

International Journal Research Publication Analysis

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PATIENTS' PERCEPTIONS AND EXPERIENCES OF HEALTHCARE SERVICE QUALITY IN BPJS AND NON-BPJS PROGRAMS AT THE EMERGENCY DEPARTMENT (ED) OF RSUD ANDI DJEMMA MASAMBA IN 2026

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Article Received: 10 April 2026

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Article Revised: 30 April 2026

Faculty of Public Health, Halu Oleo University.

Published on: 20 May 2026

DOI: <https://doi-doi.org/101555/ijrpa.6201>

ABSTRACT

Background: *The quality of healthcare services in the Emergency Department (ED) is a crucial indicator of patient safety. The surge in BPJS Kesehatan membership towards Universal Health Coverage (UHC) in North Luwu Regency has imposed a high workload on RSUD Andi Djemma Masamba, often triggering issues of "perception gaps" or discrimination between JKN (BPJS) and general (Non-BPJS) patients. This study aims to deeply analyze patients' perceptions and experiences regarding healthcare service quality under the BPJS and Non-BPJS schemes at the ED of RSUD Andi Djemma Masamba in 2026.*

Method: *This study employed a descriptive qualitative approach with a case study design. Informants were selected using purposive sampling, comprising key informants (general patients, BPJS patients, and accompanying family members) and regular informants. Data were collected through in-depth interviews, observation, and documentation, and then analyzed using the Miles and Huberman method (data reduction, data display, and conclusion drawing).* **Result:** *Based on the integration of Perception Process Theory (Robbins & Judge) and Organizational Justice Theory (Colquitt), the input process (cost, waiting time, access) was perceived as efficient and fair through the triage system. Regarding the perception process and interpersonal interaction, no disparity or discriminatory treatment was found between BPJS and Non-BPJS patients; care was delivered purely based on medical urgency. Under the SERVQUAL dimensions, responsiveness and assurance were rated highly. However, a quality gap was identified in the tangible dimension due to limited visitor seating capacity, and in the reliability dimension regarding the ambiguity of estimated*

waiting times for ancillary services (X-Ray). **Conclusion:** Overall, both BPJS and Non-BPJS patients were highly satisfied with the clinical service quality at the ED of RSUD Andi Djemma Masamba, which upholds equity. The hospital management is recommended to optimize waiting room facilities, improve transparency regarding estimated times for ancillary services, and conduct regular therapeutic communication training to strengthen the affective/empathy aspect of staff amid high workloads.

KEYWORDS: Patient Perception, Service Quality, BPJS, Non-BPJS, Emergency Department, Organizational Justice.

INTRODUCTION

Healthcare services are an integral part of national development aimed at optimizing the public health status. In Indonesia, the government strives to achieve equitable access through the National Health Insurance (JKN) program managed by the Social Security Administrator for Health (BPJS Kesehatan). Regulatorily, there should be no quality discrimination between BPJS and Non-BPJS (General) patients. Empirically, however, a negative stigma regarding a "perception gap" persists within the community, where general patients are often perceived to receive priority track advantages over JKN participants. (Surbakti, 2021).

Globally, the World Health Organization (WHO) emphasizes that quality healthcare is an absolute prerequisite for achieving Universal Health Coverage (UHC) and meeting public health mandates. However, global data from WHO (2021) involving 6 million patient inputs across 25 nations reveals a stark disparity in patient satisfaction indexes; while Scandinavian countries like Sweden reach up to 92.37%, developing nations such as Kenya and India record critically low satisfaction rates at 40.4% and 34.4% respectively. This global gap underscores that service quality and patient satisfaction are heavily dictated by the healthcare insurance systems and operational standards, particularly within critical sectors like the Emergency Department (ED). (WHO, 2021).

In the Indonesian context, the government has aggressively pursued standardizing healthcare equity through the National Health Insurance (JKN) program administered by BPJS Kesehatan. Nationally, while the participant satisfaction index generally remains above 80%, significant public complaints persist regarding long waiting times and bureaucratic administrative hurdles. At the regional level, South Sulawesi Provincial Health Profile indicates fluctuating patient satisfaction rates across regional hospitals, specifically concerning the responsiveness of healthcare workers in emergency units. Academically, excessive workload, occupational stress,

and role conflicts are scientifically proven to degrade healthcare performance and compromise service quality in this region. (Suriyani et al., 2023).

This systemic pressure is highly evident in North Luwu Regency, which achieved an outstanding public health milestone by reaching a UHC rate of 98.99% in 2023, covering 327,251 out of 330,600 residents. According to the Central Bureau of Statistics of North Luwu (BPS Lutra, 2023), despite budget deficit challenges regarding the local government's premium arrears to BPJS, JKN services continue to operate normally at first-level facilities and referral centers like RSUD Andi Djemma Masamba. Nevertheless, this massive surge in patient volume creates a severe workload imbalance and overcrowding in the ED, inducing job stress for medical staff and directly affecting the patient experience. (BPS Lutra, 2023).

Selecting the ED of RSUD Andi Djemma Masamba as the research site is highly strategic as it offers a centralized and defined patient population to compare perceptions between BPJS participants and general (Non-BPJS) users. Preliminary surveys at this ED indicate high efficiency in input aspects such as free costs for BPJS and digital administration. However, critical quality gaps were identified in empathy and responsiveness dimensions-such as perceived staff unfriendliness, slow transfer times to inpatient wards, and a lingering public stigma that general patients receive faster responses than BPJS users.

METHOD

This study utilized a qualitative approach with a descriptive case study design. The research was conducted at the ED of RSUD Andi Djemma Masamba, North Luwu Regency, South Sulawesi, from February to March 2026.

Informants were selected using a *Purposive Sampling* technique to capture information-rich cases that allow a direct comparative analysis between BPJS and Non-BPJS users. The study involved five main informants:

- 1. RN (40 y.o.):** Key Informant (Mother of a pediatric patient - General/Non-BPJS).
- 2. M (54 y.o.):** Key Informant (Husband of a patient - BPJS).
- 3. AG (50 y.o.):** Key Informant (Child of a patient - BPJS).
- 4. S (20 y.o.):** Regular Informant (ED Visitor - BPJS).
- 5. A (22 y.o.):** Regular Informant (ED Visitor - BPJS).

Primary data collection was carried out through in-depth interviews, non-participant field observations, and documentation using mobile phones, notebooks, and pens. Data trustworthiness was ensured through source, method, and time triangulation. The qualitative

data were analyzed following the Miles and Huberman framework, which consists of data reduction, data display, and conclusion drawing.

RESULT

The empirical findings are categorized based on the integration of Perception Process Theory (Robbins & Judge), Organizational Justice Theory (Colquitt), and the 5 SERVQUAL dimensions.

Healthcare Service Input Process (Distributive Justice)

- 1. Medical Out-of-Pocket Cost:** The general patient informant (RN) reported spending IDR 177,500 on ED medications, stating that the financial burden was perfectly fair given the rapid progression to her child's surgery. Conversely, BPJS informants (M, S, A) consistently stated that all services and medications were entirely free. Patient AG requested an upgrade to a VIP room, noting that the supplementary costs were highly reasonable relative to the quality delivered.
- 2. Waiting Time:** Informants (RN, M, S, A) highlighted that medical intervention was initiated immediately upon arrival without any administrative delay. However, informant AG reported a localized delay regarding ancillary diagnostic services, waiting from 10:00 PM to 12:00 AM for an X-ray procedure due to awaiting physician availability.
- 3. Access to Facilities:** All informants reported that administrative procedures were straightforward, non-bureaucratic, and that the supply of ED beds was highly adequate.

Perception Process and Interactions (Procedural & Interpersonal Justice)

- 1. Expectation Fulfillment:** The baseline expectations of patients regarding immediate, high-quality emergency treatment were fully realized through the actual medical care provided.
- 2. Parity of Treatment:** A crucial comparative finding is that **no discrimination or structural disparity** was observed between JKN users and general patients. Staff strictly adhered to an objective, clinical evidence-based *triage* protocol rather than acting on patients' socioeconomic or insurance classification. Interpersonal communication was clear, respectful, and free of medical jargon.

Quality Assessment via SERVQUAL Dimensions

- 1. Tangibles:** The facility was recognized for its high level of hygiene and cleanliness. Medical personnel maintained professional attire and uniforms even during midnight shifts. The medical hardware was deemed complete for a Type-C hospital. However, a significant layout deficiency was identified: limited seating capacity in the waiting area forced visitors to wait outside.
- 2. Reliability:** Staff demonstrated consistent adherence to routine monitoring, vital sign tracking, and timed medication administration. A minor breakdown in reliability occurred due to the lack of clear communication regarding estimated waiting times for ancillary diagnostic processing (X-Ray).
- 3. Responsiveness:** Staff behavior reflected a proactive "zero delay" approach. For example, when a patient accidentally dislodged an IV line, nurses responded immediately to rectify the issue.
- 4. Assurance:** Patients expressed robust psychological safety and confidence in the diagnostic competence and politeness of the attending physicians and nursing staff.
- 5. Empathy:** Medical empathy was operationalized through routine patient reassessments conducted roughly every 15 minutes. Nonetheless, informant A noted a perceived deficit in emotional warmth or superficial interactions, which they attributed to the high stress and acute workload within the department.

DISCUSSION

1. Distributive Justice and Psychological Waiting Time

Applying Colquitt's distributive justice framework, the output-to-input ratio evaluated by patients remains highly balanced. For general patients, out-of-pocket costs are directly offset by surgical speed, whereas the absolute absence of fees for BPJS users drives a high baseline of perceived systemic fairness. By prioritizing immediate clinical contact over administrative processing, the triage system induces a positive "Psychological Waiting Time" effect. This rapid first contact actively mitigates patient anxiety, rendering localized downstream bottlenecks (such as waiting for X-Ray results) far less damaging to the overall perception of care quality.

2. Deconstruction of the BPJS Stigma

While a vast body of historical public health literature consistently highlights an institutional bias favoring out-of-pocket spenders over public insurance users, this study presents a clear

counter-narrative (antithesis). The data from RSUD Andi Djemma Masamba proves that structural discrimination based on payment methods can be successfully dismantled. This indicates that in municipal regions that have achieved a mature UHC standing, institutionalized clinical protocols can insulate the delivery of care from socioeconomic biases, successfully standardizing equal treatment across all patient groups.

3. Structural Overcrowding and the "Affective Gap"

Despite high marks for clinical execution, the facility faces clear infrastructural and behavioral limits tied to its post-UHC expansion. The lack of seating capacity creates physical congestion outside the ED block, turning into a key area that requires management attention. Furthermore, the extreme patient volumes cause a noticeable "Affective Gap". While clinical empathy is structurally maintained through regular 15-minute diagnostic checks, the heavy workload takes an emotional toll on the frontline workers. This fatigue occasionally results in detached or visually exhausted interactions, highlighting that high patient volume can compromise the hospitality aspect of emergency care.

CONCLUSION

Based on the results of the study on "Patients' Perceptions and Experiences of Healthcare Service Quality in BPJS and Non-BPJS Programs at the Emergency Department (ED) of RSUD Andi Djemma Masamba in 2026" the following conclusions can be drawn:

1. Input Stage: Out-of-pocket costs are perceived as equitable across both cohorts, backed by a straightforward and highly accessible administrative intake process.
2. Process Stage: Direct patient experiences closely match their pre-care expectations. No discriminatory or disparate treatment exists between BPJS and Non-BPJS users; care is distributed objectively via clinical triage.
3. SERVQUAL Matrix: Responsiveness, assurance, and clinical empathy are highly optimized. However, systemic quality gaps exist in the tangible dimension (inadequate visitor seating) and reliability dimension (poor waiting time transparency for ancillary diagnostics).

SUGGESTION

Based on the conclusions outlined, the author offers the following recommendations:

1. For RSUD Andi Djemma Masamba: The hospital executive board should scale up the physical capacity of the ED waiting room and expand seating options. Management should deploy digital dashboard displays to give clear, real-time updates on estimated waiting

times for laboratory and X-ray services. Additionally, regular therapeutic communication workshops should be introduced to help staff manage burnout and preserve conversational warmth under high-stress conditions.

2. For Patients: Families and patients are encouraged to maintain clear, proactive lines of communication with the medical staff and utilize available digital tools to smooth out the administrative process for inpatient transfers.
3. For Future Researchers: It is recommended to expand upon this baseline by introducing large-scale quantitative surveys to generalize these metrics across non-emergency wards. Future work should also directly measure the mathematical correlation between clinical workloads, medical burnout, and the resulting quality of staff-patient interactions.

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