HUMANISTIC BPJS MANAGEMENT SYSTEM IN IMPROVING JKN SERVICES

Antonius Primus[1], Andriyana Abdullah[2], Erni Febrianti[3]
[1,2]Sekolah Tinggi Ilmu Kesehatan Fatima Parepare
[3]Universitas Sulawesi Barat
Email Corespondensi: primus.antonius84@gmail.com

ABSTRACT
The Social Security Administering Body for Health (BPJS Kesehatan) plays a vital role in implementing the National Health Insurance (JKN) program in Indonesia. Despite significant progress toward universal health coverage, administrative bureaucracy, discriminatory service perceptions, and communication gaps between healthcare providers and patients remain key challenges. This study aims to analyze the implementation of a humanistic BPJS management system in enhancing the quality and patient satisfaction of JKN services. This study utilized a qualitative research design involving in-depth interviews, observation, and document analysis across health facilities in Parepare City. A total of 12 informants participated, including BPJS officers, hospital management, healthcare workers, and active JKN beneficiaries. The results indicate that implementing humanistic valuescharacterized by empathy, respectful communication, simplified administrative procedures, and responsive complaint managementsignificantly improves patient satisfaction and trust in the JKN system. Humanistic management shifts the operational focus from purely bureaucratic compliance to person-centered care. Strengthening empathy training for frontline staff, optimizing digital transformation via the Mobile JKN application, and ensuring equitable care without stigma are essential steps to sustain long-term service excellence.

Keywords: Humanistic Management, BPJS Kesehatan, JKN Services, Service Quality, Patient Satisfaction

INTRODUCTION

Health development is an essential pillar of national development aimed at achieving equitable health outcomes for all citizens. Indonesia committed to Universal Health Coverage (UHC) through the National Health Insurance (JKN) scheme, managed by the Social Security Administering Body for Health (BPJS Kesehatan). Since its establishment under Law No. 24 of 2011, BPJS Kesehatan has expanded health access to over 250 million participants nationwide, making it one of the largest single-payer healthcare systems globally (Indonesian Ministry of Health, 2022).

Despite notable achievements in expanding physical access to medical care, public complaints regarding JKN service quality remain persistent. Issues such as complicated administrative referral pathways, long waiting times at health facilities, quota restrictions for JKN patients, and unequal treatment between public insurance holders and private/paying patients continue to generate dissatisfaction (Wardhani et al., 2020). Many patients perceive the management system as overly rigid, mechanistic, and lacking in empathy, leading to frustration among both service seekers and healthcare providers.

To address these challenges, shifting toward a humanistic management paradigm in health administration is crucial. Humanistic management emphasizes human dignity,

ethical leadership, empathetic communication, and the well-being of both service providers and patients (Pirson, 2017). In healthcare delivery, applying a humanistic approach means viewing patients not merely as administrative policy numbers or case codes, but as whole individuals requiring respectful, compassionate, and transparent care (Haslam, 2019).

Previous studies have shown that compassionate and patient-centered service systems enhance treatment adherence, improve psychological outcomes, and increase public trust in public health institutions (Rathert et al., 2018; Pratama & Rahayu, 2021). However, research specifically examining how humanistic management practices can be systematically integrated into BPJS Kesehatan operations and hospital JKN workflows remains limited. Therefore, this study aims to analyze the role of a humanistic BPJS management system in improving JKN service quality and public satisfaction.

RESEARCH METHODS

This research was conducted in Parepare City, South Sulawesi, targeting primary healthcare centers (Puskesmas) and partner hospitals collaborating with BPJS Kesehatan. Data collection took place over a two-month period from September to October 2024. The study employed a qualitative research design to capture detailed experiences, perspectives, and administrative dynamics (Moleong, 2010).

Primary data were gathered through in-depth interviews, field observations, and focus group discussions. Secondary data were collected by reviewing policy documents, service standard operating procedures (SOPs), patient satisfaction reports, and complaint logs. Informants were selected based on the principles of appropriateness and adequacy (Notoatmodjo, 2012). A total of 12 key informants were interviewed, consisting of:

- 2 BPJS Kesehatan administrative representatives
- 2 Hospital JKN case managers
- 3 Healthcare professionals (physicians and nurses)
- 5 Active JKN patients/beneficiaries across various membership categories

Data analysis followed the thematic framework model, consisting of data reduction, data display, and drawing verified conclusions. Triangulation of sources and methods was performed to ensure data validity and trustworthiness.

RESULTS AND DISCUSSION

Table 1. Characteristics of Research Informants

Informant Code	Gender	Age	Last Education	Role / Profession	Information
A1	Female	42	S2	BPJS Officer	Health Service Manager
A2	Male	38	S1	BPJS Officer	Frontline Service Supervisor
B1	Female	45	S2	Hospital Staff	JKN Center Manager
B2	Female	34	S1	Nurse	Outpatient

					Service Unit
B3	Male	40	S2	Physician	General Practitioner
B4	Male	36	S1	Hospital Staff	Patient Complaint Handler
C1	Female	52	SMA	Housewife	Active JKN Patient (PBI)
C2	Male	60	SMP	Retired / Farmer	Active JKN Patient (PBI)
C3	Male	47	S1	Civil Servant	Active JKN Patient (Non-PBI)
C4	Female	29	S1	Private Employee	Active JKN Patient (Non-PBI)
C5	Female	38	D3	Entrepreneur	Active JKN Caregiver

Source: Primary Data, 2024

1. Empathetic and Respectful Communication in JKN Registration and Frontline Services

The first dimension of humanistic management is establishing respectful and empathetic interactions at initial touchpoints. In-depth interviews revealed that patients' perceptions of JKN quality are heavily formed during their initial interactions with administrative staff at the BPJS office or hospital admission desks. When personnel practice empathetic listening and offer clear guidance, patient anxiety is significantly reduced.

In humanistic management, employees treat service seekers as dignified individuals rather than administrative burdens. Research by Rathert et al. (2018) confirms that compassionate communication at registration desk reduces emotional distress in medical settings. Informants highlighted that polite, informative, and patient assistance from BPJS officers fostered higher trust and acceptance, even when queue times were long.

2. Simplification and Humanization of Administrative Bureaucracy

A major source of public dissatisfaction with JKN services has historically been convoluted referral systems and rigid document requirements. Under a humanistic management framework, administrative procedures are streamlined to prioritize patient well-being over excessive paperwork.

Findings showed that recent administrative innovationssuch as single-identity recognition using the National ID (NIK/KTP), fingerprint validation, and digital referrals via the Mobile JKN apphave reduced administrative barriers. Informants noted that removing mandatory physical paper copies of cards and medical records made the service experience far more human-centered. Eliminating redundant steps reflects organizational empathy toward patients who are ill or physically fragile.

3. Responsive and Equitable Complaint Resolution Without Stigma

Humanistic management requires absolute equity and non-discrimination. A recurring challenge in JKN implementation has been the perceived disparity in care quality between subsidized participants (PBI) and non-subsidized/private patients. Humanistic management mandates equal care standards regardless of socioeconomic status or membership tier.

The study found that health facilities implementing humanistic management established dedicated "BPJS One-Stop Centers" (*Penanganan Pengaduan Rumah Sakit / Saluran Informasi dan Penanganan Pengaduan* - SIPP) equipped with trained problem solvers. Rapid, non-defensive complaint resolution validated patients' dignity and resolved disputes concerning medicine availability and bed allocations. As noted by Pratama & Rahayu (2021), fair and transparent handling of patient feedback restores public trust in public healthcare systems.

4. Digital Transformation with a Human Touch (Mobile JKN Integration)

Technology integration is vital for modern health administration, yet technology must serve human needs rather than create digital exclusion. Humanistic management ensures that digital tools simplify services while keeping support accessible for vulnerable groups, such as the elderly or digitally illiterate populations.

The integration of online queueing systems through Mobile JKN has decreased hospital overcrowding and shortened waiting times. However, for patients unable to navigate smartphone applications, humanistic BPJS management provides physical helpdesks and on-site assistance cadres. This dual approach ensures that technological advancement enhances access without alienating marginalized groups.

CONCLUSION

Implementation of a humanistic BPJS management system significantly enhances JKN service quality by placing human dignity, empathy, and active listening at the center of healthcare administration.

Streamlining administrative proceduressuch as using NIK-based identification and digital referral managementreduces emotional and physical burdens on patients, creating a more compassionate service environment.

Responsive complaint management and equitable service delivery without socioeconomic stigma are essential for building public trust and ensuring satisfaction across all JKN membership tiers.

Digital innovations like the Mobile JKN application, when combined with accessible offline support for vulnerable populations, achieve an optimal balance between administrative efficiency and humanistic care.

SUGGESTION

1. **For BPJS Management and Health Facilities:** Regularly conduct soft-skills, empathy, and humanistic communication training for all frontline administrative staff and hospital officers to maintain high service standards.
2. **For Healthcare Providers:** Ensure non-discriminatory medical and nursing care for all JKN beneficiaries regardless of their insurance category (PBI vs. Non-PBI).

3. **For Future Researchers:** Expand the scope of research by investigating the quantitative impact of humanistic leadership training on patient adherence, employee burnout rates, and clinical outcomes across broader geographic regions.

REFERENCES

Haslam, N. (2019). Dehumanization and humanization in healthcare settings. *Journal of Health Psychology*, 24(3), 312-321.

Indonesian Ministry of Health. (2022). *Rencana Strategis Kementerian Kesehatan Tahun 2020-2024*. Jakarta: Kemenkes RI.

Moleong, L. J. (2010). *Metodologi Penelitian Kualitatif*. Bandung: PT Remaja Rosdakarya.

Notoatmodjo, S. (2012). *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta.

Pirson, M. (2017). *Humanistic Management: Protecting Dignity and Promoting Well-Being*. Cambridge: Cambridge University Press.

Pratama, A., & Rahayu, S. (2021). Evaluasi Kualitas Pelayanan BPJS Kesehatan Berdasarkan Persepsi Pasien Rawat Inap. *Jurnal Administrasi Kesehatan Indonesia*, 9(2), 115-128.

Rathert, C., Mittler, J. N., & Banerjee, S. (2018). Patient-centered communication and care coordination: Impacts on patient experience and health outcomes. *Health Care Management Review*, 43(4), 340-349.

Wardhani, V., Utarini, A., & Claramita, M. (2020). Challenges in National Health Insurance (JKN) Implementation in Indonesian Hospitals: A Qualitative Study. *BMC Health Services Research*, 20(1), 1-12.