



## Neo-Weberian State Model In Reformation Bureaucracy The Health Sector In Kendari City, Southeast Sulawesi

<sup>1</sup>Muh. Amir, <sup>2</sup>Deddy T. Tikson, <sup>2</sup>H.M. Thahir Haning and <sup>2</sup>M. Kausar Bailusy

<sup>1</sup>Graduate students PhD, Science Of Public Administration. Hasanuddin University, Makassar, Indonesia

<sup>2</sup>Faculty of Science of Public Administration, Hasanuddin University, Makassar, Indonesia

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**ABSTRACT:** *Developing countries require bureaucratic reform the health sector to make the sector work better . The purpose of this study is to analyze and explain the significant changes in the health sector bureaucracy in Kendari , Southeast Sulawesi , Indonesia . The deductive study refers to the five principles of bureaucratic reform in the Neo - Weberian State models of Pollitt and Bouckaert , namely : the external orientation of the bureaucracy , the role of professional managers in the implementation of strategic policies , public and private sector collaboration , representative democracy supported by consultation and public participation , political and administrative separation . Qualitative approach with a case study strategy is used to investigate these changes . Bureaucratic reform health care to be the case in the study . This study found that bureaucratic reform in Kendari very less follows the trajectory of reforms recommended by the model of Neo - Weberian State of Pollitt and Bouckaert in the fifth principle . Bureaucratic reform in the context of running in a zig - zag , trajectory does not follow the direction of the Neo - Weberian State in those settings.*

**Keywords:** *neo weberian state, bureaucratic reformation, organizational culture*

### I. INTRODUCTION

Governments in developing countries, including Indonesia, are being intensively engaged in the business of health sector reform bureaucracy. Bureaucratic reform refers to efforts modernize the state apparatus, which traditionally, in order to become more professional. Professional apparatus that is more efficient and more responsive to citizens [1, 2]. Reform of the bureaucracy is very important for developing countries because there bureaucracy is a major institutional machinery of government sector [3], but lack the capacity to facilitate the processes in an efficient and effective government [4].

The literature of bureaucratic reform recommends Neo-Weberian State (NWS) model of Pollitt & Bouckaert be a reference to developing countries. NWS model is appropriate because the classical Weberian bureaucracy deemed to have virtues that must be maintained, such as accountability and clarity and attention to the law. Public sector reform in developing countries need first to resolve these issues before reaching the managerial problems [5, 6]. The key is to find a better combination with efficient procedures and responsive to the needs of citizens [2].

The Indonesian government run programs bureaucratic reform the health sector in a more patterned after the publication of Minister of State for Administrative Reform No. 25 of 2008 on general guidelines Bureaucratic Reform. Vision according to regulatory reform is the creation of good governance in 2025. Three main areas of reform bureaucracy is an institution (organization), management, and public sector human resources. Two years later the government to reinforce the direction of reform through Presidential Decree No. 81 Year 2010 on the Grand Design Bureaucratic Reform.

Government of Kendari, Southeast Sulawesi, since 2008 adopt and implement reform programs structuring the area of health, the health sector regulatory framework and human resources in the health sector by referring to both these rules. However, until now the performance of the health service in general does not meet reform targets. The level of government spending in the health sector and direct expenditure in the sector is still far from the expected. The problems related to health, such as mortality, malnutrition prevalence and morbidity are still prominent.

The empirical literature has not provided an adequate explanation prihal the reform of the health sector bureaucracy in the area Referring to the NWS models [2], this study assumes that the health sector outcomes are related to local health officials modernity. Filling gaps empirical literature, this study attempts to analyze and explain the significant changes in the health sector bureaucracy seen from the dimensions: the external orientation of the bureaucracy, the strategic role of professional managers in the implementation of policies, public and private sector collaboration, representative democracy supported by consultation and public participation, and professionalization of administration.

## **II. RESEARCH METHODS**

This study used a qualitative approach, to investigate the real-world setting, to understand the bureaucratic reform the health sector. Cases selected health care reform on the grounds that the current government Kendari give primary attention to the achievement of the health targets within the framework of the Millennium Development Goals. Among other areas, health indicators still require more effort and focus to achieve them. Needs of the region will be a modern bureaucracy, efficient, and friendly to citizens today are more evident in the health sector compared to other sectors.

Setting this research is the area of health. Two bureaucrats at the local health purposively selected as key informants, in addition to four other informants from relevant stakeholders. The main data in this study were obtained from interviews with informants, added other data from a variety of conventional and online sources. Analysis of the data in this study using deductive approach, which uses NWS framework for analyzing transcripts of interviews and document data. The validity of the research effort through triangulation, member-checks, and multiply the description and explanation.

## **III. RESULTS AND DISCUSSION**

### **1. The external orientation bureaucratic toward fulfilling requirements citizen**

This principle is analyzed on the suitability of priority services offered by the bureaucracy with the priorities perceived by citizens, repair of procedures, feedback about the weakness and not function of government, government efforts to minimize the anxiety and discomfort of service, and alignments of budgets local government to the priority needs of the community. Bureaucratic reform the health sector has not provided meaningful change in this dimension.

Little new significant changes seen in conformity with the local government's priority programs are perceived by citizens. However, due to political pressure, there is still a bureaucratic tendency to replace programs that have been established in the strategic plan when preparing a work plan and budget plan. Health sector bureaucracy in Kendari city still more internally oriented, that is tends to serve the personal interests of bureaucrats and the institution itself, as assumed in the theories of state-over-citizen [7, 8, 9].

### **2. Role strategic of professional managers in the implementation**

This principle is analyzed from openness filling the position, emphasis on track record, and responsivity in the position promotion, devolution of financial authority, staffing and management to officials; and the combination of regulations and speed of action in policy implementation strategies. Bureaucratic reform the health sector has not brought significant changes in the four parameters.

Health sector bureaucracy is still characterized by the placement of structural officials still resembles a black-box, delegation of authority is not sufficient to carry out the position are objectively, and work patterns of officials are not proactive. Bureaucracy still tends to give a large role in the bureaucrats spoil who pay for the positions. Health bureaucracy still resembles the model of Sala [10].

### **3. Collaboration local government with the private sector**

This principle is analyzed from the availability of a joint plan between local governments and the private sector in domain the public problem is an urgent, elaboration of roles and responsibilities for each party in the implementation of the plan; joint monitoring of the implementation of the plan; and sharing of resources to fund the activities. Bureaucratic reform the health sector has not brought significant changes in this dimension.

The device of regional health does not have any plans along with the private sector in the domain of public health problems are urgent. As a consequence, the second and third parameters can not be confirmed. Furthermore, the sharing of funding source between the government sector and the of new private sector on urban sanitation programs, there is not 19 other health programs. Findings for city of Kendari illustrate the strength of bureaucratic tendency to appear in singular in providing public services as the Weberian model. Coordination among management and stakeholders, as a strategic instrument for realizing large policies into reality, has not been seen in the health sector bureaucracy.

#### **4. Representation democracy who supported with the public consultation and public participation**

This principle is analyzed from citizens' participation in decision making, level of citizen participation, availability of public consultation committee representative, and public consultation in multi-stage formulation and program decisions. Bureaucratic reform the health sector has not brought significant changes in this dimension. Marginal changes found only in the participation of civil society organizations in decision-making is important, and the level of participation has reached Tokenism.

Changes in the direction of decision-making participatory in the health sector bureaucracy in Kendari take a different mode to that assumed in the model of the NWS, that is citizen participation are representative, not be deliberative, while the main motive of such participation is a material personal interest. Modern democracy, which focuses on providing feedback and consultation, has not run well in the process of urgent health care decisions. applied Democracy is still the form of representation democracy with a focus on the provision of information.

#### **5. Separation of politics-administration with an emphasis on the professionalization of administration**

This principle is analyzed from the provision of skills training and expertise, compensation eligibility in the managerial hierarchy, systematic of assessment of employee performance and organizational, autonomy and discretion in carrying out the duties of office holders and develop his post. Bureaucratic reform the health sector has not brought significant changes in this dimension. Health sector bureaucracy still stuck by a very strong political force that it is difficult to be a professional. Bureaucrats much more obedient to the political imperatives of the incidental political officials.

Health sector bureaucracy in Kendari not given adequate attention towards skills training, mutation and promotion less attention to the training, the training budget is not provided adequately, performance assessment used to meet a procedures, and bureaucrats at all levels do not have sufficient autonomy and discretion to run the position. Reform of the bureaucracy has not been able to generate the conditions Weberian especially Neo Weberian State. In bureaucracy of Weberian model, the political role of the bureaucrats described as policy-making and decisions that serve the public interest [11]. The Role of political bureaucrats in the health sector in Kendari is the dominant policy-making and decisions that serve personal interests, and institutions.

### **IV. CONCLUSION**

Bureaucratic reform the health sector in Kendari less follows the trajectory of reform advocated by NWS models [2] in the fifth principle. The elements of the Weberian State as a point of departure from the NWS models, as well as new elements are adopted from the NPM and NPG, most of the route that zig-zag by incorporating the objectives and means of action patrimonial commonly found in traditional societies. Reform of the health sector bureaucracy that does not follow the trajectory in Kendari not produce significant changes with respect to the apparatus of modernity..

The findings of this study provide empirical support for the theoretical proposition NWS [2], that the bureaucratic reform following the successful trajectory. Context and process of bureaucratic reform the health sector in Kendari is still difficult to expect to be able to produce significant changes in order to create professional apparatus. The theoretical implications of the findings of this study is that future research on bureaucratic reform in the health area and the other areas, in Indonesia or anywhere else, need to refer to a theoretical model of NWS Pollitt & Bouckaert.

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