

Health Services through the BPJS Program at the Regional General Hospital in Relation to the Concept of Administrative Sciences

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Health services around the BPJS program face problems of coordination among implementers of the BPJS program, such as the emergence of rejection from some of the referred hospitals, for reasons that the BPJS programs have not been able to fully cover the budget that should have been spent. The study uses a qualitative approach; it deals with perceptions or views of officials and the public towards health services, specifically related to the implementation of the BPJS program carried out by the Port Ratu Regional Public Hospital and the Regional General Hospital (RSUD) Sekarwangi, Sukabumi Province West Java. The results of observations can be seen in the physical location of the two hospitals, namely the Regional General Hospital (RSUD) Pelabuhan Ratu and the Regional General Hospital (RSUD) Sekarwangi. Factually, the existence of the two regional public hospitals is indeed sufficient to help the people of the Sukabumi Regency who will visit and utilise the health service facilities from the local government, both the people in the southern region of the Sukabumi Regency, and the people in the northern region of the Sukabumi Regency.

Key words: *Health services, coordination only, General Hospital, service facilities, local government.*

Introduction

Health care is one of the important basic services and needed by the community at large (Ghebreyesus & Fore, 2018). This can be understood, because health services are not only in contact with the problem of the quality of human resources, but also related to the issue of

community welfare. That is why then, the government through the Ministry of Health of the Republic of Indonesia in 2010, mandated that excellent health levels basically provide opportunities for individuals or communities, so that the level of welfare can be increased. In this context, various steps and endeavours to support the improvement of quality of health services should be a commitment of all stakeholders, especially those who work in the field of health services. The tendency of low quality of health services is one mirror, how government officials deal with health problems still see the handling of health problems only from the perspective of providers. Hence, the process of health services provided emphasises more on juridical and procedural aspects so that it seems more rigid and task oriented. This condition, may be caused by the shallowness of the health apparatus in interpreting the essence of health services which then has implications for the motives, goals and activities of the delivery of health services. The weak quality of health services, according to Muninjaya, (2004) emphasises that "... .. in general, health officials are often faced procedural problems that are used as a handle, while the community sometimes considers procedures as a barrier to the quality of health services".

Therefore, it can be understood if there are differences in perceptions between the people served and officials who adhere to the rules". Whereas since January 1, 2014, the government, rolled out the National Health Insurance (JKN) policy, which is realised through the health BPJS (Social Security Organising Agency) program. The justification of the program was legitimised through the Law of the Republic of Indonesia Number 24 of 2011, where BPJS is a transformation of four State-Owned Enterprises, namely PT. Askes, Jamsostek, Taspen and Asabri.

The essence of the program, implies that all Indonesian residents are required to be participants of health insurance managed by BPJS, including foreigners who have lived for a minimum of six months in Indonesia and have paid contributions. However, the program has not been able to optimally improve the quality of health services. This is reflected in the large number of complaints made by the community related to the BPJS service process, including: first, unclear and complicated procedures, and secondly, there are objections from some poor people to pay BPJS contributions, where in total there are three tariffs in accordance with BPJS fees with the classification of each class.

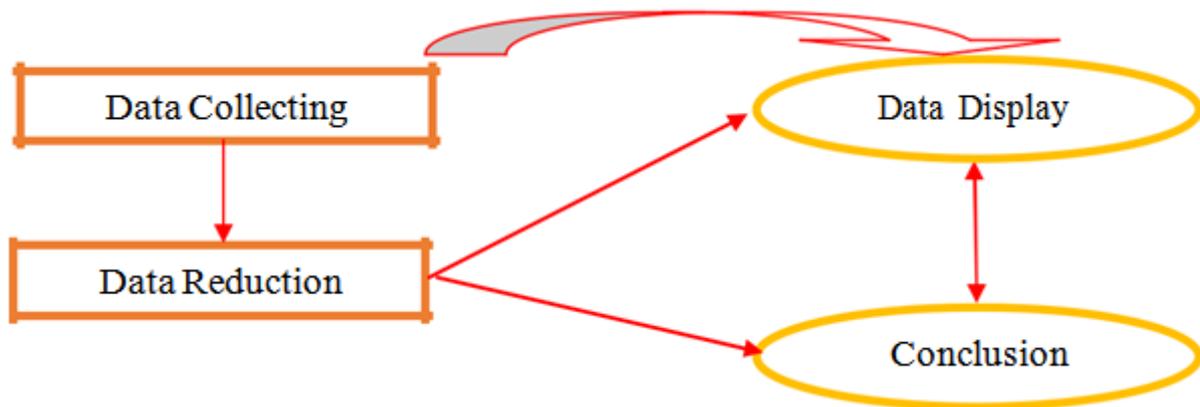
Health services around the BPJS program also face problems of weak coordination among implementers of the BPJS program, such as the emergence of rejection from some of the referred hospitals, for reasons that the BPJS programs have not been able to fully cover the budget that should have been spent. As a result, the community, especially the poor, still face obstacles when they want to get health services through the BPJS program. Other reasons, which are often raised, include; treatment rooms are full or medical equipment is incomplete, so it is feared that it will cause adverse effects when handling patients. The service problem

surrounding the BPJS program, from the beginning actually has been in the public spotlight, both related to technical services and administrative services (Rahman, Pujianti, Anhar, & Sari, 2019). The emergence of this phenomenon is an indication that health services through the BPJS program are not yet fully effective. Such conditions also indicate that in carrying out health services through the BPJS program it is indeed not an easy job, because operationally it will always be faced with very complex problems, as well as challenges and obstacles that are not easy.

Research Method

The researcher used a qualitative approach; it deals with perceptions or views of officials and the public towards health services, particularly related to the implementation of the BPJS program implemented by the Ratu Regional Hospital and the Sekarwangi Regional General Hospital (RSUD) of the District of Sukabumi West Java province (Shakouri, 2014). The emphasis on the qualitative approach is based on the consideration to uncover the process and find the meaning of health services related to the BPJS program provided by the apparatus of the Port Ratu Regional General Hospital and the Regional General Hospital (RSUD) Sekarwangi, Sukabumi, West Java Province. Considerations that form the basis, in choosing a qualitative approach, include: first, epistemologically - this qualitative approach is suitable and relevant to the characteristics of the specific problem under study (ontology), namely the disclosure of meaning in depth of the reality of social phenomena, in this case the quality of related health services with the BPJS program at Pelabuhan Ratu Regional General Hospital (RSUD) and Sekarwangi Regional General Hospital (RSUD), Sukabumi, West Java Province. Second, new hypothetical propositions are expected to emerge through the interpretation of interactions between attributes and properties. Third, through this design a description of phenomena, facts, nature and phenomena relating to the quality of health services can be obtained, so that a health service model is obtained, specifically related to the quality of the BPJS program. This study consists of three stages, namely: the pre-research stage, the stage of field work and the stage of data processing and analysis. The three stages of the process are interrelated parts of one stage to another. The analysis is carried out continuously from the beginning of the study to the end of the study. The data analysis model that the researchers have described can be described as shown in Figure 1.

Figure 1



Result and Discussion

Health is one of the basic needs and it is the right of all citizens to obtain it. In addition, health is also a barometer to measure the quality of human resource development, in addition to the economic and education sectors. Therefore, the health factor then becomes the desire and hope of all citizens in supporting community activities and life. In accordance with the above context, understanding of the essence and meaning of health should be a collective awareness of all parties, both the public, practitioners, academics, politicians and the government. This is considered important, considering the health factor is one of the important bases in supporting the quality of life of the community. In addition, health factors also have implications for the performance of various sectors, both government, private and other sectors. That is why then, the commitment of all stakeholders is increasingly important to realise the quality of health services. Institutionally, the government actually has the obligation and responsibility to realise and improve the quality of public services, including health services. This is in line with the view of Rasyid, (1997) who stated that: The main objective of establishing a government is to maintain a system of order in which people can live their lives properly. Modern government, in other words, is essentially service to the community. The government is not held to serve itself, but to serve the community, creating conditions that allow each member of the community to develop their abilities and creativity to achieve mutual progress. This view suggests that the presence of government for the community is a very important thing in realising services to the community. This also reflects that the government not only acts as a provider (regulator) alone, but also must be able to provide services in accordance with the expectations and needs of the community, so that it can satisfy the community. This is in line with the view of Tjiptono, (2014) suggesting that "customer satisfaction will be achieved, if the needs, desires and expectations of customers are met". Thus, people get comfort in living their lives, so they are able to develop their creativity. This view also suggests that public services, including health services, are one manifestation of a very basic and essential government function. Such statements can be

understood, considering that health services are not only in contact with physical and psychological health problems, but also intersect with the welfare and dignity of a nation.

As citizens and holders of sovereignty, the community should receive quality health care and services from the government. To that end, various strategic and proactive steps from the government in realising the quality of health services deserve adequate appreciation. One of the government's efforts to improve the quality of health services that are still actual lately, is the implementation of the BPJS (Social Security Organising Agency) program. In accordance with the context of the research conducted, the researcher will examine the Quality of Health Services through the BPJS Program in Sukabumi Regency, West Java Province (Case Study at the Ratu Regional Hospital and Sekarwangi Regional General Hospital). Empirically, health services through a quality BPJS program require support from the principles of public service quality, such as Tangible, Reliability, Responsiveness, Assurance, and Empathy as stated by Zeithmal, V.A. & Bitner, (2000). The theory is actually a business-based theory, but substantively the theory is seen as being able to explain the phenomenon of public administration, especially related to public services in this case health services. Therefore, to map scientific research analysis, the theory is used as a basis or reference. Thus, it is expected to be able to uncover various phenomena and problems in the quality of health services through the BPJS program in Sukabumi Regency, particularly those carried out by the Ratu Ratu Regional Hospital and Sekarwangi Regional Hospital (RSUD) Sekarwangi, Sukabumi, West Java Province. From the results of observations, it can be seen that the physical location of the two hospitals that are the object of research, namely the Regional General Hospital (RSUD) Pelabuhan Ratu and the Regional General Hospital (RSUD) Sekarwangi is located in the southern and northern regions of Sukabumi Regency, where Pelabuhan Ratu Regional General Hospital (RSUD) is located at Jalan Ratu Port No. 2 Hospital, while the Regional General Hospital (RSUD) Sekarwangi is located at Jalan Siliwangi Number 49 Cibadak.

Factually, the existence of the two regional public hospitals is indeed sufficient to help the people of Sukabumi Regency who will visit and utilise the health service facilities from the local government, both the people in the southern region of Sukabumi Regency, and the people in the northern region of Sukabumi Regency. Geographically, the people in the southern area of Sukabumi Regency pretty much chose to be handled by the Ratu Ratu Regional General Hospital (RSUD), while the people in the northern area of Sukabumi Regency were handled more by the Sekarwangi Cibadak Regional General Hospital. Except for handling certain diseases or cases, the people of Sukabumi Regency also use many facilities in the Sukabumi City Regional Public Homes, namely Rumah Syamsudin (Bunut).

The results of in-depth interviews with the Head of the Sukabumi District Health Office obtained information that geographically the Sukabumi Regency Government deliberately determined the location of the two Regional General Hospitals in order to meet the demands

and needs of the Sukabumi community, which are located very far apart. With the presence of the two regional public hospitals, the people of Sukabumi Regency are expected to be able to obtain more adequate and affordable health services, including health services provided through the health BPJS program. However, we also realise that the accessibility to and from the area's general hospitals, particularly the Ratu Ratu Regional General Hospital (RSUD) is indeed rather difficult, because in addition to the road that turns, fluctuates and the natural conditions it passes are still quite quiet, it is also very quiet and it is dark if the journey to the hospital is carried out at night, due to the limited road lighting facilities. Another fact that also troubles the public is that part of the road to the Port Ratu Regional General Hospital (RSUD) is also still in a damaged condition and has not been fully repaired. This also makes the community more uncomfortable when using health services through the hospital. Therefore, it is understandable that many people in Sukabumi Regency also choose health services in the nearest area, such as health centres, polyclinics or practising doctors even with relatively limited facilities. Even the people who are closer to Sukabumi City, actually utilise a lot of health facilities through the Sukabumi City Regional General Hospital, and the Syamsudin Hospital (Bunut).

The results of interviews with community leaders, obtained information that geographically the existence of the Regional General Hospital (RSUD) of Sukabumi Regency, both those in Pelabuhan Ratu and those in Cibadak (Sekarwangi Hospital) are indeed very helpful for the public health services of Sukabumi Regency, including health services through the health BPJS program. However, it is undeniable that the natural conditions are not favourable, especially the road that is quite far, winding, even some of them are still damaged and have not been repaired causing the community to encounter difficulties, especially those who are going to the regional public hospital in the queen port. These difficulties are increasingly felt by the community, when the journey to the hospital through the night, especially if accompanied by rain, is very difficult. That is why, people sometimes choose health services through the closest puskesmas, clinic or practising doctors even though these facilities have very limited services. This empirical fact suggests that the provision of health facilities for the community is very important for the government to pay attention to, including the Sukabumi Regency Government. Therefore, the construction of a regional public hospital should consider the aspect of ease of access for the community. This means that the existence of the regional public hospital must be easily accessible to the people who need health facilities from the local government. This is in line with the view of Munijaya (2013) which stressed that "In the construction of hospitals, local governments should consider strategic aspects, including the location where the hospital will be established. Local governments should not just build, but must think about easy access and environmental security.

Looking at the findings above, it seems clear that the Sukabumi District Government has actually prepared a policy design that supports the effort to improve health services through

the health BPJS program. Strengthening the findings was also conveyed by Sukabumi District Legislative Council Member who was in charge of health problems (Commission IV), which essentially explained that "to support the improvement of community health status in Sukabumi District, the BPJS health program is one solution that needs to be appreciated. However, it should be noted that the regional government, in this case the regional health office and general hospital and related equipment should prepare various devices, both physically (adequate hospitals) and other facilities so that the program can run smoothly. This is very important to note considering that hospitals, especially regional general hospitals, are one of the leading sectors in supporting the success of improving health status through the health BPJS program.

The results of the study revealed that in terms of the ability of the apparatus in the area of the Regional General Hospital (RSUD) of Sukabumi Regency, both the Port Ratu Hospital and the Sekarwangi Regional Hospital in general were relatively good enough. Medically, the ability of doctors and other health workers is generally seen as quite professional and capable of carrying out professional duties in accordance with established standards. These findings, reflected in the absence of complaints from the public about the services provided by medical personnel, both doctors, midwives and other medical personnel. In other words, the Regional General Hospital (RSUD) of Sukabumi Regency, both the Port Ratu Hospital and the Sekarwangi Regional Hospital, in the past 5 years had never received any complaints, let alone a lawsuit as a result of irregularities or malpractice actions from medical personnel. Such conditions, of course, need to get appreciation, because the professional actions of these medical staff will ultimately provide a positive image for doctors and other medical personnel in carrying out their duties as public servants in the area of the Regional General Hospital in Sukabumi Regency.

Conclusion

Health services related to the BPJS program implemented by the Regional General Hospital (RSUD) of Sukabumi Regency, in particular the Public Service Agency of Pelabuhan Ratu Hospital and the Sekarwangi Hospital General Service Agency have not been of quality. This means that health services through the Health BPJS program are not yet fully supported by the principles of Tangible, Reliability, Responsiveness, Assurance, and Empathy, causing the community to become dissatisfied with the services provided. In the context of tangibles, it is found that physically the Sukabumi District General Hospital, both Port Ratu Hospital and Sekarwangi Hospital already has land, buildings, parking lots and other physical facilities. However, qualitatively, the various facilities owned are not yet fully managed and arranged optimally, so they do not support the quality of health services, including health services through the Health BPJS program.



The reliability (ability / expertise) of staff in the Sukabumi District Hospital is generally quite good. However, these conditions, are not supported by the attitude or responsiveness of the officers, especially medical officers in dealing with demands and complaints submitted by patients. The results of the research also revealed the weak commitment and consistency of the officers, both medical and non-medical staff in supporting the Assurance principle, thereby causing weak public confidence in the performance of the services provided by the apparatus (officers). The weak public confidence of the officers of the Regional General Hospital (RSUD), is increasingly strengthened when the attitudes and behaviour of the officers do not provide comfort to patients. In this context, the attitude of empathy of the officers is considered less reflecting the will of the community (patients). The emergence of a lack of care and disrespect towards complaints submitted by patients is one of the issues that concerns the public.

The low quality of health services aside from not being supported by Tangible, Reliability, Responsiveness, Assurance, and Empathy principles, there are also other aspects that determine the quality of health services, especially health services through the Health BPJS program, which are geographical conditions, high service dynamics, low public knowledge, weak commitment and character of some medical personnel, and managerial weaknesses. These findings, substantively complement the theories of Zeithaml, Parasuraman and Barry. Furthermore, the new concept as a contribution to the science of public administration is "the quality of public services is determined by Tangible, Reliability, Responsiveness, Assurance, and Empathy, geographical conditions, service dynamics, community awareness, commitment and character and managerial".



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