

Quality of Public Services in Healthcare Sector: a Study of BPJS Inpatient Poly Facility in Regional Public Hospital Surabaya

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This study discusses the service of BPJS (the Indonesian national health care insurance company) in the inpatient installation department in Regional Public Hospital Surabaya. The health of society becomes the important element in a country so that the function that must be completed is the policy making of public services concerning social security for the entire population including national health care insurance (JKN) through Badan Penyelenggara Jaminan Sosial (BPJS)-the Indonesian national health care insurance company. However, the concept of BPJS Health as well as its practice still keep the people away from their rights and extend the health service procedure which increases the people's distress. The goal to be achieved is to describe and analyse: (1) Quality of the public health service of BPJS in the inpatient installation department in Regional Public Hospital Surabaya, (2) The public service model of BPJS in the inpatient installation department in Regional Public Hospital Surabaya. The research method utilised is qualitative descriptive. The informants are chosen by snowball sampling from the hospital such as operators, members of local parliament as regulators, and inpatients. The result of the research shows that the BPJS public service quality in the inpatient poly facility is categorised low viewed from the nine principals of good governance. It is indicated by the low public participation, the weak law enforcement, the less transparency, the slow responsiveness, no consensus between patients and other interested parties, weak in favour to the patients with BPJS, the effectivity and efficiency are not achieved yet, the public accountability is not optimum yet, and the inconsistent implementation of strategic vision. Moreover, the suitable service model for BPJS health is the health service model based on good governance.

Keywords: *Public service quality, Health and good governance.*

Introduction

Government has an important role in this kind of public service so that people expect them to create efficiency and good quality of the public service. Rasyid (1997) states that “the main function of government is serving the community that aims to create conditions that ensure people to carry out their lives properly”. In the health service, the service expected is the one with good quality. The quality is basically related to a good service which means the attitude of employees or institutions in serving customers or community satisfactory. The public service in the JKN-BPJS health programme has been viewed as a routine in which people joining BPJS are not optimally served yet by the hospital. Besides, the proactive and comprehensive action has not been conducted to help those people. The service issue of patients joining BPJS that can be observed from a wider perspective through the good governance approach is how to build the service qualities which are participatory, law-abiding, transparent, responsive, equitable, effective, efficient, accountable, and visionary.

The hospital as the health institution in reference level is in charge of giving complete individual health services which are promotive, preventive, curative, and rehabilitative. The promotive and preventive health service can be realised by implementing *Promosi Kesehatan Rumah Sakit* (PKRS) (the hospital’s effort to increase the patients or clients’ independence to accelerate recovery, to prevent problem health, and to increase the health awareness through socio-culture education). Therefore, the hospital has an important role in implementing the PKRS for patients, patient’s family, human resources in hospital, hospital visitors, and the people around the hospital. Theoretically, health service is the process of establishing and fulfilling the quality standards of managing health services in a consistent and sustainable manner from administration service, drug service so that the patients joining BPJS health are satisfied by the service.

The empirical condition shows that there are many patients joining BPJS who have not been served optimally. It is related to the health public service in inpatient poly facility in regional public hospital Surabaya that is caused by the problem of service quality and service model established so that the public service for patients with BPJS is not optimum. First, the service implementation has a lack of support from the human resources/apparatus. Second, the low quality of public service for BPJS health in RSUD (regional public hospital) Dr. Soetomo Surabaya. The quality of public services is determined by the perspective of customer’s satisfactory showing that there are some indicators determining the low quality of public services including complaints or customer’s dissatisfaction towards the complicated regulations, good registration procedure but difficult mechanism, the inconsistency of service time, and not-transparent cost. Third, the problem related to the model of service implemented which is the paradigm of reform that places the state as the ruler or the unilaterally rooted roots causes the service of BPJS health is not optimum yet. The paradigm that has been used is based on the government paradigm in which the provincial government,

where the hospital is located, put itself as a single authority that unilaterally stipulates various provisions or standard operating procedure (SOP). Meanwhile, the community is forced to accept all the determined SOP.

The regional public health hospital is one of the institutions which functions to provide health services based on the standard operating procedure. Since the health service is a human right that must be accomplished by the government and the private, continuous collaboration and effort are needed in order to achieve the expected quality. Based on the medical events at the service, things that must be done are health service implementation and hospital management. The medical treatment that is not suitable with the standard operating procedure shows that the health service quality needs to be the main interest in order to increase the health service that is suitable with the need and expectation of people. There are several reasons of the importance of public health service, which are: (1) the health sector is one of the assessment indicators for Human Development Index (HDI); (2) The increasing number of Indonesians who contribute, the more funds needed to finance the health sector in development; (3) Health is one of the main elements of human that supports the humans' activities. The development of health in a national life has a significant investment value, especially, in human resources; (4) there is a demand for democratisation from the community to the government concerning the policy of public health service that can be enjoyed by the community as a whole.

Theoretical Background

Public Service Theory

The concept of public service that is identical to the service for the community by the government (whatever government does is public service) was developed in classic public administration literature era (Dwiyanto, 2010). In that era, the government put itself as a service provider that is quite dominant for many life aspects of the community. However, the existence of public sector privatisation movement by NPM makes the concept no longer relevant. Today's public health service is not the government's monopoly, but it is also conducted by the private sectors from non-governmental organisations. Having a similar view, Spicker (2002) states that many people misunderstood the public service by identifying it as a service in the public sector. In contrast, the public service must be identified from its characteristics, that is, its existence is based on policy reasons, the service is for the public interest, the retributive characteristic, and the activity is a mandate. Dwiyanto (2010) adds that it is not appropriate to define public service based on its characteristic as public goods that have high externality, the need and basic rights of citizens, obligation of government and state, as well as becoming national commitment.

Based on the explanation of the definition of public service above, it is clear that the activity of serving patients with BPJS in RSUD Surabaya is determined as the public service activity. Referring back to Spicker (2002) about the characteristic of public service, the ease and acceleration of service for patients with BPJS health is the national priority policy that is also suitable with the circular letter number: 10/M.PAN/07/2005 about Priority in Improving the Quality of Public Services. The role of government as an organiser in public services must take action to equalise the service access because the main point of policy priority in its area is clearly known, especially, in terms of the regulatory authority that determines the policymaking and the success of public service implementation.

Service Quality Theory

The service quality has various definitions that generally draws characteristics such as performance, reliability, ease of use, and esthetics. Furthermore, the service quality is also defined as everything that is able to accomplish the desires or needs of customers (Lukman, 2004). In measuring the good quality of public service, there are some characteristics/ indicators/ dimensions of the service quality. Zethaml et al. (1990) summarised ten dimensions to five, which are *tangible*, *reliability*, *responsiveness*, *assurance* and *empathy*, known as serqual method. Five dimensions of service quality are suitable with Fitzsimons' (1994) opinion which states that the quality of service is something complex so that in determining the quality of service, we must take a look at five dimensions which are:

1. Reliability, the ability of giving the promised service immediately, accurately, reliable and satisfying services,
2. Responsiveness, the urge of the staff to help customers by providing responsive service,
3. Assurance, which includes knowledge, ability, courtesy, and trustworthy from the staff (free from danger, risk, and doubt),
4. Empathy, which includes the ease of creating a relationship, good communication, personal attention, and understanding of the customer's need,
5. Tangible, which includes the physical facility, equipment, staff, and communication target.

In accordance with the quality that must be conducted by government institution, Rasyid (1997) states that "the benefit achieved from the directly optimized equitable and efficient service could trigger the respect of community towards government". Based on the explanation above, it can be concluded that the quality of public health service in RSUD Surabaya is considered suitable with the good government's principle with its superiority degree for fulfilling the expectation and satisfaction of patients with JKN-BPJS health. The satisfaction can be achieved through the ease of procedure and in terms of financing. This

leads naturally to the domino effect, where people who have not joined the government's health care insurance (JKN-BPJS health) will be motivated to register as customers.

The Definition of Governance

Brinkerhoff dan Goldsmith (2005) confirms that “governance can be defined as the processes through which individuals and state officials interact to express their interests, exercise their rights and obligations, work out their differences, and cooperate to produce public goods and service”. The statement emphasises the definition of governance as a process in which individual and the state officials interact to express their interests, realising their rights and obligations, mediating various differences, and work together to produce goods and service. Furthermore, the UNDP (United Nations Development Program) defines good governance as the exercise of political, economic, and administrative authority to manage the nation's affair at all level (LAN RI in Nugroho, 2011). Prasojo et al. (2006) define the term governance as an interactive relation based on information exchange between stakeholders and government. Government is not the only stakeholder in the nation; they must include people and other stakeholders.

The several definitions of governance previously show that the term governance has a broad scope of meaning. It is in line with Farazmand (2009) who states that the term governance shows a concept of government and administration that is broader and more comprehensive than its practice so far. Governance, in this case, is the process of participation in organising the social, economic, and political issue in a country, national community, or in the local structure and value that reflects the people. Thus, the term governance in Indonesia has no identical meaning to the term government but it could be corresponded with implementation, arrangement, management, control, and governance itself. The word equivalent is generally accepted, for the public sector (government) as well as the private sector (business world).

In succeeding the development programs, the United Nations Development Programme (UNDP, 1997) views good governance as the condition that must be realised. The government can be defined as good if it follows the principles such as participation, the rule of law, transparency, responsiveness, consensus orientation, equity, effectiveness and efficiency, accountability, and strategic vision.

Method

This study utilises qualitative descriptive method in which the qualitative procedure is applied by the researcher to achieve deep information and to analyse the dynamic in the context of empowering, synergising, and making sure that the service for BPJS has the best quality service from professional health workers who have authority to get standard health

service facilities. The research was conducted in inpatient poly facility in regional public hospital Surabaya. The informants of this study are: a) Deputy director of medical and nursing services, head of the installation of inpatient poly RSUD, b) medical personnel, paramedics, laboratorium, formation, administration staff, customer service, c) informant from the society or patient, patient's family that has accompanied minimum twice in inpatient poly RSUD Surabaya. This analysis technique directly studies the problem related to the service quality experienced by patients in outpatient poly. The data is, then, analysed using the interactive model. The data result is analysed through components as Miles, Huberman and Saldana have stated (2014).

Results and Discussion

The Quality of Health Public Service for BPJS in the Concept of Good Governance

To describe the quality of public health service for BPJS in the concept of good governance, some indicators will be studied: principal effectivity and efficiency, in which that principal effectivity and efficiency have not been conducted consistently. It can be identified through the time standard, additional cost for service, the inefficient regulations, procedure, and time that have been achieved. The law enforcement and the application of the principle of law enforcement are categorised “quite low” since there is an inadequate legal basis. The legal basis for the public service has been discussed in local regulation that organises the standard operating procedure for the service of patients with BPJS who are having or not having enough money. The service standard also must be revised because it has not been completely regulating the process of public service for BPJS. Furthermore, the quality of law enforcement is low because many business people have not registered their employees as the customers of BPJS health. Moreover, there is no penalty for those businessmen. The transparency in the service for BPJS health is categorised low. The mechanism for the public in accessing the public information has not been widely socialised. The availability of information to be published to the public is still limited. The public service responsiveness for patients with BPJS health is weak, in which the mechanism and procedure complaint is too bureaucratic as well as not fast enough and not right in dealing with public complaints. The accountability application of the principle of accountability in the health service of BPJS in outpatient poly RSUD Surabaya is categorised medium. However, there is an unexpected additional cost for the medicine which accountably has no legal basis. The public participation in health service of BPJS observed through “the intensity of the quality of community involvement in the formulation of health services for patients with BPJS” and “the community involvement in monitoring the service implementation of BPJS health” is categorised low. The consensus orientation in the public services of BPJS patients in outpatient poly RSUD Surabaya is not yet implemented. However, after the legal umbrella is completed, the partnership between community, stakeholders, and related parties and

interested parties in the future are very prospective. The equity in the service of BPJS health has not realised yet where the special treatment for PBI, non-PBI concerning the finance discussion has not clearly established in the field although it has been outlined in the national and regional policy. The strategic vision in the services of patients with BPJS health in outpatient poly RSUD Surabaya is categorised medium. The vision, mission, and motto have been arranged, but the consistency of the service practice is not optimum yet.

Model Pelayanan Publik Pada Pasien BPJS Kesehatan

The public service model for patients with BPJS health is based on the government paradigm. The hospital establishes itself as (the sole actor) unilaterally establishing various fixed provisions or procedures of the standard operating procedure (SOP) and communities are forced to accept the ProtapSop that has been established. Many people are unable to access services due to the complicated requirements and complicated procedures so that many of them ask for advocacy to BPJS watch East Java.

People with good financial conditions choose general participant services in order to have fast service. On the contrary, most of the people with the poor financial condition belong to the third class participant services, who must be patient to wait the long regulation and procedure. The lack of financial condition also cannot make them move into general participant services. The accumulation of all those problems, then, reported in social media and newspapers.

If the public service model for patients with BPJS health in inpatient poly RSUD Surabaya was based on the concept of good governance with its principal such as participation, rule of law, transparency, responsiveness, consensus orientation, equity, effectiveness and efficiency, accountability, and strategic vision (UNDP, 1997), the problems of people/patients' complaint regarding the service that is not well enough could be minimalised. As a supervisory function, commission XI DPR can encourage people's participation, especially, the minister of health, BPJS, LSM (BPJS watch), stakeholder parties towards the health service that become the important part in the health service in the hospital. Many people who do not know the benefit or facility given by BPJS health shows that minimum socialisation causes many people to have an additional cost to buy medicine due to the empathy inventory, the unreasonable cost for INA CBGs based on the hospital class. That problem affected the quality service that becomes the responsibility of the government.

The domino effect on formal workers, many employers and trade unions have not joined as BPJS participants. It happens since the description given to them about health care service using BPJS is not convenient. Many employees have not joined the BPJS although Perpres number 111 in 2013 oblige all BUMN, BUMD, big and small companies to join the BPJS

health. The parties mentioned above would make a better health service if they join and participate in fixing the problem. Thus, the stages in the health service can be known by the public clearly including the requirements, cost, time, and the process. The problems also can be detected precisely to understand the main point. The low awareness of people in joining BPJS causes a low awareness of developing the regional public hospital. The people's low awareness must be given good response by conducting a deep study about what things caused it. The people's mindset assumes that the hospital only is as the health facility to serve patients (one-way) instead of regional assets that need to be continually improved based on the socio-cultural characteristics of the community. In addition, the consensus orientation between related parties in order to find a solution based on the law must be done. It also can trigger the existence of public hearing as a mean of discussion between the community and the hospital. All of the regulations and the agreements that have been made must be implemented based on the principal rule of law, which is equity. The key to the successful implementation of some of the good governance principles will largely depend on the level of public trust in the government. Therefore, the East Java provincial government must apply the principle of good governance, especially in the health services of BPJS, including effectiveness and efficiency, accountability, and strategic vision. The model of public service for patients with BPJS health viewed from good governance is based on the implementation of participation, obedience to the rules, transparency, responsiveness, deliberation, justice, effectivity and efficiency, accountability, and strategic vision.

The recommendation strengthens the theory suggested by Zeithm et al. (1990) stating that there is a strong relationship between the increase of quality service, finance and political will from the top management. The recommendation also has the implication of the theory of quality stated by Zeithaml et al. (1990). The theory of servqual stated does not include finance and political will in the increase in quality. Thus, the servqual theory only measures the public service quality from the dimensions of tangible, reliability, responsiveness, assurance, and empathy that is completed by the dimensions of participation, transparency, accountability, effectiveness and efficiency.

Conclusion

The principle that underlies the concept of good governance is various, which is accountability, transparency, and participation. The effective good governance requires coordination and integrity, professionalism, high work ethic and morals from the three pillars (government, civil society, and private party). The public service model is based on the government in which the organiser establishes itself as (the sole actor) unilaterally establishing various fixed provisions or procedures of standard operating procedure and communities are forced to accept all that has been established. The close system is the characteristic of Old Public Administration (OPA) paradigm, for that, in order to increase the



public service quality of BPJS, the suitable model for the BPJS services in inpatient poly RSUD Surabaya is effective public service (PPE) based on the principle of good governance.

Suggestion

The result of the study shows that there is a need to make a partnership between stakeholders (private) and civil society with its win-win solution in order to resolve the problem in health service. Besides, optimum socialisation about the rule of health service from BPJS concerning on tiered referral for patients/society and employees must be conducted in order to accelerate the service process. The SOP of the standard service must also be arranged to create clear regulations in the implementation of health service. It is necessary to change the service perspective from a close system pattern to a more open pattern by adding the elements in good governance.



REFERENCES

- Brinkerhoff, Derick W. and Arthura Goldsmith. 2005. Institutional Dualism and International Development: A Revisionist Interpretation of Good Governance. *Administration & Society*. **37** (2): 199-224 · January 2005.
- Dwiyanto, Agus. 2010. *Manajemen Pelayanan Publik: Peduli, Inklusif, dan Kolaboratif*. Yogyakarta: Gadjah Mada University Press.
- Farazmand, Ali (ed). *Bureaucracy and Administration*. 2009. Florida: CRC Press.
- Fitzsimmons, James A, and Mona J. Fitzsimmons. 1994. *Service Management for Competitive Advantage*. New York: McGraw-Hill, Inc.
- Syamsudin, Lukman. 2004. *Manajemen Keuangan Perusahaan*. Edisi ke 8, Jakarta.
- Miles, M.B., Huberman, A.M, dan Saldana, J. 2014. *Qualitative Data Analysis, A Methods Sourcebook, Edition 3*. USA: Sage Publications. Terjemahan Tjetjep Rohindi Rohidi, UI-Press.
- Nugroho, Riant. 2011. *Public Policy Dinamika Kebijakan-Analisis Kebijakanmanajemen Kebijakan*. Jakarta. PT Elex Media Komputindo.
- Lembaga Administrasi Negara (LAN) RI. 2000. *Badan Pengawasan Keuangan dan Pembangunan (BPKP). Pengukuran Kinerja Instansi Pemerintah: Modul Sosialisasi Sistem Akuntabilitas Kinerja Institut Pemerintah*. Lembaga Administrasi Negara (LAN) RI.
- Prasojo, Eko., Aditya Perdana, and Norr Hiqmah. 2006. *Kinerja Pelayanan Publik: Persepsi Masyarakat terhadap Kinerja, Keterlibatan dan Partisipasi dalam Pelayanan Pendidikan, Kesehatan dan Kependudukan*. Jakarta: Yappika.
- Paul Spicker. 2002. *Poverty and the Welfare State: Dispelling the Myths, A Catalyst Working Paper*. London: Catalyst.
- United Nations Development Program (UNDP). 1997. *Human Development Report*. New York: Oxford University.
- Rasyid, M Ryaas. 1997. *Makna Pemerintahan: Tinjauan dari Segi Etika dan Kepemimpinan*. Cetakan 2, Jakarta.
- Zeithml, Valarie A., A Parasuraman and Leonard L. Berry, 1990, *Delivering Quality Service: Balancing Customer Perceptions and Expectation* New York: The Free Press.