables, according to George C. Edward III are:

a) Appointment of bureaucrats;

1) The disposition or attitude of implementers will create real obstacles to policy implementation if existing personnel do not implement the policies desired by high-

ranking officials. Therefore, the selection and appointment of policy implementing personnel must be people who are dedicated to the policies that have been established.

b) Incentives;

Edward stated that one of the techniques suggested to overcome the problem of implementing tendencies is to manipulate incentives. Therefore, people generally act according to their own interests, so manipulation of incentives by policy makers influences the actions of policy implementers. By increasing certain profits or costs, it might be a motivating factor that makes policy implementers carry out orders well. This is done as an effort to fulfill personal or organizational interests.

4. Bureaucratic Structure Factors

One of the determining factors for success inoptimization Public policy is a bureaucratic structure. Even though the resources to implement a policy are available, or the policy implementers know what should be done, and have the desire to implement a policy, it is possible that the policy cannot be implemented or realized because of weaknesses in the bureaucratic structure. Such a complex policy requires the cooperation of many people. When the bureaucratic structure is not conducive to the available policies, this will cause resources to become ineffective and hinder the implementation of the policy. The bureaucracy as the implementer of a policy must be able to support policies that have been decided politically by coordinating well. According to Edward III, there are two characteristics that can boost the performance of a bureaucratic or organizational structure so that it can move in a better direction, namely by:

a) Standard Operating Procedures(SOUP);

It is a routine activity that allows employees (policy implementers or administrators) to carry out their activities every day in accordance with established standards or the minimum standards required. According to Winarno (2005: 150), standard operational procedures (SOP) are a development of internal demands for certainty of time, resources and the need for uniformity in complex and extensive work organizations. Referring to the opinion of George C Edward III in Widodo (2010: 107) states that this is also the case whether operational standards are clear, both regarding mechanisms, systems and procedures for implementing policies, the division of main tasks, functions and authority as well as responsibilities between actors and the lack of harmony in relationships. Between one implementing organization and another, it also determines the success of policy implementation.

b) Fragmentation

Is an effort to spread responsibility for employee activities or activities among several work units. Edward III in Winarno (2005:155) explains that fragmentation is the distribution of responsibility for a policy to several different bodies so that it requires coordination. Edward III in Widodo (2010: 106), said that a fragmented (fragmented or

scattered) bureaucratic structure can increase communication failure, because the opportunity for instructions to be distorted is very large. The more distorted the implementation of policy, the more intensive coordination it requires.

Paying attention to this theory, Edward III has not discussed education and training from human resources, therefore the novelty of this research is the need for education and training from human resources (nurses and administrative staff).

External Inhibiting Factors

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of patient satisfaction at the Gondanglegi Islamic Hospital, Malang Regency, patient satisfaction at the Gondanglegi Islamic Hospital is measured periodically to provide follow-up and satisfaction. Patients are the main priority in terms of the hospital's openness to receiving criticism and suggestions.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, viewed from the implementation factors at the Gondanglegi Islamic Hospital, Malang Regency, that all regulations passed are implemented in the activities outlined in the Work Plan Budget.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in view of the inadequate time and resources available at the Gondanglegi Islamic Hospital, Malang Regency, that to facilitate the clinic schedule which cannot be open every day, The hospital provides 24-hour emergency services.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at Gondanglegi Islamic Hospital, Malang Regency, in terms of policy, is not based on a strong (theoretical) rationale regarding the relationship and consequences (causality) between the policy and the results to be achieved in Gondanglegi Islamic Hospital, Malang Regency, states that the results to be achieved are determined through indicators that are measured every day or every month.

Optimization of inpatient health services based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in terms of the cause and effect relationship between policies and results is rarely direct at the Gondanglegi Islamic Hospital, Malang Regency. If there is an increase in results achieved in semester 1 compared to semester 1 of the previous year, it is considered an immediate result. The results to be achieved are determined through indicators that are measured daily or monthly.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, viewed from the implementing agency at the Gondanglegi Islamic Hospital, Malang Regency. that if what is meant is a broad institution then it has been linked to the Cooperation Agreement accordingly.

Optimization of health services for inpatients based on Minister of Health Regulation

Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, in view of the Rarely there is a general agreement between the actors regarding policy objectives and how to achieve them at the Gondanglegi Islamic Hospital, Malang Regency, that the Policy refers to government regulations.

Optimization of health services for inpatients based on Minister of Health Regulation Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency, seen from the fact that there is rarely a condition for perfect communication and coordination at the Gondanglegi Islamic Hospital, Malang Regency, that regulations have been regulated regarding the coordination meeting agenda. one level and between levels. Regarding the agenda for one-level and inter-level coordination meetings, regulations have been regulated.

Paying attention to the analysis of the research results above, minor proposition 2 is prepared as follows:

If the encouraging factors are optimized and the inhibiting factors are minimized, inpatient health services can run well.

Based on minor propositions 1 and 2 above, the major proposition can be arranged as follows:

1) **IfOptimizing Inpatient Health Services is carried out as well as possible by maximizing the factors that encourage and minimizing factors that hinder so that inpatient health services can run well.**

CONCLUSION

Optimization of Health Services for Inpatients Based on Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 at the Gondanglegi Islamic Hospital, Malang Regency is as follows:

a. viewed from the standard quantity and quality of goods and/or services, it has been regulated to be in accordance with type C Hospital policy. This cannot be separated from whatIt is explained that it is a policy made by the government in the form of government actions that have certain objectives that prioritize the interests of the community
b. Judging from the standards for the number and quality of health personnel/human resources, it is still constrained by location and other factors, so the personnel for specialist doctors is still insufficient, while for other fields it is adequate.
c. reviewed from technical instructions or procedures for fulfilling standards;

c.1. Minister of Health standard technical guidelines;

Fulfillment of regulatory standards for all ministries and institutions (K/L) is adopted into the 5-year Strategic Plan (Renstra) and operationally defined each year in the annual Work Program (Proker). Then it is further reduced to more

technical planning in terms of reference (Terms of Reference). This was done because rationalization of budget availability and preparation of human resources required time.

c.2. Technical guidelines for inpatient rooms compared with human resources;

There is still a shortage of 1-3 nursing staff compared to standard calculations (regulations) to fulfill staffing patterns. Fulfillment of staff in inpatient rooms is carried out programmatically (planned in stages), regulation-based, data-based and considering economic factors.

c.3. Technical guidelines for number of beds, infrastructure;

The number of beds (TT) has met the minimum standard for type C hospitals, namely 100 TT with a minimum availability of class III of 20-30% of the total TT and preparation of 30% for changing the function of general inpatient rooms into isolation rooms if there is a spike in the incidence of infectious disease cases in accordance with Circular from the East Java Provincial Health Service in 2022.

c.4 BPJS Technical Guidelines at Gondang Legi Islamic Hospital;

The implementation of BPJS services is carried out by establishing a Quality Control and Cost Control Team (KMKB) which in principle tries to balance business profit targets with service quality standards provided to patients participating in BPJS Health. The number of patients who pay through BPJS Health reaches around 75% of the total payment method for all patients. Monitoring the quality of BPJS Health services is carried out by the Malang Main Branch Office of BPJS Health through walk trough audits (WTA) 5 times in 2022 and periodic monitoring of 7 compliance indexes for advanced referral health facilities (FKRTL) with an average range of 70- 80%.

REFERENCE

Agostiono. 2006. Implementation of the Van Meter and Van Horn Model of Public Policy, http//kertyawitaradya. wordpress, accessed 5 September 2010.

Akib, Haedar and Antonius Tarigan. "Articulation of Policy Implementation Concepts: Perspectives, Models and Measurement Criteria," Reading Journal, Volume 1 August 2008, Pepabari University Makassar.

Anggraini, I. (2014). Implementation of Policies for Structuring Community Institutions (Study of Community Institutions in Ngadas Village, Poncokusumo District, Malang Regency) (Doctoral dissertation, Brawijaya University).

Agustian, Ary Ginanjar, The Secret to Success in Building Emotional and Spiritual Intelligence "ESQ", Jakarta: PT. Arga, 2000.

God bless you, Chaedar. 2002. Basically Qualitative, Pustaka Jaya, Bandung.

Antwi, K B., Analoui, F., Cusworth, J. W. (2007). Human Resource Development in Facing the Challenge of Decentralized Local Government in Africa: Empirical evidence from Ghana.

Bungin, Burhan. 2003. Analysis of Qualitative Research Data on Philosophical and Methodological Understanding towards Mastery of Application Models. Jakarta: PT.Raja Grafindo Persada.
Cook, Sarah and Macaulay, Steve, 1997, Perfect Empowerment, translated edition, translation: Paloepi Tyas R., PT. Elex Media Komputindo, Jakarta.
Chasanah, K., Rosyadi, S., & Kurniasih, D. (2017). Implementation of Village Fund Policy. The Indonesian Journal of Public Administration (IJPA), 3(2), 12 32.
Dwiyanto. 2006. Conducted research in three provinces (DI Yogyakarta, West Sumatra and South Sulawesi). Public bureaucratic reform in Indonesia.
Dunn, William N. 2003. Introduction to Public Policy Analysis. Yogyakarta : Gajah Mada University Press.
Dye, Thomas R. 1981. Understanding Public Policy, Prentice-Hall International, Inc., Englewood Cliffs, NY.
Endang Wahyati Yustina, Getting to Know Hospital Law, Keni Media, Bandung, 2012.
Edward III, George C (edited), 1984, Public Policy Implementing, Jai Press Inc, London-England.
Grindle, Merilee S. 1997. Getting Good Government. Harvard University Press. Harvard.
----------. 1980. Politics and Policy Implementation in The Third World, Princeton University Press, New Jersey.
Goggin, Malcolm L et al. 1990. Implementation, Theory and Practice, Scott, Foresmann and Company, USA.
Hasibuan, Malayu SP 2008. Human Resource Management. Jakarta: PT. Literary Earth.
----------, 2000. Human Resources Management, STIE YKPN,
Yogyakarta.
Hermein Hadiati Koeswadji, Law for Hospitals, Citra Aditya Bakti, Bandung, 2002.
Helga, Mayonna. 2009. The ideal model of public service to the community" with a case study in Bukittinggi City, West Sumatra.
Hill, Michael. (ed.). 1993. The Policy Process: A Reader. New York: Harvester-
Wheatsheaf
Huda, Nurul and Alvien Nur. 2015. Public Finance: Policy Instrument Approach from an Islamic Perspective. Jakarta: PT Elex Media Komputindo
Life. 2018. Public Policy: Evaluation, Reform, Formulation. Malang: Intrans Media
I Made Leo Agus Jaya. 2003. Improving Bureaucratic Performance in Public Services. This research was conducted at the Jembrana Regency Regional Secretariat using a qualitative approach.
Irawan, Prasetya, 1993. "Human Resource Management", STIA-LAN, Jakarta
Jatmikowati, SH, & Suroso, TE (2016). Villages and Legitimacy of Social Empowerment; Review of Policy Implementation Uu no. 6/2014 Concerning Villages in Malang Regency. Publisia: Journal of Public Administration Science, 1(2).
Jatmikowati, SH, 2013. Public Service Management Towards Good Governance.
Kharisma, VD (2013). Implementation of Village Fund Allocation Utilization Policy. JIANA (Journal of Public Administration), 12(2), 94-102.
Kadji, Yulianto. 2008. Policy Implementation in the Perspective of Reality, Eternal Light, Tulung Agung, East Java.
Lane, V. and Jacobson, R. (1995) “Stock Market reactions to brand extension announcements: The effects of brand attitude and familiarity,” Journal of Marketing, Vol. 59 No. 1, pp. 63-77.
Lester, James P, and Joseph Stewart, Jr. 2000. Public Policy: An Evolutionary Approach. Belmont, CA : Wadsworth.
Levine, P., B. Rose, S. Green, G. Ransom, and W. Hill. 1990 Pathogen testing of ready-to-eat meat

and poultry products collected at federally inspected establishments in the United States, J. Food Prot. 64:1188–1193.
Leonard, Nadler. 1982, Designing Training Programs : The Critical Events Models, USA, Wesley Publishing Company.
Lincol, YS & Guba, EG 1985. Naturalistic Inquiry, 1st edition, Sage Publication, Beverly Hills.
Liow, H., Lengkong, FD, & Palar, NA (2018). Implementation of Village-Owned Enterprise Management Policy in Tondegesan Village, Kawangkoan District. Journal of Public Administration, 4(61).
Mangimpis, A. C, and Alden Lalom. 2014. Implementation of Village Administration Policy in Public Services in East Amurang District, South Minahasa Regency. Journal of Public Administration, 2(3).
Mustopadidjaja AR. 2003. Public Policy Process Management: Formulation, Implementation and Performance Evaluation. Jakarta: Republic of Indonesia State Administration Institute.
Marno, Islam By Management and Leadership: Theoretical and Empirical Review of the Development of Islamic Education Institutions, Jakarta: Lintas Pustaka, 2007.
Madina, Kenzheganova. 2008. Human Resource Development in Developing Countries: Republic of Kazakhstan
Martoyo, Susilo. 1996, Human Resource Management. Yogyakarta : PT. BPFE
Miles, Mathew B., Michael Hubernman and Johnny Saldana. 2013. Qualitative Data Analysis, A Methods Sourcebook. Edition 3.
Moleong, Lexy J. 2002. Qualitative Research Methodology. Bandung: PT. Rosdakarya teenager.
M. Ngalim Purwanto, Educational Administration and Supervision, (Bandung: Teen Rosdakarya, 2008), Cet. XVIII.
Nakok, Aruan (2003) conducted research in East Java Province, Surabaya, this research was also carried out in four regencies, Jember, Malang, Tuban and Pamekasan.
Nawawi, Hadari. 1994. Applied Research. Cet. 1. Gajah Mada University Press, Yogyakarta.
Notoatmodjo, Soekidjo. 1997. Education and Health Behavior. Rineka. Create. Jakarta.
----------. 2003. Education and Health Behavior. Rineka. Create. Jakarta.
Pan Suk Kim. 2000. Administrative reform in Korea, especially South Korea with a case study of Kim Dae Jung's government.
Parasuraman, A, Valerie A. Zeithaml, Leonard L. Berry. 1998 SERVQUAL : A Multiple Item Scale For Measuring Consumer Perception Of Service Quality. Journal Of Retailing Vol. 64 No. 1, pp. 12-37.
Prabu Mangkunegara, 2000. Corporate Human Resources Management. Bandung: PT Teen Rosdakarya.
Pacady, F., Sholahuddin, A., & Prianto, B. (2020). Implementation of village asset management policies at the Sidorejo Village market, Pagelaran District, Malang Regency. Publisia (Journal of Public Administration), 5(2), 165.
Purwanto, Erwan Agus and Dyah Ratih Sulystyastuti. Implementation of Public Policy: Concept and Application in Indonesia. Yogyakarta: Gava Media.
Phipipus Ng, Aini N. 2004. Sociology and politics. Jakarta; PT Raja Grafindo Persada
Ritzer G, Goodman JD. 2010. Modern Sociological Theory, 6th Edition. Jakarta; Kencana
Scott J. 2011. Sociology: The Key Concepts. Jakarta: Rajawali Press
Soekanto S. 2014. Sociology An Introduction, Revised Edition; 6th printing. Jakarta: Rajawali Press
Soekidjo Notoatmodjo, Health Ethics & Law, Rineka Cipta, Jakarta, 2010.
Subarsono, AG. 2005. Public Policy Analysis, concepts, theory and applications. Yogyakarta: Student library.

Setyawan, D., & Srihardjono, NB (2016). Analysis of the Implementation of Village Law Policy Using the Edward III Model in Landungsari Village, Malang Regency. Reformation, 6(2).
Ramayulis, Islamic Teaching Methodology, Jakarta: Kalam Mulia, 2008.
Ritva Laakso-Manninen, Riitta Viitala. 2007. Competence Management and Human Resource Development, HAAGA-HELIA Publication Series.
Ruliaty. 2007. Conducted research in Bulukumba Regency, which is one of the districts in South Sulawesi Province, and is located 153 km from Makassar City.
Savas, ES. 1987. Privatization: The Key To Better Government, Chatham House Publishers Inc., New Jersey.
Siagian, Administrative Philosophy, Volume 1. Bandung. Gramediana Publishers 2006.
SM, Anowar, Uddin.2010. Impact of Good Governance on Development in Bangladesh.
Soekidjo Notoatmodjo, Health Ethics & Law, Rineka Cipta, Jakarta, 2010.
Stewart, John, 1998. Understanding the Management of Local Government, London, Longman.
Stoner, James AF, et. al, Management, Sixth Edition, New Jersey: Prentice Hall, 2005.
Tangkilisan, Hessel Nogi S. 2003. Public Policy Evaluation: Explanation, Analysis & Transformation of Nagel's Thoughts. Yogyakarta: Balairung Co
Topatimasang, Roem. Faqih, Mansour and Toto Rahardjo. 2000. Changing Public Policy. Yogyakarta: Student library (IKAPI members)
Tanvir, Kayani. 2008.Human Resources Challenges Development to keep pace with globalization.
Tegene, Abebe, Desta. 2008. Mhuman resource management in Ethiopia.
Terry, George R, Guide to Management, trans. J. Smith. DFM, Jakarta: Bumi Aksara, 2006.
Triono. 2008. The Influence of Organizational Culture, Leadership, and Human Resource Competence on Organizational Performance.
Turney, C., et.al, The School Manager, Sydney: Allen & Unwin, 1992.
Authority, Samodra. 1994. Public Policy: Process and Analysis. Intermedia Jakarta.
Winarno, Budi. 2002. Public Policy Theory and Process, Media Pressindo Yogyakarta.
Wahab, Solichin Abdul. 2008. Introduction to Public Policy Analysis. Malang: UMM Press Malang
Wahab, H. Solichin Abdul. 2017. Policy Analysis: from Formulation to Developing Policy Implementation Models. Jakarta : Public PT Bumi Aksara
Winarno, Budi, 2008. Implementation of State Policy. Jakarta: Sinar Graphics.
----------. 2014. Public Policy: Theory, Process, and Case Studies. Yogyakarta : CAPS (Center of Academic Publishing Service)
White K. 2011. Sociology of Health and Illness, 3rd Edition. Jakarta: Rajawali Press
Widya.1986. Human Resource Management. Publisher Sanyata Sumanasa Wira Sespim Polri, Bandung
Yukl, Gary A, Leadership in Organizations, Translated by Jusuf Udaya, LicEc, Jakarta: Prenhallindo 1998.
Law No. 44 of 2009 concerning Hospitals.
Explanation of Law No. 44 of 2009 concerning Hospitals.
Law No. 36 of 2009 concerning health.
Department of Education and Culture. Big Indonesian Dictionary second edition. Library Hall. Jakarta. 1995.
Minister of Health Decree No. 582 of 1997 concerning Government Hospital Rate Patterns
http://www. understandingpakar.Com /2014/09/ understanding management according to experts.