



Government Responsibility and Challenges in Improving the Quality of Health Services Management

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Abstract. As a highly populated country, Indonesia has inevitably started to face challenges in health service management. On the other hand, the government has the responsibility to handle this issue well to support its goal of people's well-being. Especially with the development of diseases that continue to be diverse and the emergence of various dangerous diseases becomes an urgency in the formation of regulations and laws and regulations. This article aims to describe what includes as the responsibility of the Indonesian government in improving the quality of health service management in Indonesia, and what are the challenges it may and is facing to do so. Using a literature review approach, the researcher found that government does have several responsibilities in fulfilling people's need for health services. However, the challenges are still a hindrance that needs to be resolved.

Keywords: Government · Responsibility · Health Services

1 Introduction

As the third most populous country in the world, the need for health services in Indonesia is certainly a challenge. The state is obliged to ensure the well-being of its people, including in the context of providing health services. Health services are one of the components of the national health system that are in direct contact with the community. According to Law Number 36/2009 regarding health, a health service facility is defined as a location used to carry out government, local government, and/or community-led healthcare operations that are promotional, preventive, curative, and/or rehabilitative. Law 36/2009 also provides an illustration that promotive and preventive health services seek to educate the populace about healthy habits and shield it from diseases or conditions that could harm the general population. Meanwhile, curative and rehabilitative health services are oriented towards healing and treating a disease as well as returning former sufferers to the community.

However, in reality, the management of health services is faced with various challenges that cannot possibly hinder the improvement of its quality. This can also be a problem that prevents the government from fulfilling its obligations in supporting the

implementation of good health services. With this background, this research is intended to describe the challenges in the implementation of health service management in Indonesia and to understand the role and obligations of the government in this aspect. In this way, it is hoped that the situation regarding the management of health services in Indonesia will be broadly known.

Health services are one form of service that is very important in the community. Every person has a constitutionally protected right to receive health care services in an endeavor to improve their health as well as the health of their families, their communities, and society at large. According to Lively & Loomba, to maintain and promote health, prevent disease, and treat and repair illness in people, families, groups, and communities, health services are any actions taken individually or collectively within an organization [1]. The purpose of health services is to improve the health status and ability of the community as a whole in maintaining their health to achieve optimal health for themselves, their families, and their communities. The fulfillment of health services must certainly be carried out properly to the community, whereas Azwar (2009) states that there is a top level of health services. These levels include a) Primary Health care (including first-level services shown for mild public health services or improving health services such as community health centers, etc.; b) Secondary Health Service which is a second-level service shown to people who require hospitalization and require the availability of general practitioners and specialists; c) Tertiary health care which is a level three health service indicated by the existence of a group of people who cannot be handled by secondary health and need superspecialist personnel [2]. Furthermore, hospitals provide basic, specialist, and, subspecialty health services. General hospitals provide services to various sufferers of various types of diseases and provide diagnosis and therapy services for various medical conditions, such as internal medicine, surgery, pediatrics, psychiatry, pregnant women, and so on. Special hospitals, hospitals that have primary functions, provide diagnosis and treatment for patients who have special medical conditions, both surgical and non-surgical, for example, Kidney Hospitals, Leprosy Hospitals, Heart Hospitals, Maternity and Children's Hospitals, and others. Quality health services should meet patient satisfaction and quality because patient satisfaction is very important in assessing the quality of health services. Two main factors affect the quality of health services, namely expected services, and perceived services. If the expectations are exceeded then the service is perceived as ideal and very satisfying service quality. If the expectations are by the service received, the quality of service is satisfactory, and if the expectations are not met in the service received, the quality of the service is considered unsatisfactory [3]. Sekeon (2004) in his research on Health Services stated that in general the health problems faced by regions today such as differences in health status between regions are still high, the low quality of health of the poor, and the double burden of disease. The low quality, quantity, equity, and affordability of health services are real challenges faced during this era of regional autonomy. In addition, health services are also faced with low environmental health conditions and health funding problems [4].

Furthermore, this health service is certainly also influenced by the fulfillment of health needs which are the main focus, where based on the Statistics Indonesia report, there are 11,874 units of health facilities in Indonesia in 2021. This number is up 1.27%

compared to the previous year which was 11,724 units. In detail, there are 8,905 polyclinic units throughout Indonesia. This number is reduced by 0.53% compared to 2020 which was 8,858 units [5]. This shows a fairly good trend related to the increase in the number of health needs in Indonesia. In addition, in terms of regulations and policies, the existence of the fulfillment of health services has been accommodated in various laws and regulations including Law Number 36 of 2009 concerning Health, Law Number 29 of 2004 concerning Medicine, Law Number 36 of 2014 concerning Health Workers, Regulation of the Minister of Health Number 6 of 2022 concerning the Use of Health Services and Support for Health Service Operational Costs and Utilization of Funds Capitation of the First Health Insurance Owned by Local Governments, Regulation of the Minister of Health Number 74 of 201 concerning Pharmaceutical Service Standards in Puskesmas, Regulation of the Minister of Health Number 44 of 2016 concerning Guidelines for Puskesmas Management, Regulation of the Minister of Health Number 58 of 2014 concerning Pharmaceutical Service Standards in Hospitals, Regulation of the Minister of Health Number 35 of 2014 concerning Pharmacy Pharmaceutical Service Standards and various other laws and regulations. This shows that various regulations become legal to pay for the implementation of health services, but often the fulfillment of health services is still experiencing problems such as what happened at the beginning of the Covid-19 pandemic in Indonesia which caused many health service facilities to be unable to accommodate the surge in patients because the health instruments owned were still quite small. This is what must be accommodated and guaranteed implementation to provide certainty of good and appropriate health services.

2 Result & Discussion

2.1 Government Role and Responsibility in Health Services Management

The presence of the State aims to meet the needs of every citizen's life. The state is obliged to carry out its functions of providing the necessities of life-related to the lives of its people. One example of a fundamental public need is health. The right to health is one of the human rights and one of the elements of welfare that must be realized to achieve the ideals of the Indonesian nation. The level of health is one of the indicators of measuring the level of well-being and prosperity of a country. A country with a high level of well-being will have a good level of public health as well, and vice versa. Health as one of the elements of general welfare must be realized by the ideals of the nation. Thus the government has a responsibility regarding public health issues. According to Law of the Republic of Indonesia Number 36 of 2009 concerning Health (Health Law), the government is responsible for planning, regulating, coordinating, fostering, and supervising the execution of community health initiatives that are equitable and inexpensive. In more detail, in the context of health services as a public service, the government's obligations and responsibilities are:

- a. The community has access to the conditions, arrangements, and physical and social health facilities needed to reach the maximum level of health.
- b. Fair and equitable health resource availability for the entire community to achieve the best level of health.

- c. Access to resources for education, health care, and knowledge to maintain and achieve the highest possible level of health.
- d. Encouragement of community participation in all aspects of health initiatives and empowerment of the community.
- e. Access to all kinds of high-caliber, cost-effective, safe, and effective health initiatives.
- f. Development of personal health insurance programs based on the national social security system. The provisions of the law are followed in carrying out the implementation of the social security system in the issue.

2.2 Challenges in Health Service Management

Over the next five to ten years, healthcare management will have to face several challenges including regulatory and policy changes, advances in medicine and technology, funding, education, and ethical issues [6]. As demonstrated by the BPJS health system modifications, which require patients to first receive a recommendation to a clinic or health center before being allowed to receive treatment at a referral hospital. This can prolong and complicate the procedure; it is also not impossible that the implementation of the system can affect the improvement of health services for patients. For this reason, health services in hospitals are what is wanted. This is quite radiological, considering that hospital health services are essentially provided through the form of treatment and treatment of medical and nonmedical health workers responsible for providing optimal services. Medical personnel, in this case, doctors, have a responsibility for the treatment that is being carried out. Treatment actions and determination of needs in the treatment process are the authority of the doctor [7]. Besides that, there is also a problem where the government's efforts to implement technology-based services such as through e-health are still not able to be utilized optimally by the community. This is because access to digital devices and the internet is still limited in most parts of Indonesia. Thus, there are still many people who still cannot access health services even with the help of technology in delivering health services. Indonesia is also still facing a problem where not many doctors take the initiative to serve in the 3T area. As a result, it progressively demonstrates the shortage of human resources, particularly doctors, in Indonesia's 3T regions. Supporting these instances, Roncarolo added that the most frequently reported challenges related to human resources (22%), leadership and governance (21%), and health service delivery (24%) [8].

The first thing to know is, that to create legal protection for patients, the parties must understand the rights and obligations attached to them, including health service providers to be responsible for the profession provided to recipients of health services [9]. In light of these challenges, management must recognize that the resulting difficulties can soon add up in terms of time and money spent on medical research, facility upkeep, equipment repair, and operational training. The difficulty includes implementing affordable programs, maintaining good operations and services, and having trained personnel. Therefore, the sustainability of healthcare organizations in the future requires skilled management in overcoming every problem.

The direction of the 2015–2019 national health development policy and strategy is part of the Long-Term Development Plan for Health (RPJPK) 2005–2025, which aims to increase awareness, willingness, and ability to live a healthy life for everyone

so that the highest degree of public health improvement can be realized, through the creation of Indonesian society, nation, and state characterized by its population living with behavior and in a healthy environment, can reach quality health services, fairly and equitably, and have the highest degree of health throughout the territory of the Republic of Indonesia. To achieve the goals and objectives of health development, the 2005–2025 health development strategy is 1) health-minded national development; 2) community and regional empowerment; 3) development of health efforts and financing; 4) development and empowerment of healthy human resources; and 5) health emergency response. Health development policy is focused on strengthening quality primary health care efforts, especially through improving health insurance, improving access and quality of basic health services and referrals supported by strengthening the health system and increasing health financing. The Healthy Indonesia Card is one of the main means of encouraging health sector reforms in achieving optimal health services, including strengthening promotive and preventive efforts [10]. In addition, it is also necessary to accommodate improvements in institutions, and regulations as well as monitoring, evaluation, and reporting of the existence of health services so that they can be corrected immediately if there are discrepancies in implementation.

3 Conclusion

Indonesian government holds various responsibilities in making sure of National Health Service implementation including planning, controlling, arranging, encouraging, and monitoring the community's equitable and inexpensive health initiatives. These responsibilities are meant to assure citizens' right to achieve well-being. However, a government's effort to implement its programs to manifest its responsibilities is still facing several challenging obstacles. Including regulatory and policy changes, advances in medicine and technology, funding, education, and ethical issues. These challenges, however, are not impossible to overcome if supported with serious effort and support from the community. Therefore, the writer suggests that the government build a strategic plan by involving researchers and experts in related fields, as well as encourage public support to achieve better success in health service improvement.

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