

PAPER NAME

Analysis of medical specialist satisfaction of Mokopido Hospital Tolitoli and Undata Hospital Palu.p

AUTHOR

Rusdi Maidin

WORD COUNT

2087 Words

CHARACTER COUNT

11284 Characters

PAGE COUNT

3 Pages

FILE SIZE

360.7KB

SUBMISSION DATE

Aug 1, 2023 2:22 PM GMT+8

REPORT DATE

Aug 1, 2023 2:22 PM GMT+8

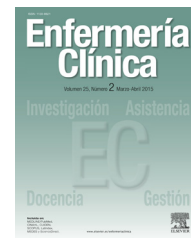
● **7% Overall Similarity**

The combined total of all matches, including overlapping sources, for each database.

- 6% Internet database
- Crossref database
- 7% Submitted Works database
- 4% Publications database
- Crossref Posted Content database

● **Excluded from Similarity Report**

- Manually excluded text blocks



Analysis of medical specialist satisfaction of Mokopido Hospital Tolitoli and Undata Hospital Palu about national health insurance's implementation[☆]



Irma Fitriani^{a,*}, Alimin Maidin^a, Andi Zulkifli^b, Andi M. Rusdi Maidin^c

^a Hospital Administration Department, Public Health, Hasanuddin University, Indonesia

^b Epidemiology Department, Public Health, Hasanuddin University, Indonesia

^c Social and Politics Faculty, Bosowa University, Indonesia

Received 2 October 2019; accepted 17 October 2019

KEYWORDS

Health;
Insurance;
Medical specialist;
Evaluation

Abstract

Objective: This study aimed to analyse medical specialist's satisfaction about the implementation of national health insurance.

Methods: This is a qualitative study with realist evaluation approach at Mokopido Tolitoli and Undata Hospital, interview was done to 24 specialists.

Results: The most of medical specialists have less satisfied about national health insurance because of the decision and action autonomy, INA-CBGs payment system, administrative procedure, salary, and chance to thrive. National health insurance assessed to intervene medical aspect and INA-CBGs claim is too low so that can distract autonomy of medical specialist. The fare of INA-CBGs is lower than unit cost and establishment was not clear. National health insurance's administrative procedure is quite complicated and it needs a long time.

Conclusion: The main factor that influent medical specialist satisfaction about national health insurance is INA CBGs's fare.

© 2020 Elsevier España, S.L.U. All rights reserved.

Introduction

Hospital is a health provider organization which perform individual health care in holistic way including inpatient care, outpatient care, and emergency.¹ Hospital is a profession-intensive organization and be expected to give an excellent care in order to realize patient's hope.² Medical specialist as hospital's human resources is the main thing to

[☆] Peer-review under responsibility of the scientific committee of the 1st International Conference on Nutrition and Public Health (ICNPH 2019). Full-text and the content of it is under responsibility of authors of the article.

* Corresponding author.

E-mail address: f.irma33.if@gmail.com (I. Fitriani).

get success in hospital health care. Medical specialist has the most important role to determine the assessment hospital care.³

Medical specialist has a large contribution to the quality of services so that the hospital needs to pay attention to concern that can improve the performance of them. One of the things that greatly affect the performance of medical specialists in a hospital is their satisfaction at work.⁴ The change in the paradigm of the health system in Indonesia began since the implementation of the JKN program. The JKN program requires professionals in the health sector to recognize, learn, and understand the policies regulated them. Not a few professionals object to this system, but some are able to adapt to the JKN program. Doctors as health care providers are one of the professions affected by this change.⁵

Hospital serves specialist and individual health service. It served by medical specialist or subspecialist, based on the need of the patient.⁶ The analysis of the doctor's job satisfaction in the INA-CBG system in Semarang showed satisfaction with the relationship between doctors and patients in the freedom of choosing medical and drug actions and feeling safe in doing work.⁷ Mokopido and Undata Hospital had never assessed the authority of a medical specialist. Both of these hospitals are referral hospitals with specialist services being their main products.⁸ This study aims to determine the medical specialist's satisfaction about the implementation of the JKN program. The study has five variables, from autonomy, salary, INA-CBGs payment system, chance to thrive, and administrative procedural.

Methods

Place and design study

This study was conducted at Mokopido Tolitoli Hospital and Undata Palu Hospital. Both hospitals are located in Central Sulawesi. This research is a qualitative study with a realist evaluation method approach.

Respondents

This study was conducted on 24 medical specialists, 6 at Mokopido Tolitoli Hospital and 18 at Undata Palu Hospital who were willing to participate in this study and signed an informed consent.

Data collecting

Data collection was done by in-depth interviews with medical specialist using interview guidelines and recording device.

Data analysis

Data analysis was done by realist evaluation approach which developed by cintext, mechanism, and outcome configuration so it could explain better the pattern of JKN implementation by BPJS at Mokopido Tolitoli Hospital and

Undata Palu Hospital that affected the satisfaction of medical specialist.

Result

Indepth interview was done to 6 medical specialist at Mokopido Hospital Tolitoli, an internist, a pediatrician, a general surgeon, an obstetrician, a radiologist, and an anatomical pathologist. There were 18 medical specialist that being interviewed at Undata Palu Hospital, they are a neurologist, 3 orthopaedist, 2 ENT experts, 2 cardiologists, 2 paediatricians, an ophthalmologist, a dermatologist, an urologist, 2 general surgeon, an oral surgeon, an anaesthesiologist, and 1 obstetrician.

Most of the medical specialists less satisfied about JKN implementation on both hospital related with autonomy, INA CBGs payment system, administrative procedure, salary, and chance to thrive. The main factor is because INA CBGs fare is lower than unit cost and work load. Medical specialists that work at surgery room are more dissatisfied that the medical specialist who not work at surgery room. "I am not satisfied. I don't even know what the basis of the tariff is," surgeon from Mokopido Hospital said about INA CBGs payment system. The limited funding from INA CBGs impaired the autonomy of medical specialist. The neurologist from Undata Hospital said, "We were forced to repatriate patients even though they should still be treated because the package was up. Even though we really don't want to." Most of neurology patient need long stay treatment but the funding from INA CBGs is limited.

Medical specialist's salary is lower in JKN era than before. It because the salary that they get is from the surplus from INA CBGs tariff. If the tariff is not coverage the unit cost, the medical specialist will not get any salary. The surgeon from Undata Hospital said "There is no surplus, so we don't get anything". Administrative procedure impressed to be a complicated thing for every sector, so does in hospital, especially in JKN era. Medical specialist said that BPJS as an organizer of JKN program is to intervene medical side of health service. "As a health insurance you should pay what we need and what we do. About medical side, that s our part," obstetrician from Mokopido Hospital said.

Health services in JKN era focus on quality and cost control. But, in some cases, medical specialist needs to know their quality. An orthopaedist need imaging control after they do a bone surgery to make sure whether the bone connected or not. Now, they cannot do that because hospital should do financing effectiveness.

Discussion

This study was carried out to medical specialist regarding the satisfaction about JKN implementation regarding the autonomy of actions and decisions, the payment system of INA CBGs, administrative procedures, salary, and chance to thrive. It has been regulated in KODEKI that a doctor must not lose his freedom and independence of his profession in medical practice. But in reality, the JKN implementation and its various policies that followed limited the space for medical specialist to lose their autonomy in determining decisions and actions.⁹

INA CBG rates are determined based on similarity in diagnosis and action groups. This rate is used as the basis for the amount of claims to be paid to the hospital as a service fee obtained by the patient. Small amount make hospitals limit spending in services in order to make efficiency. Furthermore, the risk of declining quality of service is very likely to occur. The amount of INA-CBGs apparently did not consider the workload and use of tools and materials in the service, especially for cases carried out in the surgery room.¹⁰

Administrative procedure in JKN implementation is complicated enough and makes it difficult for medical specialist. There are so many forms that they should finish and it make them spend more time just for administrative procedure. It also too intervene medical aspect that can decrease the quality of care such as radiological examination confirmation and drugs limitation.¹¹ The INA-CBGs tariff mismatch of unit costs has an impact on the medical services that medical specialist obtain leading to dissatisfaction. INA-CBGs rates for actions in surgery rooms that are not comparable then make the medical services of specialists who take action in surgery rooms tend to be lower when compared to other medical specialist which is a big risk in triggering internal disharmony of them.¹²

Too many rules and limitations set out in implementing the JKN program make specialists dissatisfied with their chance to thrive. This is actually very detrimental, considering that medical science is dynamic and specialists should follow the development of science in order to provide quality services.¹³ It is important to focus on medical specialist's satisfaction in hospital because medical specialist has an important role.¹⁴ Tariff of INA-CBGs is based from the diagnosis and the treat. Besides that, the main product of hospital is specialist service. That is why medical specialist's satisfaction should be increase to maintain the quality of the hospital.¹⁵

Conclusion

It can conclude that in most of medical specialist feel dissatisfied with the implementation of the JKN program in hospitals. The INA-CBGs tariff mismatch is a major factor in the lack of expertise of medical specialist. It is necessary to periodically revise INA-CBGs tariffs involving medical profession colleagues so that INA-CBGs rates are in line with unit costs. Revisions to the JKN and BPJS program policies and the establishment of internal hospital rules should be carried out to increase the satisfaction of medical specialist in hospitals. This is very important because the main product of the hospital is specialist services.

Conflict of interest

The authors declare no conflict of interest.

References

1. Arifin NF, Pasinringi SA, Palu B. Kepuasan Kerja Tenaga Medis pada Era Jaminan Kesehatan Nasional. *Media Kesehatan Masyarakat Indones Univ Hasanuddin*. 2018;14:190–200.
2. Meutuah LD, Ishak S. Analisis Kepuasan Dokter Spesialis terhadap Program Jaminan Kesehatan Nasional (JKN) di Rumah Sakit Umum Daerah Dr Zainoel Abidin Tahun 2014. *J Kedokt Syiah Kuala*. 2015;15:7–19.
3. Haider JI. The impact of business regulatory reforms on economic growth. *J Jpn Int Econ*. 2012;26:285–307.
4. Laura W, Palandeng OEL, Tulung M. Faktor-faktor yang berhubungan dengan kepuasan kerja dokter spesialis di instalasi rawat jalan rsup prof Dr. Rd kandou manado. *Paradigma*. 2018;1.
5. BPJS Kesehatan. *Buku Panduan Praktis Program Rujuk Balik Peserta JKN*. Jakarta; 2016.
6. Sitorus E, Nurwahyuni A. Analisis Pembiayaan Kesehatan Bersumber Pemerintah di Kota Serang Tahun 2014–2016. *JKKI*. 2017;6:138–48.
7. Bausat N. Strategi RSUD Tenriawaru Kabupaten Bone menuju implementasi sistem pembayaran prospektif. *J Adm Rumah Sakit Indones*. 2016;1.
8. Burhan BA. Kepuasan Kerja Dokter Spesialis Di Rumah Sakit Umum Daerah Manna Kabupaten Bengkulu Selatan Dengan Pendekatan EMIC. *J Manaj Pelayanan Kesehat*. 2003;6.
9. Dilianti IE, Candrawati E, dan Adi RC. Efektivitas Hidroterapi Terhadap Penurunan Tekanan Darah pada Lansia Penderita Hipertensi di Panti Wreda Al-Islam Malang. *Nurs News*. 2017;2:193–206.
10. Maidin A, Palutturi S. Kajian Implementasi Jaminan Kesehatan Nasional Lintas Provinsi (Sulawesi Selatan, Sulawesi Tenggara Sulawesi Barat) Tahun 2014. *JKKI*. 2016;5:96–100.
11. Nadeak B. Analisis Kepuasan kerja Dokter di Rumah Sakit Pondok Indah Jakarta. *J Manaj dan Bisnis*. 2014;2:1–19.
12. Nafi'ah AC, Suryawati C, Fatmasari EY. Faktor Yang Berhubungan Dengan Kepuasan Kerja Dokter Spesialis Rumah Sakit Islam Sultan Agung Semarang Pasca Implementasi Jaminan Kesehatan Nasional. *J Kesehat Masy*. 2016;4:1–11.
13. Bothe H, Köster AD, Storz P, Nolting HD, Häussler B. Job satisfaction among doctors *Arbeits und berufszufriedenheit von Ärzten*. *Dtsch Arztebl*. 2007;104. A1394-9.
14. Richardson JE, Kern LM, Silver M, Jung H-Y, Kaushal R, Investigators H. Physician satisfaction in practices that transformed into patient-centered medical homes: a statewide study in New York. *Am J Med Qual*. 2016;31:331–6.
15. Friedberg MW, Chen PG, Van Busum KR, Aunon F, Pham C, Caloyeras J, et al. Factors affecting physician professional satisfaction and their implications for patient care, health systems, and health policy. *Rand Heal Q*. 2014;3:1.

● **7% Overall Similarity**

Top sources found in the following databases:

- 6% Internet database
- Crossref database
- 7% Submitted Works database
- 4% Publications database
- Crossref Posted Content database

TOP SOURCES

The sources with the highest number of matches within the submission. Overlapping sources will not be displayed.

1	repository.unhas.ac.id Internet	4%
2	Universitas Hasanuddin on 2019-10-01 Submitted works	2%
3	iranianra.ir Internet	<1%
4	Irma Fitriani, Alimin Maidin, Andi Zulkifli, Andi M. Rusdi Maidin. "Analys... Crossref	<1%
5	jurnal.unismuhpalu.ac.id Internet	<1%

● Excluded from Similarity Report

- Manually excluded text blocks

EXCLUDED TEXT BLOCKS

Analysis of medical specialist satisfaction of MokopidoHospital Tolitoli and Undat...

www.researchgate.net

Department, Public Health, Hasanuddin University, Indonesia

Irma Fitriani, Alimin Maidin, Andi Zulkifli, Andi M. Rusdi Maidin. "Analysis of medical specialist satisfaction o...

AbstractObjective: This study aimed to anilise medical specialist's satisfaction ab...

Irma Fitriani, Alimin Maidin, Andi Zulkifli, Andi M. Rusdi Maidin. "Analysis of medical specialist satisfaction o...

health provider organization which performindividual health care in holistic way in...

Irma Fitriani, Alimin Maidin, Andi Zulkifli, Andi M. Rusdi Maidin. "Analysis of medical specialist satisfaction o...

get success in hospital health care. Medical specialist has themost important role ...

Irma Fitriani, Alimin Maidin, Andi Zulkifli, Andi M. Rusdi Maidin. "Analysis of medical specialist satisfaction o...

INA CBG rates are determined based on similarity in

Irma Fitriani, Alimin Maidin, Andi Zulkifli, Andi M. Rusdi Maidin. "Analysis of medical specialist satisfaction o...

Faktor -faktor yangberhubungan dengan kepuasan kerja dokter spesialis di

Irma Fitriani, Alimin Maidin, Andi Zulkifli, Andi M. Rusdi Maidin. "Analysis of medical specialist satisfaction o...

Terhadap Penurunan Tekanan Darah pada Lansia PenderitaHipertensi di Panti Wre...

Irma Fitriani, Alimin Maidin, Andi Zulkifli, Andi M. Rusdi Maidin. "Analysis of medical specialist satisfaction o...