

Social Relations of Agent and Structure in the BPJS Health Service System

RB. Soemanto¹, T.A. Gutama¹

*¹Department of Sociology, Universitas Sebelas Maret, Surakarta, Indonesia
rbsoemanto@gmail.com, Thomasaquinas@staff.uns.sc.id*

Keyword Relationship, Agent-Structure, Service System, BPJS Health

Abstract The BPJS Health service system supports the improvement of public health status. This qualitative study with a phenomenological approach aims to understand the social relations of BPJS participants in the health service system in Wonogiri Indonesia. The analysis unit is the active and non-active BPJS participants uses health center, hospital care facilities, family doctors in Wonogiri and Surakarta. Informants were selected using purposive sampling techniques; data collection using non-participation observations, in-depth interviews and documentation. Data validation uses triangulation of data sources and data collection techniques. The data analysis technique uses interpretative phenomenology, and the theory of structuration from Anthony Giddens for explaining the data. The results show that the relation of dialectical practices in the health services process have improve the healthy behavior patterns of BPJS participants by adopting regulations in the health center and hospitals. Doctors and other health care providers serve according to the ethics and professional norms; duality of role occurs - between patients and health services provider, agents and structures in the arena of the health center (Puskesmas) system and hospitals. Patients and health services provider have mutually reinforced roles, and benefits. In the course of space and time, the actions of the participants are recurring, Giddens calls it is form of structuration that influences the continuation of the BPJS participant's patterns of social and health behavior; and they will affect for public health improvement later.

1 INTRODUCTION

The Ministry of Health develops the National Health Insurance (JKN) Program using KIS (Healthy Indonesia Card). The Health Service System is managed by the Social Security Organizing Agency (BPJS). The BPJS health system continues the government insurance system that once existed and was implemented. The operation of the BPJS system based on the principle of the Mutual Cooperation (*gotong royong*), principally mentioned that it is constructed by, for and with the participation of community. The health system provides preventive and curative services. The community provides a diverse response.

The Government provides health service facilities of Hospital and public health center (Puskesmas), family doctors and also involving the participation of private hospital services. Public Hospitals in the level of District and City, the Province and the Center of government; in addition to Puskesmas, Polyclinic, Maternity Hospital, Pharmacies support the implementation of BPJS Health service system.

The BPJS system support the mission and objectives to improve community's health status of the people of Indonesia. Since the BPJS system have been executed by the government, the community's participation to utilize health services is still diverse; . Community participation and health care conditions are also different. The distribution of health care facilities has not been evenly distributed, and the availability of health service tools has not all been adequate for public health service needs. Mostly rural community less participate to utilize the available health services than the urban communities. The BPJS Health services are implemented to bring people closer and making them easier to get health services.

Number of the BPJS service users or participants in Central Java and Yogyakarta was 27,613,423 persons (1 December 2017), and number of the JKN Program Participants was 187,982,949 persons (31 December 2017).

Table 1. BPJS Health Insurance participants

No	Group	Total
1	PBI APBN /The National Budget based	92.380.352
2	PBI APBD /Regional budget based	20.305.273
3	PPU PNS /Public employees service	13.851.821
4	PPU TNI /Army members	1.574.303
5	PPU Polri /Police officers	1.248.544
6	PPU BUMN / National & public officers company	1.480.978
7	PPU BUMD/ Regional & public officers company	178.206

8	PPU Swasta / private enterprise employee	26.557.190
9	PBPU Pekerja Mandiri/ Personnel insurance	25.397.828
10	Bukan Pekerja / others	5.008.454
TOTAL		187.982.949

Source: BPJS Central Java and Special Region of Yogyakarta, 2017

Previous research results show that 52% of the people were satisfied with the service provision at Permata Medika Hospital, Semarang. The reasons were efficient and precise in health services, the procedure was not complicated (Ulinuha, 2014). Then the informants over the age of 15 expressed satisfaction with the health services of the Pekanbaru community Health Center, the reasons were that physical facilities well maintained, medical expenses were free. (Septia, et al, 2015).

However, 65% of respondents did not visit yet Puskesmas services in Mapanget Subdistrict, Manado (Rumengan, et al, 2015). And there were 73% of respondents disagreeing on the 5 variables of service quality (Tangible, Responsiveness, Reliability, Assurance and Empathy) according to users who come to the physician services at Hermina Bogor Hospital (Putri, et al, 2017),

The development of public health services require knowledge, awareness, response of community and their health behavior, it also requires health services provider and supports from government policies and its programs implementation as well as the role of the private hospitals health services providers. Status, roles, relations, regulations (norms), authorities, and social practices of the BPJS participants and also the influence of effectively work of the BPJS health services; all of these will guarantee to the achievement of the goals.

The question is: 'how does the agent and structural relationship in the BPJS Health service system affect the increasing of health behavior of the participants?'

2 THEORETICAL

Theoretical approach to answer research questions requires sociological theory of relationship between structure and function in organizations, and the theory of symbolic interactionism. This study applies the structuration theory of Anthony Giddens.

Elements of structuration theory include rationalization of daily habits towards efficient social life in the form of actions or activities, motivation and social context, which have two basic factors. Firstly, discursive awareness (description of actions in words), and secondly, practical awareness as actions deemed correct by the actors. Structural theory emphasizes practical awareness that drives action and behavior of actors and their activities.

The actors include what is actually done in any time and places. Activities describe the role of the individual actor as the actual experiences. Events and activities

involve the actions of actors that produce structure. Activities are not the goal, because action cannot always achieve the desired goal.

Solid Power and authority of actors determines the actor to chooses or reject behavioral changes. Power logically precedes subjectivity, because action involves the power of behavioral changing. Structural theory pays attention to the power of the actors and their actions.

Dialectical relationships among actors and structural institutions influence the development of relation as a whole process. Giddens calls the relation between agents and structures as dual action that it requires structure, and vice versa, structure requires individual social action. Repeated social actions or practices through the activities of actors will create reflexive awareness and structure. Giddens' structuration theory emphasizes that the dialectical process creates social practice, structure and reflexive awareness. Basically, structuration theory emphasizes: (1) the order of social institutions that cross space and time (i.e symbolic order, political, economic and legal institutions); (2) emphasizing changes in social institutions that cross space and time; (3) the intervention of institutional leaders changes the pattern of social relations. The structure, system and duality relation between actors and institutional structure explain that the structure is determined by rules and resources through the activities of human actors. Structural shapes determine social life or community through actions, activities, and social practices.

Structuration theory will explain the findings to answer the research question : 'how does the agent-structure relationship in the BPJS Health service system influence the increasing health behavior of BPJS participants?'

Changing of the health behavioral participants may influence the rational decision, increasing awareness, decisional processes, and the relations between agents or the subjects and institutional structures or the systems following the rules or regulation. These improve patterns behaviors and affect the increasing degree of public health.

3 METHOD

This research was designed in qualitative phenomenological approach. This approach reveals that truth found in the experience and practice of daily lives of community. The meaning of experience and practice is discovered in institutions or actors's experience reflection. Practices and actions are extracted from relationships, integration of actors and social structures based on intersubjective actors relationships, and scientific evidence assessment (Kuswano, 2009: 37-38).

The research design is based on phenomenology approach (adopted from Marshall and Roosman, in Kuswano, 2009). The location of the research in Wonogiri Regency, subjects of the research were the participants of the Health BPJS Program in Wonoboyo Village, Wonogiri. There are 3 primary informant sources, i.e. key informants namely the persons operating

the Surakarta BPJS Office which provide services in Wonogiri, The Wonogiri General Hospital and public health Center. The main informants, are BPJS participants selected according to socio-economic characteristics. The Supporting informants are the Head of Public Service Office such as Social Affair Service, Population and Civil Registry Service, and Health Affair Service.

The data collection technique uses non-participation observations on Puskesmas and hospital who serves BPJS participants. In-depth interview techniques were carried out on all groups of informants, i.e. the key, main and the supporter informants.

Analysis and processing data was done by reading, remembering, reviewing data, reflecting, describing data, classifying, interpreting, visualizing and presenting data (Creswell, in Kuswano, 2009). Data triangulation uses data sources and data collection techniques.

4 RESULT AND DISCUSSION

Participants of the Health BPJS programs in Wonogiri consist of Contribution Aid Recipients (PBI), personnel insurance, Companies, State Civil Apparatus (ASN), member of the Indonesian Armed Forces (TNI) and member of the Indonesian National Police (POLRI). Number of participants of the BPJS program was 27,630 persons. The biggest number of participants is in the Puskesmas of Wonogiri, and the largest type of participant was the PBI group.

The participants are those who have the BPJS Health Card. Operation of the program have started since 2014 which continually operate until now, however, there are no one dropped out, except they are died. the card holders of program registered at the BPJS Wonogiri Office, they are entitled to receive health services from the Puskesmas, family doctors, hospitals, etc. in Wonogiri.

Mostly PBI groups of participants had come to seek treatment specifically to the Community Health Center, they received outpatient medication. Those participants who visit to the Puskesmas complies with procedural rule or regulations such as doing registration, choosing medical doctors, following a line of the doctor services and in receiving drugs.

Referral to the Hospital is given by the Puskesmas and the family doctor to get the hospital health services. The referral system also based on definitive regulation. Participants who consult to the Puskesmas and hospitals medical doctors to receive medication services, they could dialogue with the doctors. Participants feel satisfied of the doctor's attention, and they obey the doctors' advices, instructions and they return to consult the doctors following advice and recommendation. Comparing to previous patients' health behavior, the present behavior shows the changing their health behavior. The former patients' behavior are mostly differed from the present health behavior. In addition, the health service system of the Puskesmas and the Hospital is felt to be better and beneficial for process healing, because participants or patients obey the doctor's orders and use regularly the medicines.

The patients, medical doctors, other health servants and the administrative servants of the Puskesmas, and of the Hospital carry out duties by obeying procedures and regulation in the health provisional treatment services. These relationships occur because there are met need between the patients and the doctor's health treatment services of the Puskesmas and hospitals. The doctors and other health servants play role in disciplining patients to obey regulations of the public health center and hospital services. The service educates them (patients) to behave and doing better health practices in order to get social benefits. The similar benefits may also be received by the health care providers (doctors and other officers). Dual roles (duality) of the patient and the doctor, other health servants awaken roles among each other and providing to each other benefits. In particular relationship between the role of patients and doctors takes place well and supports each other.

The health care system fosters orderly the health behavioral pattern of patients. This also improve orderly to health service behaviors. Changes of the health behavior of patients increase the patient awareness to understand the important health behavior due to the orders, recommendations and advices of the doctors and other health servants in the Puskesmas and hospitals.

The influence of changing (more orderly) patient's health behavior, in overtime supported by an orderly health care system will contribute to improving public health.

The implementation of the BPJS Health service system in Wonogiri based on the Law of National Health Insurance Number 40 of 2014 that supported by Local Government Policy based on the Decree (SK) of Regent (Bupati) Number 91, 2019. Then the functions of Social Affair Service, Population and Civil Registry Service, Health Affair Office, Manpower Office, and BPJS Office was established by coordinating body collaboration by the Wonogiri District Secretary to integrate tasks and functions of those institutions to support development of the BPJS Health service system. Each institution takes part according to the tasks and functions relevant to support the development of BPJS Health services in Wonogiri..

The socialization and promotion of BPJS health services to the community is carried out by the Social Service, Manpower Office, Health Office, and Health Center. Because one of the problems with the development of BPJS health services was identified by the lack of these activities.

The increase number of the BPJS Health participants is a description of the condition of public health status. The greater the number of participants will guarantee increasing of the public health status. The role of these institutions can support to strengthening the social relations of BPJS participants and the structure of health services, and strengthening the intensity, and also improving the quality of health services for the community of Wonogiri.

5 CONCLUSION

The relationship between social agent's role and structure in implementing the BPJS Health service system have an effect on the increasing health behavior of BPJS participants. Health BPJS participants in Wonogiri showed significant collaboration with Puskesmas and hospitals. Collaboration brings closer social relations between patients and doctors and other health care providers. The relationship was constructed due to understanding, and obedience of the participants to the rules, in the forms of procedural rules and doctors's medicalization of doctors' services treatment. The arrangements, orders, and prohibitions that function to protect patients, and the doctors, other services at the Puskesmas and hospitals adhered in the BPJS Health system operation.

Practices and activities to obtain health services are carried out repeatedly by BPPJS participating patients; doctors and other health care workers welcome the standard services according to the provisions of ethics and professional norms of doctors and other services. There is a dual role - between patients and health services. The patients and health care servants at Puskesmas and Hospitals reinforce social relationships and produce mutual benefits and benefits among others; Giddens calls it is form of structuration that affect the continuity of good patterns of social behavior and health behavior over time; and these have a positive effect to the community and public health.

REFERENCES

- Elsa, Fauzna. 2014. *Kepuasan Pasien BPJS*. Semarang: Badan Penyelenggara Jaminan Sosial Terhadap Pelayanan di Unit Rawat Jalan (URJ) Rumah Sakit Permata Medika Semarang
- Giddens, Anthony 1984. *The Constitution of Society: Outline of The Theory of Structuration*. Cambridge : Polity Press.
- Kuswarno, Engkus, 2009. *Metode Penelitian Komunikasi Fenomenologi, Konsepsi, Pedoman, dan Contoh Penelitiannya*. Bandung, Penerbit Widya
- Marshall dan Roosman, 2009. *Metode Penelitian Komunikasi Fenomenologi, Konsepsi, Pedoman, dan Contoh Penelitiannya (dalam Engkus Kuswarno)*, Bandung, Penerbit Widya
- Mead, Herbert, H. Blumer, 2002. *Teori Sosiologi Modern*. (Eds). George Ritzer, University of Maryland – Douglas J. Goodman, University of Puget Sound
- Parsons, Talcot, 2002. *Teori Sosiologi Modern*. (Eds). George Ritzer, University of Maryland – Douglas J. Goodman, University of Puget Sound
- Rumengan, Debra SS, dkk. 2015. *Faktor-Faktor yang Berhubungan dengan Pemanfaatan Pelayanan Kesehatan Pada Peserta BPJS Kesehatan di Puskesmas Paniki Bawah Kecamatan Mapanget Kota Manado*. Manado: JIKMU, Suplemen Vol. 5 No. 1 Januari 2015

- Septia, Ayu. 2015. Respon Kepuasan Pasien Pengguna BPJS Kesehatan Terhadap Pelayanan Kesehatan Di Puskesmas Pekanbaru. Riau: Jom Fisip Vol. 2 No. 2 Oktober
- Silvia, Baby dan Lindawati Kartika. 2017. Pengaruh Kualitas Pelayanan BPJS Kesehatan Terhadap Kepuasan Pengguna Perspektif Dokter Rumah Sakit Hermina Bogor. Bogor: Jurnal Riset Manajemen dan Bisnis Vol. 2 No. 1, Februari 2017, 1-12
-
- . 2017. Peserta BPJS Jawa Tengah dan Daerah Istimewa Yogyakarta. Yogyakarta. BPJS Jawa Tengah dan Daerah Istimewa Yogyakarta

