

QUALITY OF HEALTH SERVICES FOR BPJS PATIENTS AT WALED HOSPITAL, CIREBON REGENCY

Mulya Apriliani, Sabrina Nur Febrianti, Hery Nariyah, Moh.Sutarjo


Universitas Swadaya Gunung Jati, Indonesia

mulyaapriliani03@gmail.com, sabrinanurfebrianti@gmail.com, hery.nariyah@ugj.ac.id,
moh.sutarjo@ugj.ac.id

ABSTRACT

This study aims to determine the quality of health services for patients of the Social Security Administering Agency (BPJS) at the Waled Regional General Hospital (RSUD), Cirebon Regency. A qualitative approach was used in this research, with a purpose sampling method to provide an overview of the phenomena that occurred. Service Quality based on the theory of Parasuraman, Zeithaml and Berry (1990) in Muninjaya (2011) contains five dimensions, namely reliability, responsiveness, assurance, empathy and physical evidence. The findings showed that it was not comfortable because there were several complaints regarding the cleanliness of the toilets, where some bathrooms had a slight smell and slippery floors. Second, the high number of patients registering causes long waiting times, indicating an inefficient registration process and having a negative impact on patient conditions. Third, the behavior of health workers who are less friendly and communicative reduces patient trust and comfort, emphasizing the importance of a professional and empathetic attitude. Fourth, the problem of collecting laboratory results yourself without going through a medical officer can cause delays in obtaining important medical information. Fifth, the queues at the drug collection counters cause many patients to have to buy medicines outside the Waled Regional Hospital pharmacy. Lastly, the lack of cleaning facilities and cleaning staff worsens hospital environmental conditions, lowering the standard of health services. These problems demand serious attention to improving the quality of health services that focus on cleanliness, efficiency, and better interaction between staff and patients.

Keywords: *Service Quality, BPJS Patients, Waled Regional General Hospital, Cirebon Regency*

This article is licensed under [CC BY-SA 4.0](https://creativecommons.org/licenses/by-sa/4.0/) 

INTRODUCTION

The quality of health services is one of the main indicators in determining the success of the health system in an area. Quality health services not only include effective treatment and medical treatment, but also include comfort, accessibility and patient satisfaction. Waled Regional Hospital in Cirebon City, as one of the health facilities serving BPJS patients, faces several challenges in its efforts to provide optimal service. The cleanliness of public facilities such as toilets greatly influences patient comfort and health. Dirty, smelly and slippery toilets not only make patients feel uncomfortable, but also have the potential to be a source of infection and disease. This shows a lack of attention to aspects of cleanliness and sanitation which should be a priority in health services. Apart from that, the lack of adequate cleaning facilities and the minimum number of cleaning staff contribute to the unclean condition of the hospital environment. Clean and well-maintained health facilities are one of the service standards that must be met to ensure patient health and safety. Then, the high number of patients registering for medical services often causes backlogs and long waiting times. The slow and inefficient registration process results in patients having to wait a long time before getting a room for treatment. This not only reduces patient satisfaction but can also worsen their health condition. Furthermore, the problem of collecting laboratory results yourself without going through medical staff at RSUD Waled Cirebon causes confusion for many patients. Most patients do not know the location of the laboratory results room, which can

cause delays in obtaining important medical information. This situation can worsen the patient's condition and hinder a fast and effective treatment process. Then the long queue at the medicine collection counter at Waled Hospital has become a serious problem which causes many patients to choose to buy medicine outside the hospital pharmacy. This problem reflects the lack of efficiency and effectiveness in health services in hospitals, as well as the need to improve drug management and distribution systems to better meet patient needs. Finally, the attitudes and behavior of health workers greatly influence the patient's experience while receiving care. Health workers who are unfriendly and uncommunicative can make patients feel unappreciated and uncomfortable. Therefore, a professional and empathetic attitude from health workers is very important to increase patient trust and comfort.

Meeting public health demands is one way the government provides public services. The goal of health sector reform is to make services more accessible and efficient for people at all socioeconomic levels. Law Number 36 of 2009 concerning Health states that everyone can live a socially and economically useful life if they are physically, spiritually, spiritually and socially healthy.

Health services, according to Levey and Loomba (1973), include all individual and group efforts carried out within an organization to maintain and improve health, prevent and cure disease, and improve the welfare of people, families, groups and communities in relation to their health. health (Azwar, 1996). The Social Security Administering Body or BPJS program was launched by the Indonesian government. According to Article 19 paragraph 1 of Law Number 40 of 2004 concerning the National Social Security System, health insurance is implemented nationally based on the concept of equality.

The enactment of Law Number 24 of 2011 concerning BPJS stipulates the implementation of health insurance in 2011. Based on Article 60 paragraph 1 of this Law, National Health Insurance (JKN) must start on January 1 2014. Waled Regional General Hospital (RSUD) is one of the hospitals in Cirebon Regency that provides health services to BPJS Health. Located in Waled District, Cirebon Regency, West Java, near Jl. Prabu Kiansantang No.4.

Quality

The word "quality" contains many meanings, according to the Indonesian dictionary, (Purnamasari et al., 2015) Quality means:

- a. The level of good and bad;
- b. Degree or degree (intelligence, proficiency, etc.); or quality

According to Norman (Purnamasari et al., 2015) said that if we want to succeed in providing quality service, we must first understand the characteristics of service as follows:

- a. Service is intangible, service is very opposite to finished goods.
- b. Service actually consists of real actions and is an influence that is a social action.
- c. Production and consumption of services cannot be separated in real terms, because in general they occur simultaneously and occur in the same place.

Service

Service according to (Ariella, 2021) Service is essentially a series of activities, because it is a process. As a process, services take place regularly and continuously, covering all organizations in the community (Han, 2019).

Service quality is an effort to meet the needs and desires as well as the accuracy of its delivery to keep up with customer expectations. One of the main aspects that makes patients loyal to hospital services is the good quality of service from the hospital to be able to compete with other hospitals. There are two factors that affect the quality of service: expected service and perceived service. Quality is based on customer needs and the need to take into account customer perceptions. In short, high-quality images are based on the customer's perspective and perception, not the service provider's perspective and perception (Marriage and Death, 2006).

According to Goetsch and Davis "Service quality is a dynamic condition related to products, services, people, processes and the environment that meet or exceed expectations" (Along, 2020). According to Hart et al. (1990), the quality of a service is the difference between the service provided and what the customer expects. In this case, the assessment of the quality of service is determined by the service user (Tangkilisan & Akune, 2007).

Service Quality is a measure of how well the level of service provided is able to meet customer expectations or the company's ability to meet customer expectations for the services they use, that service quality is the level of service excellence that can meet the desires of consumers/customers provided by an organization. (Ramdoni et al., 2015) So that the services developed are independent services and create dependency for citizens in their affairs as citizens (Diniati et al., 2023). According to Parasuraman, (Zeithaml et al., 1990) deep (Muninjaya, 2011) There are five dimensions to measure the quality of service known as ServQual. The five dimensions include:

a. Physical evidence (tangible)

The quality or quality of health services can also be felt directly by the users by providing adequate physical facilities and equipment. For example, a clean and comfortable patient reception room is equipped with chairs, tiled floors, TVs, adequate health service equipment, and neat, attractive and clean uniforms for staff or health workers.

b. Keandalan (reliability)

Ability to provide services in accordance with the promised accurately and on time. For example, if a service states that the service opening hours, between 08.00-16.00 WIB. The service will be considered reliable by the customer if the service consistently continues to provide service in accordance with the predetermined hours and working days.

c. Responsiveness

This dimension is included in the ability of health workers to help customers or patients and provide fast and appropriate services or services.

d. Jaminan (assurance)

These criteria relate to the knowledge, courtesy and nature of the officer who can be trusted by the customer. Compliance with these service criteria will result in service users feeling free from risk. Based on research, this dimension includes the following factors: (1) Hospitality (coutesy), includes politeness, attention and care of health service officers; (2) Competence, namely the appearance and knowledge possessed by health service officers in carrying out services; (3) Credibility, including matters related to trust in the Company, such as reputation and achievements; (4) Security, meaning things related to the ability of officers to provide a sense of security to patients.

e. Empati (emphaty)

It is the willingness of service providers to care more about giving personal attention to customers. This dimension is a combination of aspects: (1) Access, which is ease of using the services offered by service providers; (2) Communication, which is the ability to communicate to convey information to consumers or receive input from consumers; (3) Understanding the customer, which is the business of the service provider to know and understand the needs and desires of consumers.

METHOD

The research method used is a qualitative research method. According to Moleong (in Haris Hardiansyah, 2011:9) qualitative research is research that intends to understand the phenomenon of what is experienced by the research subject, for example behavior, perception, motivation, action and so on. Holistic and by way of description in the form of words and language in a special context that is natural and by utilizing various natural methods.

A. Research Data Collection Techniques

According to (Imron, 2019) that data collection was obtained from observation, interviews, documentation. The data collection techniques used in this study are by using interviews and documentation.:

1. Interview According to Sugiyono, (2018:140) an interview is a conversation with a certain intention carried out by two parties, namely the interviewer who asks the question and the interviewee to provide answers to the questions given. The object of this research uses an unstructured interview technique, where the interviewer gives questions that are not in accordance with the list of questions that have been written or are more flexible, in addition to the informant such as introgression, information exchange with the subject being researched, the situation and information needed by the researcher in depth.
2. Documentation According to Sugiyono (2018:240), documentation is a record of past events in the form of pictures, photographs, sketches and others. Documentation is a complement to the user of observation and interview methods.
3. Observations according to Denzin in (Ekawanti & Mulyana, 2016). Participatory observation is a field strategy that simultaneously combines document analysis, interviews, participation and direct observation as well as introspection. In connection with this, in field research, researchers are also directly involved in the field.

RESULTS AND DISCUSSION

Based on the results of observations and interviews with BPJS patients at the Waled Regional General Hospital, in accordance with Zeithaml's opinion which is used to measure the quality of service:

1. Dimensions of physical evidence (tangible)

Based on the findings of the patient satisfaction survey, it is known that patients and their families provide criticism regarding the level of comfort, namely that it is not good. The dimensions of physical evidence (tangible) are not yet optimal due to the many complaints regarding the cleanliness of public facilities, such as toilets, which greatly affect patient comfort and health. Dirty, smelly and slippery toilets not only make patients feel uncomfortable, but also have the potential to be a source of infection and disease. This situation shows a lack of attention to aspects of cleanliness and sanitation which

should be a priority in health services. Apart from that, the lack of adequate cleaning facilities and an insufficient number of cleaning staff contribute to the unclean condition of the hospital environment. Clean and well-maintained health facilities are one of the service standards that must be met to ensure patient health and safety.

2. Reliability Dimensions

Based on the triangulation statement provided, it can be concluded that the reliability at Waled Hospital, the majority of respondents stated that doctors provide services in sufficient time and nurses tend to listen to patients' complaints and provide encouragement for a speedy recovery.

Overall, health services at RSUD Waled appear to be quite good, with doctors taking responsibility for providing attention and support to patients during their recovery process. However, as mentioned in several triangulation statements, nurses may listen to patient complaints more often.

3. Dimensions of Responsiveness

Problems at the Waled Cirebon Regional Hospital are not yet optimal because there are many complaints regarding the collection of laboratory results carried out by patients themselves without the help of medical staff. This causes confusion, because many patients do not know the location of the laboratory results room, which can cause delays in obtaining important medical information and hinder a fast and effective treatment process. In addition, the attitudes and behavior of health workers greatly influence the patient's experience while receiving care. Health workers who are unfriendly and uncommunicative can make patients feel unappreciated and uncomfortable. A professional and empathetic attitude from health workers is very important to increase patient trust and comfort. Furthermore, the high number of patients registering for medical services often causes backlogs and long waiting times. Slow and inefficient registration processes result in patients having to wait long periods of time before receiving treatment, not only reducing patient satisfaction but also worsening their health conditions. Then, long queues at the medicine collection counter at Waled Hospital have become a serious problem causing many patients to choose to buy medicine outside the hospital pharmacy. This problem reflects the lack of efficiency and effectiveness in health services in hospitals, as well as the need to improve drug management and distribution systems to better meet patient needs.

4. Guarantee (assurance)

Based on triangulation, it can be concluded that in general patients feel safe and comfortable while at Waled Hospital. They appreciate the completeness of equipment and medicines, and feel that the fees charged are affordable, especially for patients who use BPJS. Respondents reported that the hospital generally explained BPJS administration procedures well.

5. Empathy (empathy)

Based on the information provided, it can be concluded that the services of medical personnel, including doctors and nurses at Waled Hospital are considered good by triangulation informants. They stated that the medical personnel were thorough and ready to explain again what the patient did not understand. Apart from that, doctors are also considered to be punctual in providing services. Thus, although there are several aspects

that need to be improved, the overall experience of patients and patient family members regarding services at the hospital is quite positive.

CONCLUSION

Based on the theory of Zeithaml and Berry (1990), the quality of health services can be assessed through several main dimensions, namely the physical evidence (tangible) dimension and the responsiveness dimension. Waled Hospital, Cirebon City, faces a number of problems that are not yet optimal in these two dimensions:

1. Dimensions of Physical Evidence (Tangible)

Waled Hospital needs to improve toilet cleanliness and regular maintenance to create a cleaner and safer environment for patients. Lack of Cleaning Facilities and Cleaning Staff, lack of adequate cleaning facilities and lack of cleaning staff can threaten the overall cleanliness and sanitation of the hospital. Regional hospitals need to increase the number of cleaning staff and ensure there is sufficient cleaning equipment. To improve indicators that are not yet optimal, RSUD Waled organizes regular employee training and development to increase awareness and skills of officers regarding cleanliness, queue management and service attitudes. Allocate budget to improve toilet facilities and other infrastructure to meet higher hygiene standards.

2. Dimensions of Responsiveness

Taking laboratory results by the patient himself without the help of medical staff, which causes confusion and delays in important medical information and hampers the treatment process. To improve indicators that are not yet optimal, things that can be done include providing medical staff to help take laboratory results and improving the professional and empathetic attitude of health workers to increase patient trust and comfort.

Health workers are unfriendly, unfriendly attitudes from health workers can reduce patient trust and satisfaction. Regional hospitals need to provide training and guidance to staff to improve their ability to provide friendly and responsive services to patients. The steps taken by RSUD to improve indicators that are not yet optimal, carry out regular evaluations of service quality, including patient satisfaction surveys, to ensure continuous improvement. Long Waiting Due to Congested Registration with Patients, the slow registration process results in long waiting times for patients. It is recommended that the patient's family before taking him to the Regional Hospital prepare the requirements for registration so that it can be processed immediately. To overcome the problem of long queues at the drug collection counter at Waled Regional Hospital, several efforts can be made. First, increase service efficiency by increasing the number of counters and pharmacy staff to speed up the drug collection process. Second, improve drug stock management so that they are always available and avoid delays in drug distribution.

With these steps, it is hoped that RSUD Waled Cirebon City can improve the quality of health services to BPJS patients, reduce problems that are not yet optimal, and increase public satisfaction and trust in the health services they provide.

REFERENCES

- Along, A. (2020). Kualitas layanan administrasi akademik di Politeknik Negeri Pontianak. *Jurnal Ilmiah Administrasi Publik*, 6(1), 94–99.

- Ariella, A. (2021). *Kualitas Pelayanan Pembuatan Surat Izin Usaha Perdagangan Di Dinas Penanaman Modal Dan Pelayanan Terpadu Satu Pintu Kabupaten Murung Raya*. Universitas Islam Kalimantan MAB.
- Azwar, A. (1996). *Menuju pelayanan kesehatan yang lebih bermutu*. Yayasan Penerbitan Ikatan Dokter Indonesia.
- Diniati, A., Sutarjo, M. A. S., & Primasari, I. (2023). Pemanfaatan Media Sosial sebagai Alat Pemasaran Digital bagi Pelaku UMKM Kabupaten Sumedang. *Jurnal Altifani Penelitian Dan Pengabdian Kepada Masyarakat*, 3(4), 553–561.
- Ekawanti, S., & Mulyana, O. P. (2016). Regulasi diri dengan burnout pada guru. *Jurnal Psikologi Teori Dan Terapan*, 6(2), 113–118.
- Han, E. S. (2019). goleman, daniel; boyatzis, Richard; Mckee A. Buku ajar bedah sabiston bagian 2. Vol. 53. *Journal of Chemical Information and Modeling*, 1689–1699.
- Imron, I. (2019). Analisa pengaruh kualitas produk terhadap kepuasan konsumen menggunakan metode kuantitatif pada CV. Meubele Berkah Tangerang. *Indonesian Journal on Software Engineering (IJSE)*, 5(1), 19–28.
- Levey, S., & Loomba, N. P. (1973). *Health care administration: A managerial perspective*.
- Lupiyoadi, R., & Hamdani, A. (2006). Manajemen pemasaran jasa. *Language*, 18(298p), 26cm.
- Muninjaya, A. A. G. (2011). Manajemen mutu pelayanan kesehatan. *Jakarta: Egc*, 19.
- Purnamasari, Y. A., Hamid, D., & Susilo, H. (2015). Pengaruh Kualitas Layanan Petugas Tempat Pelayanan Terpadu dan Tingkat Pemahaman Wajib Pajak terhadap Kepatuhan Wajib Pajak (Studi pada Wajib Pajak di Wilayah KPP Pratama Surabaya Wonocolo). *Jurnal Perpajakan (JEJAK)*, 1(1).
- Ramdoni, A., Nariyah, H., & Bharoto, R. M. H. (2015). KUALITAS PELAYANAN PEMBUATAN DOKUMEN AKTA KELAHIRAN DALAM MEWUJUDKAN PELAYANAN PRIMA PADA DINAS KEPENDUDUKAN DAN CATATAN SIPIL KABUPATEN INDRAMAYU. *Jurnal Ilmiah Publika*, 3(2).
- Tangkilisan, A. H., & Akune, K. (2007). Some factors related to lipid profile in obese children at junior high schools in Manado. *Paediatrica Indonesiana*, 47(4), 166–171.
- Zeithaml, V. A., Parasuraman, A., & Berry, L. L. (1990). *Delivering quality service: Balancing customer perceptions and expectations*. Simon and Schuster.