

Understanding Best Practices in Public Health Services and Leadership in Indonesia

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ABSTRACT

The issue of Leadership and public health services is a significant concern for governments, the wider community, and world health institutions. This study discusses several best practices in public health services based on the principle of health leadership in carrying out health service tasks, especially the government providing health services to the community as mandated by the constitution. This study uses secondary data such as academic publications, books, articles, and other literature relevant to public health service issues and leadership policies. We obtained data through electronic searches in several journals through the Google Scholar application. We then reviewed several stages of analysis, such as coding the data, analyzing sensitive data, evaluating the data, interpreting the data, and concluding the results. Study with a phenomenological approach to obtain valid and highly valid findings. We believe that these results answer the problem of this study. We found, among other things, that health services and Leadership must depart from the first three principles, namely the nature of Leadership with knowledge or understanding of public health conditions, Leadership that has strategic connectivity that combines knowledge, expertise, and experience to support the success of public health services in Indonesia, especially in the era of the pandemic crisis, entering a new normal. The results of this study are expected to be essential inputs for future research and contribute to strengthening decision-making in the field.

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1. Introduction

Leadership and its application in health clinics in Indonesia are the main points in public health services (Arifianto, 2016; Supinganto et al., 2021). Because the principle of Leadership is an aspect of authority in health services that can be utilized during the Covid-19 emergency and entering the new standard, public health services must indeed be accompanied by solid government leadership, starting with an individual leader. This aligns with the idea of Leadership, which depends on their character and why they lead a community health service association. A leader must possess this leadership principle in influencing his subordinates to work on an authoritative execution. The idea of Leadership can uphold subordinates who follow and understand people on a deep and inspiring level because solid Leadership should arise from understanding the public's need for health (Tahir et al., 2020; Ernawati, 2019; Ernawati et al., 2021).

The second important point, situation, is seeing the current problem and resolving it. Until now lies the ability to find ways to solve problems, especially by understanding the problem. The third is networking, where meta pioneers can convincingly combine information, inspiration, and capacity to form exertions and drives that are bound together. This availability includes the promotion of subordinates to superiors and parties inside and outside the association. This online class begins with a web-based preparation program with a remote test model for heads of medical care associations who plan to develop authorities' capabilities in emergencies and regular times (Sari & Prayoga, 2018).

The coronavirus has hit the whole world, including Indonesia. The Health System became stuttering and excited. Medical clinics face emergencies, including financial emergencies, with several specialists and health workers working. The Welfare Division is struggling to control and monitor the spread of Covid-19. Welfare universities with various shortcomings are trying to change the aid framework to be web-based. Welfare heads must have the option of responding to emergencies with good administration so that the organizations they lead can safely explore the pandemic and continue to be creative after the pandemic (McCollum et al., 2019); 1) The motivation behind the implementation of this movement was to find out the significance of institutional Leadership during the episode pandemic. 2) Understand the idea of meta-authority and Leadership that can be used during the Covid-19 pandemic. 3) Take advantage of existing information to drive business progress and perhaps change the actions of a well-thought-out foundation.

To more effectively understand Leadership, we tend to start with the correlation between the health professional council and government. The current health service problem recommends that the Leadership and the reality of the service are not yet optimal; However, reciprocity is essential for the health of citizens. Executives without professionals and Leadership without boards are hardly ideals in public health services (Mah'd Alloubani et al., 2014).

Maximizing the role of practical Leadership has been created to encourage an optimal service culture among medical professionals in Indonesia. This authority structure can help expand awareness of the importance of administration to people and associations (Chatterjee et al., 2018). The initiative structure provides a predictable way of dealing with increasing authority across all physicians, not paying too much attention to foundation, occupation, capacity, or rank. This initiative system also refers to the pioneering behavioral norms that should be the goal. The initial structural overhaul was the desire to create a solitary system covering all medical service calls. Similarly, the progress of this structure is also based on the application of best practice principles for increasing authority and Leadership. The proof is that various expert gatherings have taken advantage of the ongoing initiative system (Waring et al., 2018).

The authority system is structured through exploration and discussion to suit the needs and climate of a particular medical service area. This system can also be applied to all doctors in various phases of their profession. Within the initiative structure, seven spaces are shown for the clinical administration progress process. There are four repair sections in every must-have space. In each of these angles, 4 phases assist the process of increasing authority, notably the inward individual/group stage, the whole-aid/cross-group stage, the broader cross-administrative/hierarchical stage, and the broader cross administration/innovation and transformation stage. Hierarchical stage of the comprehensive hierarchical whole-association/medical service framework (Ginter et al., 2018).

General health communities, which are the first-level wellbeing leadership focuses, are supposed to have the option to give quality, fair and reasonable well-being administrations. The significance of endeavors to further develop administration and leadership quality will undoubtedly shape a decent connection with patients, and patients stay faithful to the Puskesmas (Edmonstone, 2020). The arrangement of wellbeing administrations is expected to give different varieties of imaginative items and administrations required by purchasers; quality assistance great can positively fulfill buyers. A complete and client-situated help quality is vital for accomplishing quality assistance. The nature of leadership conveyance can utilize the Assistance Quality model, which comprises five quality measures, specifically; Dependability, Affirmation, Substantial framework, Compassion, and Responsiveness. The board is a science and artistry that directs using HR and different assets really and proficiently to accomplish specific objectives (Supriyanto et al., 2016).

Dealing with the association, including representatives, is a significant piece of the continuous help. It has a specific degree of trouble and intricacy because each worker has considerations, sentiments, status, wants, and heterogeneous foundations, which recognize one from the other. In

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the execution of medical services as work to satisfy the requirements of the local area or people as per great expert principles, it very well may be helped out using assets in a sensible, successful, and proficient way amid the restrictions of the public authority and society kept securely despite everything furnish fulfillment to clients with moral standards that great. One of the significant components in the execution of value administrations, aside from the authority, there are likewise different staff components for this situation, including medical caretakers (Qiantori et al., 2012).

The Leadership applied can influence the presentation of attendants as faculty who straightforwardly give well-being administrations. Authority is a course of one's way of behaving as a work to impact the propensities of others towards the consummation of explicit objectives that lead to a showing association in fostering the information, abilities, and perspectives of every person in the association taken on the initiative. An individual's encounter adds to impacting conduct in the existence of a pioneer. Like this, the initiative style applied is likewise impacted by the character of the pioneer. There are three kinds of leadership styles per the authority idea proposed by Ebadifard Azar & Sarabi Asiabar, (2015).

One of the qualities of an innovative leader is having the capacity to support and care for his subordinates to achieve the goals to be achieved in their organization, combined with virtue. There are four aspects of Leadership that incorporate breakthrough initiatives, strictly speaking; 1) The allure of glory, 2) Ability in motivation, 3) Have qualifications and knowledge, 4) Consideration and protecting his subordinates. Value-based style of authority. The personality of this kind of authority is to go with the understanding between the vanguard and his subordinates about the gifts or grants given to his subordinates if the set targets can be achieved. The variables that make up this initiative are; Contingent, Dynamic Leadership with Exceptions, Leadership with exceptional cases, Dynamic leadership style (Sfantou et al., 2017).

So based on the description above, we decided to get a more comprehensive understanding of best practices in public health services and Leadership from various contexts and practices in media and public services. It is hoped that the results will become meaningful input for the context of medical service leadership in Indonesia (Aspinall, 2014).

2. Methods

To answer the problem of the study that aims to gain an in-depth understanding of public health service best practices which is an essential aspect of Leadership that determines the outcome or failure of public health services in the field (Tolley et al., 2016). So this study obtained secondary data from various existing literature sources. Then we examined it to understand what we made as a valid and convincing finding of the problem. In reviewing the data, we evaluated the data with a coding system. We interpreted the data carefully to find an answer from a wide range of literature. Finally, we concluded the relevant findings to answer the problem (Mazzocato et al., 2010). Our data searches are conducted online in many academic fields, such as books and articles, health science conferences, and Leadership in the medical world. To report our results, we design a descriptive qualitative study report where we do it under a phenomenological approach, which is a way of examining something phenomenal from several data to answer the problem validly. This report combines previous qualitative work reports where this study resembles a qualitative study review by utilizing secondary data in publications on related studies. That is, among others, a series of descriptions of the method of carrying out the study, starting from identifying the main problems, then searching for data, and finally reporting it in a qualitative design (Malterud, 2012).

3. Result and Discussion

3.1 Health professionals serve with heart

Regarding the issue of medical services in the community, Meskó & Görög, (2020), medical professionals in the advanced era now need to improve optimal medical services. They believe that the community needs medical professionals who are on duty and serve with a heart, known as "The Five Stars Doctor" (Perry, 2020). In this concept, doctors are expected to be able to have five roles, namely: (1) Health Service Providers who are responsible for the physical, social, and mental needs of patients. Ensuring that patients receive promotive, preventive, curative, and rehabilitative services

in an integrated manner and according to the highest standards they have; (2) Decision-makers who can provide the best decisions with the efficacy of treatment and the required costs; (3) Good communicators who can communicate with patients, families and the surrounding environment, provide persuasion and education to improve patient health; (4) Community leaders who act as community leaders and provide input and direction related to improving the quality of public health; and (5) Management Managers who have adequate management capacity in providing quality health services (Marastuti et al., 2020).

The Minister of Health acknowledged the role of AIPKI and the Faculty of Medicine in the production of doctors and specialists for implementing health development policies at the national and provincial, and district/city levels (Gordon, 2018). Currently, there are 42 teaching hospitals and around 320 educational hospitals registered at the Ministry of Health. We hope that the Education Hospital and the Wahana Pendidikan Hospital can be examples of quality health services by paying attention to patient safety. "Now we are no longer talking about increasing the number of students to increase the number of doctors, but consequently determined to produce doctors who are ready to use, have the appropriate competencies, and have a positive impact on the distribution or distribution of doctors," Talking about health workers in Indonesia, up to in 2012, the ratio of health workers per 100,000 population to specialist doctors was 9.1 (target 9); general practitioners 36 (target 40); dentist 9.5 (target 11); nurses 93.6 (target 117); and 76.4 midwives (target 75) (Nasution et al., 2022). "Although nationally, the ratio of the availability of health workers is not worrying, the equal distribution (equity) of the availability and distribution of health workers between regions is a challenge that we must address because there are still disparities between regions throughout Indonesia (Rokx, 2010).

The Association of Indonesian Medical Education Institutions was established in 2001 as the only organization accommodating all Medical Faculties and Medical Education Study Programs in Indonesia. AIPKI seeks to promote the improvement of the quality of educational institutions and is also involved in policy making in the fields of education and health. Efforts to improve the quality of education by AIPKI member institutions are motivated by a strong push towards the quality assurance process through the accreditation of study programs and institutions and individual graduates through competency tests (Gordon, 2018).

3.2 Medical collaboration between agencies and institutions

Partnership cooperation is the most critical effort at every health promotion and service empowerment level. This partnership built by fellow health professionals will automatically provide a convenience where paramedics can contribute to each other, both in solving problems and feedback from activities that often require better information in terms of resource management and academic and technical understanding that are mutually understanding (Mahendradhata Y et al., 2017). Each management in a health organization, for example, in a Puskesmas service center, requires a partnership. Regarding the issue of partnership or collaboration between one institution and another, international institutions such as WHO and the World Bank are aggressively advocating and promoting partnerships at the world level, which they consider to be the key to the solution of any problems that have an impact on health services and this is their belief that partnership is an effort to jointly find an effective solution both at the level of government, private and non-governmental organizations whose goal is to create an initiative that allows each health service to work together to produce a solution (Rowe et al., 2020).

On the other hand, partnerships, for example, that occur between the public sector or the government and the private sector, become a connection in terms of medical service mechanisms which are expected to permanently solve problems with efficiency and create innovations where today's technological development is relatively rapid, so it is not good if innovation or exchange of information does not occur. Furthermore, partnerships in health services are seen as an indicator that plays a vital role in handling poor health services and social factors such as violence and homeless people (Bdaiwi et al., 2020), how to manage human resources to produce a better work commitment so that the contributions of various organizations can be carried out with the aim that the partnership can be beneficial which will undoubtedly increase and distribute human resources and also finance, including how to exchange information more quickly and strengthen the organization (Masefield et al., 2020).

Besides that, the partnership also increases credibility and an acknowledgment that amid the message the information was not expected, there were still those who did not cooperate, especially

in terms of accelerating knowledge and disseminating information as well as innovative things, which were indeed a problem core field in the medical world (Tsai et al., 2020). In various literature and health practices, people call it a partnership; it describes many things, such as in terms of communication, strengthening consultation, strengthening coordination, and fostering continuous collaboration in efforts to improve the quality of social work health services, and also partnerships that reflect the exchange of information flows from the point of view of theory becomes practical application in the field so that changes occur to distinguish all existing potential. So this is where the sharpness of ability is needed from the Leadership of each medical work unit, where cooperation will be established through the desire and willingness of the leader to collaborate with collaboration so that new knowledge will be obtained and can be applied in follow-up in the field level such as public health medical service units (Kuo et al., 2012).

3.3 Strategic connectivity, knowledge, expertise, and experience in public Healthcare

The coronavirus pandemic facing Indonesia presents various difficulties, ranging from acceptance to Leadership of public health services which are still not following the proportion of health services and health workers who are not proportional to the population in Indonesia (Tosepu & Effendy, 2015). One of the answers to overcome these difficulties is to use advanced data innovation and complete testing, follow-up, and treatment techniques for handling the coronavirus pandemic. The Indonesian government firmly upholds and supports the use of computerized innovation for public welfare in the future (Sapta et al., 2020). Computerized change is an essential plan to support the realization of a Healthy Indonesia by using information and innovation. This advancement was made as a protracted system for managing the Coronavirus pandemic and other medical issues emphasizing environmental health, organizational productivity, and information coordination as reasons for making choices and strategies. Developing an advanced health environment is also expected to provide goodwill to Indonesia to face the pandemic and scourges in the future (Tukayo et al., 2021).

Understanding computerized health change requires support from a variety of gatherings, including public authorities, services/organizations, welfare workers, scholastics, secret meetings, networks, and volunteers to work together to make Indonesia's health future more responsive and responsive in the face of common health hazards in the world. Later on, while at the same time realizing equitable distribution of welfare throughout Indonesia (McNabb, 2017). The Wellbeing Advanced Change Methodology Outline 2024 is intended to provide an overview to partners and all welfare industry players regarding courses and guidelines for computerized health change in Indonesia in the next few years (Mboi et al., 2018).

One of the ongoing medical conditions in Indonesia is health information being shared due to the many applications and administrative barriers in the normalization and trading of information. Based on the results of ongoing planning, there are more than 400 health applications made by the central and nearest state governments. This condition makes health strategies not entirely based on comprehensive information and wasteful health management (Handayani et al., 2015). The coronavirus pandemic and developing innovations have prompted the Indonesian Health Office to make computerized health changes to leap toward an advanced and undeniable Indonesian health area immediately. The Indonesian Service of Health has a dream to digitize health areas from early life in the stomach to coordinated health administration for older patients (Santoso et al., 2022). The vision is stated in the Regulation of the Imam of the Republic of Indonesia Health (Permenkes RI) No. 21 of 2020, which expects efforts to change the implementation of health improvement, which includes coordination of data frameworks, examinations, and health improvements. Computerized health change in Indonesia is designed to provide HR with the ability to detail health information (Nour et al., 2016). They plan to develop an information-based strategy in every health office.

The Indonesian Health Service has established a Computerized Health Change Procedure Diagram 2024, based on the spirit of a solid Indonesian understanding cooperatively with all players in the health biological system industry in the Indonesian Wellbeing Administration (IHS) Stage. The IHS stage is a health computerized biological system stage that provides a network of information, examinations, and administration to assist and coordinate various health applications in Indonesia. The IHS stage is based on six primary standards (Nurdin et al., 2014).

4. Conclusion

They finally arrived after the study with the theme of gaining an in-depth understanding of best practices in public health services driven by health leadership in Indonesia. Based on the results of studies taken from various sources supported by research evidence, we believe that the objectives of this study have been convincingly answered. We can conclude that the government carries out Leadership in public health services to create new policies and breakthroughs to optimize public health services. This result emphasized the importance of an understanding driven by Leadership from the government where the world of public health services requires best practices from the government, for example, providing professional health workers who serve with high commitment and whole heart. It is because health problems are not only synonymous with physical and material handling but will be followed by sincerity and willingness.

In other words, excellent service professionally and convincingly, as we have found where the responsibility of paramedics is not only physically and socially but also mentally so that people feel that their health is what they want. The next best practice is how to prioritize collaboration between paramedics, both government, inter-agency, non-government, and other parties who are ready to share knowledge, experience, and professionalism of each so that health centers get various inputs and share information in the form of advocacy, perhaps promotion and various models of cooperation for solving problems faced in public health services.

The next best practice is optimal leadership skills with high connectivity, understanding of issues, professionalism, and experience in public health services. This means that when the world, especially Indonesia, is the difficulty facing various difficulties in the field of public services, it is demanded by the government and the parties to have a strategy to increase knowledge in connecting in terms of the ability to solve problems so that very challenging situation can be handled. Connectivity here also means using the latest technology to optimize public health services; in other words, the digital era also gives its color to the public health service industry. These best practices can be carried out in various ways, among others we have mentioned above, namely strengthening the resources of health personnel, especially the government, so that best practices that optimize the tasks of public health services can be improved.

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