



Coping Mechanism for Street-Level Bureaucrats in the Implementation of Policies for Handling Coronavirus Disease 19 (Covid-19) in Gorontalo City

Mochammad Sakir

Faculty of Social and Political Sciences, University of Ichsan Gorontalo, Indonesia

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Abstract

In interacting with the community, street level bureaucrats (SLB) have many different patterns of behavior in providing services to the community, both between agencies and between individuals in making policies given to the community. Lower-level executive officials (street-level bureaucrats) often face a dilemma situation, where they are required to provide services according to the rules, while on the other hand, the rules that are applied are often not always in accordance with the situation of the community members who are the target group (target group). In response to this situation, street-level bureaucrats (SLB) developed coping mechanisms, in which they simplified the nature of their work or implemented routine activities. The results showed that in the implementation of the Covid 19 policy, lower-level implementers (street -level bureaucrats) sometimes take coping measures because lower-level implementers are not matched by the provision of adequate service facilities and resources, so that in implementation many different decisions are taken by lower-level implementers (street-level bureaucrats), giving rise to separate problems for top-level implementers. down because it is not clear which standard operating procedures should be used as a guideline.

Keywords: *Coping; Coronavirus Disease 19 (Covid 19); Policy Implementation; Street-Level Bureaucrats (SLB)*

Introduction

Coronavirus Disease (Covid-19) appeared at the end of 2019. The authorities reported clusters of pneumonia cases, the cause of which is unknown, to the World Health Organization (WHO) on December 31 2019. Then on February 12 2020, WHO officially determined this novel coronavirus disease in humans, with the designation Coronavirus Disease (COVID-19), and subsequently on March 11 2020, WHO officially declared Coronavirus Disease (COVID-19) as a pandemic. Various top-down policies have been issued by the government, starting from implementing social distancing, physical distancing, Large-Scale Social Restrictions (PSBB), to Imposing Restrictions on Community Activities (PPKM), which are essentially the same, namely limiting people's movements. In its implementation, policies for

handling Covid 19, such as implementing PSBB and others, have no legal implications because this action is only in the form of an appeal to the public, and is strengthened by the absence of sanctions or further legal remedies in Government Regulation Number 21 of 2020. Problems On the other hand, the lack of socialization in the form of public communication by implementing officials regarding the policy for handling Covid 19 has resulted in many violations in its implementation. In addition, the government does not have a real program to carry out socialization that is planned, measurable and can be evaluated. This situation certainly creates difficulties in implementing policies taken by the government, especially for implementing officials at the lower levels (street-level bureaucrats) who are directly related to the community, who, according to Lipsky (2010), have a role as implementers of policies in the field, which can determine the success of or policy failure. The results of the study, Alcadipani et al. (2020), indicate that in developing countries, in addition to the problem of lack of human resources, street-level bureaucrats (SLB) also work in limited and weak institutional arrangements, poor accountability standards, and lack of trust on government regulations. Lower-level executive officials (street-level bureaucrats) often face a dilemma situation, where they are required to provide services according to regulations, on the other hand they have limited resources. Lipsky (2010), identified that the limited resources of the street-level bureaucrats are often not taken into account by policy makers.

Lower-level executive officials (street-level bureaucrats (SLB)) usually work in critical situations of lack of resources, high workload, uncertainty, and high ambiguity (Brodkin, 2012; Lipsky, 2010). Under such circumstances, street-level bureaucrats have sufficient discretion to make decisions and often act as policy makers (Hupe & Hill, 2007; Lipsky, 2010). Critical conditions at lower levels can lead to situations of suffering, demotivation, alienation, and separation (Tummers, et al., 2015). In addition, according to Lipsky (2010), often the rules that are applied are not always in accordance with the particular situation or context of the community members who are the target group (target group). In response to this situation, street-level bureaucrats (SLB) develop coping mechanisms, in which they simplify the nature of their work or limit services by adopting routine activities and feel that they are doing a good job in some way, thinking negative (stereotyping) customers, and favoritism towards people who need service. Another typical response to the conflicts they experience, according to Weatherley and Lipsky, is to use some unconscious coping habits or strategies. Street-level bureaucrats use tricks such as trying to reduce demand for their services by limiting information about the service, keeping clients waiting, making access difficult, and imposing various other psychological costs on clients.

Another coping strategy is to divide services by setting priorities among tasks by concentrating on a selected number of clients, cases, and solutions (Winter, 2002). This is possible because they have a certain power or autonomy in their work (Sætren & Hupe, 2012). In the implementation of policies related to the handling of Coronavirus Disease 19 (Regulation of the Government of the Republic of Indonesia Number 21 of 2020) in the City of Gorontalo, empirically they are still encountered, heard and seen, both directly and through electronic media regarding public complaints, for example residents who carry out their usual activities at During the day it is as if there is no PSBB with two passengers, carrying more than one passenger, and not complying with health protocols such as wearing masks and there are even some business actors who still allow crowds to occur. Some of the violations that occurred were sanctioned by field officers (police/army), but some were not. The sanctions also varied depending on the officer who sanctioned the violation, such as push-ups, memorizing the Pancasila precepts, cleaning up trash scattered around the area of the violation, to financial sanctions. All of these sanctions have nothing to do with the goals to be achieved by the policy for handling Covid 19. because all the sanctions given are only aimed at a deterrent effect, not at changing the attitude and behavior of offenders.

Conditions where executors work by prioritizing rules in their organization and experiencing limitations, make street-level bureaucrats use tricks or methods in carrying out their duties. Related to this, Lipsky (2010) said that the task or work in its implementation is impossible to do in an ideal way or in accordance with the policies that have been made, at the level of policy implementation various

problems can occur such as limited resources. Therefore, the lower-level executives (street-level bureaucrats) are always trying to achieve work goals with inadequate resources, weak controls, uncertain objectivity and reducing existing facts. The behavior of bureaucrats as exemplified above is a coping strategy, namely a form of maneuvering or diversion carried out by officials in providing services to citizens to hide weaknesses or limited resources.

The importance of studying the implementation of policies for handling Covid-19, because in various regions there are still many citizens who do not comply with the policy rules for handling the Covid-19 pandemic. This condition, of course, raises questions, whether the lower-level implementing apparatus (street-level bureaucrats) are less assertive in implementing the rules, or whether they are not successful in changing people's behavior as required by the policy for handling the Covid-19 pandemic. Theoretically, policies or programs that aim to change people's attitudes and behavior are relatively difficult to implement because they involve changing people's behavior in their activities. In connection with the phenomena that have been described, it shows that there is a gap (gap) in the theory of policy implementation with the empirical conditions of society in handling the Covid-19 pandemic, and the strategic position of the lower-level implementing apparatus (street-level bureaucrats), such as the police/army and health workers (paramedics). In policy implementation.

Literature Review

Policy Literature Review, Policy Implementation, and Street-Level Bureaucrats (SLB)

Public policy can be described as an overall framework, in which the existence of government action is carried out to achieve public goals, by definition well-functioning public policy, being the study of government decisions and actions designed to deal with problems of public concern. Public policies are filtered through certain policy processes, adopted, implemented through laws, regulatory acts, government actions, and funding priorities, and enforced by public bodies (Cochran & Malone, 2014).

Thus, public policy is the government's response to a crisis or public problem. Policies to do something are usually contained in provisions or laws and regulations made by the government, so that they are binding and coercive. The Covid-19 pandemic is an extraordinary event that forces every government to respond in the form of policies. Covid-19 has spawned a global crisis concerning public health that has never happened before in history. Several countries' responses to the Covid-19 pandemic, namely developing public policies to contain transmission, reduce the number of deaths and alleviate social and economic problems due to this crisis. Policies issued by the governments of various countries tend to lead to an institutional model and in their implementation refer to a top-down approach, in which government agencies (executive and legislative) make policies, then implement them using a command and control approach, which literally means giving command and supervise its implementation (deLeon & deLeon, 2002). This approach tends to ignore the impact on implementers (street-level bureaucrats) in delivering policies, while their position and work are very important for the state and society. For the state, its importance relates to the ability (in) to convey policies and achieve goals and to be the most visible face of the country, influencing the opinions of citizens about public policies and government officials (Lipsky, 2010). For society, these bureaucrats are relevant because they can allow or limit access to services and rights (Lipsky, 2010).

The implementation of the policy for handling Covid-19 requires the involvement of front-line workers from various regions, such as health workers, social workers, education (teachers), public security, and others. These professionals, also called street-level bureaucrats, are central or key players at the forefront of responding to a pandemic, because they are in direct contact with the community to provide the necessary emergency services, who continue to carry out risky work on themselves. Dunlop et

al. (2020) Street-level bureaucrats (SLB) are the frontline apparatus in implementing policies (policy implementers) that can determine the success or failure of a policy. Lower level executives (street-level bureaucrats) have a certain degree of autonomy or discretion in their work. These bureaucrats are at the forefront of policy implementation, because they are implementers at the forefront and directly deal with the public as the target group for public policy. In carrying out tasks in the field, street-level bureaucrats often face implementation problems, in which they are required to make decisions or act based on their authority, and balance the demands of implementing formal policies with the needs of the people served (Lipsky, 2010; Brodtkin, 2012).

Some of the latest research in understanding what happens to street-level bureaucrats, Henderson states that when they act in emergency conditions, such as the current crisis caused by the Covid-19 pandemic, where critical conditions worsen, even the great scarcity of resources, ambiguity and lack of knowledge about new routines (handling Covid-19), and risks associated with disease (Silva et al., 2020), limited amount of information or time to make decisions (Tummers & Bekkers, 2014). Street-level bureaucrats (SLB) are constrained in their work by the limited resources and high demands they face in the daily operations of their work (Portillo & Rudes, 2014). The limitations of these lower-level implementers (street-level bureaucrats), in certain situations, make them act based on discretionary authority to balance the demands of formal policy implementation with the priorities of the people they serve (Lipsky, 2010; Brodtkin, 2012), so that lower-level implementers (street-level bureaucrats) level bureaucrats) are often described as “policy makers” rather than “policy makers” (Gofen & Lotta, 2021).

Coping Mechanism

Street level bureaucrats (SLB) have considerable discretion in implementing public policies. In interacting with the community, street level bureaucrats (SLB) have many different patterns of behavior in providing services to the community, both between agencies and between individuals in making policies given to the community. Lipsky (2010), states that they provide benefits and direct sanctions to the community, have common characteristics such as decision making based on discretion, and have relative autonomy from management. It is through their discretionary power that street level bureaucrats (SLB) are able to shape public policy at their place of duty.

Their working conditions consist of various aspects, such as the number and variety of community groups served, the reactions of the target groups served occur quickly. However, on the other hand, street-level bureaucrats face a dilemma, where they feel that the available resources are unable to meet the needs of requests made to them. Based on this condition, street-level bureaucrats made a number of agreements to overcome existing deficiencies by using various tricks or methods, which Lipsky called "coping", namely a form of maneuvering or diversion carried out by the apparatus in providing services to citizens to hide weaknesses or limited resources, such as trying to reduce demand for their services by limiting access to information about services, delaying service delivery, letting clients wait, making access to services difficult, and imposing various other psychological costs on clients (Boahen, 2016; Hohmann, 2016). Tummers & Rocco (2014), noted that coping is an important response to the problems of street-level bureaucrats, when the field of public administration does not have a comprehensive treatment classification.

Another form of coping carried out by street-level bureaucrats is rationing services by prioritizing activities concentrated on limiting the number of clients selected, cases and solutions (Lipsky, 2010). According to him, street-level bureaucrats tend to prefer activities that are easy to carry out, routine cases that have been programmed at the expense of more complex activities, which are not programmed, and cases that take up a lot of time. Likewise for program activities that are considered urgent and really needed by the community, usually given priority over preventive or preventive activities, and activities that are unreachable and cannot be achieved, or activities that require follow-up. Thus, in general, street-

level bureaucrats carry out activities that are easier to implement and do not require more serious attention.

However, according to Winter and Nielsen, street-level bureaucrats have high aspirations and strong ambitions to do a good job (Nielsen et al., 2009). They feel guilty about using coping mechanisms. Thus, both bureaucrats and clients are perceived to be in a lose-lose situation, bureaucrats are forced to handle clients differently than they would like, and clients are too weak to get what they want (Vedung, 2015).

Research Methods

This study uses a qualitative approach to investigate the understanding of policies for handling coronavirus disease 19 (Covid 19) by Street-Level Bureaucrats (SLB). In accordance with the choice of a qualitative approach, the author goes to the field to collect data in a natural context, interacts with subjects/participants to gain their perspective in the real world. The design used in this study is a case study. According to Creswell (2014) case studies are a typical design or strategy for qualitative research (Baxter & Jack, 2008). There are two data in this study, namely primary data and secondary data. Both types of data are used complementary to justify the implementation parameters of the policy for handling coronavirus disease 19 (Covid 19) by Street-Level Bureaucrats (SLB) that occur in research settings. Meanwhile, data analysis activities in this study were carried out from the beginning the data was collected, and carried out continuously until the end of the study. This is intended so that the deficiencies and weaknesses of the data obtained can be identified. Data analysis is the process of systematically tracking and organizing interview transcripts, field notes, and other materials, so that the researcher can present his findings. Several steps were taken in the process of analyzing this data including triangulation, data reduction, data categorization, determining and rotating the next research informant.

Results and Discussion

In implementing the Covid-19 handling policy, street-level bureaucrats are often faced with limited resources. Therefore, opportunities for coping behavior are very open for them. The results showed that some lower-level implementing bureaucrats who are members of the Covid-19 handling task force often take coping behavior, mainly because of pressure from the people they serve, for example asking to self-isolate at home for fear of infection. the Covid 19 virus if you are treated in a hospital, even though the risk you face is greater if you do independent isolation at home because your family or close people could become infected too. Another reason patients insist on self-isolation at home is so they can be close to their families who can help them at any time, compared to isolation at the hospital because their families cannot visit them. In a situation like this, the lower-level implementing bureaucrat apparatus who serves, is forced to agree to residents' requests by getting around writing acceptable reasons for isolation in their own homes. There are also lower-level implementing bureaucrats (street-level bureaucrats) agreeing to requests from community members infected with Covid 19 to isolate at their own homes due to limited equipment owned by puskesmas and hospitals.

These results indicate that the lower-level implementing bureaucrats generally carry out coping behavior to deal with the working conditions they face due to limited resources. This is in line with Lipsky's (1980) view that the unequal distribution of resources forces lower-level executive bureaucrats to adopt policies to deal with their deficiencies. The results of this study are also in accordance with the opinion of Lipsky (1980) which states that people often do not understand the laws and regulations that apply to services. In this case, it can be said that people tend to force their will to carry out independent isolation at their own homes, even though there is no guarantee that they will comply with the provisions

if they carry out independent isolation at home. However, due to the insistence of the infected residents, the lower-level implementing bureaucrats worked around this by writing down acceptable reasons for self-isolating at home. Another matter is related to coping behavior, that the lower-level implementing bureaucrats carry out coping behavior because of pressure from below (bottom-up), namely coming from members of the public who are infected with Covid 19 who want to self-isolate at home, and not because of limited resources, which are owned. This is different from Loveland's view, which states that surveillance behavior is carried out by lower-level executive bureaucrats because of pressure from above (top-down) (Alden, 2015).

The professionalism of the lower-level implementing bureaucrats (street-level bureaucrats) in providing services is urgently needed, especially when they want to take circumvention measures. Investigative behavior is often found in imposing sanctions for violations of health protocols and care facilities for residents infected with Covid 19. Several lower-level implementing bureaucrats, such as the TNI/Polri and health workers (doctors, paramedics and nurses) admit that they often engage in coping behavior in providing services to the community. . Coping measures taken by health workers usually do not require infected residents to self-isolate at the puskesmas or hospital and allow them to stay at home, because they see the condition of the puskesmas or hospital which does not support the availability of rooms and medical equipment. This action was taken because according to Tummers & Rocco (2014), street-level bureaucrats tend to prefer activities that are easy to carry out, as well as due to the limited resources that street-level bureaucrats have, namely the lack of personal protective equipment (PPE) in the form of hazmat suits for health workers to treat infected patients. On the other hand, for lower-level implementing bureaucrats such as the TNI/Polri, the usual form of coping behavior is not giving fines in the form of money to residents who leave the house without wearing masks, and not disbanding activities that cause crowds because they are customary activities (circumcision, allegiance). , and others). The coping behavior carried out by the lower level implementing bureaucrats is a reflection of the courage and professionalism of the lower level implementing bureaucrats (street-level bureaucrats) in serving the community. Experience in providing services for things that are indeed their daily duties makes it easier for lower-level implementing bureaucrats to carry out coping behavior.

The results of the researchers' monitoring concluded that actually the lower-level implementing bureaucrats (street-level bureaucrats) have a strong desire to succeed in implementing the policy for handling Covid 19, because handling Covid 19 will also have an impact on themselves and their families from the dangers of the Covid 19 virus. Results interviews with several health worker informants who said that they were forced to give permission for residents infected with Covid 19 to self-isolate at home, even though they should be isolated at the health center or hospital because of the limited resources they have. This finding is in line with the opinion of Nielsen et al. (2009) that street-level bureaucrats have a strong desire to carry out their duties properly, but due to limited resources for health infrastructure and facilities and widespread ignorance community members about the dangers of Covid 19, then regretfully coping behavior is carried out and they feel guilty using coping mechanisms, this situation is what Vedung (2015) says, that both bureaucrats and clients are considered to be in a lose-lose situation. The lower level implementing bureaucrats serve residents differently with the conditions desired by residents and residents are not in a position to demand the rights they should receive in health services.

Conclusion

In the implementation of the Covid 19 policy, lower-level executives (street-level bureaucrats) sometimes take coping measures because lower-level implementers are not matched by the provision of adequate service facilities and resources. The form of coping carried out by lower-level implementing officials is in the form of rejecting Covid-19 patients because the treatment rooms are almost full or

because the number of health workers is limited in serving Covid-19 patients in a hospital, or recommending Covid-19 patients to be referred to hospitals according to government regulations area.

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