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Collaborative Governance Model In The Health Promotive Program At The Makassar Community Lung Health Centre

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Abstract
This case study aims to determine the promotive program of pulmonary health services through collaborative governance. Collaborative Governance is an effort that is believed to optimize the acceleration of health service improvement and can have a positive impact on public health. This study refers to the collaborative governance model proposed by Russell M. Linden, which was developed in accordance with the description of the program at the Makassar Lung Health Center. This study focused on the Makassar Lung Health Center, which is a referral hospital for lung health in eastern Indonesia. Data for this study were obtained from interviews with leaders and staff, observation, and document analysis. The Interactive Model of Miles and Huberman was used to analyze the data. The results showed that the process in the collaboration stages of the Linden model, consisting of the basis of collaboration, support, commitment, relationships, and collaborative leadership, was generally well implemented. The results of further study proposed a prototype of a collaboration model designed to optimize existing collaborative management with the establishment of a collaborative element, namely a collaborative institution called Collaborative Management of the Community Lung Health Service Promotive Program.
Keywords: *collaborative governance, public service, health*

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I. INTRODUCTION

The implementation of public services is the main task of every state organizer. Public services are proof that the state is present in the midst of society as a form or realization of the policies set by the government. In Indonesia, the implementation of public services is the main concern of the state, which is stipulated in a policy, namely Law Number 25 of 2009 concerning Public Services. The urgency of public services is a point of concern, especially in a democratic country like Indonesia. It is said to be important because it is a political investment for the ruling government to gain support from the people if the implementation of public services in various sectors is well implemented, and vice versa. This environment can only be created by public policy (Nugroho, 2009).

There are two strategic public service sectors in a country that always receive the main attention of the state or government, namely services in the fields of education and health. These two service areas are very strategic and are the main types of services because they are the basis of quality human development.

As is the case with the implementation of public services in Indonesia, especially in the health sector, In general, the implementation of services in the health sector can be said to have progressed quite well, both from the aspect of health service management, including its financing, as well as from the results of its services in the form of decreasing mortality caused by the distribution of existing diseases.

One of the public service providers, especially in the health sector, is the Makassar Community Lung Health Center, which is a service institution under the Ministry of Health, in this case the Directorate General of Health Services. As a health service institution, especially in the field of community lung health services, this institution has an important position because it deals directly with the people who need its services.

The implementation of services carried out by the Makassar Community Lung Health Center in the last five years, from 2018 to 2022 (semester 1), has increased significantly, as seen in the number of patients treated in outpatient and inpatient services. From this figure, it is clear that the availability of resources is not proportional to the number of patients who must be served. Therefore, the strategic step that needs to be taken is to optimize promotional services to reduce the number of patients treated by existing health facilities.

The shift in people's mindset about the importance of health, makes health service delivery organizations face a big challenge to always provide satisfaction to the community in their services. Apart from that, the provision of health services by government-owned institutions such as hospitals, as well as other institutions such as the Community Lung Health Center no longer monopolizes health services so that it faces challenges from

competitors, especially from private health service institutions such as private hospitals, and other service institutions.

As a public organization, in this case a Public Service Agency (BLU), based on the Decree of the Minister of Finance Number 294/KMK.05/2011 concerning the Determination of the Makassar Community Lung Health Center at the Ministry of Health as a government agency that implements Public Service Agency Financial Management. As a consequence of this policy, the Makassar Community Lung Health Center is faced with two main objectives in the operation of its organization, namely as a provider of services (public services) and also as a source of income for the state from services provided to the community.

With the challenges faced by this organization and its status as a BLU within the Ministry of Health, it is necessary to make the right strategy in dealing with various organizational problems, especially in providing services to the community while at the same time also becoming an institution that provides revenue for the state. The problem faced by this agency is that there are many business competitors specifically in providing the same services, both fellow government health service agencies and private health service institutions.

The pattern of community behavior related to their health also encourages this agency to improve its service performance. Several programs become the main strategy of this agency, among them improving the quality of pulmonary health services, developing and increasing the use of superior service products, increasing the promotion of institutions and service products with community empowerment, building partnerships and improving hall information services, optimizing cooperation with health insurance providers and other parties to reduce budget limitations, and improving the quality of human resources with education and training.

In line with efforts to achieve goals for strategic programs, the Makassar Community Lung Health Center agency is faced with several limitations and weaknesses in achieving these goals. As seen in the performance achievement of the Makassar Community Lung Health Center in 2020, it shows that the achievement of service performance in service units on average has only reached 54 percent. The highest service performance in the management unit is around 80 percent, and the lowest is in the Promkes and PSD units at around 45 percent.

Starting from the data on the achievement of service performance that is not optimal and the existence of several limitations that are internal conditions of this organization, such as a limited budget and human resources, it is necessary to collaborate with various agencies, both working together with government agencies, community organizations, and the private sector.

Various studies on collaborative governance show that the limitations of an organization can be overcome by collaborating with other institutions. As stated by Ansell and Gash (2008) that collaborative governance emerged as a response to the failure of the implementation of various policies at the downstream level as well as the high cost and politicization of regulations, making it difficult for agencies that are leading sector programs to achieve or optimize the achievement of organizational goals. In addition, it is also to eliminate sectoral egos between agencies that have the same interests. Like the institutions that provide health services.

Collaborative governance is actually one type of governance. This concept shows that in the implementation of government or public services, public actors (government organizations) and private actors (business organizations) are not something separate and work alone but work together for the benefit of society. Collaborative governance becomes necessary when public demands exceed the capacity and role of a single public organization, so that interaction between various organizations related to and involved in public activities is needed (Agranoff and McGuire in Chang, 2009: 76–77).

Collaboration according to Linden (2002) is a series of interconnected processes through the basic aspects of collaboration to see the beginning of the formation of collaboration, mutual understanding of the problem situation that occurs, and efforts to form solutions to these problems. Along with that stage, an open relationship between stakeholders leads to commitment, as well as support provided by stakeholders to achieve collaboration goals. Of course, this series of stages cannot be separated from the role of collaborative leadership. The collaborative governance model developed by Linden outlines five basic stages that need to be considered to implement collaboration to run well, namely: the basis of collaboration, relationships, commitment, support and collaborative leadership.

The opinion of Thomson and Perry (Fairuza, 2017) suggests that there are five key dimensions of collaboration, namely: (a) Governance Dimension, this dimension relates to joint decision-making, power-sharing arrangements, Collaborative leaders must have the skills to: (1) promote broad participation; (2) ensure broad-based influence and control; (3) facilitate the productivity of group dynamics; (4) expand the scope of the process. Successful collaborations may also utilize multiple leaders, formally and informally, rather than relying on a single leader (Bradford 1998; Lasker and Weiss 2003 (Ansell & Gasg, 2007). Emmerson, et al (2012) emphasize the need for support from various actors from the public/private and community dimensions to solve development problems. Successful collaboration can also use multiple leaders, formally and informally, rather than relying on a single leader (Bradford 1998; Lasker and Weiss 2003 (Ansell & Gasg, 2007).

There are several models of collaborative governance, one of which was developed by Linden (2002) which outlines five basic stages that need to be considered to implement collaboration to run well, namely the

basis of collaboration, relationships, commitment, support, and collaborative leadership. From these stages, if implemented properly, collaborative governance can continue and provide benefits to the collaborating parties.

The implementation of special health services by the Makassar Community Lung Health Center requires collaboration to improve service performance and as an effort to overcome organizational inability. Collaboration can be done together with government organizations, private organizations, and the community. One unit of service activity that requires collaboration is promotive health services and preventive health services related to the work of the organization. Both service units can be improved in performance through collaboration with various agencies, including government agencies, the private sector, and other community organizations.

Efforts to improve the performance of institutional services of the Makassar Community Lung Health Center, it is necessary to improve cooperation or collaboration with institutions or institutions that have the same interests and are in line with the programs of this agency. The current problem is that collaboration or precisely the partnerships that have been running so far, especially in promotive and preventive services, have not achieved optimal results. The programs are still incidental and not well structured. Therefore, the focus of this study examines the implementation of promotive and preventive programs through collaborative governance in community lung health services.

II. METHOD

The type of research in this study is a case study. The focus of the object is the collaboration process carried out by the Makassar Community Lung Health Center agency with related agencies and the implementation of collaboration, which is an agreement between these agencies, especially in terms of promotional and preventive health services related to public lung health. The phenomenon that becomes the object of research is the collaboration process that has been made and agreed upon, the process of implementing the collaboration, and the division of roles, duties, and functions so that the collaboration goals are achieved.

The locus of this research is the Makassar Community Lung Health Center, which is located in Makassar City, South Sulawesi Province, with agencies that collaborate with this agency. The agencies that have collaborated through the MOU are the Makassar Health Training Center, the Gau Mabaji Gowa Elderly Social Rehabilitation Center (BRSLU), the South Sulawesi Provincial Health Office, Halodoc, the South Sulawesi Ministry of Law and Human Rights, POLTEKKES Banta Bantaeng, Prodia, Rinra Medical Center, STIKES Panakukang, and Makassar State University.

Primary data was obtained directly from the main data sources related to the research problem, namely the parties conducting the collaboration. This primary data source was obtained from research informants consisting of organizational leaders and implementing staff from collaborative activities, including people who get direct services at the research locus. Secondary data obtained was determined according to the research needs; the data consisted of various documents relevant to the focus of the study. Other data include staffing data, conditions and characteristics of the research site, and policies related to the implementation of collaboration.

The main informants in this study consisted of leaders of agencies that collaborate both from the Makassar Community Lung Health Center agency and partnering institutions, employees or staff of each agency who are correspondents of the collaboration or who know the collaboration activities, and other people who have an interest in the collaboration program implemented. Research informants were determined purposefully and intentionally according to research needs. Data collection was carried out through observation, interviews, focus group discussions, and data and document documentation. This data collection was carried out to explore information from studying various regulations or policies on health services, especially community pulmonary health services. In addition, documentation is also required.

The data analysis process through stages based on qualitative data analysis patterns from Miles, Huberman, and Saldana (2014) is explained as follows: Data collection, namely the data that has been collected, is organized by grouping or categorizing based on data acquisition techniques or instruments and based on themes or research dimension concepts. Data reduction: at this stage, the research data that has been obtained from the instrument is then condensed or managed by sorting, reducing, and sorting the data according to the theme, concept, or research dimension, selecting relevant data, and matching the required research information with the stages of selecting, focusing, abstracting, and simplifying. Presentation of data (display data) is the presentation of data in an easily recognizable form, such as categorization or classification, sketches, synopsis or matrix forms, and others, so that existing data can be interpreted. Concluding, drawing, and verifying at this stage is an important part of the research process. Conclusions from the data analysis process that has been carried out

There are several ways of validating the data carried out in this study, namely: triangulation, namely finding convergence of data collection from various sources and informants. The triangulation carried out in this study consists of triangulation of sources, time, and data. The researcher then conducted member checks and drew feedback from informants. Data checking is carried out by cross-checking information from various sources, especially from the main informants in this study, namely the leaders of agencies that collaborate both with the Makassar Community Lung Health Center and partner agencies.

III. FINDINGS

Makassar Community Lung Health Center is one of the public health service providers within the scope of the Ministry of Health of the Republic of Indonesia. The health service activities of the Makassar Community Lung Health Center consist of outpatient, inpatient, and 24-hour emergency room services. Health support includes services in three areas: laboratory services, radiology services, and physiotherapy services.

The results of the study discuss the implementation of collaborative governance. This research uses the collaborative governance model developed by Russell M. Linden (2002). According to Linden, in order for the collaboration process to be properly carried out, the collaboration model offered through the basic stages that must be implemented, namely (1) the basis of collaboration, (2) relationships, (3) commitment, (4) support, and (4) collaborative leadership.The basis of collaboration carried out at BBKPM Makassar starts with the existence of an MoU (Memorandum of Understanding) joint agreement with institutions or agencies invited to collaborate. Based on the results of an interview with one of the informants, it was found that the cooperation agreement (MoU) that has been carried out by the Makassar Community Lung Health Center with several agencies or institutions shows that this agency opens up space for implementing promotional programs. Collaborative cooperation with various institutions is based on the common interests of each agency.

"In principle, the collaboration carried out is marked by the signing of an MoU with agencies that have made an agreement. This collaboration is carried out because of the same interests. For the Makassar Community Lung Health Center, the collaboration is intended so that it can carry out promotional programs, both those carried out directly by staff handling this program and those carried out without having to be carried out by the Makassar Community Lung Health Center employees themselves. Meanwhile, for those who collaborate with the Makassar Community Lung Health Center, it is because of interests such as cooperation with educational institutions, both universities and schools". (Interview with Informant).

In the implementation of collaboration, it runs according to the principles of collaboration so that the objectives of this collaboration are achieved. From the explanations of informants from both parties, namely the Makassar Community Lung Health Center Makassar and related agencies, it shows collaborative criteria in the form of a good relationship marked by the openness of each collaborating agency, marked by trust and communication that takes place well and is mutually beneficial.

"I consider that this agency shows openness in accepting us when proposing and taking the initiative to collaborate by doing an MoU. After submitting the correspondence as the first step of the collaboration offer, the purpose of the collaboration was studied, and then the MoU was signed. The next step is the implementation of the MoU. During this collaboration process, everything goes well and smoothly. As we do cooperation in the form of placing students for work practice (KKN-Profession), during the student internship, we entrusted BBKPM Makassar to carry out training, coaching, and supervision of students practicing at the institution, and the results were very good. From these results, it can also be seen that students who intern at this place gain knowledge, work experience, and interact with the community, which provides new knowledge that cannot be obtained in the campus environment" (interview with partner informant).

To the best of my knowledge, since our agency has collaborated on collaborative programs with various agencies that have or are temporarily collaborating, the coordination of activities can be said to be running smoothly, and there has never been any disharmony in program implementation. Coordination is usually carried out periodically through coordination meetings by each party who is responsible for each MoU carried out. For example, coordination carried out with other health service provider agencies related to cooperation in the utilization of health service facilities, both those who need facilities at the Makassar Community Lung Health Center and vice versa, through coordination activities that take place well so that this collaboration can last until now. "(Interview with the Makassar Community Lung Health Center)

The collaboration aspect in terms of commitment has in principle been carried out based on the MoU or cooperation agreement that has been signed jointly by the Makassar Community Lung Health Center with the collaborating agency. This can be seen from the results of interviews with the person in charge of the MOU and partner organizations. This commitment is marked by the extent to which the parties to this collaboration carry out programs or activities based on existing agreements and are also supported by documentary evidence.

As long as there is collaboration between the Makassar Community Lung Health Center and other institutions, including vocational education institutions, universities, social institutions, health service agencies, and other organizations, I think they will maintain their commitment in accordance with the agreement that has been made based on the MoU signed together. Almost no obstacles were found in its implementation because each party had a responsible person in implementing this collaboration" (interview with the person in charge of the MoU).

"For BBKPM Makassar, as I see it, it is committed to implementing the agreed MoU, for example, the implementation of health service programs aimed at prisoners here (a correctional institution), such as conducting health promotion activities in the form of counseling and socialization to maintain a healthy lifestyle and improve

health, the dangers of smoking, and other health threats. With this cooperation, we are greatly helped because at least it can reduce the costs of treating prisoners who experience illness" (interview with partner informant).

The explanation of staff informants from the Makassar Community Lung Health Center showed that the collaboration carried out by this agency has good support from all existing employees. Some of the reasons stated are in line with the purpose of collaboration, which is to overcome the limited resources available at each institution that collaborates.

Cooperation between agencies by the Makassar Community Lung Health Center with other agencies, both fellow providers of government or private health service facilities, organizations, and other government and private institutions, is indeed a must in accordance with existing policy provisions. This is intended so that existing programs can be easily implemented and overcome the limited resources available at this institution. In addition, this collaboration opens up space for other agencies to recognize and utilize the facilities together at the Makassar Community Lung Health Center from existing cooperation that seems to produce good results. For example, the Makassar Community Lung Health Center institution can be an educational facility, especially for students and students who do practice or work internships at this institution..

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“We, the staff, are very supportive of the collaboration carried out by our agency with other agencies, because some of the things that benefit from collaboration are that it can overcome the lack of personnel in several existing service units. For example, here we always receive students who do the KKN profession or work practice, so their presence is very helpful in carrying out technical work. Likewise, with the implementation of programs such as health promotion programs, we are also greatly helped because, by itself, this program can be carried out periodically for existing residents or communities" (interview with informant).

The results of existing collaborations are mutually beneficial to each party and mutually supportive, and the implementation of programs runs harmoniously and no conflicts of interest are found from the collaborations implemented. Based on the results of informant interviews, the existing collaboration is still limited to collaboration in the form of basic partnerships, not yet to collaboration that synergizes programs, including at the policy level of funding support for each collaborated program. Some collaborative programs that have not been implemented are also closely related to collaborative leadership that has not been implemented optimally.

In the process of implementing collaboration so far, it has been carried out in two ways, namely by the Makassar Community Lung Health Center, which takes the initiative by submitting collaboration offers to agencies that are considered to have the same interests as aligned programs. Collaboration can also occur because of the submission of collaboration offers from agencies that have an interest in the Makassar Community Lung Health Center agency. From the results of the existing agreement, the MoU is then carried out, and for each collaboration that has been agreed upon with the MoU, each party from the agency is responsible, both from the Makassar Community Lung Health Center itself and from the collaborating agency. "(Interview with informant)

"We basically welcome if there are agencies that offer collaborative cooperation because we consider this a good opportunity for the organization to carry out health promotion; it's just that the collaborated programs in their implementation are initiatives by the agencies concerned. For example, there are agencies that collaborate on counseling activities on the dangers of smoking for students in schools. For this activity, we only wait for the implementation of these activities and support the provision of instructors, but the scheduling of activities is the responsibility of the implementing party" (interview with informant).

The level of achievement of collaborative governance that is being implemented at BBKPM Makassar is all measured by the performance that will be achieved both for the Makassar Community Lung Health Center itself and the collaborating institutions, which can be seen in support, commitment, and benefits. This achievement is seen in collaboration goals such as overcoming limited resources, accelerating services, optimizing the performance of existing personnel, minimizing operational costs, and mutual benefit.

"The collaboration carried out by the Makassar Community Lung Health Center with agencies from government, private, and community organizations that have been established so far seems to indicate that each party has a good ability to implement the agreed program; it does not appear that there are any obstacles in implementing the program; it's just that some programs are delayed in implementation due to the suitability of time and schedules in each agency. For example, the implementation of promotional activities in the form of counseling and socialization of health services must be arranged at the right time" (interview with informant).

"Through collaboration, we can implement several programs in collaboration with other agencies, where previously programs such as health promotion were somewhat limited in frequency of implementation due to limited manpower or resources, even though these activities were always programmed. The limited manpower available due to routine services cannot be abandoned, so health promotion activities are limited to being carried out only in the office itself, which can be said to have minimal reach because only patients and their families or other visitors can be given information. After this collaboration, the implementation of health promotion can be carried out effectively, and the reach is wider because it can be carried out outside the office" (interview with informant).

The collaborative governance model offered by Linden is still general and conceptual, meaning that to optimize the implementation of this model for activity programs in each institution, it is still open to modification according to the needs of the agency or institution that will collaborate. As per the collaborative governance concept model put forward by Linden, from the five steps of the collaboration process that already exist for implementation in the management of promotional health services, researchers add one dimension that is considered important in managing collaboration: the collaborative institutional dimension. This dimension is intended to be the center of management or management of collaboration, specifically in the implementation of the community lung health service promotion program.

The importance of creating a special institutional unit that handles collaboration between existing institutions and in development with the expansion of collaboration both domestically and foreign institutions is because the main task of the Makassar Community Lung Health Center as a service unit within the scope of the Ministry of Health is very busy, especially if later this agency undergoes a change in status with an increase in the variety of health services available in it. Through collaborative institutions, the functions and goals to be achieved from each collaboration can be maximized so that the achievement of collaboration goals to serve the community in all aspects of their health service needs can be achieved. For this reason, I call this prototype model Collaborative Management of Community Lung Health Service Promotive Programs. Although this model is specifically for the management of community lung health service promotion programs, in the future it can be developed for the collaborative management of community health services in general.

IV. Conclusion

The implementation of collaborative governance in the management of community lung health service promotion programs at BKKPM Makassar refers to the concept offered by Linden. There are five dimensions of the collaboration stages carried out, including the basic aspects of collaboration. The signing of the MoU indicates that the reasons for the implementation of collaboration are mutually understood. In the aspect of support, there are still employees who do not understand. This happens because usually collaboration is carried out by certain units in each organization, but for leadership support, it seems to have been well done. The relationship aspect is well established, where each agency has known each other at the beginning of the collaboration and has engaged in intensive communication and regular meetings to see the progress of the ongoing collaboration. The commitment aspect shows that all parties involved in this collaboration are very good. The collaborative leadership aspect has been well implemented, but it's just not optimal because some collaborative programs are left to the respective responsibilities of the two parties, so sometimes the programs that are implemented only pay attention to certain parts or units that collaborate. The level of achievement of collaborative governance that is being implemented at BBKPM Makassar is all measured by the performance that will be achieved both for the Makassar Community Lung Health Center itself and the collaborating institutions. This achievement is seen in collaboration goals such as overcoming limited resources, accelerating services, optimizing the performance of existing personnel, and minimizing operational costs and mutual benefit. From the results of this study, we found and created a collaborative management model called Collaborative Management of Community Lung Health Services. Promotive programs were developed based on Linden's collaborative model by adding a collaborative institutional dimension that functions as management in managing existing collaborative programs so that the results obtained are more optimal in the delivery of public health services, specifically in promotive health service programs.

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