

Impact of a Tiered Referral System on Outpatient Satisfaction under BPJS Kesehatan: A Case Study at dr. Slamet Regional General Hospital Garut

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Abstract

This study aims to analyze the satisfaction levels of outpatients participating in Indonesia's national health insurance (JKN) under its tiered referral system. The research objective is to assess patient satisfaction at Dr. Slamet Regional Public Hospital, a primary referral center, across six key dimensions. A mixed-methods approach was employed, using surveys with 105 outpatients and in-depth interviews with hospital personnel. The findings reveal an overall patient satisfaction level of 74.01%, classified as "good." Medical services received the highest satisfaction score (76.62%), while cost perception was the lowest (69.14%). Although clinical care is highly rated, the study identifies significant administrative complexity and long waiting times as primary sources of patient dissatisfaction. The main implication is that while the JKN program succeeds in delivering quality medical care, the patient experience is significantly hampered by bureaucratic inefficiencies. Practical improvements should focus on streamlining administrative procedures and optimizing patient flow to enhance overall satisfaction.

Keywords: patient satisfaction, tiered referral system, BPJS kesehatan, healthcare management, outpatient services.

INTRODUCTION

Access to healthcare is a fundamental right guaranteed by Indonesian law, and the government's commitment to this is embodied in the Jaminan Kesehatan Nasional (JKN), or National Health Insurance program. Established under Law No. 40 of 2004 concerning the National Social Security System (SJSN), the JKN program was officially launched in 2014 and is administered by the Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan. Its primary goal is to achieve universal health coverage by ensuring that all citizens have access to comprehensive and affordable healthcare services.

A cornerstone of the JKN is its tiered referral system (Sistem Rujukan Berjenjang), a gatekeeping mechanism designed to ensure the efficiency and sustainability of the healthcare system. This system mandates that patient first seek care at a Fasilitas Kesehatan Tingkat Pertama (FKTP), or Primary Healthcare Facility, such as a local Puskesmas (community health center). Only upon a medical determination that a patient requires specialist care beyond the capabilities of the FKTP can they be referred to a Fasilitas Kesehatan Tingkat Lanjut (FKTL), such as a district or provincial hospital. This vertical referral structure is intended to manage patient flow, prevent overcrowding at specialist centers, and control costs by ensuring that services are delivered at the most appropriate and cost-effective level.

The problematic reality is that while this system has improved access for millions, its rigid implementation often creates significant friction in the patient journey. National studies and public reports frequently highlight patient dissatisfaction as a critical challenge. Common complaints include excessively long waiting times, convoluted administrative procedures, a lack of clear information, and perceptions of unfriendly service at both primary and advanced care facilities (Thabrany et al., 2017). This dissatisfaction is a crucial issue, as the quality of a healthcare service is ultimately defined by the patient's perception (Tjiptono & Chandra, 2011). Patient satisfaction is a multifaceted concept shaped by the gap between their expectations and the actual experience (Keegan, 2002). High satisfaction is not merely a service goal but is directly linked to better health outcomes, increased patient adherence to treatment plans, and enhanced institutional loyalty (Atinga & Abekah-nkrumah, 2013; Birhanu et al., 2010).

While numerous studies have assessed patient satisfaction (such as Purnawan et al., 2024; Maarif et al. 2023; Gultom et al., 2022), a distinct research gap exists in the literature. Previous research has not systematically and conclusively investigated the key factors shaping satisfaction specifically for BPJS outpatients within the high-pressure context of a primary referral hospital. Furthermore, much of the existing performance evaluation of the JKN program tends to focus on the provider's perspective, such as digital service innovations (Widianto et al., 2023; Purba, 2022), rather than the patient's perceived experience, creating a disconnect between institutional metrics and the lived reality of navigating the system. This study addresses this gap by focusing on dr. Slamet Regional Public Hospital in Garut. The importance of this specific case lies in its unique position as the sole Type B referral hospital for the entire Garut Regency, making it a critical bottleneck where the systemic pressures of the tiered referral system are magnified. With an average of 700 outpatient visits per day, the hospital operates under immense strain, characterized by long queues and complex administrative hurdles that offer a revelatory window into the system's real-world challenges. Therefore, this research makes a new contribution by providing a comprehensive, patient-centric analysis of satisfaction at this critical yet under-researched node of the healthcare system. By evaluating the hospital's standard operating procedures, the real-world implementation of care, and specific satisfaction levels, this study offers an empirically grounded framework and actionable insights for both hospital management and policymakers seeking to improve the national health insurance program.

METHOD

Research Design

This research employed a mixed-methods design, which combines quantitative and qualitative approaches to provide a comprehensive understanding (Creswell & Creswell, 2018). A single-case study focused on Dr. Slamet Regional Public Hospital was used, selected for its unique position (Yin, 2018) as the primary referral center in Garut Regency. This study adopts a conceptual framework assessing satisfaction across six dimensions identified in previous literature:

1. Administrative Services: The clarity of information, ease of procedures, comfort of facilities, and staff conduct (Anggraeni, 2018; Firdaus, 2015).
2. Waiting Time: The time elapsed for critical services, from registration to consultation and diagnostics (Hartveit, Vanhaecht, Thorsen, Biringer, Haug, & Aslaksen, 2017; Noviani, 2017).
3. Drug Availability: The accessibility of prescribed medications under the national formulary (Djamhari et al., 2020).

4. Medical Services: The quality of the clinical encounter, including the competence and interpersonal skills of doctors and nurses (Dosi & Suhadi, 2018; Kartika & Hariyati, 2018).
5. Pharmacy Services: The efficiency and quality of service at the point of medication dispensing (Maghfiroh & Priyanti, 2019).
6. Cost: The patient's perception of affordability and financial protection offered by the insurance (Maulana, 2019; Mohd, 2014).

Sample and Respondents

The primary research instrument for quantitative data was a questionnaire distributed to a sample of 105 outpatient BPJS Kesehatan participants. The sample size was determined using the Slovin formula with a 9% margin of error. Sampling was conducted using a Proportionate Stratified Random Sampling technique to ensure representation from the hospital's 18 different polyclinics. Inclusion criteria were strictly defined: patients had to be active BPJS Kesehatan participants over 17 years old, diagnosed with a chronic illness, and have received more than three referrals to the hospital in 2019. Patients with acute conditions or an inability to communicate effectively were excluded. The questionnaire utilized a Likert scale to measure satisfaction across 29 specific indicators within the six conceptual dimensions (Administrative Services, Waiting Time, etc.).

Instruments

Validity testing was conducted to assess the extent to which the research instrument accurately measures the intended construct. An instrument is considered valid if it is capable of measuring what it is designed to measure and effectively captures data related to the studied variables. In this study, the primary variable is patient satisfaction, which consists of six sub-variables: administrative services, waiting time, drug availability, medical services, pharmaceutical services, and cost. The criterion used to determine the validity of the instrument was based on a 95% confidence level (margin of error = 5%). The calculated r values for each item exceeded the critical r value from the table (0.3673, $p < .05$), indicating that all items in the questionnaire are valid and suitable for measuring the variables in this study. Reliability testing was conducted to determine the consistency and dependability of the instrument as a data collection tool. The Cronbach's alpha coefficient was .91, which exceeds the commonly accepted threshold of .60. This indicates that all questionnaire items are reliable and can be used to accurately measure the research variables.

Data Collection

Qualitative data were collected through semi-structured interviews with key informants, including hospital directors, specialist doctors, nurses, pharmacists, and administrative staff, to provide in-depth context on service implementation, operational challenges, and internal perspectives on patient satisfaction. Observational data on patient flow, queuing, and facility conditions were also collected to triangulate interview findings.

Data Analysis

The data analysis process for quantitative data involved descriptive statistics to calculate mean scores and satisfaction percentages for each indicator and sub-variable. Qualitative data from interview transcripts and field notes were systematically analyzed using NVivo software. The analysis followed an interactive model of data reduction, display, and conclusion drawing to identify key themes, patterns, and challenges related to the implementation of the tiered referral system (Miles & Huberman, as cited in Idrus, 2009).

RESULT AND DISCUSSION

This section is divided into two parts. The first details the quantitative and qualitative findings of the study. The second provides an in-depth discussion, synthesizing these findings to analyze the core strengths and weaknesses of the patient experience.

The study revealed a complex patient experience, characterized by high satisfaction with clinical care but significant frustration with the processes required to access it. Patient Profile and Service Pathway: The 105 survey respondents were predominantly female (55.2%), with a significant portion over 40 years old (43.8%), reflecting the focus on chronic disease patients. The research confirmed a mandatory four-stage queuing process for BPJS outpatients: (1) obtaining a Surat Eligibilitas Peserta (Eligibility Letter or SEP), (2) retrieving medical records, (3) consulting with a specialist at a polyclinic, and (4) filling prescriptions at the pharmacy. This administrative pathway is a significant additional burden placed exclusively on BPJS participants.

Quantitative Satisfaction Levels shows that the overall satisfaction score was 74.01% (Good). However, a granular breakdown reveals key disparities:

1. Medical Services: Scored highest at 76.62%. Patients rated doctor competence (79.43%) and attitude (79.24%) very highly.
2. Administrative Services: Scored 73.38%. While understanding of the process was high (75.24%), satisfaction with staff attitude was lower (71.05%).
3. Pharmacy Services: Scored 72.52%. This dimension contained the lowest-rated item in the entire survey: waiting time at the pharmacy (68.57%).
4. Waiting Time: Scored 72.10%. The cumulative effect of multiple queues was a clear source of frustration.
5. Drug Availability: Scored 72.19%, indicating general satisfaction but underlying supply chain issues.
6. Cost: Scored lowest at 69.14%, suggesting that even with insurance, affordability remains a concern for patients.

Qualitative Insights shows that the thematic analysis of interviews using NVivo software identified "Limited Human Resources" as the most significant internal barrier to service quality. An administrative officer stated, "There are several obstacles, one of which is in Human Resources... the numbers are considered inadequate." This was followed by challenges with drug supply from distributors and the complexities of changing therapeutic protocols. A pharmacist explained, "The main obstacle comes from the availability of drugs... some distributors cannot meet the demand according to the Hospital's needs." These qualitative insights provide the context for the quantitative scores, explaining the "why" behind the numbers.

Discussion: An Analysis of the Patient Experience

The findings present a clear dichotomy: patients are highly satisfied with the core medical care they receive but are simultaneously frustrated by the inefficient and burdensome process of accessing that care. This discussion analyzes this conflict across the key dimensions of the study.

Medical and Nursing Services: The Core Strength and Its Strain The high satisfaction score for Medical Services (76.62%) is the study's most positive finding. It confirms that the clinical expertise and professionalism of the hospital's doctors and nurses are recognized and valued by patients. Interview data strongly supported this, with both doctors and nurses emphasizing a commitment to procedural equality. A physician stated, "Regarding the

examination conducted on patients, there are no differences; all are treated the same, whether they are BPJS patients, general patients, or those with other health insurance." This dedication to the quality of the clinical encounter is the bedrock of the hospital's reputation and directly aligns with literature emphasizing the provider-patient relationship as a critical determinant of satisfaction (Azwar, 1996).

However, this core strength is under constant strain. The qualitative analysis revealed that the high patient volume, coupled with a shortage of specialists, creates a challenging work environment. A doctor noted, "The service constraint is still the limitation on the number of outpatients, especially during the Covid-19 pandemic, and several departments lack human resources; for example, there are only 2 neurologists." This pressure risks eroding the very quality that patients currently value, potentially leading to burnout and reduced consultation times.

Administrative Services and Waiting Times: A System Overwhelmed The administrative process is the primary source of patient dissatisfaction. The mandatory four-stage queuing process for BPJS patients is inherently inefficient and time-consuming. While the quantitative data showed a "Good" satisfaction level, this likely reflects patient acclimatization to a flawed system rather than true satisfaction. The lower scores for the comfort of waiting areas and the attitude of administrative staff are direct consequences of systemic overload.

The hospital's director candidly described the situation: "The challenge is with facilities and infrastructure which feel inadequate when compared to the number of patients... the ratio of visitors to the waiting room is too large, causing long queues." This problem is structural; as the sole Type B hospital, it cannot turn away patients, even when daily quotas are exceeded. The director added that for patients who travel far, "even if the queue number has run out, they will still be served; this is situational." While compassionate, this practice exacerbates overcrowding and extends waiting times for everyone, fueling the very dissatisfaction the hospital seeks to avoid. This finding directly corroborates literature that identifies administrative processes as a primary pain point of the BPJS system (Anggraeni, 2018; Firdaus, 2015).

Pharmacy Services and Drug Availability: The Final Bottleneck The pharmacy represents the final and perhaps most frustrating bottleneck in the patient journey. The survey item for "waiting time at the pharmacy" received the lowest satisfaction score (68.57%) in the entire study, marking it as a critical area for improvement. The qualitative data provides a clear diagnosis of the problem. A pharmacist identified three core challenges: unreliable supply from drug distributors, unpredictable demand due to changes in doctors' therapeutic patterns, and difficulties in enforcing new business alliance standards on suppliers.

These are largely supply chain issues beyond the pharmacy's immediate control. To cope, the hospital employs adaptive strategies. The pharmacist explained, "to overcome the problem regarding drugs, we from the pharmacy will consult the doctor in charge... for substitution therapy if the prescribed drug is not available." While a necessary workaround, this process adds complexity and time, further delaying patients who are already exhausted from a long day at the hospital.

The Perception of Cost: Beyond the Hospital Bill The lowest overall satisfaction score was for Cost (69.14%). This is initially puzzling, as the hospital director confirmed that for standard procedures, "there are no medical services for BPJS outpatients that require additional costs from the patient's own pocket; all service fees are covered by BPJS Kesehatan." The dissatisfaction, therefore, is not with direct hospital fees. Instead, it likely reflects the broader economic burden associated with seeking care. This includes the cost of monthly BPJS premiums, transportation expenses (especially for those from remote areas), and, crucially, the opportunity cost of lost wages from spending an entire day navigating the hospital system.

The long waiting times are not just an inconvenience; they are a direct financial cost for many patients, which shapes their perception of the overall value of the service.

CONCLUSION

Based on the interpretation of the findings, this study concludes that while the tiered referral system at dr. Slamet Hospital successfully delivers medically satisfactory care, the overall patient experience is significantly diminished by administrative and systemic inefficiencies. There is a critical disconnect between the high quality of the clinical encounter and the cumbersome, time-consuming process required to access it. The primary answer to the research question is that patients are generally satisfied with the what (the medical treatment) but are dissatisfied and burdened by the how (the process).

Based on these conclusions, the following recommendations are provided: For Hospital Management: It is suggested that the hospital focuses on process re-engineering to streamline the administrative pathway. This includes expanding the use of self-service SEP kiosks, exploring a single-queue system for registration, and implementing a digital queue management system for the pharmacy to provide patients with real-time updates. Furthermore, enhancing communication through more visible and clear informational boards about administrative requirements could help manage patient expectations. To address drug availability, the hospital should strengthen its supply chain management and expand partnerships with external pharmacies. For Future Research: Future studies should conduct a direct comparative analysis between BPJS and non-BPJS patients to quantitatively isolate the impact of the administrative burden. Additionally, research investigating the relationship between specific service factors (e.g., waiting time in minutes) and overall satisfaction scores would provide valuable data for targeted, evidence-based improvements in service delivery across the JKN system.

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