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AN ADAPTIVE GOVERNANCE MODEL FOR ENHANCING REGIONAL HEALTH SERVICE RESILIENCE: A STUDY AT THE SIDOARJO REGENCY HEALTH OFFICE

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Abstract

Shifts in the strategic environment, technological advancements, and rising public expectations regarding healthcare quality require local government organizations to adopt adaptive governance and build service resilience. This study aims to analyze the implementation of adaptive governance at the Sidoarjo Regency Health Office, identify factors facilitating or hindering the development of healthcare service resilience, and formulate an adaptive governance model suited to the characteristics of local government organizations. A qualitative approach with a case study design was employed. Informants were selected via purposive sampling, comprising leadership, division heads, Community Health Center (Puskesmas) heads, healthcare workers, and relevant stakeholders. Data were collected through in-depth interviews, observation, and document analysis, then processed using the Miles, Huberman, and Saldaña interactive model, involving data condensation, data display, and conclusion drawing. The findings indicate that adaptive governance has been implemented through adaptive leadership, data-driven decision-making, organizational learning, cross-sector collaboration, and the use of digital technology in healthcare services. Healthcare service resilience is supported by visionary leadership, human resource competence, a learning-oriented organizational culture, information system integration, multi-stakeholder collaboration, and regulatory support. Conversely, hindering factors include rigid bureaucracy, resource limitations, resistance to change, suboptimal cross-unit coordination, a digital competence gap, and suboptimal data utilization. The study produces an "Adaptive Governance Model for Enhancing Regional Healthcare Service Resilience," integrating input, process, output, and outcome components into an adaptive governance framework designed to strengthen organizational capacity in delivering resilient, responsive, innovative, and sustainable healthcare services.

Keywords: adaptive governance; organizational resilience; health services; slocal government.

INTRODUCTION

Healthcare services are a crucial pillar in achieving public well-being and serve as a benchmark for the success of a government focused on public service. In recent years, healthcare systems across various countries have faced increasingly complex challenges ranging from pandemics, demographic shifts, and the rise of non-communicable diseases to digital technological advancements and public demands for services that are fast, high-quality, transparent, and sustainable (Neto & Wyl, 2024). This situation requires public organizations particularly health institutions to possess not only administrative capacity but also the expertise to adapt to a dynamically changing environment. Research indicates that health system resilience is a strategic concept for maintaining the continuity of health services in the face of various shocks, while governance is considered a key factor determining a health system's ability to anticipate, respond to, and learn from such changes (Elbukhari & Blancet, 2025; Paschoalotto et al., 2026). Nevertheless, the link between adaptive governance and healthcare resilience requires a more in-depth theoretical

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framework to explain how public organizations develop the adaptive capacity to navigate uncertainty. Consequently, strengthening adaptive governance is viewed as an increasingly vital approach to enhancing the effectiveness of regional healthcare delivery in an era of rapid change.

In the Indonesian context, health decentralization grants local governments through their health agencies greater authority to design, manage, and oversee various healthcare programs tailored to the specific characteristics of their respective regions (Rintani & Wibowo, 2019). Conversely, the increasing complexity of public health issues, resource constraints, the need for digital transformation, the integration of primary care services, and demands for cross-sector coordination compel regional health organizations to possess a high degree of adaptability. Healthcare organizations characterized by adaptive leadership, an innovation-supportive culture, technological readiness, effective human resource management, and collaboration with diverse stakeholders will be more effective in maintaining service quality, even when facing environmental pressures or changes (Janssen & van der Voort, 2016). Healthcare service resilience is understood not merely as the ability to overcome crises, but also as the capacity for continuous organizational transformation through learning, innovation, and adaptive decision-making (Lyng et al., 2021). This indicates that an adaptive governance approach plays an increasingly crucial role in establishing robust and sustainable regional health service systems.

Various previous studies have examined the relationship between management and health services, yet they still exhibit shortcomings. Belloni et al. (2025) emphasizes that management is a crucial factor in creating health system resilience, but the theoretical basis for the relationship between the two is still weak. Irwansyah & Qamal (2026) reveals that adaptive governance can improve access to health services within initiatives to accelerate stunting reduction through institutional strengthening and cross-sector collaboration, yet the focus remains on a specific health program. Harjono et al. (2026) A systematic literature review highlights the significance of strategic resilience in post-pandemic public services integrating adaptive governance, dynamic capabilities, and digital transformation yet it has not yielded an implementation model for local government agencies. Meanwhile, the majority of research in Indonesia continues to focus on service quality assessment, public satisfaction, or health policy implementation, without incorporating the concept of adaptive governance as a foundation for building organizational resilience in healthcare services (Ashton et al., 2020; Laila et al., 2025). Consequently, there remains a research gap regarding the practical implementation of adaptive governance within local government organizations to foster resilient health services.

Addressing this gap, this study introduces a novel contribution by developing an Adaptive Governance Model to Enhance Local Health Service Resilience, designed through an empirical study at the Sidoarjo Regency Health Office. Unlike existing research which tends to focus separately on program effectiveness, cross-sector collaboration, or service quality this study integrates dimensions such as adaptive leadership, institutional capacity, multi-actor collaboration, the use of data and digital technology, organizational learning, and adaptive decision-making mechanisms into a unified governance model capable of bolstering local health service resilience. The research aims to analyze the implementation of adaptive governance at the Sidoarjo Regency Health Office, identify the factors that facilitate or hinder the strengthening of health service resilience, and formulate an adaptive

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governance model tailored to the characteristics of local government organizations. The primary objective is to produce a model both conceptual and practical that can serve as a guide for local governments to enhance organizational adaptive capacity, thereby enabling health services to maintain high performance, responsiveness, innovation, and sustainability amidst the evolving strategic environment.

THEORITICAL REVIEW

This study adopts adaptive governance theory as the primary framework for analyzing the implementation of adaptive governance at the Sidoarjo Regency Health Office. Public organizations need the capacity to adapt to complex, dynamic, and uncertain environmental changes. Unlike conventional management—which is typically hierarchical and structured—adaptive governance emphasizes an organization's ability to adapt to change through responsive leadership, rapid decision-making, multi-stakeholder collaboration, organizational learning, the utilization of information and technology, and continuous innovation (Boikanyo, 2025; Janssen & van der Voort, 2016).

In the context of local government organizations particularly health agencies this theory is applied to understand how organizations effectively manage health policy changes, technological advancements, public expectations, and the diverse challenges inherent in healthcare delivery. Consequently, the theory of adaptive governance serves as a foundation for analyzing governance implementation processes that enhance an organization's capacity to provide responsive, adaptive, and sustainable healthcare services.

To identify the elements that facilitate or hinder the development of healthcare service resilience, this study utilizes the theory of organizational resilience originally introduced by Lengnick-Hall, Beck, and Lengnick-Hall, and further developed by Barasa within the context of health systems (Bradley & Alamo-Pastrana, 2022; Hollands et al., 2024; Xiao & Cao, 2017). This theory posits that organizational resilience is the ability to confront, respond to, adapt to, and recover from various changes and disruptions without compromising the quality of service provided. Resilience is shaped not only by individual capacity but also by the organization's ability to foster effective leadership, a learning-oriented culture, workforce capacity, integrated information systems, inter-agency collaboration, and transparent communication, alongside adequate policy support and resources. Conversely, rigid bureaucracy, limited funding, resistance to change, poor coordination, low information integration, and a lack of staff expertise can hinder the creation of a resilient organization (Chughtai et al., 2023). In this study, organizational resilience theory is applied to examine the various internal and external conditions influencing the Sidoarjo Regency Health Office's ability to maintain and improve the quality of health services amidst changes in the strategic environment.

METHOD

This study employs a qualitative approach with a case study design to gain a comprehensive understanding of the application of adaptive governance in strengthening regional healthcare service resilience at the Sidoarjo Regency Health Office. This approach was selected for its ability to

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thoroughly explore the processes, experiences, and management dynamics within the organization, thereby yielding a complete understanding of organizational adaptation practices in the face of various healthcare service challenges. The research was conducted at the Sidoarjo Regency Health Office, with informants selected via purposive sampling—specifically, individuals possessing an understanding of and direct involvement in healthcare service delivery. The informants included the Head of the Health Office, the office secretary, division heads, heads of community health centers (Puskesmas), healthcare workers, and other stakeholders involved in the planning, implementation, and evaluation of healthcare service policies.

Data were collected through in-depth interviews, observation, and document analysis. Interviews followed a semi-structured format to explore the organization's experiences, adjustment strategies, and the difficulties it encountered. Observations were used to assess the actual conditions of healthcare service delivery, while documentation involved analyzing policy documents, strategic plans, performance reports, standard operating procedures, and other relevant supporting documents (Pahleviannur et al., 2022). Data analysis was conducted interactively using a model Huberman & Miles (2012) which encompasses data reduction, data presentation, as well as drawing and verifying conclusions. Data validity is maintained through source triangulation, technique triangulation, and participant checks to ensure the research findings possess a high level of credibility, consistency, and trustworthiness. The analysis results are subsequently utilized to formulate an Adaptive Governance Model for Enhancing Regional Health Service Resilience, tailored to the specific characteristics of the Sidoarjo Regency Health Office.

RESULT AND DISCUSSION

1. IMPLEMENTATION OF ADAPTIVE GOVERNANCE IN HEALTH SERVICES AT THE SIDOARJO REGENCY HEALTH OFFICE

Study findings indicate that the implementation of adaptive governance within the Sidoarjo Regency Health Office has become a crucial element in healthcare service delivery, enabling adaptation to changing community needs and government policies. Interviews with the Head of the Office, the office secretary, division heads, and several heads of community health centers (Puskesmas) revealed that decision-making processes are no longer strictly hierarchical; instead, they involve inter-divisional coordination through regular meetings, program evaluations, and discussions across work units prior to finalizing decisions. This approach allows each sector to provide input based on real-world conditions, ensuring that decisions respond more swiftly to healthcare service issues. One informant stated, "Whenever there is a policy change from the central or provincial government, we do not immediately implement it administratively; instead, we first analyze its impact on field services. Then, all divisions convene to formulate the most appropriate course of action tailored to the conditions in Sidoarjo Regency." Observations indicate that coordination meetings serve not only as a means to convey instructions but also as a forum for sharing information, evaluating program achievements, and formulating follow-up strategies. Documentation—including meeting minutes, work plans, and evaluation reports—points to a regular coordination mechanism that is part of the organization's effort to establish flexible governance.

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Research results demonstrate that the Health Office's ability to adapt to changing community service needs reflects organizational flexibility. Informants noted that when regulatory changes occur, cases of specific diseases rise, or national priority programs emerge, the organization can adjust task distribution, allocate resources, and reschedule activities without disrupting ongoing services. Decisions are made using data derived from health information systems, community health center reports, disease surveillance, and program monitoring and evaluation results. Several division heads stated that data is utilized not merely for reporting purposes but also serves as a foundation for setting program priorities, distributing healthcare personnel, and planning interventions in areas requiring urgent attention. Observations indicate that the use of dashboards to monitor health indicators and electronic reporting systems enables leadership to access information more quickly, thereby making the decision-making process more efficient compared to relying solely on manual reports.

Furthermore, the implementation of adaptive governance is evident through organizational learning, cross-sector collaboration, and the use of digital technology. Interview results indicate that every program evaluation is followed by the identification of best practices and implementation challenges, serving as input for improvements in subsequent periods. The organization regularly engages staff in training, technical guidance, and experience-sharing forums among community health centers (Puskesmas) to enhance human resource capabilities. Meanwhile, the implementation of health programs extends beyond internal Health Office units to include collaboration with hospitals, sub-district and village governments, BPJS Kesehatan (Social Security Agency on Health), professional organizations, educational institutions, and various community elements. Such collaboration is considered essential for accelerating the resolution of health issues that cannot be addressed by a single institution alone. The use of digital technology has advanced through the implementation of health information systems, reporting applications, online communication platforms, and electronic administrative services, all of which facilitate coordination and expedite information distribution to healthcare facilities. Documentation reveals that digitalization has become a key tool for enhancing the efficiency of healthcare service management within the Sidoarjo Regency Health Office.

These findings align with adaptive governance theory, which posits that public organizations must possess the ability to adapt to change through adaptive leadership, continuous learning, stakeholder collaboration, and flexible, information-based decision-making (Mahardhani et al., 2021). From the perspective of that theory, an organization's ability to adjust policies in response to environmental changes is a key characteristic of adaptive governance. Research findings indicate that the Sidoarjo Regency Health Office has established coordination mechanisms that prioritize participation over the command-oriented nature of traditional bureaucracy. The use of data as a basis for decision-making also reflects a shift toward evidence-based governance, ensuring that organizational decisions are driven not merely by administrative considerations but also by the healthcare needs emerging within the community (Schneider et al., 2026). This situation indicates that the implementation of adaptive governance has enabled the organization to respond more effectively to changes in the strategic environment.

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Furthermore, the implementation of organizational learning, cross-sector collaboration, and the use of digital technology enhances the organization's adaptive capacity to deliver sustainable healthcare services (Mahardhani, 2023). Based on adaptive governance theory, an organization's ability to engage in continuous learning, build collaborative networks, and leverage technology is crucial for public organizations facing ever-evolving, complex challenges. Research findings indicate that these three aspects collectively enhance coordination effectiveness, accelerate information flow, and strengthen the organization's capacity to respond to public needs. Nevertheless, the implementation of adaptive governance still requires strengthening in areas such as cross-system data integration, enhancing the digital capacity of personnel, and establishing organizational learning mechanisms to ensure that the adaptation process does not rely on specific individuals or leadership figures (Giorbelidze, 2025). Therefore, the implementation of adaptive governance at the Sidoarjo Regency Health Office can be classified as successful, serving as a crucial foundation for creating a healthcare service organization that is more responsive and innovative, and capable of sustainably navigating environmental changes.

2. FACILITATING AND INHIBITING FACTORS IN BUILDING HEALTHCARE RESILIENCE

Research findings indicate that the Sidoarjo Regency Health Office's ability to strengthen healthcare service resilience is supported by various interconnected internal factors. Interviews with organizational leaders, division heads, community health center (Puskesmas) heads, and healthcare workers reveal that visionary and adaptive leadership is a key factor enabling the organization to deliver optimal services despite policy changes and shifting community needs. Informants stated that leaders function not only as decision-makers but also as facilitators who encourage open communication, inter-divisional coordination, and collaborative problem-solving. Furthermore, human resource capabilities are seen to be continuously improving through training, technical assistance, continuing education, and experience-sharing activities across work units. Observations show that employees have opportunities to participate in various skill development programs tailored to healthcare service needs. An organizational culture that supports learning is also reflected in the conduct of periodic evaluations, post-program reflective dialogues, and opportunities for employees to propose ideas or service innovations. This environment fosters a more flexible workplace, allowing the organization to learn from experience and continuously improve service quality.

Other supporting factors include the growing integration of health information systems, cross-sector collaboration, and support from local government policies. Interview results indicate that the use of health information systems has accelerated reporting processes, the monitoring of health indicators, and program prioritization compared to manual methods. Data from community health centers, hospitals, and other service units are being consolidated to support decision-making at the agency level. Informants also noted that the success of various health programs relies heavily on collaboration with local governments, healthcare facilities, BPJS Kesehatan (Social Security Agency on Health), professional organizations, universities, civil society organizations, and village-level health volunteers. This cooperation facilitates data exchange, expands service coverage, and accelerates the implementation of diverse public health programs. Additionally, national regulations

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and local policies provide clear guidelines for health program implementation and enhance the organization's legitimacy in developing service innovations.

Nevertheless, research findings also highlight several factors that continue to hinder the strengthening of healthcare service resilience. Informants noted that bureaucratic structures which tend to be hierarchical can prolong strategic decision-making processes, particularly when multiple organizational levels are involved. Furthermore, budgetary and human resource constraints remain obstacles to implementing priority health programs, especially those requiring technological support and staff capacity building.

Some informants also acknowledged that employees do not share a uniform level of readiness for change; consequently, resistance to new work systems and digital technologies persists in certain units. Observations indicate that inter-departmental coordination is not yet fully effective, largely due to differing program priorities and operational approaches across units. Additionally, varying levels of digital proficiency among employees have prevented the information systems from being utilized to their full potential. Certain operational decisions continue to rely on practical experience rather than comprehensive data analysis, meaning the potential to use data as a foundation for decision-making has not been fully maximized throughout the healthcare service management process.

The results of this study are in accordance with the theory of Organizational Resilience formulated by Lengnick-Hall et al. (2011) ...which states that a resilient organization is one capable of responding to change, adapting to various constraints, and maintaining performance by strengthening both internal and external capacities. From the perspective of this theory, key assets for developing organizational capabilities to cope with environmental changes include adaptive leadership, human resource competencies, a learning culture, integrated information systems, collaborative networks, and policy support (Mahardhani et al., 2025; Mashudi et al., 2023). Research findings indicate that these factors have evolved within the Sidoarjo Regency Health Office, contributing to an enhanced organizational capacity to sustain healthcare services. The organization is not only able to maintain the implementation of existing programs but also demonstrates the ability to adapt service strategies in response to community needs and changing policies (Naveed et al., 2022). In this way, healthcare service resilience is built through a combination of leadership capabilities, the quality of human resources, organizational learning, and mutually reinforcing institutional support.

Conversely, organizational resilience theory also posits that an organization's adaptive capacity can be compromised if it remains confronted with various structural and cultural constraints (Xiao & Cao, 2017). An insufficiently flexible bureaucratic structure, resource limitations, resistance to change, weak inter-unit collaboration, a digital competency gap, and suboptimal data utilization are factors that can diminish an organization's ability to respond to change quickly and accurately (Karpouzoglou et al., 2016). Research findings indicate that while these obstacles have not yet disrupted the continuity of health services, they could undermine the effectiveness of implementing adaptive governance if not promptly addressed. Therefore, strengthening health service resilience requires not only the provision of resources but also a shift in organizational culture, the simplification of coordination mechanisms, the enhancement of staff digital literacy, and

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the strengthening of data-driven governance (Arnaud et al., 2024). By enhancing supporting factors and mitigating these various obstacles, the Sidoarjo Regency Health Office will possess greater adaptive capacity to navigate changes in the strategic environment and be able to provide robust, responsive, and sustainable health services.

3. ADAPTIVE GOVERNANCE MODEL FOR ENHANCING REGIONAL HEALTHCARE SERVICE RESILIENCE

Research findings indicate that the implementation of adaptive governance at the Sidoarjo Regency Health Office demonstrates that healthcare service resilience is shaped not by a single factor, but through the integration of various interconnected organizational components. Data from interviews, observations, and documentation reveal that flexible leadership plays a pivotal role in fostering a work culture prepared for change, enhancing inter-unit coordination, and driving decision-making that is more responsive to community needs. Meanwhile, human resource capabilities, organizational learning, cross-sector collaboration, and the use of digital technology serve as supporting elements that boost organizational capacity to navigate environmental changes. Conversely, rigid bureaucracy, resource constraints, resistance to change, digital skill gaps, and suboptimal data utilization present challenges that require systematic management. These results suggest that organizational success in establishing resilient healthcare services hinges on the ability to integrate all these components into a flexible management system, rather than merely improving a single organizational aspect.

Based on a synthesis of field findings, this study formulates an Adaptive Governance Model to Enhance Regional Healthcare Service Resilience, constructed upon the interactions between variables identified during the research. The model comprises four main components: inputs, processes, outputs, and outcomes. Input components include flexible leadership, human resource capabilities, regulatory support, access to information technology, a learning-oriented organizational culture, and collaboration with diverse stakeholders. The process component illustrates how the organization implements adaptive governance through data-driven decision-making, cross-sector collaboration, organizational learning, service innovation, transparent communication, and the ability to adapt to strategic environmental changes. Furthermore, the output component is reflected in improved coordination quality, service effectiveness, organizational response speed, increased service innovation, and strengthened institutional capacity. The expected outcome is the establishment of healthcare service resilience, demonstrated by the organization's ability to maintain service quality, adapt to change, and boost public trust in local government healthcare services.

The designed model also demonstrates that the interactions between these components are dynamic, forming a continuous learning cycle (Nikitenko et al., 2025). Research findings indicate that the effectiveness of adaptive governance is largely determined by an organization's ability to identify enabling factors and sustainably manage various obstacles. Thus, this model not only represents the linear relationship between inputs, processes, outputs, and outcomes but also positions evaluation and learning as feedback mechanisms that enable the organization to continuously improve policies and services. Through these mechanisms, every experience gained during program implementation whether successful or fraught with challenges serves as a source of learning for the organization

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when formulating future policies. These findings represent a research innovation by creating a conceptual model that comprehensively integrates the dimensions of adaptive governance and organizational resilience within the context of local government health service management—areas that, in previous studies, have frequently been examined in isolation.

The resulting model aligns with adaptive governance theory, which posits that public organizations possess adaptive capacity when they integrate leadership, learning, collaboration, institutional flexibility, and the use of information into all decision-making processes (Janssen & van der Voort, 2016; Katiyar et al., 2025). The theory posits that adaptive management is not merely an organization's ability to respond reactively to change, but rather a continuous process involving collaborative learning, coordination among various stakeholders, and innovation in the face of uncertainty. The study's findings reinforce this perspective by demonstrating that the implementation of adaptive governance at the Sidoarjo Regency Health Office was more successful when all organizational elements were interconnected and supported by a continuous evaluation system. Consequently, the resulting model not only applies existing theoretical concepts but also enriches adaptive governance theory with empirical data from a local government organization in the health sector.

Furthermore, this model advances the application of Organizational Resilience theory, which holds that organizational resilience is forged through an organization's capacity to anticipate, respond to, adapt to, and continuously undergo change (Elbukhari & Blancet, 2025). Research findings indicate that healthcare service resilience is not merely a matter of resource availability; it is also shaped by the quality of management—specifically, the ability to integrate leadership, organizational learning, digital technology adoption, multi-stakeholder collaboration, and data-driven decision-making into a unified system. The resulting adaptive governance model offers practical value by serving as a guide for the Sidoarjo District Health Office and other local government bodies seeking to enhance their institutional adaptive capacity. Implementation of this model is recommended through strengthening adaptive leadership, enhancing workforce capabilities, developing integrated health information systems, optimizing cross-sector collaboration, fostering a culture of organizational learning, and conducting data-based institutional evaluations. Consistent application of these components is expected to enable organizations to deliver healthcare services that are more adaptive, innovative, responsive, and sustainable in the face of diverse changes in the strategic environment (Buonocore et al., 2024; Faguet, 2004).

CONCLUSION

This study indicates that adaptive governance has been implemented at the Sidoarjo Regency Health Office through adaptive leadership, data-driven decision-making, organizational learning, cross-sector cooperation, and the use of digital technology to enhance healthcare service quality. An organization's ability to build healthcare service resilience is influenced by various enabling factors, such as visionary leadership, human resource competence, a learning-oriented organizational culture, information system integration, stakeholder collaboration, and regulatory support. Conversely, inhibiting factors include rigid bureaucratic structures, resource limitations, resistance to change, suboptimal inter-unit coordination, digital competency gaps, and underutilized data in

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decision-making. Based on a synthesis of the findings, this study develops an Adaptive Governance Model for Enhancing Regional Healthcare Service Resilience, integrating input, process, output, and outcome elements into a cohesive, interconnected, and sustainable governance system. The model positions adaptive leadership, organizational capacity building, stakeholder cooperation, organizational learning, digitalization, and data-driven evaluation as the cornerstones for creating healthcare services that are resilient, responsive, innovative, and capable of adapting to change.

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