



Health Services for Health Social Security Administrative Body Participants at the Hingk Health Center, West Papua Province, Indonesia

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ABSTRACT

Background: To improve services for members of the Social Security Administrative Body at the Hingk Community Health Center in West Papua Province, it is highly hoped that the leadership of the Community Health Center can improve services for participants of the Health Social Security Administering Body. This study aims to obtain information about the services of members of the Health Social Security Administration at the Hingk Community Health Center, West Papua Province, Indonesia.

Subjects and Method: This study uses a qualitative descriptive approach. In this study, the authors used two key informants and main informant to dig for in-depth information related to health services in terms of waiting time, health service facilities and payment mechanisms for members of the Social Security Administering Body in the working area of the Hingk Health Center. The instrument used by researchers in collecting data is the researchers themselves. The types of data and data sources that the researchers will collect in this study consist of primary data and secondary data. Data collection techniques were carried out through observation, in-depth interviews and documentation. While the stages of qualitative data analysis were carried out by researchers with three stages of the process, namely data reduction, data categorization, and data interpretation.

Results: The results of the study illustrate that the level of service for members of the Social Security Administering Body at the Hingk Community Health Center in West Papua Province, waiting time, and facilities are still relatively low for services for participants of the Health Social Security Administering Body. This was revealed during in-depth interviews that most of the patients of the Health Social Security Administering Body waited a long time to be examined, and patients were dissatisfied with the facilities provided by health workers.

Conclusion: The long waiting time for patient examinations would cause complaints from patients and the lack of availability of facilities provided by the Public Health Center would cause patients to feel less satisfied with the services provided.

Keywords: waiting time, service facilities, financing mechanisms

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BACKGROUND

The Community Health Center is one of the health service facilities that are responsible

for carrying out health efforts, both promotive, preventive, curative and rehabilitative in a work area. Community Health Centers as

organizers of health development are an integral part of national development. According to the law of the Republic of Indonesia number 25 of 2004 concerning the national development planning system, the purpose of implementing health development is to increase awareness, willingness and ability to live healthily for everyone to realize an optimal degree of public health, both socially and economically (Presiden RI, 2004a). Good health services are a community need and a benchmark for successful development. Health services are activities that consist of various health elements in producing the health services needed to promote and restore or maintain the health of individuals, families and community groups (Prawirohardjo, 2010).

In the implementation of the Health Social Security Administering Body, there are still many problems that cause complaints from the public, including a complicated registration process, unsatisfactory service, treatment rooms that are not by the type of Health Social Security Administering Body contributions, and many more. other. This is due to the lack of preparation in implementing the Health Social Security Administrative Body. Not only that, many members of the public do not know the registration procedure and the workings of the Health Social Security Administrative Body. The implementation of National Health Insurance in 2018 has entered its fifth year. The results of monitoring and research in various regions show that there are variations in implementation in Indonesia. Provincial/district/city level policies, geographical factors, sociocultural diversity, community economic capabilities and different contexts in each region influence whether or not the implementation of National Health Insurance in each district/city (Steady, 2018).

For the poor and unable, the govern-

ment provides guarantees through Community Health Insurance and Regional Health Insurance schemes. However, these schemes are still fragmented. Health costs and service quality are becoming difficult to control. To overcome this, in 2004 Law No. 40 concerning the National Social Security System stipulates that social security is mandatory for the entire population, including the National Health Insurance through a Social Security Administering Body (Presiden RI, 2004b). The total number of Community Health Centers in Indonesia as of December 2018 was 9,993 Community Health Centers, consisting of 3,623 inpatient Community Health Centers and 6,370 non-inpatient Community Health Centers. This number increased compared to 2017, which was 9,825, with a total of 3,454 inpatient Community Health Centers and 6,371 non-inpatient Community Health Centers (Kemenkes RI, 2018).

One government agency that has a role in providing health services to the community is the Community Health Center. Community Health Centers are required to improve the quality of performance/quality in providing health services to the community so that Community Health Centers can meet the needs, desires and expectations of the community and can provide service satisfaction to the community. In the implementation of the Health Social Security Provider Agency, the function of the Community Health Center is to provide basic health services as the first point of contact for health services that have a large and strategic role (Kasma, Ayumar and Irwan, 2018).

Based on data sources from the Central Bureau of Statistics for West Papua Province in 2021, the percentage of the population who has health insurance by type of insurance - Social Security Administering Body for Health Benefits PBI (46.90%), Non-PBI Contributions (16.74%), Health Insurance regional (10.30%), private insurance (0.20%),

company/office (1.52%) (Badan Pusat Statistik, 2021).

The Hingk Community Health Center is one of the health service institutions in West Papua Province which is a place for health services for the surrounding community. In carrying out all activities at the Hingk Community Health Center with the number of heads of household handled as many as 1607 Family Cards, and prepared functional technical service units including a public health unit consisting of health promotion, environmental health, Child Identity Cards/-Planning Cards, repairs community nutrition, sports health, occupational health and safety, eye health, elderly health, Non-Communicable Diseases and individual health units consisting of medical efforts, cards, dental clinics, laboratories and pharmacies. The rooms provided consist of, the LEB room, Child Identity Card, Pharmacy, Card, Administration, Examination Room and dental examination room. In addition, the availability of health workers is number of health workers at the Hingk Community Health Center as many as 27 people consisting including 1 Dentist, Ka. Sub Administration 1 Person, General Practitioner 1 Person, Public Health Personnel 3 Person, Nurse 8 Person, Dental Nurse 1 Person, Midwife 4 Person, Lab Personnel 1 Person, Nutrition Executor 2 Person, Sanitation Implementer 1 Person, Pharmacy Operator 2 Person, and Medical Recorder 2 People.

The researchers' initial survey was in early March, namely, the number of patient visits was 78 people. From the results of interviews with several visitors to the Hingk Community Health Center, there are still many who complain of dissatisfaction with health services, such as the length of waiting in a 1-hour queue to get a health check, the lack of seats available at the Community Health Center with the number of patients who come for examinations so they often

time the patient has to stand to wait in line.

Based on the background above, the researcher is interested in knowing in-depth information about how health services are provided to members of the Social Security Administering Body in terms of patient waiting time, patient waiting room facilities, and the financing mechanism for participants of the Social Security Organizing Body in the working area of the Hingk Health Center, West Papua Province.

SUBJECTS AND METHOD

1. Study Design

In this study, researchers used a qualitative approach, namely descriptive research.. The type of research used by the authors is descriptive research, namely describing the health service system for members of the Social Security Administering Body in the work area of the Hingk Health Center, West Papua Province. This research was carried out at the Hingk City Health Center in West Papua Province and was carried out starting in July 2022.

2. Informant

In this study, the authors used two key informants and main informant. The key informants were the Head of the Community Health Center and the managing officers of the Health Social Security Organizing Agency at the Hingk Community Health Center. Meanwhile, the main informants were the people who visited the Hingk Community Health Center and were members of the Social Security Organizing Body. The technique for determining the informants in this study was non-random, and purposive, namely, the sampling technique was based on the considerations of the researcher, with the following criteria: Officers: 1) Willing to be interviewed, 2) Mastering the management of the Social Security Administering Body. As for Patients: 1) Willing/able to be interviewed, and 2) Participants of the Health

Social Security Administrative Body.

3. Conceptual Definition

The conceptual definition in looking at the health services of members of the Health Social Security Administrative Body at the Hingk Community Health Center in West Papua Province, namely: 1) Waiting time at the Hingk Community Health Center is the length of time paused by health service workers before receiving health services; 2) Health Facilities at the Hingk Community Health Center are tools used to provide health services to patients; and 3. The payment mechanism for members of the Social Security Administering Body at the Hingk Community Health Center is a procedure that must be carried out by participants to pay predetermined contributions.

4. Study Instruments

In qualitative research, the instrument used by researchers in collecting data is the researcher himself. This is because only researchers are directly related to research subjects, and only researchers can understand the relation of realities in the field through observation and interviews (Moleong, 2007).

5. Data types and sources

The types of data and data sources that the researchers will collect in this study consist of two data, namely primary data and secondary data. Primary data is research data collection based on the results of interviews with two key informants and main informant related to patient waiting time, patient waiting room facilities, and BPJS participant financing mechanisms. While secondary data, namely data obtained from literature review, journals, books and information originating from agencies such as the Central Bureau of Statistics, West Papua Provincial Government, Health Office, and Hingk Community Health Center, as well as other documents that support this research.

6. Data collection technique

Data collection techniques are carried out by

1) observation, which is an effort to collect data by the author going directly to the field or to the location where the research is; 2) Interview, which is the collection of data by going through the interview process directly by both parties, in which the first party is the information seeker while the second party is the information provider 3). Documentation, which is used as supporting data. For this purpose, the researcher used a tape recorder and a camera which was used during the interview.

7. Data analysis technique

Retrieval of data analysis from research results is carried out using descriptive analysis. The data and information obtained from the research object are selected using the appropriate theory as the basis for research to obtain accurate research results. Data analysis techniques in this study used data analysis while collecting data (analysis in the field) by exploring in depth the contents of the statements given by informants. In general, the stages of qualitative data analysis above are divided into three stages of the process; 1) data reduction, 2) data categorization, and 3) data interpretation. A thorough data analysis that briefly describes all processes will be made in the form of a matrix.

8. Research Ethics

This study has passed the research protocol review process and obtained a Certificate of Passing Ethical Review from the Health Research Ethics Committee, Faculty of Public Health, University of Pejuang Republic Indonesia with No: 523-KEPK-FKM-UPRI.

RESULTS

This research was carried out at the Hingk Community Health Center in West Papua Province, which was carried out from July to August 2022. The informants in this study were people who were registered as members of the Health Social Security Administering

Body. The research results obtained regarding the characteristics of the informants are

described in table 1 below:

Table 1. Characteristics of Informants at the Hingk Community Health Center in West Papua Province in 2022

Characteristics	Category	Frequency	Percentage %
Gender	Man	3	37.50
	Woman	5	62.50
Age	<34 year	3	37.50
	35-49 year	2	25.00
	50-64 year	2	25.00
	>65 year	1	12.50
Education	Junior High School	1	12.50
	Senior High School	5	62.50
	Diploma Three	1	12.50
	Bachelor Degree	1	12.50
Profession	Housewife	4	50.00
	Entrepreneur	1	12.50
	Lab Worker	1	12.50
	Employee	2	25.00
Family members	2 people	3	37.50
	3 people	1	12.50
	4 people	4	50.00

Source: Primary Data, 2022

Based on table 1 above, there were 8 (eight) informants consisting of 3 men and 5 women, the age of the informants in this study was in the age range from 20 to 67 years, and the lowest education of the informant was junior high school and the highest Strata 1, the work of the informants is 4 housewives and 4 employees, and the number of informants' family members is an average of 2 people or more and does not exceed 4 people.

Researchers conducted interviews with several informants who had been met at the research location, including key informants and casual informants. The following are the results of interviews with informants about how the services of members of the Health Social Security Provider Agency are as follows:

1. Patient Waiting Time

From the results of interviews with informants regarding the waiting time received by

members of the Health Social Security Provider Administrative Body to obtain health services at the Hingk Community Health Center in West Papua Province, participants of the Health Social Security Administering Body who became research informants said that the waiting time they received was long, along with the results of the interview:

"Waiting for a long time, from nine o'clock here until now it hasn't been finished, still queuing to be checked, so bored waiting for those who come first haven't been checked yet" (IY, 25 Years)

The informants who were interviewed by the researchers said that the waiting time received by the informants was very long to get health services. This is caused by long queues and results in a saturation of waiting patients. Then the informant found by the researcher said that it did not take a long time (fast) the waiting time to be received to get health services, the following are the results

of interviews with these informants:

"It won't take long, sir, because there are still not enough people, I'm already at the Community Health Center" (AB, 61 yr)

Informants get fast service, this is due to the patient's earlier arrival time so that the queue does not experience congestion and does not exceed the capacity of health workers to provide services. Meanwhile, the 3 informants met by the researcher about the waiting time to get health services said that it depended on the speed at which patients arrived at the Public Health Center, the following are the results of the interviews with informants:

"If you come quickly, you will be examined quickly, I usually come quickly because if it takes a long time, many people will queue. If it's nine o'clock and above, there are already a lot of people coming, plus they are looking for files. If the queue for drugs is not long, the queue for examination is long" (ID, 45 yr)

From the results of the interviews conducted by the researchers, informants said the waiting time to get health services depended on the presence of the patient himself, fast patient attendance at the Public Health Center would also get fast service, this was due to fewer queues, so patients get queue numbers earlier.

"If the Health Social Security Provider Agency is handled at the Community Health Center, the Public Health Center employees themselves manage it, whose data input is on the computer, the patient only shows the card. Connected to the Central Health Social Security Provider Agency, so where are the active cards and inactive cards, now many patients are moved to the nearest hospital or clinic. from his house even though on his card it was still the Community Health Center here. So it's common for patients to be confused because initially, they checked at the Public Health Center here. Some medicines are not covered by the

Health Social Security Provider Agency, so they have to buy the medicine outside. The waiting time is also longer for using the Health Social Security Provider Agency than for patients who use generally because the patient's Health Social Security Provider Agency has to input the data first, check the card of the Health Social Security Provider Agency the name on the computer is registered or not. The difference is approximately 5 minutes". (HR, 37 Years)

Complaints are things that are conveyed by patients because they feel there is a discrepancy between the services received and what was promised. A complaint and complaint can be used as an opportunity for the Community Health Center to correct existing errors. Thus, Community Health Centers can develop new ideas, and improve marketing or services. The results of interviews with informants found by researchers about how long the waiting time was received to get health services. The following are the results of interviews by informants:

"Just 1 hour at the doctor's examination" (ID, 45 yrs)

Almost all of the results of informants met by researchers about the waiting time they received on average received 40-60 minutes at the queue counter to get examined. In this case, the waiting time received by the patient is in the moderate category according to the standard set by the Ministry of Health Number 129/Menkes/SK/II/2008, which is 30 - 60 minutes. Whereas 1 informant the waiting time received by the patient took a long waiting time to get health services, namely 2 hours at the queue counter, the following are the results of interviews with informants:

"2 hours haven't checked this" (IY, 25 yrs)

The results of interviews conducted by researchers found informant who experienced waiting time for the long category. This is

because the number of patients who come exceeds the number of health workers (midwives) who treat pregnant women. The lack of health workers at the study site resulted in patients having to accept waiting times that exceeded the standard set by the Ministry of Health Number 129/Menkes/SK/II/2008. The lack of health workers at health service locations has a major impact on the waiting time that patients will receive so at health service locations it is highly demanded to have sufficient and competent health workers in their respective fields. To overcome the waiting time, the researchers found informants who provided input to be directed at the Hingk Community Health Center in West Papua Province, the informants hoped that there would be additional doctors to examine patients, for the results of the interviews from the following informants:

"Add the doctor here, one doctor will come, so that's the one who checks everyone who comes" (HAP, 67 yrs)

From the results of interviews with these informants, to deal with long waiting times at the research location, additional medical personnel (General Practitioners) were needed. The lack of doctors for examinations results in long waiting times and increasing queues resulting in congestion in the examination queue. Then for efforts to overcome waiting times according to informants found by researchers, it is necessary to add health workers in the field of maternal and child health, in this case, what is meant is midwives. The following are the results of the interview with the informant:

"Plus the midwife is here sir, many pregnant people who go to check up only one midwife who checks it, so it's a very long wait" (VA, 24 yrs)

From the results of joint interviews with informants found by researchers, efforts to reduce the waiting time received at the time of examination are efforts to add midwives to treat pregnant women. The number of

pregnant women patients at the study sites was not balanced with the midwives they had, the lack of midwives at the study sites was often the cause of patients receiving very long waiting times, even up to two hours of queues to arrive at the examination stage. Whereas the informants who were interviewed by researchers, to overcome long waiting times they were more directed at management implemented by the Public Health Center such as management of health workers, inspection systems, and service systems. The results of the interview are as follows:

"should be fast service" (AB, 61 yrs)

"I was given a place where the tension was the same as the scales so I wouldn't borrow another room" (MN, 20 yrs) "What do you want, sir, a surgeon specifically a paediatrician who examines small children and a doctor who examines older people, sir" (ID, 45 yrs)

From the results of the interviews, the informants were more directed to the management owned by the Public Health Center. Such as the slow service management carried out by health workers finding the patient's medical record book, giving rise to increasingly crowded queues. Apart from that, in the inspection system, the Public Health Center has separated the examination locations, which results in the patient having to go to another location to carry out the examination, which is still part of the examination system. Then in the management of examinations for health workers, patients get long waiting times because health workers handle more than one field.

2. Service Facilities

The results of the research conducted, several things are the focus of researchers in interviews conducted with informants. Of the informants met by the researchers, each of them had a different opinion, the informants who had been met were satisfied with the

waiting room facilities owned by the Community Health Center. The results of the interview are:

"The waiting room facilities there are pretty good but if possible add chairs to wait if there are many patients who usually don't get seats" (MH, 60 Years)

From the results of the interview, the patient was satisfied with the facilities in the waiting room. However, patients still hope that there will be additional facilities in the form of chairs so that they can provide comfort when queuing for examinations. The results of interviews obtained by the patient were not satisfied with the facilities owned by the Community Health Center in the waiting room. The following are the results of the interview:

"There are still not enough regular chairs if there are many patients" (VA, 24 yrs)

From the results of interviews that were found by researchers, patient dissatisfaction in the waiting room at the Community Service Center was due to a lack of facilities in the form of chairs. The seats in the waiting room provided are still lacking with the number of patients who come to carry out examinations, so patients often have to stand to wait in line. This can cause patients to get sicker because of the fatigue they experience. The results of the interviews that were conducted indicated that the informants met thought that the improvements that needed to be made at the Hingk Health Center were in the form of additional facilities in the form of chairs. The interviews that have been conducted are as follows:

"You need to add chairs for patients who are waiting, I'm going to check, there must be complaints of pain, if you just stand up it hurts more, sir (MN, 20 years)

From the results of the interviews, the facilities at the Hingk Health Center in West

Papua Province still need improvement in the form of adding facilities owned by the Community Health Center, this can be seen from the number of patients who do not get seats during the examination queue. Interviews conducted with informants had different assessments of the services provided by health workers, the informants felt the services provided were quite good. The following are the results of interviews with informants:

"It's good, the service here is friendly, the staff who live in a fat building if you can add more" (MH, 60 yrs) "Good service, friendly. But there was one midwife who was rude, she was arrogant, so when she passed, she pretended not to see me" (ID, 45 yrs)

From the results of the interviews with these informants, patients were satisfied with the services provided by local health workers. This greatly affects the patient's healing process. Good service can be a motivation for patients to carry out examinations and feel very cared for. Then the informants interviewed by the researchers considered the services provided to be unfavourable. Here is the interview:

"Still unsatisfactory, lack of smile, the staff serving at the counter" (VA, 24 yrs)

From the results of these interviews, the health workers owned by the Hingk Community Health Center in West Papua Province are health workers who are highly skilled in their respective fields. However, in providing services to patients, they must also have a friendly nature to please patients who come to check themselves. From several health workers at the Community Health Center, patients often find health workers who are not friendly and show bad attitudes so patients often feel uncomfortable and feel awkward with local officers so that patients feel uncomfortable.

3. Financing Mechanism

Funding is the number of contributions that

must be paid by members of the Health Social Security Administering Body in different amounts depending on the level or class. In dues for the payment of the Social Security Administering Body researchers found informants who stated that there were Healthy Social Security Administering Body participants in the third grade. There is also the result of the interview:

"25,500 always pays if the third class is taken" (HAP, 67 yrs)

From the results of the interviews, the 4 informants who were met were members of the third-class Health Social Security Organizing Body whose monthly financing was IDR 25,000. The third-class Health Social Security Administrative Body did not experience an increase in financing so the contributions paid remained the same as before. Furthermore, there was 1 informant who was met, who was a member of the Health Social Security Administering Body for class two, with different contributions. The following are the results of the interview:

"Before it went up to 42,500 per month but when it went up to 51,000 I often paid" (VA, 24 yrs)

From the results of interviews with informants, the cost of financing has increased in price. The reason for the increase in the Social Security Administrative Body contributions in 2018 is partly that to reduce the payment claims deficit, the increase in contributions is also expected to improve service quality. Interviews were conducted with informants about contributions for the financing of the Health Social Security Administering Body, they did not know how much the costs were incurred because they were automatically deducted from their salary. The following are the results of the interview:

"I don't know how much my husband's salary is cut right away, my husband is responsible for me for the Health Social Security Provider Agency" (ID, 45

yrs) "The salary at the office is deducted for the costs of the Health Social Security Provider Agency, I am not the one who immediately goes to pay" (RN, 48 yrs)

Participants in the Health Social Security Administrative Body who were informants in the interview above did not know the number of contributions to be paid, because the financing was directly deducted from the salary. researcher conducted interviews with informants for payment places for the Health Social Security Administration Agency and found informants who made transactions through the BANK and other informants who made payments directly via ATM. Here's the interview:

"at the ATM" (VA, 24 Yrs)

The results of the interview above, participants prefer to make payment transactions at Via BANK, this is because the payment mechanism is easy and does not bother participants so participants can pay at any time. Researchers conducted interviews regarding the Payment System for Social Security Administering Bodies, and all made direct payments through banks and ATMs. The following is an interview conducted by the researchers:

"There are three counters at BNI Bank so it won't take long to queue if it's just death to pay the Health Social Security Provider Agency" (MH, 60 yrs)

From the results of the interviews, participants paid directly to the BANK, and the easy payment system made participants comfortable and hassle-free so that participants preferred to pay through the bank rather than directly at the Social Security Administering Body's head office. In the informants met by the author, participants of the Health Social Security Administering Body at the West Papua Province Hingka Community Health Center used a fee payment system that was made at bank counters, and via ATM transfers. This can facilitate the payment of

contributions by participants without having to wait in long queues.

DISCUSSION

1. Patient Waiting Time

Service waiting time is the time used by patients to get health services from the place of registration to enter the doctor's examination room (Madania et al., 2021). The waiting time for Health Social Security Administrative Body Service Participants at the Hingk Community Health Center is categorized as a long waiting time between 30-60 minutes because at the Hingk Community Health Center there are only 2 general doctors who examine, 4 midwives but for ordinary midwives, there is only 1 person who examine pregnant women, patients who visit the Hingk Community Health Center are not comparable to the service capacity available at the Hingk Community Health Center. The waiting time for general patients is faster than for patients with the Health Social Security Administering Body because patients with the Health Social Security Administering Body have to wait to have their data input first at the card section counter, while general patients go directly to the examination section if they have registered at the card counter.

This is also supported by quotes Nengsih MK and Yustanti NV (2017) in the journal *Management Insight: Scientific Journal of Management*, First Come First Served (FCFS) or First In First Out (FIFO) means, come first (until), first served (out). For example, the queue at the cinema ticket counter. Meanwhile, Service In Random Order (SIRO) means, calls are based on random opportunities, it doesn't matter who arrives first. Patients wait too long to get health services when there are many patient queues for registration to get a number. According to Wibowo AA and Alwie AF (2017), Quality of service can be interpreted as an effort to meet the needs and desires of

patients and the accuracy of delivery in keeping with patient expectations.

Where waiting is unacceptable for everyone in health services. Service providers, including the Public Health Center, should realize this, so that they always try to arrange it in such a way that service users of the Public Health Center are not in long queues, by adjusting their service capacity. The Community Health Center must manage the balance between service capacity and the estimated number of patient queues to determine how long a patient has to wait is very important and must be the main concern of the Hingk Community Health Center which want to increase patient satisfaction levels and optimize their service capacity.

In Law Number 36 of 2009 article 1 paragraph 6 concerning Health, what is meant by health personnel is any person who has devoted himself to the health sector and has the knowledge and/or skills through education in the health sector which for certain types requires the authority to carry out health efforts (Presiden RI, 2009).

Long service queues can reduce the level of community satisfaction with the health services of the Community Health Center (Newsome and Wright, 1999). According to Sun et al, (2017) cited by Sholihah N and Parinduri SK (2021) In the "patient's charter," the standard has been set that the patient must be served by the health clinic within 30 minutes. However, long waiting times in other studies can be tolerated by patients if replaced with good doctor service and sufficient consultation time (5 minutes or more). (Puspitasari and Rusmawati, 2013). Waiting is unavoidable in obtaining health services at the Public Health Center, but long waiting times are a failure of a service system because waiting time will certainly result in discomfort for patients.

The category of the distance between the waiting time and the examination time

that is expected to satisfy or unsatisfy the patient includes, among others, when the patient arrives starting from registering at the counter, queuing and waiting for a call to the general polyclinic to be analyzed and examined by a doctor, nurse or midwife for more than 90 minutes (long category), 30 – 60 minutes (moderate category) and \leq 30 minutes (fast category) (Nugraheni and Kirana, 2019). Waiting time in Indonesia is determined by the Ministry of Health through minimum service standards. Every Community Health Center must follow this minimum service standard regarding waiting time. The minimum service standard for outpatient care based on the Ministry of Health Number 129/Menkes/SK/II/2008 is less than or equal to 60 minutes (Menkes R I, 2008).

Based on the results of in-depth interviews with patients of the Social Security Administering Body, most patients of the Health Social Security Administering Body waited a long time to be examined, which was approximately 1 hour. So that the patients of the Health Social Security Administering Body at the Hingk Community Health Center complain about the patient's waiting time. The results of a 2000 Jakarta Health Department information center poll, it is known that one of the factors most often complained about by patients is the slowness of officers in providing health services, both when patients register at the counter to examination and prescription collection (Panambunan, 2015). The monitoring results of the Health Information Center (PIK) show that for one patient at the Community Health Center, it takes 10 minutes to wait at the counter, 15 to 20 minutes in the examination room and 15 minutes at the usual prescription site, so for one patient visit it takes 45 minutes. minutes to 1 hour (Aminah, 2020).

2. Service Facilities

The facilities owned by the Community Health Center must meet the standards set by

the Ministry of Health of the Republic of Indonesia, this is very supportive to provide good service to patients (Menkes R I, 2019). Health service facilities at the Hingk Community Health Center need improvement to be able to provide good service to patients. The service facilities available at the Hingk Community Health Center do not meet the needs of patients, causing many complaints by patients. Many patients who visited the Hingk Community Health Center complained about the lack of chairs in the waiting room so some patients could not get a seat.

Users of health services at Community Health Centers demand quality services not only regarding physical recovery from illness but also regarding satisfaction with the attitudes, knowledge and skills of officers in providing services as well as the availability of adequate facilities and infrastructure that can provide comfort. With the increasing quality of service, the service function at the Public Health Center needs to be improved so that it becomes more effective and efficient and provides satisfaction to patients and the community. According to Khusnawati quoted in Herman, Sudirman and Nizmayanun (2014) that the function of the Public Health Center which is very heavy in providing services to the community is faced with several challenges in terms of human resources and increasingly sophisticated health equipment, but must still provide the best service. Where public health services aim to improve health and prevent disease with the main target being the community. Therefore, health services at the Community Health Center need to be maximized so that the planned efforts can be achieved properly.

Service is an activity carried out by health workers to patients to be able to reduce morbidity. Utilization of health services is also the use of service facilities properly to be able to support the performance of health workers in providing services to patients.

Quality of service level on patient satisfaction is a complete process so in the end, it will affect the management of the Public Health Center as a whole. So the concept of Community Health Centers needs to be constantly updated and perfected, so that quality, affordable, effective, efficient, equitable and sustainable health services can be realized in welcoming Healthy Indonesia 2010. So that it can be said that in this era of globalization, the minds of scientists and practitioners are focused on how to provide quality service.

Based on the results of in-depth interviews with patients of the Health Social Security Administering Body at the Hingk Community Health Center, most of the patients were dissatisfied with the facilities provided by health workers, especially the seats provided at the Hingk Community Health Center were still lacking so that there were patients who did not get a place sit down because the chairs in the patient waiting room are full. Patient satisfaction is a level of patient feelings that arise as a result of the performance of the health services they receive after the patient compares them with what they expect. New patients will feel satisfied if the performance of the health services they receive equals or exceeds their expectations and vice versa, patient dissatisfaction or feelings of disappointment will arise if the performance of the health services they receive does not match their expectations (Warjiman, Sulistiyo and Chrismilasari, 2020).

3. Financing Mechanism

The health financing mechanism is the number of funds that must be provided to organize and or utilize various health efforts needed by individuals, families, groups and communities. Dues for the Health Social Security Administrative Body are the health insurance payment process made by each participant of the Health Social Security Administering Body by a different amount depending on the level or class.

The Hingk Community Health Center is not a place for payments by members of the Health Social Security Administering Body but a place for examinations for patients using the Health Social Security Administering Body. In this case, if the patient wants to use his Health Social Security Administering Body for examination at the Public Health Center, the patient must bring the Health Social Security Administering Body, namely a photocopy of the Health Social Security Administering Body card, Family Card, and photocopy of the patient's Identity Card. Where the patient's file is stored at the participant counter (card counter) to be claimed by the Public Health Center at the Health Social Security Administering Body office. From the patient card counter, the Health Social Security Administrative Body is waiting for the examination book. After that, the patient goes to the weighing room, has blood pressure, and then goes for the doctor's examination. From there the doctor can determine whether the patient needs a higher examination or whether it is enough just to take medicine. If the patient requires more examination services above (Public Health Center) the patient will be given a referral letter to the Community Health Center by the doctor.

Contribution adjustments also apply to Wage Worker Participants. The National Health Insurance membership contribution for formal workers is 5 per cent of the salary received per month, consisting of 4 per cent paid by employers and 1 per cent paid by workers. Health Social Security Administrative Body is health insurance where health insurance is a system that can be interpreted as a payment system made by a third party or insurance party after the health service seeker seeks treatment. This health insurance system can be in the form of a capitation system and a Diagnosis Related Group (DRG system) system. In the Presidential Decree, there are several changes in the contributions

of members of the Health Social Security Administering Body. Class II participant fees increased from IDR 42,500 to IDR. 51,000 per person per month. Then the fees for class I participants became IDR 80,000 per person per month from IDR 59,500 previously. The increase in fees applies as of April 1, 2016.

The payment system is a process procedure carried out by consumers to producers to get something expected. The Health Social Security Administering Body, payment system for the Health Social Security Administering Body can be made by paying at the office of the Health Social Security Administering Body, through a Bank, and via ATM. Indeed, we have to admit that there is no perfect health system, especially in terms of financing health services, each existing system has its advantages and disadvantages. However, this health service payment system must operate with supervision and regulations in a comprehensive health system, which can reduce the negative impact on health service providers and seekers so that a more effective and efficient system for health services in Indonesia can be realized. The total cost of health is the sum of the costs from the government sector with the number of funds spent by service users for the private sector.

In discussing health financing, the important thing is how to use these costs effectively and efficiently both in terms of economic and social aspects with the aim that all people in need can enjoy them. Thus health financing at the Hingk Community Health Center can be said to be good because with the Health Social Security Administering Body the community can seek treatment in peace without having to think about the large costs of carrying out examinations.

The place of payment is the location for conducting payment transactions by consumers to producers. Likewise with the Health

Social Security Administering Body, members of the Health Social Security Administering Body can pay contributions every month directly to the office of the Health Social Security Administering Body. However, to make payment easier, participants can pay directly through the BANK or ATM. But for members of the Health Social Security Administering Body who are borne by the family (husband or parents) the Health Social Security Administering Body contributions are immediately deducted from their monthly salary. Based on the results of in-depth interviews with patients participating in the Health Social Security Administering Body at the Hingk Community Health Center, the financing mechanism for the Health Social Security Administering Body is divided into two payment procedures: first, the financing mechanism for patients of the Health Social Security Administering Body independently can pay their contributions directly through BANK and ATM. Second, the financing mechanism by patients participating in the Health Social Security Administering Body is deducted from their monthly salary.

Services at Community Health Centers are heavily influenced by professionals and the ability of service providers in which, Community Health Centers must have professional human resources, both medical personnel (Nurses and Doctors) and non-medical (Head of Medical Record Services Division and Employees of the Service Administration Agency Health Social Security) in providing quality health services to patients.

AUTHOR CONTRIBUTION

Marsumiyanto, Nur Annisa, Andi Alim, Zainuddin is the main researcher who selects the topic, searches for and collects research data.

CONFLICT OF INTEREST

There was no conflict of interest in the study.

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