

Analysis of Service Quality for BPJS Health Participants: A Case Study of a Private Hospital in Bandung

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ABSTRACT: Hospitals as one of the health care facilities in general have a very important role in efforts to improve the health status of the Indonesian people. Increasing public awareness about health results in greater demands for improving health services. This study aims at answering the question of how the service is perceived by BPJS health participants at a private hospital in Bandung and what aspects were complained by the BPJS participants. This is a qualitative research with a case study approach. Data was collected by means of semi-structured interviews with 20 BPJS health users. The results of this study indicate that of the 14 elements of service principles, the principle of justice in obtaining services is the element that receives the most complaints. Complaints are addressed not only to service officers but also to medical personnel. Therefore, it is important for hospitals to improve the quality of service by paying attention to the elements of justice for each patient.

Keywords: Service quality, BPJS Health, private hospital



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INTRODUCTION

Public services quality should be the right of every citizen, where citizens are also entitled to protection of their rights, their voices are heard, and their values and preferences are respected ([Kumar et al., 2022](#); [Lee & Braham, 2020](#); [Mahsyar, 2011, 2015](#)). Service quality has become a determining factor in maintaining the sustainability of a government bureaucratic organization and corporate organization ([Humić & Abramović, 2019](#)). Public services almost automatically form an image of the performance of the bureaucracy, because state policies concerning public services cannot be separated from the bureaucracy ([Bhattacharya et al., 2016](#)).

One of the agencies or institutions that has been highlighted about its public services is the hospital ([Zhao et al., 2015](#)). Until now, there are still many hospitals that people complain about because of their poor services, including for users of health insurance from the government, namely BPJS

Health ([Pertiwi, 2017](#); [Putri & Murdi, 2019](#)). Health services are an important factor in medical care as consumers of health services, so it is appropriate for medical personnel to provide health services according to health service quality standards ([Cinaroglu & Çalışkan, 2022](#); [Marcellus et al., 2022](#)).

Health problems in Indonesia that do not go away make the government have to take action so that people can still get justice and get their rights and do not cause harm ([Napirah et al., 2016](#); [Paramita et al., 2020](#)). In order to improve the quality of public health, the government provides social security ([Djiko et al., 2018](#)). This social security is organized by the government which is useful for meeting the basic needs of a decent life ([Nadhiroh & Indrawati, 2021](#)). The social security held by the government in the health sector is BPJS ([Pertiwi, 2017](#)). The number of BPJS membership seems to increase significantly from year to year. From the initial 50.5 percent in 2017 to 62.3 percent in 2019. More and more residents aged 60 years and over are choosing to BPJS Health as their health insurance ([Kementerian Kesehatan Republik Indonesia, 2019](#)).

Data at Riskesdas 2018 shows that the average value of cancer prevalence for people age 54 to 75 years and over reaches 4 per 1,000 population. Meanwhile, the average prevalence of heart disease appears to be higher at 4.4 per 1,000 population. What is no less terrifying is the fact that the average prevalence of diabetes mellitus is 5.2 per 1,000 population ([Kementerian Kesehatan Republik Indonesia, 2019](#)). The possibility of the need for prompt medical services for those who have this condition is much greater than those who are still healthy and in their productive age ([Balqis et al., 2022](#)).

Currently, there are still many weaknesses in public services by government officials, so that they have not been able to meet the quality expected by the community ([Marcellus et al., 2022](#); [Saramunee et al., 2015](#)) This is indicated by the existence of various public complaints submitted through the mass media, so that it can create an unfavorable image of the government apparatus ([Bates & Santerre, 2013](#); [Khoirunissa & Sukartini, 2020](#)). Given that the main function of the government is to serve the community, the government needs to continue to improve the quality of service ([Fitriyah, 2018](#); [Kurniawan, 2017](#); [Sirajuddin, 2016](#)). The quality of service will always be related to its human resources, most of the success of economic and social development in any country, depends on the quality and effectiveness of its civil servants ([Albrow, 2009](#)).

This research is motivated by the problem of discriminating health services to participants of the Social Security Administrative Body on BPJS. The forms of discrimination experienced by BPJS participants include several things, namely services such as in the services of doctors, nurses, and also in terms of limited drug administration which causes the patient's healing process to be slow as well as procedures that are not appropriate and very convoluted. This study aims at answering the question of how the service is perceived by BPJS health participants at a private hospital in Bandung and what aspects were complained by the BPJS participants. This research will contribute to the government, especially the Ministry of Health, or the Health Office, as input in order to improve the aspects that BPJS Health participants complain about, and also for observers in the health sector.

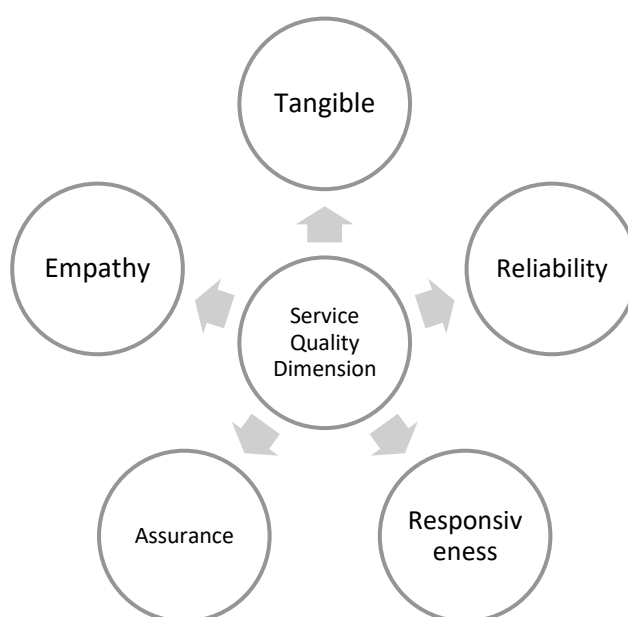
Literature Review

Public Service Quality

Public services defines as a series of activities carried out by the public bureaucracy to meet the needs of users (Dwiyanto, 2014). The quality of public services concept of quality itself is often considered as a relative measure of goodness consisting of design quality and conformity quality (Tjiptono, 2012). The definition of service is any activity that is profitable in a group or unit, and offers satisfaction even though the results are not tied to a physical product (Kotler & Keller, 2012).

To find out the quality of service that is actually perceived by consumers, there are indicators of consumer satisfaction measures that lie in the five dimensions of service quality according to what consumers say (Parasuraman et al., 1991). The five dimensions of service quality can be seen in the following picture (Lupiyoadi, 2011).

Figure 1
Public Service Dimension



Source : Parasuraman in Lupiyoadi (2008:182)

- a. Tangible, or physical evidence, namely the ability to show its existence to external parties. What is meant is that the appearance and capabilities of physical facilities and infrastructure and the condition of the surrounding environment are tangible evidence of the services provided.
- b. Reliability, or reliability, namely the ability to provide services as promised accurately and reliably.

- c. Responsiveness, or response, is a willingness to help and provide fast and appropriate service to the community by conveying clear information.
- d. Assurance, or assurance and certainty, namely knowledge, courtesy, and the ability of employees to foster trust in customers. Consists of several components including communication, credibility, security, competence and courtesy.
- e. Empathy, which is to give sincere and individual or personal attention given to customers by trying to understand customer desires.

Based on the principle of service as stipulated in the Decree of Ministry of State Apparatus Empowerment (MENPAN), No: 63/KEP/M.PAN/7/2003, which was later developed into 14 “relevant, valid” and “reliable” elements, as the minimum elements that must exist for the basis of measuring the community satisfaction index, namely:

- a) Service procedures,
- b) Terms of Service,
- c) Clarity of service personnel,
- d) Discipline of service officers,
- e) Responsibilities of service officers,
- f) Ability of service officers,
- g) Speed of service,
- h) Justice gets service
- i) Courtesy and friendliness of officers,
- j) The reasonableness of the service fee,
- k) Certainty of service costs,
- l) Certainty of service schedule,
- m) Environmental comfort,
- n) Service Security.

BPJS Health

The Social Security Administrative Body (BPJS) is a legal entity established by law to administer the social security program. BPJS according to Law Number 40 of 2004 concerning the National Social Security System is a transformation of the social security administering body which is now running and it is possible to form a new organizing body in accordance with the dynamics of social security developments ([Putri 2014](#)).

Article 9 paragraph (1) of the BPJS Law states that BPJS Health functions to organize health insurance programs. The Health Social Security Administrative Body is a public legal entity that is responsible to the President and functions to administer the health insurance program ([Putri, 2014](#)).

The BPJS Health participants are classified into 2 groups, namely; (1) Premium Support Beneficiary (PBI) and (2) Non-PBI (recipients of contribution assistance). Participants shall be adjusted according to the community group of each individual. For the middle class and above, they are

included in the BPJS Health participant group, not recipients of contribution assistance (non PBI) whose contributions are borne by themselves, while for the lower class people (the poor, and people who can't afford it) are included in the BPJS Health participant group who receive contribution assistance (PBI) which is paid by the Indonesian government ([Putri, 2014](#)).

Every BPJS Health participant has the right to obtain health services which include promotive, preventive, curative, and rehabilitative services including drug services and medical according to the required medical needs. The definition of promotive, preventive, curative, and rehabilitative health services is contained in Article 1 of Law Number 36 of 2009 concerning Health ([Pertwi, 2017](#)). BPJS Health is a State-Owned Enterprise specially assigned by the government to provide health care insurance for all Indonesian people, especially for Civil Servants, Recipients of PNS and TNI/POLRI Pensions, Veterans, Pioneers of Independence and their families and other business entities or ordinary people ([Putri & Murdi, 2019](#)).

BPJS Health rates have increased some time ago, however, the rates are still relatively lower than private health insurance. BPJS Health was formed according to the mandate of Law 40 of 2004 concerning the National Social Security System and Law 24 of 2011 concerning the Social Security Administrative Body. Some BPJS Health services are different from private health insurance (Rahayu, 2022). To be able to undergo further treatment to a more competent doctor or specialist, BPJS Health requires a procedure in the form of a referral letter. The hospital referral system in BPJS Health uses a tiered flow, carried out vertically from lower service levels to higher service levels. That is why, it is obligatory for BPJS Health participants to come to Health Facilities Level 1 first if they want services at health facilities at the next level. It's different for someone who uses private insurance. They can directly register with a specialist and submit payment matters to the insurance ([Nadhiroh & Indrawati, 2021](#)).

There is a special procedure for everyone who wants to use the BPJS Health facility for treatment outside the city or outside the Health Facility (Faskes) where the patient's name is registered. First, the patient must visit the nearest BPJS Health office to request a cover letter to visit the First Level Health Facility (FKTP) to receive services for a maximum of three times. Especially for inpatient benefits, private health insurance can certainly cover VIP room facilities for the insured. Meanwhile, BPJS does not. There are three class differences in BPJS namely First Class, Second Class, and Third Class. First Class participants will get an inpatient treatment room that is more comfortable than the Second and Third Class participants, namely rooms with only two to four patients. BPJS participants can actually choose to upgrade to VIP room facilities, but must pay the difference in fees ([Efendi et al., 2022](#)).

Almost all diseases are also covered by BPJS Health. In BPJS Health, there is no term pre-existing condition. This means, when we register with BPJS Health in a state of having a history of certain diseases (pre-existing conditions), BPJS Health will continue to bear every disease that existed before the patient became a participant. Unlike the case with private health insurance, where generally there is a requirement for a medical examination or medical check-up first to determine the presence of a pre-existing condition (Rahayu, 2022).

METHOD

This is a qualitative research with a case study approach. The case study approach is preferred for qualitative research ([Creswell, 2017](#)). The depth and detail of a qualitative method comes from a small number of case studies ([Patton, 2002](#)). The case study research method is a research method that carries out an in-depth analysis of a case. This case study method is suitable for use when the research question is a question of why and how ([Creswell, 2017](#)).

Data collection techniques are the methods used in research to collect information or data for research purposes. Data collection techniques are important for reviewing a case study. In a qualitative case study, one can arrange questions and sub-questions through the issues in the themes explored, also the sub-questions can include steps in data collection, analysis and construction procedures. narrative format ([Creswell, 2017](#)).

Collecting data in this study using semi-structured interviews. The meaning of semi-structured interviews is a kind of interviewing technique that is carried out by the researcher first asking questions that have been structured so that then one by one they are deepened to extract further information in depth about the research topic that he wants to study ([Arikunto, 2013](#)). Some of the advantages of using semi-structured interviews in data collection methods, including semi-structured interview questions prepared before the scheduled interview. This gives the researcher time to prepare and analyze the questions, the questions in semi-structured interviews are flexible to some extent while maintaining pre-determined research guidelines, the researchers can express the interview questions in their preferred format, unlike structured interviews.

In this study, the researchers interviewed 20 informants consisting of BPJS health users who had been patients at one of Bandung's private hospitals for approximately 5 years. This is intended to see how the services they receive after becoming patients using BPJS. Of the 20 patients, the researcher also interviewed 3 patients with disabilities to obtain data related to the services they received as BPJS health users. Due to ethical issues, the name of the hospital was not mentioned.

The data analysis technique carried out in this study is a data analysis technique which suggests several important points that need to be considered in conducting qualitative data analysis, namely: (a). Qualitative data analysis can be carried out simultaneously with the data collection process, and other narrative writing. (b). Ensure that the qualitative data analysis process that has been carried out is based on the data reduction and interpretation process. (c). Change the reduced data into a matrix form. (d). Identification of the coding procedure used in reducing information into existing themes or categories. (e). The results of data analysis that have passed the reduction procedure have been converted into a matrix form that has been coded, then adjusted to the selected qualitative model ([Creswell, 2017](#); [Sugiyono, 2019](#)).

RESULTS AND DISCUSSION

This research uses the service principles as outlined in the Decree of the Ministry of State Apparatus Empowerment (MENPAN), No: 63/KEP/M.PAN/7/2003, including:

(a) Service procedures, (b) Terms of Service, (c) Clarity of service personnel, (d) Discipline of service officers, (e) Responsibilities of service officers, (f) Ability of service officers, (g) Speed of

service, (h) Justice gets service, (i) Courtesy and friendliness of officers, (j) The reasonableness of the service fee, (k) Certainty of service costs, (l) Certainty of service schedule, (m) Environmental comfort, (n) Service Security.

The results of interviews with 20 BPJS Health participants at a Private Hospital in Bandung are depicted in the table below.

Table 1
 BPJS Beneficiaries' Perception on Service

No	Service Principles	Service Perceived
1.	Service procedures	(a) For BPJS participants, the procedure for registration for treatment is not combined with other insurances (b) The registration procedure is quite long (c) Since the patient entered the hospital area, at the lobby door, they were asked whether they were BPJS users or not, if BPJS participants went directly to the basement through the outer door.
2.	Terms of Service	(a) Quite a lot and convoluted (b) If the document is complete, it will not be served immediately, but through checking which is quite time consuming
3.	Clarity of service personnel	(a) Officers serving BPJS beneficiaries provide unclear information in terms of inpatient procedures, fees to be paid, and available rooms
4.	Discipline of service officers	(a) Service officers are indisciplined. (b) It is often found no clerk at the customer service desk
5.	Responsibilities of service officers	(a) The information provided by officials to BPJS participants is often different
6.	Ability of service officers	(a) Officers serving BPJS beneficiaries are less responsive, and unskilled in providing information
7.	Speed of service	(a) The service at registration is quite long (b) The waiting time at the pharmacy is quite long
8.	Justice gets service	(a) Doctors are often late to serve BPJS beneficiaries (b) Doctors seem to be in a hurry in serving every patient (c) Doctors give prescriptions for generic drugs and not patent drugs (d) The doctor does not provide a detailed explanation of the patient's illness (e) The doctor doesn't like it when the patient asks questions (f) The doctor uses language that cannot be understood

- | | | |
|-----|---------------------------------------|--|
| 9. | Courtesy and friendliness of officers | (g) Officers do not understand how to provide services to persons with disabilities |
| | | (a) Officers serving BPJS users are not friendly |
| | | (b) Officers don't like it when BPJS user patients ask questions |
| 10. | The reasonableness of the service fee | (a) The fees required to pay for some drugs are quite affordable |
| 11. | Certainty of service costs | (a) The fees charged to BPJS users change frequently |
| 12. | Certainty of service schedule | (a) Doctor's schedule is often changed from the time it should be |
| 13. | Environmental comfort | (a) BPJS beneficiaries are not allowed to go to the clinic on the 1st floor, but must be in the basement that used to be a parking lot |
| | | (b) The waiting room is not comfortable |
| 14. | Service Security | (a) BPJS participants' data is not safe |
| | | (b) BPJS participants are often contacted by private insurance for offers |

From the information obtained through interviews with 20 BPJS participants, data was obtained that service principle number 8, namely justice in getting services, received the most complaints from the informants. The most complaints are to the doctors that are caused by the doctor's uncommunicativeness. Doctors seem to answer the patient's questions not wholeheartedly. For BPJS participants who come from the middle to lower economic circles with limited education, of course, they need a more detailed explanation regarding their illness and how to take action, in easy-to-understand language. In addition to being seen in a hurry and providing "rough" services, the doctors in charge of providing services to BPJS beneficiaries were also complained by customers for giving prescriptions for generic drugs and not the patent ones. This is very different from what they provide to private insurance holders.

Unequal treatment is also perceived by BPJS health participants with disabilities. The officers did not seem to understand that people with disabilities need to get special services and should not asked to queue with other patients.

“Not all health workers understand how they should treat patients, especially people with disabilities. I had to wait in line for more than an hour while the officers saw me sitting on a wheelchair. Maybe it's because I'm a BPJS beneficiaries...” (RU-housewife)

Complaints are not only given by BPJS Health participants to medical personnel, but also to health care workers. The most complaints were the problem of unfriendly staff, unresponsive, uncommunicative, unfriendly and unhelpful. BPJS Health participants feel they are being discriminated by officers at the hospital.

“The officers do not provide maximum service to BPJS Health participants. They were unfriendly, unwilling to answer questions clearly. This is very different from the services they provide to private insurance holders. They are treated like kings. Even though we

are both citizens who pay for health insurance. The difference is that our insurance is from the government which is cheaper and they are from the private sector.” (AN-teacher)

From the analysis above, it is obtained data that until now there are still discriminatory actions in health services at a private hospital in Bandung. Discrimination can cause very bad impacts in the social field (Kantamneni, 2020). Therefore, respect for human values and the dignity of each individual must be upheld (Bledsoe et al., 2020). Every individual should receive the same treatment. Discrimination attitudes can cause stress and leave deep trauma for people who experience it (Bo et al., 2021). This is because discrimination is a form of deprivation of independence (Indraswati et al., 2020).

CONCLUSION

From the analysis conducted by the researchers, it can be concluded that the services provided to BPJS Health participants at a private hospital Bandung still need to be improved. Of the 14 elements of service principles in the Decree of the Ministry of State Apparatus Empowerment (MENPAN), No: 63/KEP/M.PAN/7/2003, the aspect of justice in getting services is the thing that gets the most complaints from BPJS Health participants. These complaints include those related to medical personnel and service personnel. Complaints against medical personnel include perceived discrimination against the attitude of medical personnel when providing services, namely unfriendly and uncommunicative personnel. When communicating with patients, they are using language that is difficult to understand, always prescribe generic drugs, often arrive late from the practice schedule. Meanwhile, complaints were also addressed to service officers including officers who were unfriendly, unresponsive, uncommunicative, unhelpful, and unaware of persons with disabilities. The aspects that BPJS participants complain about are expected to be input for the private hospital in Bandung to improve the quality of their services. For future research, the researchers suggest that research be conducted on equal service for BPJS Health participants with a different approach.

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