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Role of linguistic strategy in health public administration reform: Implications for service quality

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ABSTRACT

Introduction: Linguistic strategy has emerged as a critical yet underexplored determinant of health service quality within public administration systems. Ineffective policy language, inconsistent terminology, and a lack of cultural alignment often create barriers to service access and utilization. This study aimed to examine the role of linguistic strategies in shaping health service quality and quantify their impact across key service dimensions.

Research Methodology: An explanatory sequential mixed-methods design was employed, combining a cross-sectional survey (n = 422) with qualitative inquiry. Participants included health administrators, frontline workers, and service users in South Sulawesi, Indonesia. Data were collected using validated questionnaires and analyzed using descriptive statistics, chi-square tests, and multivariate regression models. Statistical significance was set at $\alpha = 0.05$.

Results: Linguistic strategy dimensions were significantly associated with service quality outcomes. Cultural appropriateness showed the strongest effect ($\beta = 0.35$; 95% CI: 0.24–0.46; $p < 0.001$), followed by clarity of communication ($\beta = 0.32$; 95% CI: 0.21–0.43; $p < 0.001$) and terminology consistency ($\beta = 0.27$; 95% CI: 0.16–0.38; $p < 0.001$). Feedback mechanisms also demonstrated a significant contribution ($\beta = 0.22$; 95% CI: 0.11–0.33; $p = 0.002$). Demographic variables had a limited influence.

Conclusion: Linguistic strategy is a decisive and modifiable determinant of health service quality. Integrating clear, consistent, and culturally adaptive communication into health administration reform can substantially improve accessibility, responsiveness, and user satisfaction. Policy interventions should prioritize standardized terminology, simplified policy discourse, and strengthened feedback systems to enhance overall system performance.

Keywords: communication; health services accessibility; public administration; quality of health care; sociolinguistics.

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INTRODUCTION

Public health administration reform increasingly hinges not only on structural and financial adjustments but also on the strategic use of language as a governance instrument. Linguistic strategy, defined as the deliberate design and deployment of language in policy communication, bureaucratic interaction, and service delivery, plays a pivotal yet underexamined role in shaping service quality outcomes (Aldosari, 2026). In many health systems, particularly those characterized by administrative fragmentation and sociolinguistic diversity, misalignment between policy language and community understanding contributes to inefficiencies, inequities, and reduced trust (AlMuraikhi et al., 2026). Empirical observations show that unclear terminology in health policies, inconsistent communication across administrative levels, and culturally incongruent messaging can lead to misinterpretation of entitlements, underutilization of services, and weakened accountability mechanisms. Thus, linguistic strategy is not a peripheral concern but a central determinant of how reforms are interpreted, implemented, and experienced at the population level (Boatswain-Kyte et al., 2025).

Existing literature on public administration reform has predominantly focused on governance structures, financing mechanisms, and human resource capacity, often overlooking the communicative dimension embedded within these systems (Buthelezi et al., 2025). Studies in health communication have demonstrated that message framing, language accessibility, and cultural adaptation significantly influence patient behavior and health outcomes (Chawla et al., 2025). Meanwhile, research in administrative sciences highlights that bureaucratic language can either facilitate or hinder policy implementation depending on its clarity and consistency (Chiu et al., 2025). However, these strands of scholarship remain largely disconnected (Domínguez et al., 2024). Health communication studies tend to emphasize patient-provider interactions without addressing upstream administrative language, while public administration research often treats language as a neutral conduit rather than a strategic variable. A limited number of interdisciplinary studies suggest that linguistic alignment across policy documents, administrative procedures, and frontline communication enhances service responsiveness and citizen satisfaction, yet these findings are fragmented and context-specific (Gintova & Jaimes Zelaya, 2026).

Critically, the literature reveals three major limitations. First, there is a lack of conceptual integration between linguistic strategy and public administration reform frameworks. Language is rarely operationalized as a measurable component of governance performance (Hall et al., 2025). Second, empirical evidence linking linguistic strategy directly to service quality indicators such as accessibility, responsiveness, and equity remains sparse (Izugbara et al., 2026). Most studies rely on proxy measures or qualitative observations, rather than robust analytical models. Third, there is insufficient attention to multilingual and multicultural contexts, where linguistic mismatches are most pronounced and potentially most consequential (H. Li et al., 2025). These gaps indicate that current reform models may be incomplete, as they fail to account for how language mediates the relationship between policy intent and service delivery outcomes (J. Li et al., 2025).

This study addresses these gaps by explicitly positioning linguistic strategy as a core element of health public administration reform. The research advances a problem-based perspective, arguing that deficiencies in service quality are not solely attributable to resource constraints or institutional inefficiencies but also to systemic weaknesses in language use across administrative processes. By integrating insights from health communication, sociolinguistics, and public administration, this study develops an analytical framework that conceptualizes linguistic strategy as both an enabling and constraining factor in reform implementation. Unlike

prior studies that treat language as a contextual variable, this research operationalizes linguistic strategy through specific dimensions, including clarity of policy discourse, consistency of administrative terminology, cultural-linguistic appropriateness, and bidirectional communication mechanisms.

The novelty of this study lies in three key contributions. First, it introduces a theoretically grounded model that links linguistic strategy to measurable service quality outcomes within health administration systems. Second, it provides an empirical approach to assess how linguistic factors influence the effectiveness of reform initiatives, moving beyond descriptive analyses toward evidence-based evaluation. Third, it contextualizes the analysis within settings characterized by linguistic diversity, thereby offering insights particularly relevant to decentralized and multicultural health systems. This approach not only fills a critical gap in the literature but also redefines language as an actionable lever in governance reform. Accordingly, the objective of this study is to examine the role of linguistic strategy in shaping the effectiveness of health public administration reform and its implications for service quality. Specifically, the study aims to (1) analyze the extent to which linguistic clarity, consistency, and cultural alignment influence service delivery performance; (2) evaluate the relationship between linguistic strategy and key service quality indicators; and (3) develop a policy-relevant framework for integrating linguistic considerations into health administration reform. By addressing these objectives, the study seeks to generate evidence that informs more inclusive, effective, and context-sensitive reform strategies, ultimately contributing to improved health service outcomes.

RESEARCH METHODOLOGY

Study Design

This study employed an explanatory sequential mixed-methods design, integrating a cross-sectional quantitative approach followed by a qualitative inquiry. The quantitative component examined the association between linguistic strategy and health service quality indicators, while the qualitative phase provided contextual explanations of the quantitative findings. This design was selected to enable both the measurement of statistical relationships and the in-depth exploration of administrative and sociolinguistic dynamics within health systems.

Setting & Participants

The study was conducted in public health service facilities across South Sulawesi, Indonesia, between January and June 2026. The target population included health administrators, frontline health workers, and service users interacting with public health administration systems. Inclusion criteria comprised individuals aged ≥18 years who were directly involved in health service delivery or utilization and able to provide informed consent. Exclusion criteria included individuals with incomplete responses or those not engaged in administrative or service processes. A multistage stratified random sampling technique was applied for the quantitative phase to ensure representation across facility types. The minimum sample size was calculated using Cochran's formula for proportions, assuming a 95% confidence level, 5% margin of error, and an estimated proportion of 0.5, yielding a required sample of 384 respondents, adjusted for a 10% non-response rate.

Variables & Measurement

The primary independent variable was linguistic strategy, operationalized through four dimensions: clarity of policy communication, consistency of administrative terminology, cultural-linguistic appropriateness, and effectiveness of feedback mechanisms. The dependent variable was health service quality, measured across dimensions of accessibility, responsiveness,

reliability, and user satisfaction. Data were collected using a structured questionnaire adapted from validated health service quality instruments and sociolinguistic assessment frameworks. Content validity was established through expert review, while construct validity was assessed using exploratory factor analysis. Reliability testing yielded Cronbach's alpha coefficients ≥0.70 for all scales. Data sources included primary survey responses and supplementary administrative records.

Data Collection

Data collection was conducted in two phases. In the quantitative phase, trained enumerators administered structured questionnaires in both paper and digital formats. In the qualitative phase, semi-structured interviews were conducted with purposively selected participants to explore linguistic practices in administrative processes. Quality control measures included pilot testing of instruments, standardized training of data collectors, daily field supervision, and double data entry verification to minimize errors.

Data Analysis

Descriptive statistics (mean, standard deviation, frequency, and percentage) were used to summarize participant characteristics and study variables. Bivariate analysis was conducted using chi-square tests and independent t-tests to examine associations between variables. Multivariate analysis employed multiple linear regression and logistic regression models to identify predictors of service quality outcomes. For the mixed-methods integration, thematic analysis was applied to qualitative data and triangulated with quantitative findings. Statistical analyses were performed using IBM SPSS Statistics version 26 and AMOS for structural equation modeling, where applicable. A significance level of $\alpha = 0.05$ was applied.

Ethical Approval

Ethical clearance was obtained from the Health Research Ethics Committee of Universitas Muslim Maros, South Sulawesi, Indonesia (Approval No.: 012/KEPK-UMM/2026). All participants provided written informed consent prior to data collection. Confidentiality and anonymity were strictly maintained, and participants were informed of their right to withdraw at any stage without consequences.

RESULT

This section presents the empirical findings on the relationship between linguistic strategy and health service quality within public health administration systems. The results are organized sequentially, beginning with descriptive statistics to characterize the study population and key variables, followed by bivariate analyses to identify initial associations. Subsequently, multivariate models are applied to determine the independent effect of linguistic strategy dimensions on service quality outcomes while controlling for potential confounders. The integration of quantitative and qualitative findings provides a comprehensive interpretation of how linguistic practices influence administrative effectiveness and user-perceived service performance. Table 1. Demographic and professional characteristics of respondents.

Table 1. Characteristics of Respondents (n = 422)

Variable	Category	n	%
Age	18–29	102	24.2
	30–44	176	41.7
	≥45	144	34.1
Gender	Male	198	46.9
	Female	224	53.1
Role	Health workers	168	39.8
	Administrators	102	24.2
	Service users	152	36.0
Education	Secondary	134	31.8
	Tertiary	288	68.2

The sample was dominated by individuals aged 30–44 years (41.7%) and females (53.1%). Most respondents had a tertiary education (68.2%), indicating adequate literacy to assess linguistic aspects of service delivery. Representation across administrators, providers, and users supports analytical robustness. Table 2. Bivariate associations between dimensions of linguistic strategy and health service quality

Table 2. Bivariate Analysis of Linguistic Strategy and Service Quality

Variable	Service Quality (Mean ± SD)	p-value
High clarity	4.12 ± 0.56	<0.001
Low clarity	3.45 ± 0.62	
Consistent terminology	4.05 ± 0.51	<0.001
Inconsistent terminology	3.38 ± 0.65	
Cultural alignment	4.18 ± 0.49	<0.001
Poor alignment	3.29 ± 0.70	

All dimensions of linguistic strategy were significantly associated with higher service quality scores ($p < 0.001$). Respondents exposed to clear, consistent, and culturally appropriate communication reported better service experiences. Table 3. Multivariate regression analysis of linguistic strategy factors associated with health service quality outcomes.

Table 3. Multivariate Analysis of Factors Associated with Service Quality

Variable	β / OR	95% CI	p-value
Clarity of communication	β = 0.32	0.21–0.43	<0.001
Terminology consistency	β = 0.27	0.16–0.38	<0.001
Cultural appropriateness	β = 0.35	0.24–0.46	<0.001
Feedback mechanisms	β = 0.22	0.11–0.33	0.002
Age	β = 0.05	-0.02–0.12	0.154
Education	β = 0.09	0.01–0.17	0.031

Cultural appropriateness emerged as the strongest predictor of service quality (β = 0.35; 95% CI: 0.24–0.46), followed by clarity and consistency. Feedback mechanisms also showed a significant positive effect. Demographic variables had a limited influence, indicating that linguistic strategy plays a more substantial role in determining service outcomes.

The findings demonstrate a consistent and statistically significant relationship between linguistic strategy and health service quality. Descriptive analysis indicates that the study sample is demographically diverse and sufficiently representative of key stakeholders in public health administration. Bivariate results reveal that all dimensions of linguistic strategy clarity, consistency, cultural alignment, and feedback mechanisms are strongly associated with improved service quality scores. These associations remain robust in multivariate models, where linguistic

variables exhibit substantial effect sizes and statistical significance. Cultural appropriateness emerges as the most influential factor, suggesting that alignment between administrative language and local sociocultural context is critical for effective service delivery. Clarity and consistency of communication also contribute significantly, as standardized, comprehensible language reduces ambiguity and enhances the user experience. Feedback mechanisms further strengthen service responsiveness by enabling bidirectional communication.

In contrast, demographic variables such as age and education show weaker or inconsistent effects, underscoring that structural communication factors outweigh individual characteristics. Overall, the results provide empirical support for positioning linguistic strategy as a central determinant of public health administration performance. The integration of these findings suggests that improving language use within administrative systems can directly enhance accessibility, responsiveness, and user satisfaction, thereby contributing to more effective and equitable health service delivery.

DISCUSSION

The present study provides compelling empirical evidence that linguistic strategy is a critical yet often overlooked determinant of health service quality within public administration systems. The findings demonstrate that linguistic dimensions, particularly cultural appropriateness, clarity of communication, and consistency of terminology, are not merely peripheral attributes of policy delivery but function as core operational mechanisms that shape how services are accessed, interpreted, and evaluated by users. Among these, cultural-linguistic alignment emerges as the most influential factor, underscoring that effective administration depends on the ability of institutional language to resonate with local sociocultural contexts. This insight repositions language from a passive transmission tool to an active governance instrument that directly influences user experience, service accessibility, and institutional legitimacy (Lin et al., 2026).

A critical implication of these findings lies in the relatively limited influence of demographic variables compared to linguistic factors. This suggests that disparities in service quality are less attributable to individual characteristics, such as age or educational attainment, and more reflective of systemic communication design within administrative structures (Liu et al., 2025). In practice, ambiguous terminology, fragmented policy discourse, and culturally incongruent messaging create barriers that hinder comprehension and service navigation (Lyu et al., 2026). Conversely, when linguistic strategies are coherent, standardized, and contextually adapted, they reduce cognitive load, facilitate decision-making, and enhance user engagement (Mathews et al., 2025). The significance of feedback mechanisms further underscores the need for iterative, dialogical communication within public health administration (Nopeia et al., 2026). Effective feedback channels enable institutions to identify misalignments, refine communication strategies, and strengthen accountability, thereby fostering a more responsive and adaptive governance environment (O'Connor et al., 2025).

These findings extend and integrate insights from existing literature in both health communication and public administration. While prior studies in health communication have consistently emphasized the role of message clarity and cultural tailoring in influencing patient behavior, they have largely focused on micro-level interactions, such as clinician patient communication (Ouahchi et al., 2026). The present study broadens this perspective by demonstrating that similar principles operate at the macro-administrative level, where language

shapes the interpretation of policies, eligibility criteria, and service pathways. At the same time, traditional public administration scholarship has tended to treat language as a neutral conduit for policy implementation (Pollachom et al., 2026). The current evidence challenges this assumption by showing that linguistic variables exert measurable and independent effects on service quality outcomes, thereby supporting a reconceptualization of governance as an inherently communicative process (Santos et al., 2026).

The prominence of cultural appropriateness as a predictor of service quality aligns with sociolinguistic research highlighting the importance of contextual relevance in communication (Sumrit & Maneelok, 2025). In multilingual and culturally diverse settings, misalignment between official administrative language and local linguistic practices can exacerbate inequalities in access and utilization (Suprapto et al., 2025). By providing quantitative evidence of this relationship, the study contributes to a more integrated understanding of how linguistic mismatches translate into systemic inefficiencies and user dissatisfaction. Moreover, the simultaneous examination of multiple linguistic dimensions within a unified analytical framework represents a methodological advancement, enabling a more nuanced assessment of their relative contributions and interactions (Twyford et al., 2025).

Notwithstanding these contributions, several limitations warrant careful consideration. The cross-sectional design constrains causal inference, as the observed associations cannot definitively establish temporal or directional relationships (Wong et al., 2025). Although the statistical models demonstrate strong and consistent effects, longitudinal or experimental approaches would be required to confirm causality. Additionally, reliance on self-reported data introduces potential biases, including social desirability bias and subjective interpretations of service quality. While efforts were made to ensure instrument validity and reliability, future studies could enhance robustness by incorporating objective performance indicators or triangulating data sources (Yin, 2025).

The study's contextual specificity also presents both a strength and a limitation. Conducted in a linguistically diverse region, the findings are particularly salient for settings where language heterogeneity poses challenges to administrative coherence. However, this context may limit generalizability to more linguistically homogeneous systems, where the magnitude of linguistic effects may differ. Furthermore, although the mixed-methods approach enriches interpretation, the qualitative component was not designed to achieve full theoretical saturation, leaving certain dimensions of linguistic practice underexplored.

Building on these findings, future research should prioritize the development of longitudinal and experimental designs to establish causal pathways and evaluate the impact of targeted linguistic interventions. The refinement of measurement frameworks is also essential, particularly the development of standardized instruments capable of capturing both formal and informal dimensions of administrative communication. Advanced analytical techniques, such as structural equation modeling, offer promising avenues for examining complex relationships and mediating mechanisms between linguistic strategy and service outcomes.

Comparative studies across diverse sociolinguistic and institutional contexts would further enhance the external validity of the findings and help identify both universal principles and context-specific adaptations of effective linguistic strategies. In parallel, integrating linguistic considerations into digital health and e-governance platforms represents an important frontier for research. As health systems increasingly rely on digital interfaces, the design of language within these platforms will play a critical role in shaping accessibility, usability, and user trust.

Ultimately, the study underscores the need for a paradigm shift in public health administration, recognizing language as a strategic resource rather than a peripheral concern. By embedding linguistic strategy into the core architecture of governance reform, policymakers and administrators can address systemic communication failures that undermine service quality. This perspective not only enriches theoretical understanding but also provides actionable insights for designing more inclusive, responsive, and effective health systems.

Recommendations for Future Research

Future research should move beyond cross-sectional associations toward causal inference by employing longitudinal designs, quasi-experiments, or randomized controlled trials that test specific linguistic interventions (e.g., policy simplification, standardized terminology, culturally adapted communication). There is also a need to develop and validate standardized measurement frameworks for linguistic strategies that capture both formal administrative language and informal communicative practices. Advanced modeling approaches, particularly structural equation modeling, should be utilized to examine mediating and moderating pathways between linguistic variables and service quality outcomes. Comparative studies across diverse sociolinguistic and institutional contexts are essential to distinguish context-dependent effects from generalizable principles. In addition, future work should explicitly integrate linguistic strategy into digital health and e-governance systems, assessing how interface language, multilingual design, and automated communication influence accessibility and user trust. Finally, interdisciplinary research that bridges public administration, sociolinguistics, and health systems science is required to develop theoretically grounded, policy-relevant models of communicative governance.

CONCLUSION

This study demonstrates that linguistic strategy is a decisive determinant of health service quality within public administration systems. Addressing the research objective, the findings confirm that clarity of communication, consistency of administrative terminology, cultural-linguistic appropriateness, and effective feedback mechanisms significantly influence service performance. Among these dimensions, cultural alignment exerts the strongest effect, indicating that policy language must be contextually grounded to ensure accessibility and user comprehension. The results further show that linguistic factors outweigh demographic characteristics in shaping service quality, underscoring the systemic nature of communication-related barriers. From a policy perspective, these findings highlight the need to institutionalize linguistic strategy as a core component of health administration reform. Evidence-based interventions should include standardizing terminology across administrative levels, simplifying policy language, and integrating culturally adapted communication frameworks. In addition, strengthening bidirectional feedback mechanisms can enhance responsiveness and accountability within service delivery systems. Embedding these strategies into governance structures and digital health platforms will improve service accessibility, user satisfaction, and overall system effectiveness. Collectively, this study provides a conceptual and empirical basis for reorienting health reforms toward more inclusive and communication-sensitive approaches.

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Conflict of Interest

The authors declare that there are no conflicts of interest related to this study, including financial, personal, or institutional relationships that could influence the research outcomes.

Authors' Contributions

Mustaking: Conceptualization, Methodology, Formal analysis, Investigation, Writing – original draft, Visualization.
Novalia Tanasy: Validation, Data curation, Writing – review & editing, Supervision, Project administration.

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Declaration of Generative AI Use

The authors acknowledge the use of generative artificial intelligence tools to assist in language refinement and structural organization of the manuscript. All substantive content, data interpretation, and final editorial decisions remain the sole responsibility of the authors.

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