

Health Service Procedures for BPJS Participants in the Inpatient Room of Lasinrang General Hospital

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Abstract. *Hospital services (RS), are an important public service and are needed in an effort to fulfill health demands. Services for the poor are one aspect implemented by health service providers such as Hospitals through after-sales services by utilizing BPJS funds as operational service activities. The type of research used is a survey system with a descriptive design. The population of the study was all BPJS participant patients who utilized inpatient services during the study, totaling 101 people who were also research samples based on the exhaustive sampling method where the entire population was sampled. The results of the study showed that BPJS participants who utilized health services at Lasinrang General Hospital, Pinrang Regency were mostly in the 20-29 year age group (32.7%), more were women (63.4%) with junior high school education (46.5%) and more worked as farmers (24.8%), more BPJS participant patient admission procedures stated that they were in the good category (69.3%), more doctor services stated that they were in the good category (67.3%), more nurse services stated that they were in the good category (65.3%) and more drug services for BPJS participant patients stated that they were in the good category (72.3%). The suggestion put forward in this study is the need to conduct training on excellent service in order to improve skills in providing services, especially to BPJS participants and treatment planning using the drug procurement method through distributors so that if the drug runs out, the distributor can be contacted and this will support the efficiency and effectiveness of drug procurement that meets the needs of patients, especially BPJS participants who utilize health services at the hospital.*

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INTRODUCTION

Health development is directed at improving the quality of human resources and a mutually supportive environment by using a healthy paradigm approach, namely a new perspective in the health sector that prioritizes efforts to improve health, prevention, healing, recovery and rehabilitation from the womb to old age (Kalalo et al., 2024; Putra et al., 2023). Currently, Indonesia is facing a fairly complex problem in overcoming the cost of health services. This cost has increased sharply over time. In 1984/1985, the total health cost was estimated to be only around 1.89 trillion rupiah, in 1988/1989 it increased to around 2.80 trillion and in 1994/1995 it rose again to 7.03 trillion¹. It can be seen that in the 10 years before the economic crisis, health costs in Indonesia increased almost 4 times, of course during this economic crisis, health costs in Indonesia increased even higher (Levinsohn et al., 2003).

Implementation of Article 22 of Law No. 32 of 2019 concerning Regional Government which explains that in implementing autonomy, regional governments have an obligation to develop a social security system. For this reason, it is necessary to develop a regional health

financing system so that its management is more effective and efficient (Susiloningtyas, 2020). One alternative health financing system in the era of regional autonomy is through a social health insurance mechanism. This system is expected to guarantee quality efficiency, affordability, sustainability, cross-subsidies, justice and equity, as well as portability and decentralization of health financing, so that it can increase public access to health service facilities (Wiley, 2015; Binyaruka et al., 2023). Lasinrang General Hospital, Pinrang Regency as one of the central health services for the people of Pinrang Regency in general by continuing to provide professional and quality services to guarantee satisfaction to the community as users of health services. However, there are still many people who still complain about the performance and services of officers at the Hospital, both general patients and patients with Insurance (BPJS) (Ratnawati & Kholis, 2020; Sari et al., 2024; Arianto et al., 2021).

Based on profile data at Lasinrang Hospital, Pinrang Regency, which is a type C hospital and is the main referral center for the Pinrang Regency community, including BPJS participants without exception, it was found that the implementation of health services at the Hospital in terms of facilities and infrastructure is quite adequate, but in service activities there are problems, namely weak human resources where the number of patient visits for 2016 - 2020 has decreased, namely the 2016 BOR figure reached 78.55%, decreasing to 78.14% in 2017, in 2018 it decreased to 74.0%, in 2019 it decreased again to 68% and in 2021 it became 66%. Although the hospital's target with the achievement of these figures has been met (60 - 80%), the achievement figure indicates that the services provided have decreased, which indicates that the service is less than satisfactory. Meanwhile, based on patient visit data during 2021, in January there were 140 BPJS participant patient visits, which decreased to 118 in February and even though it increased to 128 in March, it still showed a significant decrease when compared to the number of visits at the beginning of the year. Furthermore, based on initial information from several BPJS participant patients who had been treated at Lasinrang General Hospital, Pinrang Regency, stated that health services, both medical staff services and procedures for obtaining services, were still very complicated and slow in providing services so that patients felt neglected and their rights as patients were neglected to receive professional services. This condition illustrates that the health services that have been implemented by the hospital have not yet provided maximum and professional services to patients, especially BPJS participant patients, as is the basic function of the hospital itself, which also plays a full role in providing services to BPJS participants.

METHODS

The type of research used is a descriptive survey which is intended to determine the description of the BPJS participant service procedures at the Lasinrang General Hospital, Pinrang Regency in 2021.

RESULT AND DISCUSSION

Characteristics of BPJS Participant Patients

Age

Table 1. Distribution of BPJS Participants Based on Age Groups in the Inpatient Room of Lasinrang General Hospital, Pinrang Regency Year 2021

Age Group (Year)	Amount (n)	Percentage (%)
10 - 19	9	8.9
20 - 29	33	32.7
30 - 39	26	25.7
40 - 49	16	15.8
50 - 59	16	15.8
60 - 69	1	1.0
Amount	101	100.0

Source: Primary Data, 2021

Table 1 shows that BPJS participant patients in the Lasinrang Hospital Inpatient Room are mostly in the 20-29 year age group, as many as 33 (32.7%) and the lowest are in the 60-69 year age group, as many as 1 (1%).

Gender

Table 2. Distribution of BPJS Participants Based on Gender in the Inpatient Room of Lasinrang General Hospital, Pinrang Regency in 2021

Gender	Amount (n)	Percentage (%)
Man	37	36.6
Woman	64	63.4
Amount	101	100.0

Source: Primary Data, 2021

Table 2 shows that BPJS participant patients in the Lasinrang Hospital Inpatient Room are dominated by women, as many as 64 (63.4%) with a ratio of 2:1 to male patients.

Education

Table 3 shows that BPJS participant patients in the Lasinrang Hospital Inpatient Room are mostly those who have completed their education up to junior high school level, as many as 47 (46.5%) and the lowest are those who have not attended school or have not finished elementary school, as many as 7 (6.9%).

Table 3. Distribution of BPJS Participants Based on Education in the Inpatient Room of Lasinrang General Hospital, Pinrang Regency in 2021

Education	Amount (n)	Percentage (%)
TS/Not yet Primary School	7	6.9
Primary School	15	14.9
Junior High School	47	46.5
High School	23	22.8
Academy/High School	9	8.9
Amount	101	100.0

Source: Primary Data, 2021

Work

Table 4. Distribution of BPJS Participants Based on Occupation in the Inpatient Room of Lasinrang General Hospital, Pinrang Regency in 2021

Work	Amount (n)	Percentage (%)
civil servant	15	14.9
Employee	2	2.0
Self-employed	21	20.8
Farmer	25	24.8
URT/Not Working	38	37.6
Amount	101	100.0

Source: Primary Data, 2021

Table 4 shows that BPJS participant patients in the Lasinrang Hospital Inpatient Room are mostly URT/Not Working as many as 38 (37.6%), while those who have more work activities as farmers are 25 (24.8%) and the lowest are working as employees as many as 2 (2%).

Research Variables

Admission Procedure

Table 5. Distribution of BPJS Participants Based on Admission Procedures in the Inpatient Room of Lasinrang General Hospital Pinrang Regency 2021

Admission Procedure	Amount (n)	Percentage (%)
Enough	70	69.3
Not enough	31	30.7
Amount	101	100.0

Source: Primary Data, 2021

Table 5 shows that there are still 31 (30.7%) BPJS participant patients in the Lasinrang Hospital Inpatient Room stating that the patient admission procedure was carried out poorly.

Doctor Services

Table 6 shows that there are still 33 (32.7%) BPJS participant patients in the Lasinrang Hospital Inpatient Room who stated that the service provided by the hospital doctors was not good.

Table 6. Distribution of BPJS Participants Based on Doctor Services in the Inpatient Room of Lasinrang General Hospital, Pinrang Regency Year 2021

Doctor Services	Amount (n)	Percentage (%)
Enough	68	67.3
Not enough	33	32.7
Amount	101	100.0

Source: Primary Data, 2021

Nursing Services

Table 7. Distribution of BPJS Participants Based on Nursing Services in the Inpatient Room of Lasinrang General Hospital, Pinrang Regency Year 2021

Nursing Services	Amount (n)	Percentage (%)
Enough	66	65.3
Not enough	35	34.7
Amount	101	100.0

Source: Primary Data, 2021

Table 7 shows that there are still 35 (34.7%) BPJS participant patients in the Lasinrang Hospital Inpatient Room who stated that the service provided by the nursing staff was not good.

Drug Services

Table 8 shows that there are still 28 (27.7%) BPJS participant patients in the Lasinrang Hospital Inpatient Room who stated that they were not satisfied with the drug services provided at the hospital pharmacy.

Table 8. Distribution of BPJS Participants Based on Drug Services in the Inpatient Room of Lasinrang General Hospital, Pinrang Regency Year 2021

Drug Services	Amount (n)	Percentage (%)
Enough	73	72.3
Not enough	28	27.7
Amount	101	100.0

Source: Primary Data, 2021

Health Service Procedures

Table 9. Distribution of BPJS Participants Based on Health Service Procedures in the Inpatient Room of Lasinrang General Hospital Pinrang Regency 2021

Health Service Procedures	Amount (n)	Percentage (%)
Enough	82	81.2
Not enough	19	18.8
Amount	101	100.0

Source: Primary Data, 2021

Table 9 shows that there are still 19 (18.8%) BPJS participant patients in the Lasinrang Hospital Inpatient Room who stated that they were dissatisfied with the health service procedures provided by the hospital.

Distribution Between Research Variables

Health Service Procedures Based on Admission Procedures

Table 10. Distribution of Health Service Procedures Based on Admission Procedures for BPJS Participant Patients in Inpatient Rooms Lasinrang General Hospital, Pinrang Regency Year 2021

Admission Procedure	Health Service Procedures				Amount	
	Enough		Not enough		n	%
	n	%	n	%		
Enough	62	88.6	8	11.4	70	100.0
Not enough	20	64.5	11	35.5	31	100.0
Amount	82	81.2	19	18.8	101	100.0

Source: Primary Data, 2021

Table 10 shows that BPJS participant patients in the Inpatient Room of Lasinrang Hospital who stated that the admission procedure was adequate were more distributed among adequate health service procedures, amounting to 62 (88.6%), while those who stated that the admission procedure was less than good were also more distributed among adequate service procedures, amounting to 20 (64.5%).

Health Service Procedures Based on Doctor's Services

Table 11. Distribution of Health Service Procedures Based on Doctor Services for BPJS Participant Patients in the Inpatient Room of Lasinrang General Hospital, Pinrang Regency in 2021

Doctor Services	Health Service Procedures				Amount	
	Enough		Not enough		n	%
	n	%	n	%		
Enough	62	91.2	6	8.8	68	100.0
Not enough	20	60.6	13	39.4	33	100.0
Amount	82	81.2	19	18.8	101	100.0

Source: Primary Data, 2021

Table 11 shows that BPJS participant patients in the Inpatient Ward of Lasinrang Hospital who stated that they were satisfied with the services provided by doctors were more distributed in the adequate health service procedures, amounting to 62 (91.2%), while those who stated that the services provided by doctors were less than satisfactory were also more distributed in the adequate service procedures, amounting to 20 (60.6%).

Healthcare Service Procedures Based on Nursing Services

Table 12 shows that BPJS participant patients in the Inpatient Ward of Lasinrang Hospital who stated that they were satisfied with the services provided by nursing staff were more distributed in the adequate health service procedures, amounting to 58 (87.9%), while those who stated that the services provided by nurses at the hospital were less than satisfactory were also more distributed in the adequate service procedures, amounting to 24 (68.6%).

Table 12. Distribution of Health Service Procedures Based on Nursing Services for BPJS Participant Patients in the Inpatient Room of Lasinrang General Hospital, Pinrang Regency in 2021

Nursing Services	Health Service Procedures				Amount	
	Enough		Not enough		n	%
	n	%	n	%		
Enough	58	87.9	8	12.1	66	100.0
Not enough	24	68.6	11	31.4	35	100.0
Amount	82	81.2	19	18.8	101	100.0

Source: Primary Data, 2021

Health Service Procedures Based on Drug Services

Table 13. Distribution of Health Service Procedures Based on Drug Services for BPJS Participant Patients in the Inpatient Room of Lasinrang General Hospital, Pinrang Regency in 2021

Drug Services	Health Service Procedures				Amount	
	Enough		Not enough		n	%
	n	%	n	%		
Enough	69	94.5	4	5.5	73	100.0
Not enough	13	46.4	15	53.6	28	100.0
Amount	82	81.2	19	18.8	101	100.0

Source: Primary Data, 2021

Table 5.13 shows that BPJS participant patients in the Inpatient Ward of Lasinrang Hospital who stated that they were satisfied with the drug service were more distributed in the adequate health service procedures, amounting to 69 (94.5%), while those who stated that the drug service at the hospital pharmacy was less than satisfactory were also more distributed in the adequate health service procedures, amounting to 13 (46.4%).

Based on the results of the presentation of previous research data above, it can be discussed as follows:

Characteristics of BPJS Participants

In health services, consumer characteristics need to be considered. This is intended that the existence of consumer characteristics will help formulate service plans by health service institutions to realize better quality services. The characteristics of BPJS participants in this study include age, gender, education and occupation. Some of these characteristics can affect the level of utilization of health services at Lasinrang Hospital. The characteristics of BPJS patient participants who utilize health services at Lasinrang Hospital will help hospital management in determining strategic plans for developing health services for BPJS participants at the hospital.

The higher number of BPJS patient visits for a characteristic gives attention to the management to further develop health services both in terms of quality, including the variety of services to meet service needs that are still considered lacking, which results in a lower level of utilization for a characteristic. When viewed from the aspect of the variety of health services, the characteristics of BPJS patients based on age and gender can be used to consider improving

quality services for a type of service that is more widely utilized by BPJS patients. As in the characteristics of gender that are more in women, of course, it indicates the use of types of maternal health services that are more widely utilized and not to mention if it is connected with the aspect of age that is more in the active reproductive age, namely 20-29 years. Characteristics of BPJS patients based on education level show more patients at junior high school level followed by senior high school, giving an illustration of better public knowledge of higher quality health services provided by hospitals. Therefore, the management of Lasinrang Hospital must take into account aspects of higher quality services that meet the needs of the community to satisfy.

The characteristics of BPJS patients based on the type of work where the majority of service users are farmers indicate that the health services provided have been able to meet the needs of the lower classes and health services must take into account the aspect of low costs so that they can be easily utilized by the entire community, especially those with lower middle economic levels.

Health Service Procedures

The provision of services includes aspects of the implementation of various steps formed in aspects of the process that have a certain workflow so that it is planned and efforts to achieve goals can be realized. In health services, its implementation to the community certainly has a certain process in order to ensure the order and success of the implementation of tasks. The results of the study in Table 5.9 show that more BPJS participant patients who utilized health services at Lasinrang Hospital stated that the services they received were good (81.2%), which provides an illustration that services for BPJS participants have been carried out well by the hospital.

The procedure for BPJS services in hospitals is basically the same as the service for patients as a whole, but the procedure contains several fundamental differences considering that BPJS participants are required to receive extra services. BPJS participants with basic indicators are lower socio-economic aspects with other patients so that they are given the convenience to obtain quality health services like other people. So the services provided are no different from the services for patients outside BPJS participants. However, based on the results of the assessment of BPJS participant patients at Lasinrang Hospital, there were still 19 (18.8%) who stated that the health service procedures provided by the hospital were not good, which shows that there are still shortcomings in the provision of services provided at Lasinrang Hospital. Poor service procedures according to patient responses indicate low service quality and services to BPJS participants indicate that the quality of BPJS services in hospitals does not meet the demands of BPJS participant patients.

In this study, the service procedure includes a series of services that must be provided by the hospital to BPJS participant patients, including admission procedures, services by doctors, nurses and drug services. Several items assess the service procedure as a fundamental aspect that must be fulfilled by health service providers and as an indicator of the quality of services provided. The use of assessment standards from BPJS participants is considering that the quality aspect of health services must be assessed based on the level of consumer satisfaction and in particular BPJS services in hospitals must also be assessed based on the satisfaction of BPJS participant patients. As stated by Pratama & Kuntjoro (2018), quality health services must be customer-oriented, in this case the community or patients who utilize health services at the institution.

Service procedures that include several items as previously explained above must be fulfilled and meet patient satisfaction, especially in BPJS participant services, which can indicate the quality of BPJS services in hospitals and will be explained further in the following discussion. Previous research conducted by Assyahra (2024) on health services for BPJS participants at Batara Guru Hospital, Belopa City, Luwu Regency, showed that there were still BPJS patients who stated that they were dissatisfied with the services provided at the hospital (39.6%).

Patient Admission Procedure

The first service that the public will receive when visiting a health service facility is the service in the card room/counter. This service is related to the registration process and patient registration to be entered into a database at the service level such as in a hospital. The registration process is carried out on all patients who come to visit the hospital services without exception with BPJS participants (Solihin & Kurnia, 2022; Librianto et al., 2022). The services provided at the beginning of the service process at this hospital are the initial assessment of the community, especially patients, on the quality of the services provided. If the services provided meet satisfaction, it will affect the quality of service which will certainly have an impact on the community's acceptance of hospital services.

The results of the study in Table 5 show that the majority of BPJS patients who are currently utilizing health services at Lasinrang Hospital stated that the admission procedure was good (69.3%), which provides an overview of the level of quality of the admission procedure in this case the counter service that has met the demands of patient needs. The assessment of the patient admission procedure, especially for BPJS participants in this study, included smooth and uncomplicated registration at the counter, prompt reception by the counter officer, good response from the counter officer, and direction from the counter officer regarding the services to be continued by the patient and/or their family. Service at the counter is a process of receiving carried out by officers to the community who will use the service. The reception is intended to be the implementation or activity carried out by the implementer and service provider when the recipient or user first visits the service.

This aspect of acceptance is related to the first view of the service user towards the service they receive. This first view will influence whether the user or user (*customer*) will accept or use the service more continuously or not. Acceptance that is carried out according to the needs of the user in this case providing satisfaction, will influence the use of further services. The results of the study in Table 5 also show that there are still BPJS participant patients in the Inpatient Room of Lasinrang Hospital stating that the patient admission procedure was carried out poorly as many as 31 (30.7%) which indicates that the service procedure has not answered the overall level of patient satisfaction. If we look at it more deeply, the achievement rate for poor patient admission procedures is still high, which can give an indication that the level of service provided by counter staff is still far from expectations and has not responded to the higher quality services provided by the hospital.

Based on the findings of researchers through the assessment of BPJS participant patients in hospitals, the poor admission procedures were caused by complicated registration (11.9%), complicated card collection (30.7%), unfriendly attitudes of counter staff (22.8%), lack of direction from counter staff regarding follow-up service procedures for patients and/or their families (22.8%) and admissions in treatment rooms that were still complicated (18.8%).

The complicated service in the process of receiving patients at the hospital both at the counter level and in the treatment room indicates ineffective and inefficient service. The tendency is that the service procedure takes a long time so that patients have to take a long time to get service. And this indicates that the service is not immediate as an indicator of the quality of service that is still low, especially for BPJS patients. The admission procedure is the initial part of the service provision procedure in health service institutions, especially in hospitals, so that with a good admission procedure which is indicated by a straightforward admission procedure, it can influence a better and higher quality service procedure.

The results of the study Table 10 show that BPJS participant patients in the Inpatient Room of Lasinrang Hospital who stated that good admission procedures were more distributed in good health service procedures as many as 62 (88.6%) which indicates that good admission procedures will support good service procedures as well. This is related to good admission procedures indicating the effectiveness and efficiency of service delivery in hospitals. The results of the study also showed that there were patients who stated that the admission procedure was

good but with poor service procedures (11.4%) which indicates that service procedures must be supported not only by patient admission procedures but also include all aspects including doctor services, nurses, and drug services which must also be implemented properly by health service providers such as hospitals.

This study is in line with previous research conducted by Assyahra (2024) on health services for BPJS participants at Batara Guru Hospital, Belopa City, Luwu Regency, which showed that there were still BPJS patients who expressed dissatisfaction with the admission procedures provided by the hospital (43.4%) which resulted in poor service procedures (60.9%) where the admission process was still complicated and different from other general patients.

Doctor Services

Doctor's services are related to the professional ability of a doctor in providing health services to his/her patients. The services provided by the medical profession based on the circular letter of the Minister of Health No. 614/Menkes/VIII/1987 are curing diseases, restoring health due to diseases, serving public health efforts, and fostering community participation. The services provided by doctors at the hospital level must be able to meet the standards and code of ethics of medical services and without ignoring the level of expectations of patients. Doctors provide services adjusted to the availability of facilities and infrastructure owned by the hospital and must also meet the level of satisfaction or in accordance with the expectations and desires of the community in the work area of the hospital where he works.

For BPJS participants, the services provided by doctors should show equality with other patients (Khalid, 2023). This is due to the aspect of equality in the provision of health services where every human being has the same right to obtain health services. The results of the study in Table 6 indicate that the services provided by doctors have been carried out optimally and meet the demands of patient needs, especially BPJS participant patients, as the results of the study show that more BPJS participants who use health services at Lasinrang Hospital stated that the services provided by doctors are in the good category (67.3%).

Doctors as health workers who are responsible for providing services that are more directed at curative and rehabilitative efforts are expected to be able to provide quality services based on their professional standards. Services provided to the community must be carried out without regard to differences in terms of race, religion, especially socio-economic levels, especially for BPJS participants in order to realize optimal public health. BPJS participants' assessment of doctor services in this study includes the doctor's punctuality in checking health, thoroughness in providing services, friendly and polite, cooperative and always ready when patients need it. Several aspects of this assessment can provide an overview of not only the quality of doctors in providing services but will also answer the quantity in this case the availability of doctors based on their number in the hospital.

The doctor's punctuality in providing services indicates the doctor's ability related to the effectiveness and efficiency of the service. This aspect is very necessary for every health worker, especially those related to services to individual humans, considering that the time aspect can be a determinant of the success of achieving the health status of the individual concerned. Based on the findings of the research data in the field, it also shows that there are still BPJS participant patients in the Inpatient Room of Lasinrang Hospital who stated that the services provided by the hospital doctors were not good as many as 33 (32.7%). If reviewed more deeply from the achievement figures for the assessment of BPJS participant patients regarding doctor services, it indicates that doctor services are still far from expectations and do not answer the demands of patient needs in the hospital for better quality services.

The poor assessment of BPJS participant patients regarding doctor services indicates that the actions of doctors in providing services, especially curative and rehabilitative services in hospitals, have not met patients' needs for higher quality and more satisfying services. The poor quality of doctor services based on the researcher's findings through patient assessment data

shows that doctors are not on time (15.8%), doctors are never there (25.7%), doctors are not thorough (27.7%), are not cooperative (26.7%) and are not friendly and polite in providing services (15.8%). The poor quality of doctor's service can indicate poor quality of doctor's service and this will have an impact on the decline in health status, especially for BPJS participant patients, which indicates the inequality of services provided to BPJS participants in hospitals. The existence of such inequality of service can also indicate the existence of gaps in the provision of services by doctors to patients visiting the hospital.

Doctor's services are the main services that must be fulfilled in every health service procedure, especially in hospitals as health service providers that are more directed at curative and rehabilitative efforts, although they are also accompanied by promotive and preventive services as part of supporting services. So that patient dissatisfaction with the services provided by doctors in hospitals can indicate poor quality service procedures. As the results of the study Table 5.11 shows that BPJS participant patients in the Inpatient Room of Lasinrang Hospital who stated that the services provided by doctors were good were more distributed in good health service procedures as many as 62 (91.2%).

The results of the study also showed that there were also patients who stated that the doctor's service was not good but with good service procedures (60.6%). This is because the service procedure does not only include doctor's services but also includes admission procedures, nurse services, and drug services and is supported by other supporting services.

Furthermore, patient assessments stated that the doctor's service was good but the service procedures were not good (8.8%) which indicated that the assessment items for other service procedures carried out did not meet the needs of patients, especially BPJS participant patients who utilized health services at Lasinrang Hospital. In order to support higher quality services to the community, especially services by unqualified doctors, efforts are needed to improve knowledge, skills and awareness of doctors regarding the importance of quality services to the community, which can be implemented by providing content in the form of training on the implementation of customer-oriented health services.

This study is in line with previous research conducted by Assyakra (2024) on health services for BPJS participants at Batara Guru Hospital, Belopa City, Luwu Regency, which showed that there were still BPJS patients who expressed dissatisfaction with the services of hospital doctors (39.6%) which resulted in poor service procedures (81%) where doctors were less communicative in providing services to BPJS patients.

Nursing Services

Nurses are an integral part that supports the service process in inpatient installations. This is because the intensity of patient meetings with nurses is higher than other health workers such as doctors. Therefore, nurses in carrying out the nursing process in inpatient installations must pay attention to the patient's expectations of the services to be provided. The services provided by nursing staff are related to nursing care services that are carried out more intensively, including aspects of controlling the patient's health condition that are carried out comprehensively and continuously. The process of implementing nursing care that does not meet patient satisfaction is related to the nurse's lack of attention to patient complaints, lack of agility in carrying out nursing services and various other aspects such as lack of friendliness in dealing with patients (Schubert et al., 2008).

The results of the study Table 7 show that the service by nursing staff to BPJS participant patients has been carried out well where according to the patient's statement, more stated that the nursing service was in the good category (65.3%). Good nursing service indicates a good level of nursing skills in providing satisfactory services to patients in hospitals which in this study were directed at BPJS participant patients. Nursing services in this study were based on BPJS participant patients' assessments of the services provided by nursing staff in implementing nursing care in hospitals, which include providing information to patients and/or their families

about the patient's health status and disease status, nurses who are always there when patients need them, the friendliness of nurses in providing services and the cooperative attitude of nurses, especially the provision of notification by nurses before carrying out actions.

Like other patients in the hospital, BPJS participants also want services from higher quality nurses where there is equal service with other patients outside of BPJS participants. This means that the services provided by nurses must be standardized without considering the differences in patient membership between BPJS and non-BPJS.

The results of the study also showed that there were still BPJS participant patients in the Inpatient Room of Lasinrang Hospital who stated that the services provided by nursing staff were less than satisfactory, as many as 35 (34.7%), which indicated that nursing services were still far from the community's expectations for higher quality nursing care services. When viewed from the achievement figures of BPJS participant patients' assessments of poor nursing services, the achievement figures are still high, indicating that the quality of nursing services has not been able to meet the demands of patient service needs in hospitals, especially for BPJS participants. Poor nursing services as shown by research results indicate that the level of nursing skills is still low, including the attitudes and actions of nurses in providing nursing care services to BPJS participants which are not good. This skill aspect based on the research results is shown by the friendly and polite attitude of the officers as part of the interpersonal communication skills of the nursing staff. So that poor nursing services indicate poor interpersonal communication skills of nurses. As the research results show that there are nurses who are not friendly and polite in providing services in hospitals (23.8%).

Nursing care services by nurses are an integral part of the provision of services in hospitals considering that hospitals provide inpatient services that require optimal involvement of nurses in providing nursing care during the period of care in the inpatient room. Therefore, the procedure for providing services in hospitals, especially in inpatient installations, cannot be separated from the active role of nurses to provide quality services in hospitals.

The results of the study in Table 12 show that BPJS participant patients in the Inpatient Room of Lasinrang Hospital who stated that they were good about the services provided by nursing staff were more distributed in good health service procedures, as many as 58 (87.9%), which provides an illustration that the quality of nursing services in the hospital will support the implementation of services with good procedures which are an indication of good service quality and satisfaction of patients, especially for BPJS participants. The results of the study also showed that there were BPJS participant patients who stated that the nursing services were lacking but with good service procedures (68.6%), which indicated that even though patients complained about the services provided by nurses, the complaints could still be tolerated by the patients.

This study is in line with previous research conducted by Assyakra (2024) on health services for BPJS participants at Batara Guru Hospital, Belopa City, Luwu Regency, which showed that there were still BPJS patients who expressed dissatisfaction with the services of hospital nurses (39.6%) which resulted in poor service procedures (81%) where nurses were less friendly in providing services to patients.

Drug Services

Medicines are essential substances made with certain contents aimed at improving the health status of living creatures, especially humans. The opinion that medicine can cure disease has become information that is no longer taboo for everyone, but what needs to be understood is that medicine is not entirely a healing element and what needs to be understood is that medicine is produced in order to help implement prevention efforts including curing disease, so it is not an absolute healing substance. The availability of drugs as a tool to combat disease is a necessity that needs more attention. Various diseases that threaten human health status require the production of various drugs to be consumed.

The process of organizing health services itself cannot be separated from the availability of drugs as one of the elements that cannot be separated from various media or other facilities and infrastructure in the health sector. Therefore, drugs must be managed more professionally in order to fulfill needs and as a means of supporting the implementation of health services. Drug management is a series of activities involving aspects of planning, procurement, distribution and use as well as drug services by utilizing available resources such as manpower, funds, facilities, software (methods and procedures) in an effort to achieve the goals set at various levels of work (Thekkur et al., 2022). Drug services are also inseparable from the implementation of BPJS services where certain drugs are produced for BPJS participants. BPJS drugs are usually subsidized by the government so that the price of drugs on the market is much lower compared to other drugs that are patented outside BPJS. This is adjusted to the allocation of the drug which is intended for BPJS participants who are a group of people with a lower middle socioeconomic level.

The results of the study in Table 5.8 show that the majority of BPJS participant patients stated that drug services were in the good category (72.3%), which indicates that BPJS drug services in hospitals have met the needs of BPJS participant patients. Good drug services for BPJS participants provide an indication of the availability of sufficient BPJS drugs, especially in terms of the number of drugs available in hospitals which is balanced with the number of BPJS patients who utilize services at the hospital. Drug services, especially for BPJS participants, usually experience inequality where the implementation of BPJS drug services in hospitals is less responsive to officers, especially hospital pharmacy officers. This is because the presence of BPJS drugs on the market is more often used by the public so that drug stocks quickly decrease which is related to the cheaper selling value of BPJS drugs so that people, even those who are not classified as BPJS participants, prefer and utilize BPJS drugs.

As the results of the study in Table 8 show that there are still BPJS participant patients in the Inpatient Room of Lasinrang Hospital who stated that they were not satisfied with the drug services provided at the hospital pharmacy, as many as 28 (27.7%), which indicates that the provision of BPJS drugs in the hospital is not optimal, both in terms of availability and in the distribution of drugs to health services. The uneven provision of BPJS drugs in hospitals will certainly have an impact on the lack of availability of BPJS drugs in a service institution such as in hospitals. This is in accordance with the results of the study showing that there were BPJS participant patients who stated that the availability of BPJS drugs was lacking (12.9%).

Furthermore, drug services in this study are also related to long-term drug services where patients usually need a long time to redeem drugs at the hospital pharmacy. As the results of the research data search show that there are 22.8% of BPJS participant patients who stated that they often experience delays in penetrating drugs. This certainly indicates the ineffectiveness and inefficiency of BPJS drug services in hospitals. The lack of fulfillment of drug management requirements in hospitals also indicates that there is drug absorption that is not carried out properly where several types of drugs that are included in BPJS services are also intended for other patients outside of BPJS participants so that in several cases, BPJS participants who need certain types of drugs will experience stock shortages which in the end they will spend additional costs to obtain the appropriate type of drug and this will certainly affect the quality of services provided in hospitals which will later have an impact on the use of hospitals by the community, especially for BPJS participants.

Drug services as an integral part of health services in health service institutions, especially in hospitals, will certainly support higher quality service procedures, especially in drug services for BPJS participants in hospitals. The results of the study in Table 5.13 show that BPJS participant patients in the Inpatient Room of Lasinrang Hospital who stated that they were good about the drug service were more distributed in good health service procedures, as many as 69 (94.5%), which indicates that the better the drug service for BPJS participants will support better and quality service procedures that answer the needs of BPJS participants for satisfactory service.

This study is in line with previous research conducted by Assyahra (2024) on health services for BPJS participants at Batara Guru Hospital, Belopa City, Luwu Regency, which showed that there were still BPJS patients who expressed dissatisfaction with the drug services provided by the hospital (47.2%) which resulted in poor service procedures (60%) where drug distribution to patients had not been carried out properly.

CONCLUSION

Based on the results of the presentation and discussion of the previous research data above, the following conclusions can be drawn: 1) BPJS participants who utilize health services at Lasinrang Hospital, Pinrang Regency are mostly in the 20-29 year age group (32.7%), mostly women (63.4%) with junior high school education (46.5%) and mostly work as farmers (24.8%) so that it will help formulate strategic plans for hospital management in developing higher quality health services; 2) The procedure for accepting BPJS participants at Lasinrang Hospital, Pinrang Regency, was more often stated to be in the good category (69.3%) and supported good service procedures (88.6%), so that the acceptance procedure which was not complicated would support BPJS patient satisfaction with the services provided; 3) Doctors' services to BPJS participant patients at Lasinrang Hospital, Pinrang Regency, more patients stated that they were in the good category (67.3%) and supported good service procedures (91.2%), namely that doctors who were communicative in providing services would support BPJS patient satisfaction with the services provided by doctors; 4) Nursing services for BPJS participant patients at Lasinrang Hospital, Pinrang Regency, more patients stated that they were in the good category (65.3%) and supported good service procedures (87.9%) so that nurses who are friendly in providing nursing care services will support BPJS patient satisfaction with the services provided; 5) Drug services for BPJS participant patients at Lasinrang Hospital, Pinrang Regency, more patients stated that they were in the good category (72.3%) and supported good service procedures (94.5%) so that the availability of sufficient drugs and good drug distribution will support satisfactory services.

REFERENCES

- Arianto, H., Alda, L. S., Olivia, F., & Roespinoedji, D. (2021). The Role Of Bpjs Officers In Cengkareng Hospital (A Study Based On Bpjs Law Perspective). *Rigeo*, 11(6).
- Assyahra AR, S. (2024). *HUBUNGAN KUALITAS PELAYANAN TERHADAP KEPUASAN PASIEN BPJS RAWAT INAP RSUD BATARA GURU KABUPATEN LUWU PROVINSI SULAWESI SELATAN TAHUN 2024* (Doctoral dissertation, Univeristas Muslim Indonesia).
- Binyaruka, P., Mtei, G., Maiba, J., Gopinathan, U., & Dale, E. (2023). Developing the improved Community Health Fund in Tanzania: was it a fair process?. *Health Policy and Planning*, 38(Supplement_1), i83-i95. <https://doi.org/10.1093/heapol/czad067>
- Kalalo, R. R., Simatupang, S., Simatupang, M. M. M., Muktar, M., & Arif, M. (2024). The Urgency of Providing Health Infrastructure in Improving the Quality of Life and Creating a Golden Generation in 2045 in Villages. *Journal Of Human And Education (JAHE)*, 4(3), 198-205. <https://doi.org/10.31004/jh.v4i3.911>
- Khalid, H. (2023). Discriminatory Treatment of Fulfillment of Patient Rights in Services at Facilities by the Healthcare Social Security Agency in Indonesia. *Journal of Law and Sustainable Development (JLSD)*, 11(12), 1-15. <https://doi.org/10.55908/sdgs.v11i12.2053>
- Levinsohn, J. A., Berry, S. T., & Friedman, J. (2003). Impacts of the Indonesian economic crisis. Price changes and the poor. In *Managing currency crises in emerging markets* (pp. 393-428). University of Chicago Press. <https://doi.org/10.7208/9780226155425-014>
- Librianto, M. F., Dewanto, I., & Rosa, E. M. (2022). BPJS Patient's Perception of Service Quality at The Outpatient Department of Panembahan Senopati Bantul Public Hospital. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 7(2), 503-510. <https://doi.org/10.30604/jika.v7i2.960>
- Pratama, A. C., & Kuntjoro, B. F. T. (2018). Survei Sarana Prasarana Pendidikan Jasmani Olahraga

Dan Kesehatan, Sekolah Menengah Pertama Dan Sederajat. *Jurnal Pendidikan Olahraga Dan Kesehatan*, 6(3), 561-564.

- Putra, R., Sidabutar, Y. F., Indera, E., & Raymond, R. (2023). Assessment of the Quality of Health Facilities & Infrastructure to Support District Regional and City Planning Facilities. *Journal La Sociale*, 4(5), 455-468. <https://doi.org/10.37899/journal-la-sociale.v4i5.1739>
- Ratnawati, A., & Kholis, N. (2020). Measuring the service quality of BPJS health in Indonesia: a sharia perspective. *Journal of Islamic Marketing*, 11(4), 1019-1042. <https://doi.org/10.1108/JIMA-07-2018-0121>
- Sari, R. P., Jalal, N., & Mana, F. A. (2024). Analysis of the Service Quality of the Social Security Administering Agency (BPJS) at the Merauke Regency Regional General Hospital. *Papsel Journal of Humanities and Policy*, 1(1), 56-68.
- Schubert, M., Glass, T. R., Clarke, S. P., Aiken, L. H., Schaffert-Witvliet, B., Sloane, D. M., & De Geest, S. (2008). Rationing of nursing care and its relationship to patient outcomes: the Swiss extension of the International Hospital Outcomes Study. *International journal for quality in health care*, 20(4), 227-237. <https://doi.org/10.1093/intqhc/mzn017>
- Solihin, I., & Kurnia, N. (2022). Discriminatory Treatment in Health Services for Patients Using BPJS: A Case Study of Public Services at a Private Hospital in Bogor-Indonesia. *Technium Soc. Sci. J.*, 27, 37.
- Susiloningtyas, L. (2020). Sistem Rujukan Dalam Sistem Pelayanan Kesehatan Maternal Perinatal di Indonesia. *Jurnal Ilmiah Pamenang*, 2(1), 6-16. <https://doi.org/10.53599/jip.v2i1.57>
- Thekkur, P., Fernando, M., Nair, D., Kumar, A. M., Satyanarayana, S., Chandraratne, N., ... & Harries, A. D. (2022, November). Primary health care system strengthening project in Sri Lanka: status and challenges with human resources, information systems, drugs and laboratory services. In *Healthcare* (Vol. 10, No. 11, p. 2251). MDPI. <https://doi.org/10.3390/healthcare10112251>
- Wiley, L. F. (2015). From Patient Rights to Health Justice: Securing the Public's Interest in Affordable, High-Quality Health Care. *CARDozo L. REV.*, 37, 833.