E-ISSN: 2997-9366
American Journal of Management Practice
https://semantjournals.org/index.php/AJMP

| Research Article

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The Quality of Patient Financing Administration Services at the Pambalah Batung Amuntai Regional Public Hospital from a Public Service Perspective

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Abstract: This research aims to analyze the quality of patient financing administration services at the Pambalah Batung Amuntai Regional General Hospital from a public service perspective. This issue is important in line with the increasing complexity of the National Health Insurance system, which demands transparency, responsiveness, and accountability in the financing administration process. The research uses a qualitative approach with a case study design to deeply explore experiences, perceptions, and service dynamics. Data collection techniques were carried out through semi-structured in-depth interviews, limited participatory observation, and documentation studies. Research participants consisted of financing administration officers, hospital management, patients using National Health Insurance (JKN) and non-JKN services, and related parties in claim management. Data were analyzed using the interactive Miles and Huberman model through data reduction, presentation, and conclusion drawing. The research results indicate that the quality of patient financing administration services has generally been in accordance with standards, but still faces challenges in aspects of information transparency, service responsiveness, and consistency in procedure implementation. The main findings show that the lack of clear and easily accessible information is a major factor influencing patient perceptions, followed by service waiting times and the complexity of administrative verification. In addition, although no direct discrimination was found, a perception of differences in service times between National Health Insurance (JKN) and non-National Health Insurance (JKN) patients still emerged. This research contributes to expanding public administration studies by positioning financing administration as an integral part of healthcare service quality. Practical implications emphasize the importance of strengthening information systems, enhancing human resource capacity, and digital integration in financing services. Further research is recommended to conduct comparative studies between regional hospitals and integrate quantitative approaches to strengthen the generalization of findings.

Keywords: Service Quality, Financing Administration, Public Service, Regional Hospital, JKN

1. Introduction

The development of global healthcare service systems shows a paradigm shift from a clinical focus to an approach that places patient experience and service quality as primary indicators of healthcare organization success. This transformation aligns with the *universal health coverage* agenda, which emphasizes access, quality, and sustainability of health financing. In various countries, increased health insurance coverage has created new challenges in the administrative and financial aspects of

care, such as cost transparency, claim certainty, and speed of administrative services. These conditions indicate that service quality is determined not only by medical competence but also by the organization's ability to manage administrative processes effectively, accountably, and responsively to community needs. The public service perspective highlights the importance of fairness, accessibility, and user satisfaction as the main measures of success in healthcare service provision.

In the national context, the implementation of the National Health Insurance (JKN) in Indonesia has expanded public access to healthcare services, but at the same time, it has created new complexities in managing patient financing in hospitals. The financial administration process, involving document verification, claims, diagnosis coding, and coordination between hospitals and insurers, often becomes a source of service delays. Research shows that administrative factors, including waiting times, clarity of cost information, and ease of procedures, are primary determinants of patient satisfaction in the National Health Insurance system. Furthermore, the public's limited understanding of financing procedures often leads to uncertainty and distrust in healthcare services, especially in regional hospitals with limited resources. This suggests that the quality of financial administration services has a direct impact on public trust and the sustainability of the health system.

At the regional level, regional public hospitals as Regional Public Service Agencies face dual demands: improving service quality while maintaining financial management efficiency. The reality on the ground shows that various obstacles still occur, such as a lack of transparency in cost information, discrepancies between administrative procedures and patient needs, and limited human resources in managing financing claims. Initial observation results and informal interviews with patients at Pambalah Batung Amuntai Regional Public Hospital indicated complaints related to the long duration of financial administration processes, lack of certainty in cost information and requirements, and perceived bureaucratic complexity.

Several previous studies have discussed the quality of healthcare services in hospitals, both from the perspective of patient satisfaction and service quality dimensions such as *reliability*, *responsiveness*, and *assurance*. However, most of these studies have focused more on clinical aspects and the interaction between healthcare workers and patients, while the financial administration aspect has been relatively little studied in depth, especially in the context of regional hospitals. Existing studies also tend to use a quantitative approach, thus lacking the ability to explore patients' subjective experiences, organizational dynamics, and the comprehensive implementation process of financing policies. Yet, a qualitative approach is needed to understand the meaning, perceptions, and social interactions in financial administration services, especially in the context of public policy implementation at the local level.

Based on these conditions, this research aims to analyze the quality of patient financial administration services at Pambalah Batung Amuntai Regional Public Hospital from a public service perspective. The focus of the study is directed at the dimensions of transparency, responsiveness, fairness, and accountability in the patient financial administration process. This research is expected to provide theoretical contributions to the development of public administration studies, particularly in integrating the concepts of service quality and health financing governance. Practically, the results of this research can serve as recommendations for local governments and hospital management in improving service quality, strengthening public trust, and supporting the sustainability of the national health insurance system.

2. Literature Review and Theoretical Framework

The study of patient financial administration service quality in the context of regional hospitals cannot be separated from the modern public service perspective, which emphasizes the values of accountability, responsiveness, and community orientation. In the contemporary public administration paradigm, healthcare services are understood as a form of strategic public service that focuses not only on medical service output but also on fair, transparent, and easily accessible administrative processes. Therefore, the theoretical foundation of this research integrates the concepts of service quality, public service, health financing governance, and the national health insurance system as an empirical context.

1. *Concept of Public Service*

Public service is an activity carried out by government organizations to meet the needs of the community in accordance with the principles of fairness, transparency, and accountability. In the *New Public Service* approach, public service is no longer understood merely as a service provider but as a collaborative process between the government and the community in creating public value. Osborne asserts that public service value is created through the interaction between service providers and users, making the community's experience an important indicator in service evaluation [1]. This perspective places patients as the main subject, not an object, in the healthcare service system.

In the context of regional hospitals, public services include clinical and administrative services, such as patient financing management. Financial administration is an important part because it determines public access to healthcare services. When administrative procedures are not responsive, the community may experience obstacles in accessing services, even if health facilities are available. Therefore, the quality of administrative services reflects the capacity of public organizations to effectively meet community needs.

2. *Service Quality in the Health Sector*

Service quality is a multidimensional concept that includes users' perceptions of reliability, accuracy, and satisfaction in receiving services. The SERVQUAL model developed by Parasuraman is one of the most widely used approaches in measuring service quality. This model includes five main dimensions: *reliability*, *responsiveness*, *assurance*, *empathy*, and *tangibles*. In the context of financial administration services, the *reliability* dimension relates to the accuracy of procedures and cost information, *responsiveness* relates to service speed, *assurance* relates to financing certainty, *empathy* relates to the attention of staff towards patients, and *tangibles* cover administrative facilities.

With the development of public service studies, the service quality approach also emphasizes transparency and fairness of access. Recent studies indicate that the quality of administrative services has a close relationship with the level of public satisfaction and trust in health institutions [2]. This suggests that service quality not only impacts individual satisfaction but also the legitimacy of public organizations.

3. *Health Financing Administration and National Health Insurance*

Health financing administration is the process of managing claims, verification, tariffs, and coordination with health service insurers. In the National Health Insurance (JKN) system, hospitals play a crucial role in ensuring the smooth functioning of the claim mechanism, diagnosis coding, and patient financing certainty. The complexity of this administration often becomes a source of patient dissatisfaction, especially when there are delays or procedural ambiguities.

Research shows that administrative burdens in the health insurance system can affect service quality

and organizational efficiency. Discrepancies between regulations and field practices often create obstacles for patients in accessing services. Furthermore, limited human resources and technology in regional hospitals exacerbate the challenges of implementing financing policies [3]. This situation is relevant to Regional Public Hospitals as Regional Public Service Agencies that must maintain a balance between financial efficiency and social services.

Research by Handayani et al. shows that service quality and administrative factors are the primary determinants of patient satisfaction in the National Health Insurance system in Indonesia. These findings confirm the importance of non-clinical dimensions in evaluating health service quality. However, this research still uses a quantitative approach and has not explored patient experiences in depth.

Another study by Putri and Wulandari highlights that cost transparency and procedural clarity have a significant impact on patient trust in public hospitals. This study emphasizes the importance of accountability in financing services, but the research focus is limited to general perceptions without a comprehensive analysis of the administrative process.

Furthermore, a study by Mardiah et al. found that administrative obstacles in the universal health financing system often occur at the verification and claims stages. This research indicates a gap between policy and implementation on the ground, especially in developing countries. However, this research is macro in nature and does not provide an in-depth picture of the context of regional hospital organizations.

Based on the theoretical review and previous research, several gaps can be identified. First, most research places service quality within a clinical context, while patient financial administration receives less attention. Second, previous research has predominantly used a quantitative approach, thus failing to deeply explore the experiences, perceptions, and interactions between patients and staff. Third, studies integrating the public service perspective with health financing systems at the regional hospital level are still limited. Therefore, this research has novelty in qualitatively examining the quality of patient financial administration services from a public service perspective. This research uses an integration of public service concepts, SERVQUAL service quality, and health financing governance as the basis for analysis. The focus of the study is directed at the dimensions of transparency, responsiveness, reliability, fairness, and accountability in patient financial administration services. This framework allows the research to deeply explore patient experiences and organizational dynamics in the implementation of financing policies. Thus, this research is expected to provide theoretical contributions to the development of public administration studies in the health sector, as well as practical recommendations for improving service quality in regional hospitals.

3. Materials and Method

This research uses a qualitative approach with a case study design to deeply understand the quality of patient financial administration services at Pambalah Batung Amuntai Regional Public Hospital from a public service perspective. A qualitative approach was chosen because this research aims to explore the meanings, experiences, and interaction processes between patients and service providers, especially in the complex and contextual realm of health financing administration. A case study is considered appropriate because it allows researchers to examine phenomena holistically in the real settings of public service organizations, thus revealing policy dynamics, administrative practices, and the perceptions of involved actors. This design is also relevant to healthcare service research that emphasizes understanding local contexts, organizational culture, and user experiences

as important parts of service quality evaluation [1].

The research was conducted at Pambalah Batung Amuntai Regional Public Hospital, Hulu Sungai Utara Regency, South Kalimantan, as a regional public hospital serving as a Regional Public Service Agency in providing healthcare services and managing patient financing. This location was chosen because it has representative characteristics in the implementation of the National Health Insurance policy at the regional level and faces challenges in managing financial administration.

The research subjects consist of informants selected through purposive sampling based on their relevance to the research focus. Informant criteria include: (1) hospital financial and claims administration staff, (2) hospital management involved in financing policy and governance, (3) patient users of financing services, both National Health Insurance (JKN) participants and non-JKN, and (4) related parties such as BPJS Kesehatan verifiers or claim management units. Snowball sampling was used to obtain additional informants who were considered to have important information related to the financial administration service process. This strategy is in line with qualitative research that emphasizes depth of information rather than the number of respondents [2].

Data collection techniques were carried out through semi-structured in-depth interviews, observation, and documentation. Interviews were used to explore experiences, perceptions, and administrative financing service practices from various actors. Interview guides were developed based on service quality dimensions, such as reliability, responsiveness, transparency, accountability, and fairness. Observations were conducted with limited participation in the financial administration unit to understand the service flow, interactions between staff and patients, and obstacles encountered in practice. Documentation was used to review regulations, standard operating procedures, performance reports, and other supporting data. The use of these various techniques allows for method triangulation to enhance data credibility [3].

Data validation was performed through several strategies. First, source triangulation was conducted by comparing information from patients, staff, and hospital management. Second, method triangulation was performed by combining interviews, observations, and documentation. Third, member checking was carried out by confirming findings with informants to ensure the accuracy of interpretations. Fourth, an audit trail was implemented by documenting the entire research process, from data collection to analysis, thereby increasing research transparency and validity [4].

Data analysis was performed using the interactive model of Miles and Huberman, which includes data reduction, data presentation, and simultaneous conclusion drawing. The analysis process began with interview transcription, followed by open coding to identify initial themes. Subsequently, themes were categorized based on the dimensions of financial administration service quality and the public service perspective. Analysis was conducted iteratively by comparing data across informants to find patterns, similarities, and differences in experiences. The thematic analysis approach was chosen because it can uncover deep meanings and interpretations of public service experiences in the health context [5].

With this methodological approach, the research is expected to produce a comprehensive understanding of the quality of patient financial administration services in regional hospitals. Furthermore, this method also allows for the development of evidence-based recommendations for improving public service governance in the health sector, particularly within the National Health Insurance financing system.

4. Results and Discussion

The results of this research are presented based on thematic analysis of in-depth interview data, limited participatory observation, and documentation related to patient financial administration services at Pambalah Batung Amuntai Regional Public Hospital [6], [7]. The analysis process yielded several main themes describing service quality from a public service perspective: transparency of financing information, responsiveness of administrative services, reliability of procedures, fairness of access, and accountability of services.

First, the theme of transparency of financing information emerged. The research results indicate that some patients experience limitations in understanding financing mechanisms, both related to BPJS procedures and costs for non-National Health Insurance services. The information provided is often considered unsystematic and not fully understandable by patients. Some patients stated that they received information gradually and relied on their initiative to ask staff. One informant stated, "we often don't know what requirements need to be completed from the start, so we have to keep asking." These findings suggest that service transparency still faces obstacles in conveying clear and comprehensive information [8].

Second, related to the responsiveness of administrative services. Observations showed that staff strive to provide services according to procedures, but human resource limitations cause administrative processes to often require considerable time. This is particularly evident in the verification of documents and financing claims. Management informants explained that the increase in the number of patients in the National Health Insurance system requires adjustments in administrative service capacity. Patients also expressed that waiting time becomes an experience that influences their perception of service quality. One patient stated, "the service is actually good, but the administrative queue is quite long, especially when there are many patients" [9], [10].

Third, is the reliability of administrative procedures. In general, service procedures have clear standard operating procedures. However, implementation in the field shows variations in staff understanding of financing regulations. Some patients stated that the administrative process could change depending on the staff member serving them. This indicates a need for human resource capacity building and service standardization to maintain the reliability of procedures consistently [11].

Fourth, is the fairness of access to services. The research shows that most patients feel that services are provided without discrimination between BPJS and non-BPJS patients. However, perceptions of differences in service times still arise among some patients. This factor is influenced by the complexity of BPJS financing administration which requires additional verification processes. These findings suggest that fairness in services is not only related to staff treatment but also to perceptions of speed and ease of access [12].

Fifth, relates to accountability and certainty of service. Research results indicate that the hospital has made efforts to improve accountability through the implementation of documentation and claim supervision systems. However, some patients still experience uncertainty regarding the duration of administrative processes. Informants from the hospital explained that external factors such as national regulations and claim systems also influence service certainty. This indicates that the quality of administrative services is influenced not only by internal organizational factors but also by macro policies in the health financing system [13].

Overall, the research findings suggest that the quality of patient financial administration services at Pambalah Batung Amuntai Regional Public Hospital has improved but still faces challenges in aspects of information transparency, human resource capacity, and integration of administrative

systems. The organizational culture oriented towards service and staff commitment are key strengths in maintaining service quality.

The findings of this research reinforce the public service perspective, which emphasizes the importance of user experience in assessing service quality. The suboptimal transparency of financing information indicates that service quality is determined not only by formal procedures but also by communication and interaction between staff and patients. This aligns with the concept of *New Public Service*, which places the community at the center of service provision and emphasizes the importance of public value in service delivery [8], [14].

The research results also show that the responsiveness of administrative services is a key factor in shaping patient satisfaction. These findings are consistent with the SERVQUAL model, which highlights the *responsiveness* dimension as an indicator of service quality. Waiting time and the speed of administrative services are important aspects in the National Health Insurance system, as found in previous research that administrative factors contribute significantly to patient satisfaction [10]. However, this research provides a new perspective by showing that limitations in responsiveness are not solely due to individual performance but also due to the complexity of health financing policies [11].

The reliability of administrative procedures, which is not yet fully consistent, indicates a gap between regulations and implementation. This aligns with previous studies stating that the implementation of health financing policies in developing countries often faces challenges in organizational capacity [11]. This research adds understanding that staff competence and inter-unit coordination are key to maintaining the quality of administrative services.

Findings related to the fairness of access suggest that patients' perceptions of service quality are influenced not only by staff treatment but also by complex administrative systems. This reinforces public service studies, which emphasize that service fairness must be viewed holistically, including access, time, and ease of procedures. This research provides empirical contribution that administrative complexity can affect perceptions of fairness, even in the absence of direct discrimination.

From an accountability perspective, this research shows that the hospital's efforts to improve documentation and claim supervision systems have had a positive impact on patient trust. However, external factors such as national regulations and claim systems remain a challenge. This indicates that improving the quality of administrative services requires a systemic approach involving central and local governments, and health institutions.

The practical implications of this research include the need to strengthen financing information systems, enhance human resource capacity, and integrate digital processes in administrative services. Furthermore, hospitals need to develop more effective public communication strategies to improve transparency and service certainty. From a theoretical perspective, this research enriches public administration studies by integrating the perspective of service quality and health financing governance in the context of regional hospitals.

This research has limitations in its focus on a single regional hospital, thus generalizations of findings should be made cautiously. Future research is recommended to conduct comparative studies among regional hospitals or integrate quantitative approaches to measure the relationship between the quality of administrative services and patient satisfaction more broadly [15], [16], [17].

5. Conclusion

This research aims to analyze the quality of patient financial administration services at Pambalah Batung Amuntai Regional Public Hospital from a public service perspective. The research results indicate that, in general, financial administration services have been carried out in accordance with established operational standards, marked by organizational commitment to improving accountability, procedural certainty, and supervision of the financing claim process. However, service quality still faces several challenges, particularly in aspects of information transparency, service responsiveness, and consistency in procedure implementation.

The research findings confirm that the transparency of financing information is a key factor in shaping perceptions of service quality. Limitations in access to clear and comprehensive information can create uncertainty for patients, especially in understanding administrative requirements and financing mechanisms. Furthermore, the responsiveness of administrative services is influenced by human resource capacity and the complexity of the National Health Insurance system, thereby impacting waiting times and patient experiences. In terms of reliability, administrative procedures are formally established, but strengthening staff competence is still needed for more consistent implementation. Meanwhile, the aspect of access fairness is relatively maintained, although perceptions of differences in service times between National Health Insurance (JKN) and non-JKN patients still exist as a consequence of the complexity of administrative procedures.

Theoretically, this research contributes to the development of public administration studies by expanding the understanding of healthcare service quality, not only in clinical aspects but also in the dimension of financial administration as an integral part of public services. This research also strengthens the relevance of integrating perspectives on service quality, health financing governance, and public service values such as transparency, responsiveness, and accountability. Practically, these findings provide a basis for regional hospitals to strengthen service communication systems, enhance human resource capacity, and develop digital integration in financial administration to improve efficiency and public satisfaction. In terms of policy, the results of this research emphasize the importance of synergy between central and local governments, and health institutions in simplifying financing procedures and strengthening service supervision and regulation systems.

This research is limited by its focus on a single regional hospital, thus its findings cannot be generalized broadly. Therefore, future research is recommended to conduct comparative studies across regional hospitals, examine the integration of information technology in financing services, and combine qualitative and quantitative approaches to gain a more comprehensive understanding of the relationship between the quality of administrative services, patient satisfaction, and public trust in healthcare services.

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