Research Horizon

ISSN: 2808-0696 (p), 2807-9531 (e)

Research Horizon
Volume: 06
Issue: 03
Year: 2026
Page: 1541-1556

Citation:
Manggo, B. A., Tebay, V., & Kuntag, J. R. (2026). Management of policy implementation and perceived organizational performance: The mediating effect of implementer disposition. *Research Horizon*, *6*(3), 1541-1556.

Article History:
Received: May 30, 2026
Revised: June 16, 2026
Accepted: June 24, 2026
Online since: June 25, 2026

Management of Policy Implementation and Perceived Organizational Performance: The Mediating Effect of Implementer Disposition

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Abstract

This study investigates the direct and indirect effects of organizational resources, bureaucratic structure, and implementation communication on perceived public organizational performance through implementer disposition at the Nabire Regency AIDS Commission. A cross-sectional survey involved 80 respondents from government agencies, health facilities, civil society organizations, working groups, and target-group networks. Structural equation modeling with maximum likelihood estimation was used, while model fit and indirect effects were examined through Bollen–Stine and bias-corrected bootstrapping with 5,000 resamples. Model fit was mixed: CMIN/DF = 1.427 and RMSEA = 0.073 were acceptable, and Bollen–Stine p = 0.359 did not reject model fit, although several incremental and absolute fit indices remained below their reference values. Resources, bureaucratic structure, and communication were positively related to implementer disposition under maximum likelihood estimation, but the paths from structure and communication were not robust in the bootstrap test at the 5% level. Resources, communication, and disposition were positively related to perceived performance, whereas the direct path from bureaucratic structure was not significant. The model explained 56.0% of disposition variance and 84.9% of perceived-performance variance. Disposition significantly mediated the relationships of resources and communication with performance, but not the relationship of bureaucratic structure with performance.

Keywords

Bureaucratic Structure, Communication, Implementer Disposition, Perceived Public Organizational Performance, Policy Implementation, Resources.

1. Introduction

Policy implementation connects formal government decisions with organizational action and public outcomes. Regulations and programs do not implement themselves, organizations must allocate resources, distribute authority, coordinate actors, communicate expectations, and secure implementer acceptance. Implementation is therefore both an administrative and a managerial-behavioral process through which policy mandates become consistent practice (Van Meter & Van Horn, 1975; Grindle, 1980; Mazmanian & Sabatier, 1983). Contemporary research further distinguishes determinants, processes, implementation outputs, service outcomes, and policy impacts. It shows that internal organizational conditions, including resources, work arrangements, communication, leadership, and readiness, interact with implementer characteristics in shaping implementation quality (Damschroder et al., 2022a; Caci et al., 2025).

These issues are central to HIV/AIDS control because implementation depends on local government, health facilities, civil society organizations, communities, cadres, peer groups, and target populations. Multiple actors expand service reach but also increase demands for adequate resources, clear roles, consistent procedures, referral coordination, and information exchange. In this setting, the Nabire Regency AIDS Commission operates primarily as a coordinating network rather than through a single hierarchical chain of command. Nabire Regency Regional Regulation Number 7 of 2014 defines the control mandate as health promotion, transmission prevention, testing and diagnosis, treatment, care, support, and rehabilitation. Regional coordination and community empowerment were institutionally supported by the Minister of Home Affairs Regulation Number 20 of 2007, while the technical framework covered promotion, prevention, examination, treatment, care, support, rehabilitation, surveillance, reporting, monitoring, and evaluation under Minister of Health Regulation Number 23 of 2022.

Nabire also presents a substantial epidemiological and organizational challenge. Provincial data recorded 9,287 cumulative HIV and AIDS cases through December 2022, the highest reported total in the Papua region during that period (Government of Papua Province, 2023). This figure indicates extensive needs for coordination, assistance, treatment continuity, and service access, but it is not a direct measure of commission performance. Cumulative cases may rise because testing expands, older infections are identified, recording systems change, patients move between districts, or diagnosis occurs outside the place of residence. This study measures perceived public organizational performance through effectiveness, efficiency, adequacy, equity, responsiveness, and appropriateness rather than through epidemiological change alone (Dunn, 2018).

Evidence from HIV-service research consistently identifies organizational and behavioral constraints. Differentiated-service models are affected by personnel, financing, medicines, space, transportation, laboratory capacity, time, information systems, governance, referral procedures, supervision, and leadership (Belay et al., 2022). Community health workers face similar barriers in training, equipment, funding, transport, supervision, and integration with facilities (Ngcobo et al., 2022). Indonesian studies emphasize medicine availability, cost, distance, service procedures, communication, social support, peer assistance, trust, and provider attitudes in maintaining access and engagement (Iryawan et al., 2022; Hutahaean et al., 2023). Knowledge, training, professional background, experience, and institutional support are also related to stigma and health-worker behavior toward people living with HIV (Langi et al., 2022; Triana et al., 2024).

Although these studies identify important barriers, they usually examine access, adherence, stigma, community-health-worker roles, or specific service models separately. Integrated evidence on organizational resources, bureaucratic structure,

implementation communication, implementer disposition, and organizational performance remains limited, particularly for a cross-sectoral public network in Papua. Edwards III (1980) treats disposition as implementers' acceptance, commitment, responsibility, and willingness to act. Resources, procedures, and information may be available without producing performance when implementers do not use them or do not support policy objectives. Research on readiness and implementation climate similarly suggests that organizational support influences implementation through commitment and behavioral response (Triana et al., 2024; Williams et al., 2024; Caci et al., 2025).

Despite the institutional framework established for HIV/AIDS control, little empirical evidence explains how internal organizational mechanisms influence the performance of the Nabire Regency AIDS Commission as a cross-sectoral coordinating network. Given the high HIV/AIDS burden in Nabire and the complexity of inter-organizational collaboration required for policy implementation, examining these mechanisms is essential to identify factors that strengthen organizational performance beyond epidemiological outcomes. The study examines direct relationships with disposition and performance and indirect relationships through disposition. Environmental conditions are excluded to maintain focus on internal organizational and behavioral mechanisms. Its contribution lies in testing whether implementer disposition explains how capacity, formal arrangements, and communication are translated into perceived performance within the Nabire Regency AIDS Commission's networked organizational setting.

2. Literature Review and Hypothesis Development

2.1. The Influence of Organizational Resources

Organizational resources represent the capacities required to transform policy objectives into operational activities and service delivery. According to Edwards III (1980), resources encompass human resources, information, authority, and facilities that enable implementers to perform assigned responsibilities effectively. From a policy implementation perspective, resources determine whether organizational members possess sufficient capacity to execute policy directives, coordinate activities, and address implementation challenges. Adequate resources reduce uncertainty, improve perceptions of feasibility, and create favorable conditions for implementers to support policy objectives (Borman et al., 2025). Conversely, shortages of personnel, information, infrastructure, or financial support may increase work pressure and reduce confidence in achieving expected outcomes. Contemporary implementation research similarly emphasizes available resources as a critical component of the organizational environment influencing implementation readiness, commitment, and implementation effectiveness (Damschroder et al., 2022b; Caci et al., 2025). Therefore, sufficient organizational resources are expected to strengthen implementers' willingness and commitment to perform implementation tasks (Rose et al., 2010).

The importance of organizational resources is consistently demonstrated in HIV-service implementation studies. Research has identified staffing, funding, medicines, transportation, laboratory capacity, supervision, information systems, and operational support as essential determinants of successful service delivery (Belay et al., 2022; Ngcobo et al., 2022). In Indonesia, resource availability, including access to medicines, service facilities, and supporting infrastructure, has been associated with improved continuity of care and service utilization among people living with HIV/AIDS (Iryawan et al., 2022). Beyond influencing implementation behavior, resources also contribute directly to organizational performance by enabling outreach activities, referral coordination, problem-solving processes, and continuity of services. However, resources can only generate optimal outcomes when

implementers are willing to utilize them effectively. Consequently, organizational resources are expected to positively influence implementer disposition and perceived public organizational performance.

H1a: Organizational resources have a positive effect on implementer disposition.
H1b: Organizational resources have a positive effect on perceived public organizational performance.

2.2. The Influence of Bureaucratic Structure

Bureaucratic structure refers to the formal arrangements that organize authority, responsibilities, coordination mechanisms, and operational procedures within an implementing organization. Edwards III (1980) identifies Standard Operating Procedures (SOPs) and fragmentation as key structural dimensions affecting implementation effectiveness. SOPs provide guidance for consistent action, while fragmentation concerns the distribution of responsibilities across units and organizations. In the implementation of public policy, a clear bureaucratic structure helps define roles, establish accountability, and facilitate coordination among multiple actors. Such arrangements reduce ambiguity regarding responsibilities and decision-making authority, thereby strengthening implementers' understanding of their contributions to policy objectives. Conversely, unclear procedures, overlapping responsibilities, and weak coordination mechanisms may create confusion, delay decision-making processes, and diminish individual commitment to implementation activities. Therefore, a well-structured organizational system is expected to encourage positive implementer attitudes and greater willingness to fulfill assigned responsibilities.

The relevance of bureaucratic structure is particularly evident in HIV/AIDS control programs, where implementation depends on collaboration among government agencies, healthcare facilities, civil society organizations, and community groups. Research indicates that governance arrangements, referral systems, supervision mechanisms, task allocation, recordkeeping procedures, and community-facility integration significantly influence implementation quality and service effectiveness (Belay et al., 2022; Ngcobo et al., 2022). Effective structures facilitate information flow, improve coordination, and support accountability across organizational boundaries. These conditions contribute directly to organizational performance by enhancing consistency, responsiveness, and service continuity. At the same time, clearly defined responsibilities and procedures can strengthen implementers' sense of ownership, responsibility, and commitment toward policy goals. Consequently, bureaucratic structure is expected to influence both implementer disposition and perceived public organizational performance.

H2a: Bureaucratic structure has a positive effect on implementer disposition.
H2b: Bureaucratic structure has a positive effect on perceived public organizational performance.

2.3. The Influence of Implementation Communication

Implementation communication refers to the transmission, interpretation, and exchange of information related to policy objectives, procedures, responsibilities, and implementation activities. Edwards III (1980) emphasizes that successful implementation depends on communication that is effectively transmitted, clearly understood, and consistently delivered. Communication serves as a mechanism through which organizational members develop a shared understanding of policy goals and expected actions. Within implementation networks, communication also facilitates coordination among actors with different institutional backgrounds,

mandates, and responsibilities. Clear and timely communication reduces uncertainty, clarifies expectations, and provides opportunities for feedback and problem-solving. In contrast, incomplete, inconsistent, or contradictory messages may generate misunderstanding and weaken implementers' commitment to policy objectives. Therefore, communication is expected to play a significant role in shaping implementers' attitudes, acceptance, and willingness to act.

Empirical studies in HIV/AIDS services further highlight the importance of communication in supporting implementation effectiveness. Research has demonstrated that communication between healthcare providers and patients, peer support interactions, counseling processes, and information dissemination activities contribute to service engagement, trust, and continuity of care (Iryawan et al., 2022; Hutahaean et al., 2023). Furthermore, implementation strategies involving communication are more effective when combined with training, supervision, feedback mechanisms, and institutional support systems (Pereira et al., 2022; Ferguson et al., 2023). Effective communication can improve referral coordination, facilitate collaborative problem solving, and ensure consistent implementation practices across organizations. These outcomes not only strengthen organizational performance but also foster greater implementer commitment and responsibility. Accordingly, implementation communication is expected to positively influence implementer disposition and perceived public organizational performance.

H3a: Implementation communication has a positive effect on implementer disposition.
H3b: Implementation communication has a positive effect on perceived public organizational performance.

2.4. The Influence of Implementer Disposition

Implementer disposition refers to the attitudes, commitment, acceptance, responsibility, and willingness of implementers to carry out policy directives. According to Edwards III (1980), policy implementation may fail even when communication is effective and resources are available if implementers do not support policy goals or lack the motivation to act. Disposition reflects the behavioral dimension of implementation and encompasses awareness of responsibilities, acceptance of policy objectives, commitment to organizational goals, and responsiveness toward target groups. It is shaped by various organizational factors, including leadership support, incentives, recognition, work assignments, and institutional support systems. While organizational resources, structure, and communication provide the conditions necessary for implementation, disposition determines whether these conditions are translated into meaningful action. Consequently, implementer disposition represents a critical behavioral mechanism linking organizational capacity to implementation outcomes.

In the context of HIV/AIDS services, disposition is reflected through empathy, professionalism, confidentiality, nondiscriminatory behavior, and willingness to assist vulnerable populations. Previous studies have shown that healthcare workers' attitudes and behaviors are influenced by knowledge, training, professional experience, organizational support, and workplace conditions (Langi et al., 2022; Triana et al., 2024). Positive attitudes toward people living with HIV/AIDS contribute to better service quality, stronger client engagement, and improved continuity of care. Similarly, research on implementation leadership and implementation climate suggests that supportive organizational environments can enhance implementation fidelity by influencing individual commitment and behavioral responses (Williams et al., 2024). Because implementers play a central role in translating policy directives into practice, a stronger disposition is expected to contribute positively to perceived public organizational performance.

H4: Implementer disposition has a positive effect on perceived public organizational performance.

2.5. The Influence of Implementer Disposition as a Mediator

Policy implementation literature increasingly recognizes that organizational conditions do not automatically produce implementation success. Rather, organizational factors often influence outcomes through behavioral mechanisms operating at the individual level. Edwards III (1980) argues that resources, communication, and bureaucratic arrangements may fail to achieve desired results when implementers do not accept policy objectives or are unwilling to act. This perspective suggests that implementer disposition functions as an intervening mechanism through which organizational conditions are translated into implementation behavior and performance outcomes. Similarly, implementation research highlights the importance of commitment, readiness, and behavioral responses in determining whether organizational capacities are effectively utilized (Damschroder et al., 2022a; Caci et al., 2025). Therefore, implementer disposition provides a theoretical explanation for how organizational resources, bureaucratic structure, and communication affect organizational performance.

Empirical evidence further supports the mediating role of behavioral factors in implementation processes. Resource adequacy can enhance commitment and confidence, thereby encouraging implementers to use available capacities more effectively (Caci et al., 2025; Elakpa et al., 2026). Likewise, clear organizational structures can strengthen responsibility and ownership by clarifying roles and accountability mechanisms (Belay et al., 2022; Ngcobo et al., 2022). Effective communication can improve understanding, trust, and acceptance of implementation objectives, resulting in stronger commitment and more consistent implementation behavior (Ouedraogo & Ouakouak, 2018; Pereira et al., 2022). These behavioral responses are expected to contribute to improved effectiveness, efficiency, responsiveness, and overall organizational performance. Implementer disposition is proposed as a mediating variable that explains how organizational resources, bureaucratic structure, and implementation communication are translated into perceived public organizational performance.

H5a: Implementer disposition mediates the effect of organizational resources on perceived public organizational performance.
H5b: Implementer disposition mediates the effect of bureaucratic structure on perceived public organizational performance.
H5c: Implementer disposition mediates the effect of implementation communication on perceived public organizational performance.

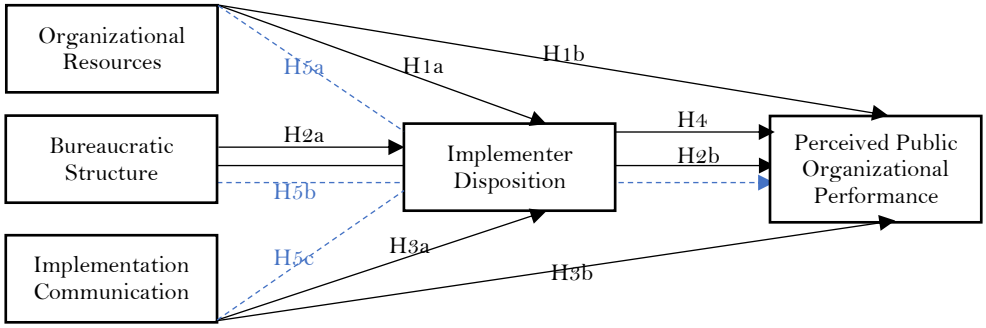

Figure 1. Conceptual Framework

Figure 1 presents the proposed research framework. Organizational resources (H1a, H1b), bureaucratic structure (H2a, H2b), and implementation communication (H3a, H3b) are hypothesized to directly influence both implementer disposition and perceived public organizational performance. Furthermore, implementer disposition is expected to positively affect perceived public organizational performance (H4) and to mediate the relationships between the three implementation factors and organizational performance (H5a, H5b, H5c). This framework provides the theoretical basis for testing the proposed hypotheses and evaluating the mechanisms through which policy implementation factors contribute to perceived public organizational performance.

3. Methods

The study used a quantitative, explanatory, cross-sectional design in the service network of the Nabire Regency AIDS Commission. Questionnaire data were collected from July to December 2025 and analyzed from January to February 2026. The unit of analysis and observation was the individual involved in an organization, service facility, community, or network implementing HIV and AIDS control policy. The identified population comprised 392 individuals: 42 permanent members, administrators, or organizational representatives, and 350 cadres, volunteers, and health workers. Criterion-based purposive sampling selected respondents with direct knowledge or experience of implementation. This approach was appropriate to the study purpose but did not provide equal selection probabilities; findings, therefore, cannot be generalized probabilistically to the full population (Kuntag et al., 2026). Eligibility required residence in Nabire Regency, involvement in the Commission's organization or network, and current or previous participation in promotion, prevention, testing, treatment, assistance, support, or rehabilitation. Questionnaires were distributed through government agencies, Nabire Regional General Hospital, community health centers, HIV clinics, civil society organizations, foundations, communities, working groups, peer-support groups, and AIDS-concern networks. Eighty complete responses were analyzed. Participation was voluntary, and respondents received information about the study, confidentiality, data use, and withdrawal rights.

The questionnaire used a five-point Likert scale and contained 29 items. Organizational resources were measured by five items on personnel, budget, facilities, information, and authority. The bureaucratic structure used six items on task allocation, clarity of position, coordination, collaboration, SOP availability, and SOP implementation. Communication used six items on transmission, clarity, and consistency. Disposition used six items on awareness, commitment, responsibility, placement, incentives, and rewards; the final three were treated as managerial reinforcements. Perceived performance used six items representing effectiveness, efficiency, adequacy, equity, responsiveness, and appropriateness (Van Meter & Van Horn, 1975; Edwards III, 1980; Dunn, 2018). Secondary documents, regulations, reports, books, and scientific publications supported instrument development and contextual description.

Data screening addressed missing values, unusual response patterns, indicator distributions, and univariate and multivariate outliers. Normality was assessed through skewness, kurtosis, and multivariate normality; Mahalanobis distance was used for multivariate outliers. Confirmatory factor analysis evaluated the measurement model. Standardized loadings of at least 0.50, average variance extracted of at least 0.50, and construct reliability of at least 0.70 were used as evaluation criteria. Discriminant validity was examined with the Heterotrait-Monotrait Ratio (HTMT) (Henseler et al., 2015).

Structural Equation Modeling (SEM) was conducted using maximum likelihood estimation. Fit evaluation included chi-square, CMIN/DF, RMR, GFI, AGFI, NFI,

IFI, TLI, CFI, and RMSEA with its 90% confidence interval. Because the sample was limited relative to the 29 indicators and 68 estimated parameters, Bollen–Stine bootstrapping with 5,000 samples was used to assess fit robustness, and results were interpreted as contextual evidence rather than definitive population estimates (Hair et al., 2019). Direct paths were evaluated at $p < 0.05$; paths with $0.05 \leq p < 0.10$ were reported as marginal but not accepted at the 5% level. Indirect effects were tested with 5,000 bias-corrected bootstrap resamples and considered significant when the 95% confidence interval excluded zero and the two-tailed bootstrap p-value was below 0.05. Partial mediation required significant direct and indirect effects.

4. Results

The study involved 80 respondents representing diverse actors within the Nabire Regency AIDS Commission network, including government institutions, health-service providers, civil society organizations, working groups, and target-group networks. Their demographic and participation characteristics provide the contextual basis for interpreting the structural model results presented in the subsequent analysis.

Table 1. Respondent Characteristics

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Male	43	53.75
	Female	37	46.25
Age	≤ 30 years	17	21.25
	31–40 years	30	37.50
	> 40 years	33	41.25
Membership Role	Network of PLHIV	25	31.25
	Government agencies	11	13.75
	Network of FSWs	10	12.50
	NGOs, foundations, and community organizations	8	10.00
	Working groups	5	6.25
	Health workers	4	5.00
	Other	17	21.25
Length of Involvement	< 1 year	19	23.75
	1–2 years	40	50.00
	3–5 years	7	8.75
	> 5 years	14	17.50
Level of Activity	Very active	4	5.00
	Moderately active	33	41.25
	Less active	43	53.75
Total		80	100.00

Table 1 shows that the demographic profile of the respondents indicates a relatively balanced gender distribution, with males accounting for 53.75% (n = 43) and females 46.25% (n = 37). In terms of age, the largest proportion of respondents was over 40 years old (41.25%, n = 33), followed by those aged 31–40 years (37.50%, n = 30), while respondents aged 30 years or younger represented 21.25% (n = 17). Regarding membership roles, the majority were affiliated with networks of people living with HIV (PLHIV) (31.25%, n = 25), followed by government agencies (13.75%, n = 11), networks of female sex workers (FSWs) (12.50%, n = 10), and NGOs, foundations, or community organizations (10.00%, n = 8). Most respondents had been involved in the program for one to two years (50.00%, n = 40), whereas 23.75% (n = 19) had participated for less than one year. Concerning activity levels, more than half of the respondents reported being less active (53.75%, n = 43), while 41.25% (n = 33) considered themselves moderately active and only 5.00% (n = 4)

identified as very active. The sample was characterized by experienced participants from diverse stakeholder groups, with a predominance of older respondents and relatively low levels of active engagement.

Table 2. Measurement Model Evaluation

Construct	Outer Loading Range	CR	AVE
Organizational Resources (OR)	0.732–0.808	0.881	0.597
Bureaucratic Structure (BST)	0.532–0.864	0.881	0.558
Implementation Communication (COM)	0.655–0.846	0.888	0.572
Implementer Disposition (DSP)	0.608–0.870	0.858	0.506
Perceived Public Organizational Performance (PRF)	0.752–0.868	0.930	0.691

Table 2 shows that all constructs meet the recommended criteria for reliability and convergent validity. Indicator loadings ranged from 0.532 to 0.868, indicating acceptable item representation of their respective constructs. Composite Reliability (CR) values ranged from 0.858 to 0.930, exceeding the threshold of 0.70, while Average Variance Extracted (AVE) values ranged from 0.506 to 0.691, surpassing the minimum requirement of 0.50. These results confirm that the measurement model is reliable and valid for further structural analysis.

Table 3. Discriminant Validity Based on HTMT

Construct	OR	BST	COM	DSP
Bureaucratic Structure (BST)	0.490	-		
Implementation Communication (COM)	0.589	0.359	-	
Implementer Disposition (DSP)	0.688	0.571	0.615	-
Perceived Public Organizational Performance (PRF)	0.790	0.649	0.702	0.848

Note: OR = Organizational Resources.

Table 3 presents the discriminant validity assessment using the Heterotrait–Monotrait Ratio (HTMT). All HTMT values range from 0.359 to 0.848, remaining below the recommended threshold of 0.90. The highest HTMT value was observed between Implementer Disposition (DSP) and Perceived Public Organizational Performance (PRF) (0.848), while the lowest was between Bureaucratic Structure (BST) and Implementation Communication (COM) (0.359). These findings indicate adequate discriminant validity, confirming that each construct is empirically distinct and measures a unique concept within the research model.

Table 4. Model Fit Indices

Index	Result	Interpretation
Chi-square	523.579	Significant
df	367	-
CMIN/DF	1.427	Good
RMR	0.073	Scale-dependent
GFI	0.715	Below threshold
AGFI	0.662	Below threshold
NFI	0.730	Below threshold
IFI	0.900	At the acceptance threshold
TLI	0.887	Slightly below 0.90
CFI	0.898	Approaches 0.90
RMSEA	0.073	Adequate
RMSEA 90% CI	0.059–0.087	-
PCLOSE	0.006	Close fit criterion not met
Bollen–Stine *p*	0.359	Model fit not rejected

Table 4 indicates that the structural model demonstrates an acceptable overall fit. The CMIN/DF value of 1.427 and RMSEA of 0.073 suggest a good to adequate fit between the model and the observed data. Incremental fit indices, including IFI (0.900), TLI (0.887), and CFI (0.898), are at or close to the recommended threshold of 0.90, indicating satisfactory model performance. Although GFI (0.715), AGFI (0.662), and NFI (0.730) fall below the conventional cut-off values, the Bollen–Stine bootstrap p-value of 0.359 suggests that the model fit is not rejected. The results support the adequacy of the proposed model for testing the hypothesized relationships among the constructs.

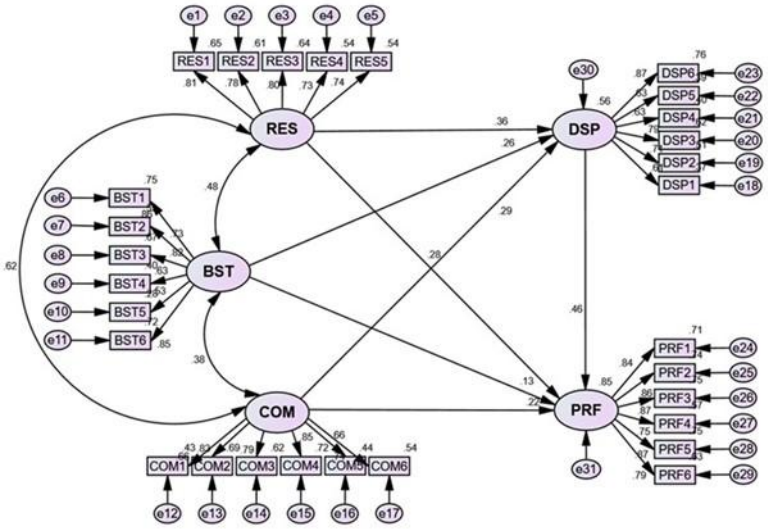

Figure 2. Standardized Structural Model

Table 5. Direct Effects

Path	β	*p* (ML)	*p* (BC)	Decision
Organizational Resources → Implementer Disposition	0.360	0.015	0.036	H1a supported
Bureaucratic Structure → Implementer Disposition	0.261	0.025	0.054	H2a not supported; bootstrap-sensitive
Implementation Communication → Implementer Disposition	0.291	0.034	0.055	H3a not supported; bootstrap-sensitive
Organizational Resources → Perceived Public Organizational Performance	0.284	0.006	0.033	H1b supported
Bureaucratic Structure → Perceived Public Organizational Performance	0.133	0.087	0.123	H2b not supported
Implementation Communication → Perceived Public Organizational Performance	0.219	0.020	0.048	H3b supported
Implementer Disposition → Perceived Public Organizational Performance	0.455	<0.001	0.002	H4 supported

Table 5 and Figure 2 present the direct effects among the study variables. Organizational resources significantly influenced both implementer disposition (β = 0.360, BC p = 0.036) and perceived public organizational performance (β = 0.284, BC p = 0.033), supporting H1a and H1b. Implementation communication also had a significant positive effect on perceived public organizational performance (β = 0.219,

BC p = 0.048), supporting H3b. Furthermore, implementer disposition showed the strongest positive effect on perceived public organizational performance (β = 0.455, BC p = 0.002), supporting H4. In contrast, bureaucratic structure did not significantly affect perceived public organizational performance (H2b), while its effect on implementer disposition (H2a) and the effect of implementation communication on implementer disposition (H3a) were significant under maximum likelihood estimation but became non-significant in bootstrap testing, indicating bootstrap-sensitive results. four hypotheses (H1a, H1b, H3b, and H4) were supported.

Table 6. Direct, Indirect, and Total Effects

Construct	Direct effect	Indirect effect	Total effect
Organizational Resources	0.284	0.164	0.448
Bureaucratic Structure	0.133	0.119	0.252
Implementation Communication	0.219	0.133	0.352
Implementer Disposition	0.455	-	0.455

Table 6 summarizes the direct, indirect, and total effects of the exogenous variables on perceived public organizational performance. Organizational resources exhibited the largest overall influence, with a total effect of 0.448, comprising a direct effect of 0.284 and an indirect effect of 0.164 through implementer disposition. Implementation communication also demonstrated a substantial total effect (0.352), consisting of direct (0.219) and indirect (0.133) contributions. Although bureaucratic structure had a relatively weak direct effect (0.133), its indirect effect through implementer disposition (0.119) increased its total effect to 0.252. Meanwhile, implementer disposition exerted a strong direct effect on organizational performance (0.455), highlighting its important role as both a determinant and a mediating mechanism within the model.

Table 7. Mediation Testing

Path	B	β	BC 95% CI	*p* (BC)	Decision
Organizational Resources→Implementer Disposition →Perceived Public Organizational Performance	0.173	0.164	[0.015, 0.441]	0.034	H5a supported
Bureaucratic Structure→Implementer Disposition →Perceived Public Organizational Performance	0.133	0.119	[−0.001, 0.340]	0.052	H5b not supported
Implementation Communication →Implementer Disposition →Perceived Public Organizational Performance	0.176	0.133	[0.004, 0.422]	0.045	H5c supported

Table 7 presents the mediation analysis results, examining the role of Implementer Disposition in linking policy implementation factors to perceived public organizational performance. The bootstrap analysis revealed that implementer disposition significantly mediated the relationship between organizational resources and perceived public organizational performance (β = 0.164, p = 0.034), supporting H5a. Similarly, implementer disposition significantly mediated the effect of implementation communication on perceived public

organizational performance (β = 0.133, p = 0.045), supporting H5c. In contrast, the mediating effect of implementer disposition on the relationship between bureaucratic structure and perceived public organizational performance was not statistically significant (β = 0.119, p = 0.052), leading to the rejection of H5b. These findings suggest that implementer disposition serves as an important mechanism through which organizational resources and effective communication enhance public organizational performance.

5. Discussion

The findings indicate that organizational resources, implementation communication, and implementer disposition play important roles in shaping perceived public organizational performance, whereas bureaucratic structure demonstrates a more limited influence. Organizational resources significantly affected implementer disposition (β = 0.360, p = 0.036) and perceived public organizational performance (β = 0.284, p = 0.033). These results suggest that personnel, budget, facilities, information, and authority provide the operational capacity necessary for policy implementation while simultaneously strengthening implementers' confidence, acceptance, and responsibility. The mediation analysis further revealed a significant indirect effect of organizational resources on perceived public organizational performance through implementer disposition (β = 0.164, p = 0.034). This finding indicates that resources improve performance not only by directly increasing organizational capacity but also by fostering positive behavioral responses among implementers. In other words, when adequate resources are available, implementers are more likely to demonstrate commitment and responsibility, which subsequently enhances organizational performance. This result is consistent with Belay et al. (2022) and Ngcobo et al. (2022), who stated that staffing, financing, medicines, transport, laboratory services, information systems, training, equipment, supervision, and operational materials shape HIV-service implementation. Likewise, the effectiveness of peer-support programs in Indonesia depends on adequate personnel, training, compensation, information, and material support (Iryawan et al., 2022).

Implementation communication was also positively associated with perceived public organizational performance (β = 0.219, p = 0.048). Although its direct relationship with implementer disposition became non-significant under bootstrap estimation (β = 0.291, p = 0.055), communication exerted a significant indirect effect through implementer disposition (β = 0.133, p = 0.045). This result suggests that communication contributes to organizational performance both directly through coordination and indirectly by strengthening implementers' understanding, acceptance, and willingness to act. In a multi-stakeholder HIV governance network, communication serves as a mechanism for aligning interpretations, clarifying responsibilities, identifying implementation barriers, and ensuring follow-up among participating organizations. Effective communication also enables implementers to understand policy objectives, report constraints, receive feedback, and participate in decision-making processes. These findings are consistent with Iryawan et al. (2022), Hutahaean et al. (2023), and Maulana et al. (2025), emphasizing the importance of counseling, information dissemination, staff-user interaction, peer communication, trust, and community-facility relationships in HIV-service engagement. Communication interventions are also strengthened when combined with education, training, organizational support, social contact, reporting, and service follow-up mechanisms (Hermawan et al., 2024).

In contrast, bureaucratic structure exhibited weaker effects. The relationship between bureaucratic structure and implementer disposition was positive but failed to reach statistical significance in bootstrap testing (β = 0.261, p = 0.054). Similarly,

neither the direct effect on perceived public organizational performance ($\beta = 0.133$, $p = 0.123$) nor the indirect effect through implementer disposition ($\beta = 0.119$, $p = 0.052$) was statistically significant. These findings suggest that formal arrangements such as organizational hierarchies, task allocation, and standard operating procedures do not automatically generate effective implementation outcomes. Their effectiveness depends on complementary factors, including resources, coordination, information flow, and accountability mechanisms. This interpretation is supported by Belay et al. (2022) and Ngcobo et al. (2022), highlighting the importance of referral systems, recordkeeping, supervision, leadership, and community-facility integration in HIV-service implementation.

Among all predictors, implementer disposition emerged as the strongest direct determinant of perceived public organizational performance ($\beta = 0.455$, $p = 0.002$). This finding underscores the importance of commitment, responsibility, collaboration, confidentiality, empathy, and non-discriminatory attitudes in translating organizational capacity into service delivery outcomes. The result aligns with Triana et al. (2024) linking institutional support, professional ethics, knowledge, perceptions, and stigma among health workers to implementation effectiveness. It is also consistent with evidence that leadership and implementation climate connect organizational interventions to implementation fidelity (Williams et al., 2024). The findings refine Edwards III's implementation framework by demonstrating that implementer disposition functions as a critical behavioral mechanism through which resources and communication are translated into organizational performance, whereas bureaucratic structure alone does not appear sufficient to generate comparable effects.

6. Conclusion

This study demonstrates that organizational resources, implementation communication, and implementer disposition are key determinants of perceived public organizational performance in HIV/AIDS policy implementation. Implementer disposition emerged as the strongest direct predictor of organizational performance and also functioned as a significant mediating mechanism in the relationships between organizational resources, implementation communication, and organizational performance. In contrast, bureaucratic structure did not exhibit significant direct or indirect effects. These findings suggest that successful policy implementation depends not only on formal structures and resource availability but also on the commitment, responsibility, and willingness of implementers to translate policy objectives into practice. From a practical perspective, the results highlight the importance of strengthening resource capacity, improving communication systems, and fostering implementer competence and motivation as strategic priorities for enhancing public organizational performance.

Despite these contributions, several limitations should be acknowledged. First, the cross-sectional design does not permit conclusions regarding causal relationships or changes in implementation behavior over time. Second, the relatively small sample size and the focus on a single institutional context may limit the generalizability of the findings. Third, organizational performance was assessed using respondents' perceptions rather than objective indicators such as service coverage, program achievements, or health outcomes. Future research should employ longitudinal designs, include broader geographical settings and larger samples, and integrate objective performance indicators to provide a more comprehensive understanding of implementation effectiveness. Further studies may also examine the roles of leadership, interorganizational collaboration, implementation climate, and network governance as additional factors that may influence the success of HIV/AIDS policy implementation.

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Acknowledgment
We gratefully acknowledge the contributions of individuals who supported the completion of this article.

Funding Information
This research did not receive any funding.

Conflict of Interest Statement
The authors declare that there is no conflict of interest.

Ethical Approval and Originality Statement
Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

Data Disclosure Statement
The data that support the findings of this study are available from the corresponding author upon reasonable request.