

THE IMPLEMENTATION OF PUBLIC HEALTH SERVICES FOR BPJS PATIENTS AND GENERAL PATIENTS AT WALUYO JATI REGIONAL PUBLIC HOSPITAL

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ABSTRACT

Health services are a core domain of public governance, closely linked to citizens' rights to equitable and accountable care. This study analyzes the responsiveness and accountability of healthcare services at RSUD Waluyo Jati Kraksaan by comparing the service experiences of BPJS patients and general patients using the New Public Service (NPS) framework. Drawing on qualitative evidence from interviews, observations, and administrative documents, the findings reveal that formal commitments to equality and public orientation are not consistently reflected in everyday service practices. BPJS patients experience longer waiting times, weaker communication, and lower transparency compared to general patients, indicating differentiated service outcomes within a single public institution. Theoretically, this study contributes to the NPS literature by demonstrating that the principles of serving the public interest and ensuring accountability do not operate uniformly across user groups, but are mediated by administrative systems and service mechanisms. This finding extends NPS by highlighting the gap between normative values and operational realities in public healthcare. Practically, the study underscores the need for service digitalization, improved communication strategies, reformed queue management, and simplified BPJS procedures to enhance responsive and accountable service delivery.

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INTRODUCTION

Public service delivery in healthcare is central to public administration because it directly influences citizens' right to quality health services. Success is not determined solely by clinical outcomes but also by patients' perceived

quality of care. The establishment of Indonesia's National Health Insurance (Jaminan Kesehatan Nasional/JKN) under BPJS Kesehatan has expanded access at primary and referral levels, leading to dramatic increases in patient volume in public hospitals. Consequently, referral hospitals like RSUD Waluyo Jati are experiencing significant pressure on service management, workforce capacity, and organizational systems, often resulting in gaps between patient expectations and actual service delivery (Praja et al., 2024).

The New Public Service (NPS) paradigm reconceptualizes public service delivery by emphasizing citizens' rights, participation, responsiveness, transparency, and accountability rather than efficiency alone. Ideal service delivery should prioritize serving citizens with dignity and respect. However, evidence from RSUD Waluyo Jati suggests long waiting times, complex administration, perceived unequal treatment of BPJS participants versus general patients, limited communication, and poorly integrated digital services, all of which reduce satisfaction and trust in the system (Trihardo, Jumadi, & Ernawati, 2024).

Although numerous studies have explored healthcare quality under national insurance schemes, there is a clear research gap. Specifically, few studies apply the New Public Service theoretical framework to directly compare the lived service experiences of insured (BPJS) and non-insured users at Indonesian regional hospitals. This gap limits understanding of how public service values influence perceptions of equity, responsiveness, and overall quality in these settings (Shure et al., 2023).

Therefore, this study addresses this research gap by focusing on strengthening responsiveness and accountability in service delivery at Waluyo Jati Regional Hospital, which play a crucial role in promoting equitable and high-quality healthcare, ensuring patient trust, and supporting institutional legitimacy.

RESEARCH METHOD

This study uses a descriptive qualitative approach with a constructivist paradigm (Sugiyono, 2020). This approach was chosen to understand the subjective and complex reality of public services at Waluyo Jati Regional Hospital, which cannot be adequately explained through quantitative data. The research focuses on interpreting the experiences, perceptions, and interactions between patients and healthcare providers, particularly in the context of responsiveness and accountability of services (Tanlaka & Aryal, 2025)

The research was conducted at Waluyo Jati Regional Hospital using purposive sampling, given that this hospital represents a regional healthcare service predominantly covered by BPJS patients. Informants included both BPJS patients and general patients to obtain a more diverse perspective and a more comprehensive picture of service practices. This selection of informants also aimed to examine the relationship between the role of service providers and the experiences of service recipients directly.

Data collection was conducted through in-depth interviews, observation, and documentation. Interviews were used to explore informants' subjective experiences, observations were conducted in service areas to understand interaction dynamics and potential barriers, and documentation was used to examine policies, standard operating procedures (SOPs), and patient visit data. The combination of these three techniques allowed for triangulation to ensure consistency between empirical findings and informants' perceptions (Assyakurrohman et al., 2022).

Data analysis used the Miles and Huberman model, which includes data reduction, data presentation, and conclusion drawing (Miles et al., 2014). Data validity was maintained through triangulation of sources and methods to minimize interpretation bias. With this methodological design, the research is expected to provide theoretical and practical contributions to improving the quality of healthcare services at Waluyo Jati Regional Hospital.

RESULTS AND DISCUSSION

Responsiveness and Accountability of Public Services at RSUD Waluyo Jati from the New Public Service Perspective

Responsiveness Gaps in BPJS Services at RSUD Waluyo Jati

The responsiveness gaps observed in BPJS services at RSUD Waluyo Jati are especially significant during administrative and outpatient care processes, where BPJS-insured patients face notably longer waiting times compared to other patients. These delays are primarily due to multilayered administrative steps, including eligibility and referral verification and repeated digital confirmations, which cumulatively extend queue times and slow access to clinical services. Studies of health service responsiveness confirm that such delays and procedural bottlenecks can undermine patients' perception of health service quality and overall satisfaction. For example, research on BPJS patient satisfaction has identified responsiveness as a key dimension affecting perceived service quality in Indonesian health facilities (Wardani & Yudhawati, 2022).

In addition to delays, gaps in responsiveness at RSUD Waluyo Jati are shaped by limited communication with patients about waiting times, schedule changes, and expected service flow, which exacerbates anxiety and feelings of neglect among BPJS users. Effective communication is a core element of patient-centered care and has been shown to correlate strongly with satisfaction and service quality in healthcare settings. Open, timely information delivery about service processes and delays can significantly improve patient experiences and reduce perceptions of inequity. Evidence from health services research suggests that improvements in patient-provider communication can enhance perceived responsiveness and overall healthcare quality (Sharkiya, 2023).

From the perspective of health systems responsiveness, international frameworks emphasize not only procedural compliance but also how well a system meets the legitimate expectations of patients in non-clinical aspects, such as dignity, prompt attention, and transparency. The World Health Organization's framework for health systems responsiveness highlights the importance of both timely attention and clarity of communication as essential dimensions of a responsive health system. Research applying this framework in various healthcare contexts demonstrates that responsiveness encompasses the quality of interactions between service users and providers as much as operational efficiency, and is essential to achieving equitable access and patient satisfaction (Nunes, 2021).

At RSUD Waluyo Jati, the absence of structured communication protocols means that information provision often depends on individual frontline staff initiative rather than systematic organizational processes. This gap in structured responsiveness systems can lead to inconsistency in how patients are informed and supported during their care journey, particularly in high-demand environments where staff workloads are heavy and communication is critical. Studies show that healthcare organizations that institutionalize communication standards and real-time updates reduce patient uncertainty and improve perceived responsiveness, contributing to higher overall satisfaction (Fauzana & Utama, 2025).

Overall, the responsiveness challenges in BPJS services at RSUD Waluyo Jati reflect broader systemic issues affecting many public health facilities in developing health systems, where administrative complexity, extended waiting periods, and inconsistent communication undermine patient-centered service delivery. Addressing these gaps requires operational reforms that streamline administrative workflows and embed structured communication mechanisms into routine practice, so responsiveness is aligned with both procedural standards and patient expectations. Literature on service quality and responsiveness in health systems suggests that targeted improvements in these areas are critical for enhancing patient satisfaction, trust, and equity in access to care (Kristianti & Sriwijaya, 2025).



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Accountability Challenges and Transparency Issues

Public health service accountability at RSUD Waluyo Jati reveals significant challenges in transparency and procedural consistency. Although standard operating procedures (SOPs) formally exist, patients often lack clear and comprehensible information regarding administrative and clinical pathways, particularly in BPJS services where timelines and procedural outcomes are frequently ambiguous. Such limitations in institutional transparency have been associated with reduced patient satisfaction and weakened trust in hospital governance structures (Lutfillah & Annisa, 2025).

An essential dimension of accountability lies in the effectiveness of feedback and complaint mechanisms. At RSUD Waluyo Jati, patient feedback processes appear inconsistently integrated into service evaluation, with limited documentation of follow-up actions. Without systematic complaint-handling and information disclosure, accountability remains procedural rather than substantive, as institutions struggle to align formal standards with lived patient experiences (Jalilvand et al., 2024).

Accountability challenges are further compounded by digital system disruptions. While digitalization is expected to enhance efficiency and transparency, the absence of clear contingency protocols during system failures often leads to undocumented manual practices that diverge from regulated SOPs. Research in digital public service governance indicates that without embedded transparency safeguards, digital systems may inadvertently create new accountability gaps (Saldanha et al., 2022).

Moreover, the misalignment between established service benchmarks and actual service performance—such as registration speed and outpatient waiting times—reflects weak performance accountability. Effective public sector accountability requires not only compliance with rules but also explanation, justification, and corrective action based on empirical monitoring (Esfandiari et al., 2021).

Ultimately, insufficient transparency contributes to declining public trust, which is a critical resource for public health institutions. Strengthening public disclosure practices, formalizing complaint resolution loops, and ensuring accessible communication channels are therefore essential to restore institutional legitimacy. Governance literature emphasizes that accountability must resonate with citizens' expectations and reinforce public trust, particularly within complex public insurance systems such as BPJS (Inayati, 2025).

NPS-Based Interpretation and Implications

Interpreting the service dynamics at RSUD Waluyo Jati through the lens of the New Public Service (NPS) reveals that the hospital's operational practices only partially reflect NPS values. While there is institutional commitment to universal access and patient safety, persistent delays, limited communication, and weak complaint responsiveness—particularly for BPJS patients—suggest that citizens are still positioned more as service recipients than as active partners. The NPS framework emphasizes democratic engagement, transparency, dignity, and respect for citizens as central principles of public governance (Araby, 2024).

The findings indicate that responsiveness gaps in BPJS services are not merely operational inefficiencies but structural governance concerns affecting equity. Empirical studies on BPJS services in Indonesian public hospitals demonstrate that dimensions such as responsiveness, reliability, and assurance significantly influence patient satisfaction and perceptions of fairness (Yuniar et al., 2023);(Mrp et al., 2025). This reinforces the argument that improving responsiveness is not only a managerial issue but also a governance imperative aligned with citizen-centered values.

Transitioning toward a citizen-centered governance model requires institutionalizing participatory mechanisms that integrate patient feedback into service evaluation and decision-making. Public administration literature emphasizes that citizen engagement strengthens accountability, enhances transparency, and builds public trust in

essential services such as healthcare (Ariawan et al., 2025). Within the BPJS context, these mechanisms are particularly critical to reduce disparities in service experience across insurance categories.

Thus, this study contributes by demonstrating that responsiveness and accountability gaps in BPJS services at RSUD Waluyo Jati are interconnected governance challenges. Aligning hospital management with NPS principles requires streamlining administrative workflows while embedding structured communication systems and participatory feedback loops into routine practice. Such alignment supports equity, strengthens institutional legitimacy, and advances the objectives of universal health coverage within Indonesia's public health system (Andhika, 2025).

CONCLUSION

The quality of public services at Waluyo Jati Regional Hospital — for both BPJS and general patients — remains in a transitional phase toward a service delivery model aligned with the New Public Service paradigm, where responsiveness and accountability are core pillars. While some units such as the Emergency Department demonstrate relatively strong responsiveness, overall responsiveness across outpatient clinics and administrative units is inconsistent. Persistent challenges include long wait times, complex BPJS administrative queues, unreliable digital systems, and insufficient proactive communication with patients regarding delays or schedule changes.

From an accountability perspective, this study reveals that procedural, performance, and responsive accountability are not uniformly applied throughout the hospital. Variations in adherence to standard operating procedures, limited transparency in information, and weak complaint handling mechanisms indicate that accountability remains partial. Although the Emergency Unit shows stronger accountability due to strict SOP enforcement and more effective internal oversight, other units lag behind, exacerbated by administrative burdens from BPJS processes and inadequately developed digital service systems.

Waluyo Jati Regional Hospital has established foundational institutional commitments toward service improvement; however, structural, technical, and cultural constraints continue to limit full alignment with New Public Service principles. To achieve responsive, accountable, and people-centered public services, systematic reforms are required, supported by organizational capacity building, technological advancements, a stronger service culture, and consistent managerial commitment.

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