



RESEARCH ARTICLE

QUALITY OF HEALTH SERVICES FOR PARTICIPANTS OF BPJS IN UNHAS HOSPITAL

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ABSTRACT

This study aims to describe, analyze, and interpret the quality of BPJS participants' services in UNHAS Hospital. This research type is qualitative descriptive with phenomenology approach, which examines and expresses the meaning of the concept or phenomenon and individual experience of BPJS in health services improvement, and experienced by individuals based on what happened at UNHAS Hospital. Technique of data collecting was done by interview, observation, and documentation study and source of data was obtained from 10 key informants. Data analysis technique was using Miles model and Huberman (2007): data reduction, data presentation, temporary conclusions and data verification. The results of the study found that the quality of health services for BPJS participants at UNHAS Hospital was not optimal, because there were still BPJS patients' rights that have not been accommodated, especially on the dimensions of responsiveness of hospital staff patients waiting for more than one hour service. Furthermore, the dimensions of responsibility that doctors prescribe drugs are not available in pharmacies. And the hospital room is not sufficient for BPJS patients.

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INTRODUCTION

Public service in bureaucracy is part of New Public Management paradigm (NPM) with New Public Service (NPS) paradigm. The measure of efficiency and outcomes is important but it does not address or include public expectations of a proper bureaucracy that is acting and ethically responsible according to the principles of democracy. The State shall be obliged to serve its citizens in fulfilling their basic rights and needs as per the mandate of the Constitution of the Republic of Indonesia Article 28 paragraph 1 that every person has the right to live a prosperous and spiritual life, to live, and to obtain a good and healthy environment and be entitled to receive health services. Then clarified by Law No. 25 of 2009 on Public Service is an activity or a series of activities in order to meet the needs of services. For every citizen and resident of goods and services. Increasing public demand for quality and affordable healthcare services, the Government established an institution that provides social security, especially health, namely Social Security Administering Body (BPJS) which aims to carry out duties and obligations as public servants with full responsibility. Government bureaucracy as sole agent in power as an active and always initiative regulator in organizing or taking steps and initiatives they deem important or good for the public.

In this context it is assumed that the government is more responsive to what the community needs and knows better how to best serve the public. Public services in the health sector are still issues that need to be given comprehensive attention and completion. This is marked by the emergence of various demands and dissatisfaction of the public on the health services they receive. Though health services are inseparable from human life from birth to death. Social Security Administering Agency (BPJS) as an instrument of government bureaucracy for public services, established with the aim of improving health services for citizens. BPJS is a new institution established to organize a non-profit social security program in Indonesia based on Law Number 40 Year 2004 regarding National Social Security System (SJSN). Law No. 24 of 2011 on BPJS replaces a number of existing social security institutions in Indonesia, namely health insurance PT Askes and PT Jamsostek employment social security institutions. Transformation of PT Askes and PT Jamsostek into BPJS was done gradually. In early 2014, PT Askes became BPJS Health, then in 2015 PT Jamsostek became BPJS Employment. This institution is directly responsible to the President. The realization of accountability (responsibility) of state and corporation in conducting public service, required legal norms that give clear arrangement. One of the laws that clarify public services in the field of basic needs is Law No. 24 of 2011 on the Social Security Administration Agency (BPJS) that the national social security system is a state program aimed at providing certainty of protection and social welfare

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for all people; that in order to realize the objectives of the national social security system, it is necessary to establish an organizing body in the form of a legal entity based on mutual principles, nonprofit, transparency, prudence, accountability, portability, mandatory participation, trust funds, and the results of the management of the entire social security fund for the development of the program and for the greatest interest of the participants. Therefore, the Health Insurance program was welcomed by the community, then the President of RI issued Government Regulation No. 101 of 2012 on Beneficiary of Health Insurance Beneficiary as the basis of implementation. Along with the enactment of the Act, the public demanded for health service quality got getting stronger. Health services were said to be good and with quality when the community got clarity and certainty, security, information disclosure, justice and timeliness in service. The government bureaucracy is the only organization that has the legitimacy to impose various laws and policies concerning the community and every citizen. That is why the service provided by the government bureaucracy demands high moral responsibility. But this moral responsibility becomes one of the crucial weak points in the public service bureaucracy in Indonesia. Claims against bureaucrats often arise in relation to the lack of attention of the government apparatus in the public service process. To obtain a simple service, service users are often confronted with technical difficulties. For example, at the time of queuing, BPJS participants in the Hospital who need health services. In addition, routine excessive duties of service and emphasis on formal accountability result in rigid and slow procedures. Employees no longer feel compelled to improve efficiency and improve work procedures for simple selfish reasons, ie they resist change. From the phenomenon that occurs in the field, often seen bureaucracy apparatus serving the public interest who are still not aware of its function as a community service. The bureaucracy has the obligation to serve the community even to the upside that it is no longer the bureaucracy serving the community, but rather the people who serve the bureaucracy. The attitude of bureaucrats who are unwilling to serve the community in a fair, accountable and transparent way is also common in hospitals.

The direction of future public service in the context of the new public service by Denhardt and Denhardt (2007: 42) explained there are components that need to be considered Serving the citizen not customers, Fulfilling the public interest, more than the value of entrepreneurship (value citizenship over entrepreneurship), Thinking strategically and act democratically, Understanding that accountability is not a simple thing (Recognize that accountability is not simple), Serving is better than directing (serve rather than steer), Assessing people is not just productivity (value people not just productivity).

MATERIALS AND METHODS

1. Source of Data:

- Primary data and secondary data

2. Research Information:

- Head of BPJS who knows and masters BPJS (1 key informant), Management of Hospital (1 person) and 8 patients of BPJS (4 outpatients and 4 inpatients)

Data Collection and Validation Technique,

1. Data Collection Technique:

- Observation, b. Interview, c. Document

2. Data Validation: The collected data is checked by triangulation. Analysis of Data Collection Data, 1. Condensation Data, 2. Conclusion

RESULT AND DISCUSSION

Quality of Health Services for BPJS Participants at Hospital

The quality of health services refers to the level of perfection of health services in hospitals, which can lead to satisfaction in each patient according to their judgment, and based on the procedures must be in accordance with the standards of professional service that has been established.

Table 1. Service Quality at RS UNHAS

No.	Demension	Indicator	Ket
1	Responsiveness	Services by medical personnel that are quick and appropriate are needed by patients	1
2		Medical officers give attention to the patient individually	1
3		Doctors, nurses offer help (whether asked or not) to the patient	1
4		No waiting for more than an hour	3
5		Medical officers try to follow up the patient's complaints	1
6		Medical officers are quick to arrive when a patient needs help while in the inpatient room	1
7	Responsibility	Ambulance vehicle service when needed by emergency patients	1
8		Doctors provide the disease diagnosis correctly, politely and friendly	1
9		Doctors take complete treatment measures	1
10		Doctors explain treatment action completely	1
11		Doctors, nurses perform services in accordance with what is needed by patients with a friendly attitude	1
12	Continued	Doctors, nurses in providing services in accordance with hospital SOP	1i
13		Doctors prescribe drugs available in pharmacies	2
14	Accountability	Doctors, nurses always keep abreast of the patient's healing condition	3
15		Doctors, nurses serve patients professionally, according to the procedure	1
16		Doctors, nurses provide motivation to the patient for his recovery	1
17		Doctors follow the development of the cure of the patient's illness	1
18		The security of the room is guaranteed	1
19		Available drugs in pharmacies	1
20		The lounge area is clean and comfortable	1
21		Inpatient rooms are available when needed	1
22	An ambulance car is ready when needed	1	

Note. 1. Accommodated patient rights, 2 Patient rights, 3. Not yet accommodated

Findings: Expectations on the quality of health services at RS UNHAS according to BPJS patients stated that quality health services is health services that meet the perceived and organized needs in a manner of polite, comforting, courteous, timely, responsive and able to solve complaints and prevent the development or widespread of disease. This finding reinforces Lenvine's (1990) theory: public service within a Democratic State must meet three indicators, namely Responsiveness which is the service provider's responsiveness to, expectation, desire, aspiration, and demands of service users, this finding is different from Ziethamal's theory, Parasuraman and Berry (1990), using tangible, reliability, responsiveness, assurance, and empathy. These findings support the Decision of the Minister of Administrative Reform, the performance of public organizations in providing public services can be seen from indicators such as simplicity, clarity and certainty, security, openness, efficiency and timeliness. From the research results it can be seen the quality of service at UNHAS Hospital on the table:

The table above shows that hospital service quality seen in the actual dimension is not optimal yet, because there are still patient rights that have not been accommodated namely: service received by BPJS patient have to wait more than one hour, medicine available at the pharmacy specially patient of BPJS are not complete, and inpatient rooms are not sufficient for BPJS patients. These findings reinforce the theory of Jabbra and Dwivedi (1989) the accountability of public services involves the method by which a public institution or a public office fulfills its duties and obligations, and the process required by the agency or public office to report its actions (*the methods by a public agency or public official fulfills its duties and obligations, and the process by which that agency or the public official is required to account for such actions*) (Jabbra and Dwivedi, 1989), Bovens (2007). The quality of health services refers to the accountability of health services that leads to complacency in every BPJS patient. The more perfect the health services performed, the better the quality of health services received by BPJS patients. Based on the description of research results, and content analysis on the discussion can be presented propositions as follows:
Proposition:

- If the five aspects of bureaucratic accountability will be optimal then the expectations of the community / BPJS card holders on the benefits of membership can be felt optimally by the participants of BPJS.
- Quality of BPJS services will only be achieved if BPJS fulfills all of its obligations based on the above commitment to the established code of ethics in realizing the objectives of BPJS and according to the public expectation.

Conclusion

Based on the results of research and discussion it can be drawn conclusion as follows: The quality of health services for BPJS participants at UNHAS Hospital are not optimal, because there are still rights of BPJS patients that have not been accommodated, especially on the dimensions of responsiveness of Hospital staff patients waiting for services for more than an hour. Furthermore, the dimensions of responsibility that doctors prescribe drugs are not available in pharmacies. And hospital rooms are not sufficient for BPJS patients.

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