

## Communication, Resources, and Dispositional of Implementation Minister of Health Regulations

Pudentiana Rr. R. E.<sup>1</sup>, Ita Astit Karmawati<sup>2</sup>, Ita Yulita<sup>3</sup>, Eka A.<sup>4</sup>

<sup>1,2,3,4</sup>Ministry of Health Polytechnic Jakarta I, Indonesia

Email: [roro.reno69@gmail.com](mailto:roro.reno69@gmail.com)

### Abstract

From the perspective of George C. Edward III's research in Policy Implementation Research, this study examines how the Permenkes (Factor Communications, Resources, and Disposition) and related theories are implemented from the perspective of a researcher. The Executive Officer of the Department of Dental Health in 18 polytechnics in Indonesia was interviewed using primary data in a cross-sectional descriptive study. The Head of the Department/KAJUR and the Secretary of the Department/JKG were present for each data gathering. Sample data is collected using a nonprobability sampling approach. SPSS version 17 Complex Sample was used to analyze the data. Chi-square and multiple linear regression are used to analyze the data. The statistical tests revealed that none of the factors gathered throughout the communication process had a statistically significant relationship with the implementation. 1192/MENKES/PER/X/2004 is also a consideration in terms of resources and disposition. Lester and Stewart Jr. say that implementation is both a process and a result (output). Regardless of whether or not the aims are reached, the implementation of a policy can be judged or observed by the process and its outcomes (results). This is not dissimilar to what Merrile Grindle expresses. In addition, the results of the correlation test show that the three independent variables have a strong link and a favorable pattern of interaction. Communication requires gaining essential resources, creating strong relationships, and discovering positive patterned variables that have the disposition of a stand / Disposition correctly, and it will increasingly be achieved through policy implementation.

**Keywords:** *Dental Nursing Programs, Implementation, Executive Officers.*

### A. INTRODUCTION

Every Diploma in health education organized by the Government, TNI/POLRI, or the private sector at a University/High School/Institute/Polytechnic/Academy must have an operating license following the applicable laws and regulations. And every extension of permission to administer a Diploma education must still obtain a recommendation from the Minister. (Minister of Health Decree No: 1192/MENKES/PER/X/2004 Chapter I Ps.1 paragraph 2, Ps.2 paragraph 1).

Health Human Resources Development and Empowerment Agency (BPPSDM) is one of the institutions within the Ministry of Health responsible for

developing and empowering Human Resources in the health sector. BPPSDMK determines policy formulation, program formulation, coordination and implementation, evaluation of health education and training implementation, health workforce education, utilization of health workers, professional empowerment, and overseas health workers and administration implementation (Tasijawa et al., 2021).

The Center for Health Workers Education has the function of drafting a health workforce education program, coordinating the implementation of health workforce education, and evaluating and compiling reports on the implementation of education development and business and household affairs (Flaherty & Bartels, 2019). As in the Minister of Health Regulation of the Republic of Indonesia Number: 890/MENKES/PER/VIII/2007 concerning Health Polytechnic Organization and Work Article 1 paragraph 2, the Poltekkes are each led by a Director and in carrying out their daily functional tasks are technically fostered by the Head of the Center for Health Education (Tukayo et al., 2021).

In article 15, paragraph 1, it is stated that the Senate has 8 tasks, among others, to formulate norms and benchmarks for the implementation of educational, research, and service delivery programs to the community (Roleska et al., 2018).

Since the enactment of this regulation within the Ministry of Health, there have been 33 (thirty-three) Poltekkes. Of the entire polytechnic spread throughout Indonesia, there are 18 educational institutions Department of Dental Health, namely the Department of Health Dental Jakarta I, Department of Dental Health Bandung, Department of Dental Health Tasikmalaya, Department of Dental Health Banjarmasin, Department of Dental Health Semarang, Department of Dental Health Nanggroe Aceh Darussalam, Department of Dental Health Terrain, Department of Dental Health Manado, Department of Dental Health Bali, Department of Dental Health Jambi, Department of Dental Health Padang, Department of Dental Health Pontianak, Department of Dental Health Yogyakarta, Department of Dental Health Makassar, Department of Dental Health Palembang, Department of Dental Health Lampung, Surabaya Dental Health Department, and Kupang Dental Health Department. To ensure the implementation of health education for the Diploma in Dental Nursing profession as dental health professionals to take place in synergy to strengthen the field of medicine and dentistry hence the need for the implementation of the Nursing Department of Dentistry name as the beginning of arcing or the history of the education unit of the.

## **B. METHOD**

This research is a quantitative study based on relationships with a single reality that is stable, separate from the feelings and beliefs of individuals, using correlational designs to reduce errors and bias. In this study, the population, which at the same time was sampled were the Chief Officers and Secretaries of the Department of Dental Health throughout Indonesia, totaling 36 people who had been willing/not also objected with the consideration that the Acting Officer had full authority and support for the implementation of the Minister of Health Regulation Number:

1192/MENKES/PER/X/2004 in 18 Dental Health Departments throughout Indonesia. In this case, the research is intended to see the relationship between the dependent variable and the independent variable, namely the Communication, Resources, and Disposition variables with the Implementation of the Minister of Health Regulation No. 1192/MENKES/PER/X/2004 in 18 Dental Health Departments throughout Indonesia.

### **C. RESULTS AND DISCUSSION**

This study focuses on the relationship between communication, resource, and dispositions with implementing the Ministry of Health rule. This will be discussed one by one starting from the readiness of policy implementation to each of the Independent variables related to policy implementation.

#### **1. Framework for Presentation of Research Results**

In the results and discussion of this, researchers will discuss the relationship between communication, resources, and disposition of the Implementation Regulation of the Minister of Health No. 1192/Menkes/Per/X/2004 on 18 Department of Dental Health in Indonesia and the result compares it's according to the theory known through literature review, to provide input for Officials of the Ministry of Health and Policy Makers.

The results and discussion of this study will be described as follows;

- a. Communication Relations with the Implementation of Minister of Health Regulation Number: 1192/MENKES/PER/X/2004
- b. Relationship of Resources to the Implementation of Minister of Health Regulation Number: 1192/MENKES/PER/X/2004
- c. Relationship of Disposition to Implementation of Minister of Health Regulation Number: 1192/MENKES/PER/X/2004

#### **2. Research Results**

The results of this study are the analysis of the data presented in three parts, strived to provide answers to the objectives and research hypotheses, namely: Univariate Analysis, Bivariate Analysis, and Multivariate Analysis.

First: Univariate Analysis is carried out, using the Statistics program to determine the frequency distribution of research variables. This analysis aims to describe the characteristics of each variable studied, including Communication Variables, Resource Variables, and Disposition Variables.

Second: A bivariate analysis was conducted to determine a relationship between each independent variable with Per Implementation rules Ministry of Health.

Third: Multivariate analysis is performed to assess the relationship between the most dominant or most influential independent variables and the dependent variable. Multivariate analysis used in this study uses a multiple linear regression test because the dependent is numerical data.

a. Description of Univariate Characteristics

The purpose of this analysis is to describe the characteristics of each variable. For numerical data, use the mean (average), median, standard deviation, etc. As for categorical data, of course, they can only explain the numbers/percentages of the numbers and percentages of each group.

**Table 1. Distribution of Respondents by Age Level Implementing Officers in 18 Dental Health Departments throughout Indonesia**

Variable	The mean	Elementary school	Minimum-maximum	95% CI
Age	45.08	5,033	35-58	43.38 - 46.79

The analysis results found that the average age of the Dental Health Management Officer was 45.08 years (95% CL: 43.38 - 46.79) with a standard deviation of 5.033 years. The youngest is 35, and the oldest is 58 years old. From the estimated interval results, it can be concluded that 95% are believed that the average age of the official is between 43.38 to 46.79

**Table 2. Distribution of Respondents by Gender Level Implementing Officers in 18 Dental Health Departments throughout Indonesia**

Gender	Total	Percentage
Male	18	50.0
Girl	18	50.0
Total	36	100.0

The distribution of respondents according to the Gender variable is evenly distributed, namely 18 people for Men and Women (50.0%).

**Table 3. Distribution of Respondents by Education Implementing Officers in 18 Dental Health Departments throughout Indonesia**

Education	Total	Percentage
S1 Health	1	2.8
S2 General	5	13.9
S2 in Health	30	83.3
Total	36	100

The distribution of education level of respondents / Implementing Officers of Dental Health who have a Masters in Health is at most 30 people (83.3%). In comparison, a General Master is 5 people (13.9%), and Health S1 is 1 person (2.8 %).

**Table 4. Distribution of Respondents by Position Implementing Officers in 18 Dental Health Departments throughout Indonesia**

Position	Total	Percentage
Head of program	18	50.0
Department Secretary	18	50.0
Total	36	100

The distribution of respondents according to the positions of Chairperson and Secretary of the Department of Dental Health is evenly distributed, namely 18 people (50.0%)

**Table 5. Distribution of Respondents by Group Implementing Officers in 18 Dental Health Departments throughout Indonesia**

Variable	The Mean	Elementary School	Minimum-Maximum	95% CI
Group 1 = III / B 2 = III / C 3 = III / D 4 = IV / A 5 = IV / B 6 = IV / C	2.42	1,131	1 - 5	2.03 - 2.80

The analysis results found that the average Group of Dental Health Acting Officers was 2.42 or Group III / C (95% CI: 2.03 - 2.80), with a standard deviation of 1.131 or Group III / B. The lowest group is III / B, and the highest is IV / B. From the interval estimation results, it can be concluded that 95% are believed that the average respondent group is between 2.03 to 2.80 or III / C.

**Table 6. Distribution of Respondents by Length of Work Implementing Officers in 18 Dental Health Departments throughout Indonesia**

Variable	The Mean	Elementary School	Minimum-Maximum	95% CI
Length of working 1 = 10 years and above 2 = 15 years and above 3 = 20 years and above 4 = 25 years and above 5 = 30 years and above	2.83	0.941	1-5	2.51 - 3.15

The analysis results found the average length of service of the Medical Officer Acting Officers was 2.83 or 20 years and above (95% CI: 2.51 - 3.15), with a standard deviation of 0,914 or 10 years of service. The lowest employment is 10 years, and the highest is 30 years and above. From the estimated interval results, it can be concluded that 95% are believed that the average length of service of respondents is between 2.51 to 3.15 (15 to 20 years)

**Table 7. Distribution of Respondents by Profession Implementing Officers in 18 Dental Health Departments throughout Indonesia**

Profession	Total	Percentage
Dentist	14	38.9
Dentist	22	61.1
Total	36	100.0

According to the profession, the distribution of respondents is the most of the Dental Nurses viz 22 people (61.1%) while the Dentist profession is 14 people (38.9%).

**3. Analysis of Correlation and Regression Simple Linear Independent Variables with Dependent Variable**

To find out the relationship between the dependent variable and the independent variable, Pearson’s correlation test and simple linear regression analysis are used for the independent variable with numerical data.

**Table 8. Results of Simple Variable Correlation and Regression Analysis Age, Gender, Education, Position, Group, Length of Work, Profession, Communication, Resources, Disposition with Lecturer Performance**

Independent Variable	r	R <sup>2</sup>	Coefficient B		P Value
			Constanta	Dependent Variable	
Age	0.027	.001	43.99	0.061	.878
Gender	0.238	0.29	2.487	-0.46	0.162*
Education	.001	0.0005	21.327	0.007	.994
Position	0.043	0.02	21.611	.222	.802
Group	0.095	0.009	20.747	0.220	0.580
Length of working	0.124	0.015	20.303	.344	0.470
Profession	0.025	.001	21.487	-0.130	0.0886
Communication	0.734	0.539	0.750	0.307	0.0005*
Resource	.663	0.440	7.833	0.465	0.0005*
Disposition	0.424	0.180	17.669	0.518	0.10*

\*Variables that enter into multivariate with pValue < 0.25 (Kl einbum, 1987)

**4. Bivariate Analysis**

**Table 9. Age Regression Analysis with the Implementation of the Minister of Health Regulation**

Variable	r	R <sup>2</sup>	Line equation	P value
Age	0.027	.001	Implementation = 43.99 + 0.061 * Age	.878

According to the Pearson Correlation test, the relationship between age with the Implementation of the Minister of Health Regulation (P-value = 0.878) does not have a weak relationship (r = 0.027). The coefficient value with a determination of 0.001 means that the regression line equation that we get can explain 0.1% of the variations in the implementation, or the obtained line equation has no weak relationship. Statistical test results showed no significant relationship between age and the implementation of the Minister of Health Regulation (p = 0.878). The coefficient of determination ( R<sup>2</sup> = 0.001 ) indicates that the value of any age can explain a 0.1 % variation in implementation.

**Table 10. Gender Regression Analysis with the Implementation of the Minister of Health Regulation**

Variable	r	R <sup>2</sup>	Line equation	p Value
Gender	0.238	0.29	Implementation = 2.487 + (-0.46) * Gender	.162

The relationship between Gender and Implementation of Minister of Health Regulation shows a weak relationship ( $r = 0.238$ ). The coefficient value with a determination of 0.29 means that the regression line equation can explain 9% of the implementation variation. The obtained line equation does not have enough/weak relationship to define the Implementation variable. Statistical test results showed no significant relationship between Gender and the Implementation of the Minister of Health Regulation ( $p = 0.162$ ).

**Table 11. Regression Analysis of Education with the Implementation of the Minister of Health Regulation**

Variable	r	R <sup>2</sup>	Line equation	P value
Education	.001	0.0005	Implementation = 21.327 + (0.007) * Education	.994

The relationship between Education with the Implementation of Minister of Health Regulations shows a weak relationship ( $r = 0.001$ ). The coefficient value with a determination of 0.0005 means that the regression line equation can explain a 0.05% implementation variation. The obtained line equation is not good enough to justify the Implementation variable. The statistical test results found no significant relationship between Education and the Implementation of the Minister of Health Regulation ( $p = 0.994$ ).

**Table 12. Regression Analysis of Position with Implementation of Minister of Health Regulation**

Variable	r	R <sup>2</sup>	Line equation	P-value
Position	0.043	0.002	Implementation = 21,611 + (0,222) * Position	.802

The relationship between Position and Implementation of Regulation of the Minister of Health shows a weak relationship ( $r = 0.043$ ). The coefficient value with a determination of 0.002 means that the regression line equation that we obtain can explain 0.2% of the Implementation variable, or the obtained line equation is not good enough to define the Implementation variable. Statistical test results showed no significant relationship between position and the implementation of the Minister of Health Regulation ( $p = 0.802$ ).

**Table 13. Group Regression Analysis with the Implementation of the Minister of Health Regulation**

Variable	r	R <sup>2</sup>	Line equation	P-value
Group	0.095	0.009	Implementation = 20.747 + 0.220 * Groups	0.580

The relationship between Groups and the Implementation of the Regulation of the Minister of Health shows a weak relationship ( $r = 0.095$ ). The coefficient value with a determination of 0.009 means that the obtained regression line equation can explain 0.9% of the Implementation variable. The accepted line equation is not good enough to define the Implementation variable. The statistical test results found no significant relationship between the Group and the Implementation of the Minister of Health Regulation ( $p = 0.580$ ).

**Table 14. Regression Analysis of the Length of Service with the Implementation of the Minister of Health Regulation**

Variable	r	R <sup>2</sup>	Line equation	pValue
Length of working	0.124	0.015	Implementation = 20.303 + 0.344 * Length of Work	0.470

The relationship between Length of Work with Implementation of the Minister of Health Regulation shows a weak relationship ( $r = 0.124$ ). The coefficient value with a determination of 0.015 means that the obtained regression line equation can explain 1.5% of the Implementation variable. The accepted line equation is not good enough to justify the Implementation variable. The statistical test results found no significant relationship between the length of work with the implementation of the Minister of Health Regulation ( $p = 0.470$ ).

**Table 15. Professional Regression Analysis with the Implementation of the Minister of Health Regulation**

Variable	r	R <sup>2</sup>	Line equation	pValue
Profession	0.025	.001	Implementation = 21.487 + (-0.130) * Profession	0.0886

The relationship between Professional background and Implementation of Minister of Health Regulation shows a weak relationship ( $r = 0.025$ ). The coefficient value with a determination of 0.001 means that the regression line equation can explain 0.1% of the Implementation variable, or the obtained line equation is not good enough to define the Implementation variable. Statistical test results showed no significant relationship between Profession and the Implementation of the Minister of Health Regulation ( $p = 0.0886$ ).

**Table 16. Regression Analysis of Communication Variables with the Implementation of the Minister of Health Regulation**

Variable	r	R <sup>2</sup>	Line Equation	P-value
Communication	0.734	0.539	Implementation = 0.750 + 0.307 * Communication	0.0005

Relationship of Communication with the Implementation of the Minister of Health Regulation shows a strong relationship ( $r = 0.734$ ). The coefficient value with a determination of 0.539 means that the regression line equation can explain 53.9% of the variation in Implementation. The obtained line equation is good enough to justify the Implementation variable. The statistical test results found a significant relationship between communication with the Implementation of the Minister of Health Regulation ( $p = 0.0005$ ).

**Table 17. Regression Analysis of Resources with Implementation of Minister of Health Regulations**

Variable	r	R <sup>2</sup>	Line Equation	pValue
Resource	.663	0.440	Implementation = 7.833 + 0.465 * Resources	0.0005

The relationship between Resources with the Implementation of the Minister of Health Regulation shows a strong relationship ( $r = 0.663$ ). The coefficient value with

a determination of 0.440 means that the regression line equation can explain 44.05% of the variation in Implementation. The obtained line equation is good enough to justify the Implementation variable. Statistical test results found that there is a significant relationship between Resources and the Implementation of the Minister of Health Regulation ( $p = 0,0005$  )

**Table 18. Regression Analysis of Disposition with the Implementation of the Minister of Health Regulation**

Variable	r	R <sup>2</sup>	Line equation	P-value
Disposition	0.424	0.180	Implementation = 17.669 + (0.518) * Disposition	.10

Relationship of Disposition with Implementation of the Minister of Health Regulation shows a moderate relationship ( $r = 0.424$ ). The coefficient value with a determination of 0.180 means that the regression line equation can explain 8% of the variation in Implementation. The obtained line equation is not good enough to define the Implementation variable. Statistical test results found that there is a significant relationship between Disposition and the Implementation of the Minister of Health Regulation ( $p = 0.10$ )

### 5. Multivariate Analysis

So that results can be generalized, then multivariate analysis with multiple linear regression is recommended to follow the rules that have been required. The requirements that must be met are :

#### a. Assumption of Multiple Linear Regression

The homoscedasticity assumption aims to determine whether the dependent variable ( Implementation ) is the same for all values of the bound variable by looking at the distribution pattern and the distribution of the distribution points around the residual zero line. In this study, the Variable Value variable Implementation is evenly distributed around the residual zero line and is not patterned. It is called a homogeneous variant at each X value (Independent Variable). The assumption of homoscedasticity of the multiple linear regression equation is fulfilled.

#### b. Assumption of existence

The aim is to determine how to take a sample: the sample taken must be random. Descriptive analysis of the residual variance of the model, when pointing k's their mean values and distribution (variance or standard deviation), then the assumption of existence is fulfilled if mean = 0.00 (Murti, 1997). In this study, the residual model got a mean = 0.00 so that the assumption of the existence of met (Prasetyo, 1998).

### 6. Discussion of Research Results

This research focuses on the relationship between individual factors, communication, resources, and disposition with the readiness of policy

implementation. This will be explained one by one, ranging from policy implementation readiness to each independent variable associated with their preparedness.

a. Policy Implementation

From the evaluation results of thirty-one respondents regarding the readiness for policy implementation, it is known that sixteen respondents stated that they were ready to implement the policy. In comparison, fifteen respondents indicated that they were unprepared to implement it. These results suggest that not all respondents are prepared to implement the intended regulatory policy.

As explained earlier, policy implementation is crucial in the public policy process. Policy implementation is not only related to the mechanism of the translation of various political decisions into the mechanism of routine procedures through bureaucratic channels but also concerns the issue of conflict, decisions, and who gets what from a policy.

Lester & Stewart in Kolkman (2020) argued that policy implementation was seen in a broad sense, constituting the stage of the policy process immediately after the policy setting. Performance means implementing legislation where various actors, organizations, procedures, and techniques work together to carry out policies or programs.

Implementation of policies in principle is a way for an approach to achieve its objectives, no more and no less. According to Dwidjowijoto, to implement public policies, there are two steps available: directly implementing in the form of programs or through the formulation of derivative policies or derivatives of these public policies. Therefore, implementation is crucial in the policy process (Andersson et al., 2019).

This is following the statement of Edwards III that without effective implementation, policymakers' decisions will not be implemented successfully. Policy implementation is an activity that is seen after issuing valid directives from a policy which includes efforts to manage inputs to produce outputs or outcomes for the community (Hassan et al., 2020).

Edward III argues that there are 4 variables determining public policy: communication, resources, disposition or attitude, and bureaucratic structure, so policy implementation becomes effective (Pasinringi et al., 2020).

b. Relationship of Individual Variables with Policy Implementation

The results showed no significant relationship between individual variables (gender, age, level of education, length of work, respondent's position, and respondent's profession) with Minister of Health implementation readiness.

These results indicate that individual factors play less in policy implementation (Motta et al., 2018). Thus it can be concluded in the implementation of policies, individual elements have no effect because policy implementation is something that is done together to achieve a common goal.

c. Relationship of Communication Variables with Policy Implementation

The results showed no significant relationship between the variables guidelines/guidelines and socialization Per the rules of the Ministry of Health with the readiness of its implementation. The study results prove a meaningful relationship between communication relations, communication channels, implementation orders, the importance of communication, and information clarity with the readiness for implementing these regulations.

This is following the theory put forward by Edward III in Sunarsi (2020), which states that the distribution of good communication will be able to produce an exemplary implementation as well. Often, there is a problem in communication distribution: a misunderstanding (miscommunication) caused by the many levels of bureaucracy that must be passed in the communication process. What is expected to be distorted in the middle of the road?

Clarity of information also plays an important role; namely, the communication received by the implementers of the policy (street-level bureaucrats) must be clear and not confusing or unambiguous/ambiguous. The instructions given in the implementation of communication must be consistent and clear to be established or carried out. If the order given is often changing, it can confuse implementers in the field.

Communications are required by each implementing policy to determine what they should do. For an organization, communication is a process of delivering information, and ideas among members are reciprocally to achieve the goals set. Communication success is determined by 3 (three) indicators: communication distribution, consistency, and clarity (Ramos-Macaes & Roman-Portas, 2022). Communication of a program can only be implemented well if it is clear to the implementers. This concerns delivering information, data clarity, and the information conveyed consistently.

d. Relation of Variable Resources Policy Implementation

The results showed no significant relationship between adequate staff variables and staff competence with the readiness for implementing these regulations. The study results showed a meaningful relationship between the granting of authority, the effectiveness of authority, the financial system, infrastructure, SOP implementation, and the readiness for implementation.

Resources include four components: sufficient staff (number and quality), the information needed for decision-making, enough authority to carry out the duties or responsibilities, and facilities required in implementation. Resources guarantee the effectiveness of policy implementation support.

Human resources are important actors in implementing a policy. According to Teguh Sulistiyani and Rosidah, human resources are human potential inherent to someone who includes physical and non-physical (Brataman & Erianjoni, n.d.).

Facilities and infrastructure are supporting tools in carrying out an activity. Facilities and infrastructure can also be referred to as equipment owned by the organization to help workers carry out their activities. With the completeness of

facilities and infrastructure in an organization, every action carried out by workers will be easier and faster.

e. Relationship between Disposition Variables and Policy Implementation

The study results have a meaningful relationship between rule-abiding, disposition of executive officers, professional representatives, and incentives with readiness for implementing these regulations. Disposition or the attitude of the executor is the commitment of the implementer of the program. The bureaucratic structure is based on standard operating procedures that regulate the flow of work and the implementation of policies. To facilitate the implementation of policies, dissemination needs to be done well.

The disposition also concerns the willingness and implementors to resolve the public policy. Skills alone are inadequate without the desire and commitment to implement policies. Disposition maintains the consistency of objectives between what is determined by policymakers and policy implementers. A person's attitude towards his work reflects pleasant and unpleasant experiences and his hopes for future experiences (Daoust & Malsch, 2019).

f. The most dominant factor related to Policy Implementation Readiness

The results of multivariate analysis showed that the variable that most influenced the readiness of policy implementation was the granting of authority. This follows Basu Iwastha, which states that authority is the right to make decisions, direct the work, and give orders (Meyvis & Van Osselaer, 2018). Meanwhile, Henry Fayol and Agus Sabardi mentioned authority as truth to give orders and power to ensure compliance (Chiu & Hung, 2022).

Thus the authority is related to the right or power to carry out activities or policies that have been determined.

In general, the authority must be formal for the order to carry out effectively. Authority is the authority or legitimacy of the implementers in policies determined politically. When the authority is not available, the power of the implementors in the public eye is not legitimized so that it can thwart the implementation of public policy (Tildesley et al., 2021).

The following variable that is the most dominant is the Standard Operating Procedure Implementation, considering that policy implementation is a "practical" stage and is distinguished from policy formulation, which can be seen as a theoretical stage. Thus we need a Standard Operating Procedure to support the implementation of policies that each implementing standard and guidelines can be used in policy implementation.

## **D. CONCLUSION**

The results showed a solid and positive pattern of a meaningful relationship between the Communication variable with the implementation of the Minister of Health Regulation. The research result was a significant relationship between channeling, clarity, and consistent communication with implementing the Regulation of the Minister of Health. The results showed that the relationship is solid

and positive patterned significantly between variables Resources with the implementation of Regulation of the Minister of Health. The research result was a significant relationship between staff, information, authority, and facilities with implementing the Regulation of the Minister of Health. The results showed that the relationship is solid and positive patterned meaningful anyway between the disposition of the implementation Ministry of Health. The study results show a significant relationship between the Rapture Bureaucracy and Incentives in the implementation Regulation of the Minister of Health.

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