

Disposition factors in the implementation of the National Health Insurance Program- Healthy Indonesia Card in Makassar City

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Received: January 15, 2021

Received in Revised: February 6, 2021

Accepted: February 18, 2021

Abstract

This study aims to analyze the disposition factors in the implementation of the National Health Insurance Program-Healthy Indonesia Card in Makassar City. This research uses qualitative methods. This research focuses on disposition factors in the implementation of health insurance service delivery policies at the Guarantee Administration with a phenomenological approach. Sources of data were collected through direct observation and in-depth interviews. The results showed that the disposition in the implementation of the National Health Insurance Program-Healthy Indonesia Card at the Makassar City Social Security Administration is through the appointment of employees in the Social Security Administering Bodies (BPJS) organizational structure at the level. Specific requirements (minimum S1, minimum 5 years work experience as supervisor for the Supervisory Board and directors for the Board of Directors) are considered qualified to hold the position. The selection of branch leaders is imposed by an internal selection system of BPJS Kesehatan. Incentives received by the leadership and employees for determining the amount of salary based on the provisions of the central level and adjusted to the region. The amount of salary / incentive for Makassar City BPJS Health employees is determined according to the lowest Makassar City Minimum Wage, the rest is based on position level. It can be understood that the performance of the Makassar City Healthcare BPJS has not provided the satisfaction of JKK KIS users because there are still complaints from prospective participants who are still taking care of membership, even though it is admittedly the process of validating data originating from the village, people still consider it slow.

Keywords: Disposition, Policy Implementation, Health Insurance Program

Introduction

The success of a policy implementation is very much dependent on the ability to utilize available resources. Humans are the most important resource in determining the success of a policy implementation process (Van Meter & Van Horn, 1975; Umble et al., 2003). Each stage of implementation demands quality human resources in accordance with the work indicated by policies that have been determined politically. Their attitude is influenced by their view of a policy and the way they see the influence of that policy on their organizational interests and their personal interests (Sims, 2002; Khilji & Wang, 2006; Pynes, 2008). The explanation of the disposition that policy implementation begins befiltered first through the perceptions of the implementers in which limits the policy is implemented (Giacchino & Kakabadse, 2003; Balle et al., 2011). There are various response elements that can affect their

ability and willingness to implement a policy, including consisting of cognition, comprehension and understanding, acceptance, neutrality and rejection, and intensity of policy.

The direction of the disposition of the implementers (implementors) to standards and policy objectives is also a "crucial". Implementors may fail in implementing the policy, because they reject what is the goal of a policy. On the other hand, the widespread and profound acceptance of policy standards and objectives among those who are responsible for implementing such policies, is of great potential for successful policy implementation. In the end, the disposition intensity of the implementers (implementors) can affect the implementer or policy performance. Lack or limited intensity of this disposition, will cause failure of policy implementation (Hill & Hupe, 2002; Kahan & Braman, 2006; Sandström & Carlsson, 2008).

A health road map is needed to guide the implementation of health insurance development in accordance with the mandate of the SJSN law and Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS). Given the many problems in the process of providing health services that cause the implementation of the National Health Insurance-Healthy Indonesia Card (JKN-KIS) to be less optimal, this research will analyze and describe the implementation of the National Health Insurance-Healthy Indonesia Card (JKN-KIS). The analysis and description that is made will refer to the problem, then it will be an alternative to solve the problem that occurs.

In this study, the theory of Edward III (1980) is used as an implementation variable with the following considerations that the implementation of the Health Social Security Administration (BPJS) policy in its implementation process has several interrelated elements and there are interrelated levels of policy hierarchy. The relationship between the implementation of the National Health Insurance-Healthy Indonesia Card (JKN-KIS) by BPJS Health with other institutions, such as; Ministry of Health, health institutions (hospitals, health centers, health clinics), health resources (doctors, nurses), the community. So, communication between institutions, the community as a channel of information is needed, quality resources are needed that are capable of implementing the policy, there is a disposition or enthusiasm for all elements involved in implementing the policy so that it is not stagnant, and the bureaucratic structure is needed to implement and account for the policy. This research focuses on disposition factors in the implementation of the National Health Insurance Program-Healthy Indonesia Card in Makassar City.

Methods

This research uses qualitative methods. This research focuses on disposition factors in the implementation of health insurance service delivery policies at the Guarantee Administration. Social Makassar City is a qualitative research using a phenomenological approach.

The disposition with the indicators used to see the extent to which the disposition affects the implementation of the policy consists of: (1) Appointment of bureaucracy, the disposition or attitude of the executor referred to in implementation. The National Health Insurance Program for the Healthy Indonesia Card is the appointment and selection of BPJS employees and medical personnel, pharmacists must be people who are dedicated to JKN-KIS services for the benefit of society. (2) Incentives The incentives referred to in the implementation of the National Health Insurance Program for the Healthy Indonesia Card are rewards (rewards) or allowances given to program implementers (employees, doctors) according to their position structure and responsibilities, either in the form of money (salary / bonus) or in the form of appreciation. The designated informants are people or officials who know and master

the problems of health service administration by BPJS in Makassar City. Data collection techniques used in this study were direct observation and in-depth interviews. Data analysis includes data reduction, data presentation and drawing conclusions.

Results and Discussion

Disposition

The disposition or attitude of the implementers is an important factor in the approach to implementation. This disposition is the willingness, desire, and attitude tendency of the implementers to carry out seriously so that what is the goal can be realized. This disposition will emerge among the implementers, so that the beneficiaries are not only the organization but also the implementer's attitude. Knowledge, deepening and understanding will lead to acceptance, indifference and resistance to policies. The attitude of accepting, indifferent and rejecting will lead to dispositions in the implementers of the policy and high dispositions will affect the success rate of implementing the policy. If implementation is to be effective, the implementers must not only have the ability to implement it, where the quality of a policy is influenced by the quality or characteristics of the implementing actors. The success of the policy can be seen from the disposition (characteristics of the executing agent). In the issue, it will be reviewed is the assignment of employees / officials oriented to attitude and seriousness and incentives.

Appointment of Officer / Employee

Based on the Law of the Republic of Indonesia Number 24 of 2011 concerning Social Security Administering Bodies in Article 1 (1) Social Security Administering Bodies (BPJS) are legal entities established to administer social security programs. Its formation is based on law and is directly responsible to the president (Article 7 paragraph (2)). In carrying out its duties and functions, the BPJS has organs consisting of: The National Social Security Council (DJSN) is a council that functions to assist the President in formulating general policies and synchronizing implementation the national social security system, then the Supervisory Board is the BPJS organ which is tasked with supervising the implementation of BPJS management by the board of directors and providing advice to the board of directors in administering the Social Security program. Furthermore, the Board of Directors is the BPJS organ which is authorized and fully responsible for the management of BPJS for the benefit of BPJS, in accordance with the principles, objectives and principles of the BPJS, as well as representing the BPJS, both inside and outside the court, in accordance with the provisions of this law. In terms of the determination of the Supervisory Board and the Board of Directors, it is based on election and refers to the Presidential Decree of the Republic of Indonesia Number 97 / P of 2020 dated 21 September 2020 concerning the Establishment of a Selection Committee for Candidates for Members of the Supervisory Board and Candidates for Members of the Board of Directors of the Health Social Security Administering Body. The mechanism is regulated in Article 12 of Presidential Regulation Number 81 of 2015 concerning Procedures for the Election and Determination of Members of the Supervisory Board and Members of the Board of Directors as well as Candidates for Inter-time Replacement Members of the Supervisory Board and Directors of the Social Security Administering Body. In the positions of executive managers, it is usually selected by the committee that makes the selection. This is as stated by Pynes (2009) that "at the local level and in nonprofit agencies, the recruitment and selection of city managers or executive directors is usually conducted by search committees. Usually personnel committees of the city council or board of directors are responsible for the search". Based on the above understanding, officials in public / non-profit organizations are selected and selected by the committee, team and / or selection committee.

Based on this explanation, it is known that the BPJS Supervisory Board and Board of Directors are the people chosen by the selection team from government, academia and community leaders. The general requirements are between the ages of 40 and 60 years, not including members of political parties, not being involved in cases and having competence in the field of social security.

Furthermore, the determination of the branch leadership (head) was said by the Head of the Makassar City Branch also through a selection system that recruits professionals from internal and external BPJS Kesehatan. The selection is carried out at the Head Office by a selection team formed based on the decision of the Supervisory Board and the Board of Directors. After knowing the mechanism for determining the ranking system of officials and employees within the scope of BPJS Health which is real and fact through a selection system open to the public by a selection team formed by a presidential decree. Then the appointment of these officials is responsible to the president and has a professional attitude in managing state finances sourced from the people / APBN.

Referring to the opinion of Van Metter & Van Horn (1975) and Agustino (2006) that the disposition or attitude of the executor is the attitude of acceptance or rejection of the policy implementing agency shown in its serious performance, serious to achieve organizational goals. So to measure employee performance can be seen from the increase in business. If it is a non-profit organization, the performance is reflected in the development of the business unit and or the increase in turnover / income. However, BPJS Kesehatan is a non-profit company engaged in public services, so the dimensions of organizational development in terms of improving service quality and increasing utilization National Health Insurance-Healthy Indonesia Card (JKN-KIS).

Service Quality Improvement

Improving the quality of services at the center here is an effort made by the Makassar City BPJS in order to carry out its duties as a public service in the field of public health. In this effort, that the measurement of performance in quality is measured by another dimension in the form of assessment.

Based on the results of the interview, it is known that the performance of the Makassar City BPJS for its commitment to provide the best service received an assessment from the Central BPJS Health by obtaining 2 national nomination categories. As for those who fall into the other category: namely drg. Hj. Ihyana Malik was included in the top 3 national nominations for the category of Individual Dental Practice Most Committed to the Best JKN Service in 2020 and Maryam Citra Medika Hospital was included in the top 3 national nominations for the category Most Committed Hospital for Best JKN Service 2020 Class D.

During 2020 BPJS Kesehatan Makassar City also assesses its partners as a form of commitment to the National Health Insurance (JKN) service.

Efforts to encourage partners, BPJS Makassar City evaluates and rewards health facilities that are consistent. The assessment variable for the First Level Health Facility (FKTP) award that is most committed to the implementation of JKN is how the FKTP implemented health protocols in the AKB era. For example, it can be seen from the utilization rate of online queues connected to Mobile JKN, the response time of doctors in indirect consultations through the Mobile JKN Faskes, and available procedures and service facilities in Covid-19. An assessment was also given to the FKTP's efforts to maintain the health status of participants at risk of Covid-19 with the percentage of active DRR participants making contact.

In addition, the assessment was also seen from the FKTP performance, namely the average referral ratio and number of KBK contacts, as well as the quality of FKTPs seen from the Walk through Audit score. While the assessment variables for the hospital include the hospital competency profile, evaluation of the implementation of cooperation, commitment to service quality, compliance index and index of the results of the Walk Through Audit (WTA) survey. The assessment is also focused on managing the queue system, display of care beds and display of operational actions connected to Mobile JKN as part of information disclosure to the public and in accordance with the 10 commitments to improve services in 2020. The following are the most committed health facilities for the best JKN services in 2020 in the region. BPJS Kesehatan Makassar Branch at First Level Health Facilities.

The results of the interview show that there is an effort to encourage motivation and commitment to further spur health facilities to continue to innovate so that the quality of service at health facilities increases and participant comfort and satisfaction can be realized when participants seek treatment at First Level Health Facilities (FKTP) and Advanced Referral Health Facilities (FKRTL)

Increasing the Use of JKN-KIS

The increase in the use of JKN-KIS referred to here is the number of people who take advantage of the JKN-KIS facilities for healing (treatment). The following is data on the use of JKN KIS in Makassar City.

Table 1. JKN-KIS utilization (in million)

Use of JKN-KIS	2014	2015	2016	2017	2018	2019
Visits at the FKTP (Puskesmas / Individual Practitioner / Primary Clinic	66,8	100,6	120,9	150,3	147,4	182,9
Visits at the Hospital Outpatient Polyclinic	21,3	39,8	49,3	64,4	76,8	85,6
Inpatient Cases at the Hospital	4,2	6,3	7,6	8,7	9,7	11,0
Total Utilization / Year	92,3	146,7	177,8	223,4	233,9	279,5

Source: Makassar City BPJS Health Data, 2020

Based on the table, it can be seen that the JKN-KIS utilization of the three items each year has increased. It can be seen that in 2014, there were 92.3 million new items, 5 years later (2019) there were 279.5 million uses. Hahl, this is a sign that the community using JKN-KIS has increased every year. This means that the goal of BPJS Kesehatan Makassar City to provide services to the community is achieved.

Incentive

Edward III's (1980) view regarding the second factor in dispositions that must be considered in policy implementation is incentives. Incentives are one of the techniques suggested to solve the problem of attitude of policy implementers by manipulating incentives. Basically, people move based on their own interests, so manipulating incentives by policy makers affects the actions of policy implementers. By adding a certain profit or cost, it may be the driving factor that makes the executors carry out orders well. This is done as an effort to fulfill personal or organizational interests. As explained earlier that the appointment of BPJS

Kesehatan officials is based on a presidential decree, meaning that the issue of incentives must be based on government policy.

Incentives for BPJS Health officials based on studies and government decisions. In 2019 the Ministry of Finance provides benefits that are treated like the 13th salary and the 14th salary for the directors and supervisory boards of BPJS Kesehatan and BPJS Ketenagakerjaan. First consideration; that is, the adjustment is in line with the rights and obligations of BPJS employees who receive 14 times a year salary. The fourteen salaries are in the form of holiday allowances (THR) and the thirteenth salary. Then, the adjustment of the annual leave allowance was considered as a substitute for the provision of the thirteenth salary because so far the BPJS directors and supervisory board only received THR. Adjustments are made to maintain the alignment of rights with BPJS employees and government officials.

In terms of its operations, BPJS Kesehatan which is a service provided to BPJS participants in the form of an effort to help participants who are suffering from illness. With so many participants, the officers are often overwhelmed in providing their services. For the sake of smooth performance or daily tasks, BPJS Kesehatan needs to be supported by professional and reliable Human Resources (HR) in their respective fields.

Based on the explanation from the results of the informant interviews, it is known that in order to provide maximum service and reduce public complaints at the Makassar BPJS Health Office dividing the duties of employees into several positions, among others; staff, administration, customer service (CS), claim analyst, front office, finance, promotion and education, etc.

Table 2. List of BPJS Health Salaries

No.	Employee Position	Salary / Month
1.	Claim Analyst Staff	Rp 2.500.000
2.	Staff IT	Rp 2.500.000
3.	Financial staff	Rp 4.000.000
4.	Public Staff	Rp 6.300.000
5.	Financial	Rp 10.000.000
6.	Finance	Rp 8.000.000
7.	Senior Manager	Rp 28.500.000
8.	Staff Marketing	Rp 8.000.000
9.	Relationship Officer/Humas	Rp 10.000.000
10.	Manager	Rp 16.500.000

Source: BPJS Kesehatan, 2020 * conditioned according to UMK

Based on the table, it can be seen that the amount of salary / incentives received by BPJS Kesehatan employees is based on their level. Applies nationally (different from BPJS Ketenagakerjaan). As for those who do not reach the UMK in their respective places, they will be conditioned according to the lowest UMK.

The third sub variable in Edward III (1980) theory in policy implementation is disposition. This disposition is the willingness, desire, and attitude tendency of the implementers to carry out seriously so that what is the goal can be realized. The disposition according to this theory

is divided into two: employee recognition and incentives. The appointment of employees in the BPJS organizational structure at the Central level consists of a Supervisory Board (7 people) and a Board of Directors (8 people) who are openly selected from various professions and their determination is through strict selection by a committee formed through a presidential instruction. Based on the specific requirements (minimum S1, minimum 5 years work experience as supervisor for the Supervisory Board and directors for the Board of Directors) is considered qualified to hold the position. Likewise, the selection of branch leaders is imposed by an internal selection system by the BPJS Kesehatan. Karepesina (2011) states that open selection is intended to produce a merit system where a mechanism to promote and hire government employees is based on their ability to do work, not on their political connections. A process of collecting a number of applicants who have qualifications that match what the company needs, to be employed in the company (Jackson & Malthis, 2001). According to Sunyoto (2008) the selection process is an effort to capture those who are considered to be able to adjust to the job in the future. Offered, they are deemed to be able to show the performance expected by the leadership of the organization.

Thus, the selection of BPJS Kesehatan leaders using an open selection system is the right technique for capturing quality human resources and in accordance with the needs of organizations engaged in the public sector without any intervention from political parties.

Furthermore, the minimum requirement for S1 is a form of recruiting human resources who have high academic achievement, which must be placed in tasks and jobs that are in accordance with their abilities. This academic background is intended to place the right employee in the right position (The Right Man on The Right Place). Then the physical and mental health requirements need to be considered because without careful consideration, things that will harm the company will happen. The placement of employees in certain tasks and jobs must be adjusted to the physical and mental condition of the employees concerned. Health is closely related to human resources. Heavy and dangerous jobs, for example, can only be done by people who are physically healthy and strong, while human resources who are physically weak and have an intelligent mind can be placed in the fields of administration, drafting or calculations that require extraordinary diligence. Meanwhile, the experience of working in similar jobs shows that the longer the employee works, the more experience the employee will have, conversely the shorter the working period, the less experience is gained. A lot of work experience provides expertise and job skills. The work experience one has is sometimes more valued than a towering level of education. Experienced employees can immediately complete their tasks and jobs. Employees only need training and relatively brief instructions. On the other hand, employees who rely solely on their educational background and the titles they carry, are not necessarily able to do the tasks and jobs assigned to them quickly.

Based on the requirements that are used as the main elements of the leadership election in BPJS Health, it has been fulfilled properly. This means that the Supervisory Board and Board of Directors as well as the Head of the Makassar City BPJS Health Branch have met the requirements for the needs of the BPJS Kesehatan institution.

Furthermore, the second indicator in the disposition sub variable is incentives. It is said that Mangkunegara & Prabu (2001) explain an award in the form of money given by organizational leaders to employees so that they work with high motivation and achievement in achieving organizational goals (Gorda (2004).

Said a means of motivating in the form of material, which is given as a stimulant or impetus intentionally to workers so that in them a great enthusiasm to increase work productivity in the organization will arise. Whereas what is meant by incentives in this theory is the salary /

income received by employees in carrying out their duties according to their position and working period.

The incentives received by the leaders and employees of the Makassar City Healthcare BPJS were based on the data obtained by the researchers found that the determination of the amount of salary was based on the provisions of the central level and adjusted to the regions. The amount of salary / incentives for Makassar City BPJS Health employees is set according to the lowest Makassar City Minimum Wage, the rest is based on position level. This means that incentives for leaders and employees of the Makassar City BPJS Health have no problem in carrying out their duties.

Judging from the two indicators in the disposition sub-variable in the implementation of the JKN policy on BPJS Kesehatan Makassar City, it has been fulfilled properly. Referring to Clayton Alderfer's ERG motivation theory, there are three basic needs, namely: (a) Existence Needs, this need is related to the physical existence of employees, such as: eating, drinking, clothing, breathing, salary, safety of working conditions, (b) Relatedness Needs, Interpersonal Needs, namely satisfaction in interacting in the work environment, (c) Growth Needs, the need to develop and improve personal. This relates to abilities or skills. So the employees of the Makassar City BPJS Health should be able to work well. The reason is that one of the needs (existence needs) has been met, namely the salary which is considered sufficient to meet the needs of eating and drinking.

However, based on the results of research on the performance of the Makassar City BPJS Health, the JKK KIS users have not satisfied, such as the unsatisfactory services at the Makassar City BPJS Health Office, it is proven that there are still complaints from potential participants who are still taking care of membership, although it is admittedly a data validation process. Those who come from the urban village, people still consider it slow. Likewise, there are still complaints from health facility management partners that are not responsive to JKN participants.

According to the opinion of experts, work quality is a form of behavior from an activity that has been carried out and in accordance with predetermined expectations. Wilson and Heyel (1987) quoted by Abdullah (2014) said that "Quality of work (quality of work) shows the extent to which the quality of an employee in carrying out his duties includes accuracy, completeness, and neatness." Matutina (2001), namely the quality of work refers to the quality of human resources, while the quality of human resources itself refers to knowledge, skills, and abilities. Dessler (2010) adds that the quality of work can be seen from the demonstrated ability of employees, such as: (a) completing tasks carefully, accurately, and on time so as to achieve the expected results, (b) showing attention to goals and needs. Departments that depend on services and their work, (c) handle various responsibilities effectively, (d) use working hours productively.

Based on the description that has been stated, it shows that the quality of work is an outcome that can be measured by the effectiveness and efficiency of a work carried out by human resources or other resources in achieving organizational goals or objectives properly and efficiently. Supposedly, with the knowledge, skills and abilities of employees obtained from the recruitment system and incentives received according to and even exceeding the standard of wages, they can work according to the expectations of the government and society.

Conclusion

The disposition in the implementation of the National Health Insurance Program-Healthy Indonesia Card at the Makassar City Social Security Administration through the appointment of employees in the BPJS organizational structure at the Central level consisting of the

Supervisory Board (7 people) and the Board of Directors (8 people) are openly elected from various professions determination through a strict selection by the committee formed through a presidential instruction. Specific requirements (minimum S1, minimum 5 years work experience as supervisor for the Supervisory Board and directors for the Board of Directors) are considered qualified to hold the position. The selection of branch leaders is imposed by an internal selection system of BPJS Kesehatan. Incentives received by the leadership and employees for determining the amount of salary based on the provisions of the central level and adjusted to the region. The amount of salary/incentive for Makassar City BPJS Health employees is determined according to the lowest Makassar City Minimum Wage, the rest is based on position level. Improving service quality has evaluated the most committed FKTPs in implementing JKN, for example from queues, doctors' responses via mobile JKN and Covid-19 health protocol facilities to several health facility partners. There are three items to increase the use of JKN-KIS, namely; Visits at the FKTP (Puskesmas/Individual Practitioner/Primary Clinic, Visits at Outpatient Hospital Polyclinics and Inpatient Cases at Hospitals have increased every year. It can be seen that in 2014, there were 92.3 million new items, 5 years later (2019) has reached 279.5 million visits, meaning that the purpose of BPJS Kesehatan Makassar City to provide services to the community has been implemented, although there are still arrears from Mandiri participants.

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