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### Improving the Quality of Public Services to Build Public Trust in Service Providers of the Health Sector

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##### **ABSTRACT**

*Services in the health sector are a real form of public service. Health is an investment for the country to carry out development because it requires human resources who are physically and spiritually healthy as well as to realize successful public services in the health sector which can have a positive impact in other fields. The quality of health services is very important within the scope of Public Administration because improving health services will support efforts to improve community welfare. However, in reality, what is happening in the field is that there are still many complaints from the public regarding the unequal quality of health services in Indonesia. Many people still complain about health procedures that are complicated, long, expensive and the poor behavior of health workers, so it is not surprising that more and more Indonesians prefer to go abroad to get medical treatment. This research aims to answer the question of why more and more Indonesians choose to seek treatment abroad and what efforts must be made to gain the trust of the Indonesian people in health service providers. This is qualitative research with a phenomenological approach. Data collection was carried out through semi-structured interviews with 10 patients who had sought treatment abroad several times and 1 representative from the Ministry of Health. The results of this research show that the reason why many Indonesians still seek treatment abroad is because the quality of health services in Indonesia is still low.*

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## INTRODUCTION

Public services are a very important part that must be considered in terms of developing the autonomy of a country, this is because public service is a basic part of the government sector and is also directly related to the people of a country. The main goal of public service is demonstrated by providing services to the community. Public service is something that must be fulfilled not only by government organizations but also by private organizations. One of the factors that influences the success of a public service is quality human resources in carrying out their duties and functions. Public services achieve success as seen from public satisfaction (Botutihe, 2017).

Health is a right and investment for all citizens. To ensure health, a system is needed that regulates the provision of health services for the community as an effort to fulfill the needs of citizens to continue living healthily. Adequate health services are the foundation of society and are one of the basic needs besides food and education. Quality health services are health services that care and are centered on the needs, hopes and values of customers as a benchmark for the provision of health services and are requirements that must be met in order to provide satisfaction to the community as service users. Of course, the public really hopes to get health services that are carried out responsibly, safely, with quality, and are equitable and non-discriminatory, so that the rights of patients as recipients of health services can be protected.

Quality health service is a measure of satisfaction which has an effect on patients' desire to return to institutions that provide effective health services. To meet the needs and desires of patients so that they can obtain satisfaction that can ultimately increase confidence in excellent service. Going abroad for a medical treatment is not strange to a group of Indonesian people. They choose to go abroad for various reasons, ranging from looking for certain technology to looking for certain specialist skills, because there are no suitable health service options in the area where they live.

However, a phenomenon that occurs among Indonesian people is choosing to seek treatment abroad. Of course, this applies only to those who have financial means. In fact, doctors in Indonesia in terms of capacity, credibility and expertise are not much different from doctors in high-class hospitals abroad. The target countries for patients from Indonesia are Singapore, Malaysia, China and several countries in Europe and America. In a period of 9 years, the number of Indonesian patients seeking treatment abroad increased sharply to approximately 100 percent. In 2015, 600,000 people chose to seek treatment abroad. Treatment for critical illnesses such as cancer and heart disease is the type of treatment most sought after by Indonesians abroad.

According to research results from Patients Beyond Borders, Malaysia and Singapore are the main destinations for patients from Indonesia for a medical treatment. Apart from that, several countries in Southeast Asia such as Thailand, Singapore and Malaysia are starting to take advantage of this opportunity by working on health tourism. The existence of the health tourism sector brings in profits of US\$ 4.3 billion for Thailand, and around US\$ 3.5 billion for Singapore. In fact, the number of patients from abroad in Thailand reached 2.5 million patients and in Singapore reached 850 thousand patients. Indonesia is also the largest contributor to the health tourism sector abroad. On average, Indonesians spend 11.5 billion US\$/year to undergo treatment abroad.

The phenomenon of many Indonesians prefers to seek treatment abroad is a big question. What has gone wrong with hospitals in Indonesia? Why do they trust health services abroad more? This research aims at answering the question of why many Indonesians choose to seek treatment abroad and what solutions the government should take so that people will trust health services in their own country.

## **METHODS**

This is qualitative research with a phenomenological approach. According to Moleong (2017:6) qualitative research is research that intends to understand phenomena about what is experienced by research subjects such as behavior, perceptions, motivations, actions and so on holistically and by means of descriptions in the form of words and language, on a special natural context by utilizing various natural methods. Qualitative research according to Hendryadi, et. al, (2019:218) is a naturalistic investigation process that seeks a deep understanding of natural social phenomena. Basrowi & Suwandi (2008: 2) say that researchers can recognize the subject, feel what the subject experiences in everyday life. Qualitative research involves researchers so that they will understand the context of the situation and setting of the natural phenomenon that is being researched. Each phenomenon is something unique, different from others because the context is different.

This research uses a phenomenological approach. Phenomenology is also defined as a view of thinking that emphasizes the focus on human subjective experiences and stories and interpretations or implementation in the world (Moleong, 2007: 14-15). Phenomenological studies were used in conducting this research. This is based on the researcher's interest in studying in more depth the phenomena experienced by key informants. Qualitative research methods do not rely on evidence based on mathematical logic, numerical principles or statistical methods. Qualitative research has the aim of maintaining the form and content of human behavior and analyzing its qualities, some experts even transform it into qualitative entities (Mulyana, 2003: 150).

Data collection in this research was carried out using documentation and interview techniques. "Documentation is a method used to trace history" (Bungin, 2008: 122). The documentation method used in this research was taken from articles and writings related to the increasing number of Indonesians going abroad for treatment. Meanwhile, the interview used in this research is a semi-structured interview because using this method allows the researcher and subject to have a dialogue, the questions that have been prepared can be modified according to the subject's response (Smith, 2009, p. 108). Carrying out semi-structured interviews, while recording the conversation using audiotape, then transcribing it (Creswell, 2014, p. 272). In this study, the researcher interviewed 11 informants, consisting of 10 hospital patients in Indonesia who had gone abroad several times for medical treatment. In this research, the researcher also maintained the validity of the data by triangulating data sources by interviewing 1 (one) representative from the Ministry of Health.

Data analysis in this study used Creswell's (2015) phenomenological analysis technique. Phenomenological analysis refers to a set of methods for interpreting data. Data presentation and analysis procedures for phenomenological analysis are: a. Data organization. In this step the researcher creates and organizes files for the data; b. Memoing reading, where the researcher reads the entire text, makes marginal notes and forms initial codes; c. Describe data into codes and themes. At this stage the researcher describes personal experiences and describes the essence

of the phenomenon; d. Classify data into codes and themes. At this stage the researcher develops important statements and groups the statements into units of meaning; e. Interpret data. At this stage, the researcher develops a textual description of what happened, then develops a structural description of how the phenomenon is experienced and finally develops the essence; and f. Present and visualize data. At this stage, the researcher presents a narrative about the essence of the experience in the form of tables, pictures or discussion.

## RESULTS AND DISCUSSION

The concept of quality has been widely used in the literature, developed by service quality experts, namely Donabedian (1996). This concept identifies three aspects of quality that can be measured, namely: Input (facilities, staff, equipment, supplies); Process (compliance with protocols and standards of nursing care) and results (recovery, patient survival rate, complications and poor outcomes). The following is the result of the interviews with patients.

### A. Quality of Health Services in Indonesia Based on Interview Results

#### a. Unclear explanation

Until now, there are still a lot of complaints from the public regarding doctors, starting from doctors at community health centers, government hospitals and private hospitals. This is also no exception in private hospitals with expensive costs. Complaints about doctors are generally due to communication problems between patients and doctors that are not well established. Doctors generally answer patient questions less clearly. Many doctors still hold the principle that no matter how clearly they explain, patients are laypeople who will not understand. Even doctors tend to assume that all their patients are people who lack education.

#### b. Incorrect diagnosis

Apart from very limited communication, many doctors in Indonesia diagnose diseases incorrectly. This of course will be detrimental to the patient. Diseases that should not be too serious are said to have to be treated immediately with surgery or other means, causing patients to feel increasingly afraid.

*"My acne-prone face was said to require special treatment immediately with special treatment, at a significant cost, because otherwise it could cause facial skin to be damaged. My friend suggested that I go to Penang, Malaysia, and it turned out that the diagnosis stated that this was just normal irritation as a result of using inappropriate cosmetics. "I was only given ointment and treated for two days and the result was that my skin returned to normal without having to go through complicated and expensive treatment." (AD- Employee)*

#### c. Lack of respect for patients

Currently, doctors in Indonesia generally practice not only in one hospital, but they also work in other hospitals. This is proven by the fact that doctors often arrive late at the hospital since there is still a surgery process at another hospital. This of course disappoints patients who have queued and waited for a long time, even more than 2 hours.

#### d. Unfriendly doctors

Every patient hopes to be comfortable and relaxed while in the doctor's office. The patient also hopes that he can freely ask the doctor about his illness or the illness of his family members. What happen is the contrary. The doctor answered questions not in detail, and seemed to want the patient to leave the room immediately. This is far from being 'friendly'.

#### e. Unavailability of medicine and blood supply

In many hospitals or health centers, the problem of drug and blood availability is a classic problem that has never been improved. In difficult situations, the patient's family still has to look for medicine or blood supply at other hospitals at a significant cost and time.

*"When my child was being treated at the hospital, in the middle of the night the nurse met the family and said that the supply of medicine and blood at the hospital was running low, so the family asked to find them. You can imagine, in a difficult situation, in the middle of the night, we had to go around to all the hospitals in our city, and the results were to no avail. We had to go to another city which was about 75 km away. "Even though this is a relatively good and expensive hospital, it turns out the service is still far from satisfactory." (EV- housewife)*

f. Patient safety

This has not yet become a culture that hospitals in Indonesia must pay attention to. The paradigm shift in health service institutions which is currently switching to patient centered care has not really been implemented well, so many patients still feel that the paramedic staff who represent the hospital where they work have not fully carried out their duties and obligations properly. In this case, the level of concern of health workers towards patients is still low. This can be seen by the continued discovery of incidents of discrimination experienced by patients, especially from poor communities. The pragmatism orientation of health workers is currently still inherent in some health workers. There are still health workers who are only oriented towards seeking material/profit without caring about patient safety.

g. Malpractice

There are still many allegations of malpractice carried out by health service workers which result in patients experiencing losses ranging from material, physical disability and even death. This shows that the quality of health services in hospitals in Indonesia is still low. There are still many hospitals that are oriented towards management interests which ultimately forget about patient safety in the hospital.

h. No sanction from the government

If there are still hospitals that ignore patient safety, severe sanctions should be given to both the hospital and health service workers. However, in several cases that occurred in Indonesia, hospitals and even health service workers did not receive any sanctions, making health law enforcement in Indonesia still very weak. The weak supervision carried out by the health service towards health workers is due to several factors ranging from the limited personnel of the health service to the low bargaining position of the health service.

The results of the analysis show that the quality of health services in Indonesia is still classified as 'poor' and cannot meet patient expectations. The five dimensions of service quality that should be implemented have not been realized properly, namely: (a) Tangibles (physical evidence), (b) Reliability, (c) Responsiveness, (d) Assurance and (e) Empathy. It has not yet been realized properly (Pasolong, 2010).

B. Patient Trust in Service Quality in Indonesia

The quality of service provided by hospital will determine how much trust patients have in the hospital or community health service center. Based on interviews, data was obtained that there are still many hospitals in Indonesia that have not implemented service quality elements properly, which has led to a loss of public trust in health services in Indonesia which ultimately causes many Indonesians to decide to go to neighboring countries, such as

Malaysia or Singapore to get better medical services. Public trust (Kim in Dwiyanto, 2011) which consists of reliable commitment, benevolence, honesty, competence and fairness cannot be obtained by hospitals in Indonesia, considering that the quality of service is still below standard and cannot meet patient expectations. There are still many hospitals that have not demonstrated their commitment to providing the best service to their patients. This can be reflected in the attitudes and ways of communicating by doctors and paramedics which are far from being friendly and kind. Apart from that, hospitals or health service centers are also often dishonest in their patients' diagnoses in order to make maximum profits. Discriminatory actions are also often experienced by patients, especially patients who are considered financially disadvantaged or less educated.

The results of interviews with representatives of the Ministry of Health show that efforts to improve the quality of services in the health sector continue to be made. Currently, after the implementation of the 2012 version of the new regulations regarding hospital accreditation, there is a new hope that patient safety culture can be implemented in all hospitals in Indonesia. Apart from that, efforts to increase awareness of health service providers about the importance of implementing a patient safety culture in every health service action are also continuously promoted by the government. By increasing concern for patients, a patient safety culture can easily be implemented.

## CONCLUSION

The results of the analysis of the quality of service in the health sector in Indonesia show that the quality of service in many hospitals in Indonesia has not been able to meet patient expectations. This can be seen from the lack of implementation of the five dimensions of service quality, namely tangibles, reliability, responsiveness, assurance and empathy. As a consequence, hospitals and health service centers are still unable to gain public trust. This is also the reason why more and more Indonesian people are deciding to go to neighboring countries, namely Malaysia and Singapore, to get medical treatment, because they have more confidence in the ability of doctors, the alertness of paramedics, the kindness and sincerity of doctors and health workers and home management. illness (competence and benevolence), availability of equipment, medicines and other health service facilities, as well as high and reliable commitment from the hospital (reliable commitment), honesty in the results of patient diagnosis (honesty), and non-discrimination (fairness). For further research, researchers suggest that research be carried out regarding the implementation of 2012 hospital accreditation with a different approach.

## REFERENCES

- Atik Septi Winarsih, Ratminto. (2014). *Manajemen Pelayanan*. Jakarta : Pustaka Pelajar.
- Atik, & Ratminto. (2005). *Manajemen Pelayanan, disertai dengan pengembangan model konseptual, penerapan citizen's charter dan standar pelayanan minimal*. Yogyakarta : Pustaka Pelajar.
- Baker, T. L., & Taylor, S. A. (1998). Patient Satisfaction and Service Quality in the Formation of Customers' Future Purchase Intentions in Competitive Health Service Settings. *Health Marketing Quarterly*, 15(1), 1–15. [https://doi.org/10.1300/J026v15n01\\_01](https://doi.org/10.1300/J026v15n01_01)
- Barata, Atep Adya Bharata (2003). *Dasar-Dasar Pelayanan Prima*. Jakarta : PT. Gramedia. Pustaka. Hlm 11. <https://doi.org/10.1177/0095399705278596>

- Botutihe, N. (2017). Analisis Efektivitas Pelayanan Publik Pada Rumah Sakit Aloe Saboe Provinsi Gorontalo. *Publik-Jurnal Ilmu Administrasi*, 6(1), 1-12. <https://doi.org/10.31314/PJIA.6.1.1-12.2017>
- Bungin, Burhan. (2008). *Metodologi Penelitian Kuantitatif: Komunikasi, Ekonomi, dan Kebijakan Publik serta Ilmu-ilmu Sosial Lainnya*. Jakarta: Kencana. Hlm 122.
- Creswell, John W. (2014). *Penelitian Kualitatif & Desain Riset*. Yogyakarta : Pustaka Pelajar. Hlm 272.
- Creswell, John W. (2015). *Penelitian Kualitatif & Desain Riset*. Yogyakarta : Pustaka Pelajar.
- Donabedian A. (1996). The effectiveness of quality assurance. *International Journal for Quality in Health Care*, 8(4), 401–407. <https://doi.org/10.1093/intqhc/8.4.401>
- Dwiyanto, Agus (2006). *Mewujudkan Good Governance Melalui Pelayanan Publik*. Yogyakarta : UGM Press. Hlm 144.
- Dwiyanto, Agus. (2011). *Manajemen Pelayanan Publik*. Yogyakarta : Gadjah Mada. University Press. Hlm 368.
- Fukuyama. (1995). *Trust Kebijakan Sosial dan Penciptaan Kemakmuran*. Yogyakarta : Qalam.
- Harbani, Pasolong. (2010). *Teori Administrasi Publik*. Alfabeta : Bandung. Hlm 135.
- Johnson, R. E., Campbell, W. H., Dale Christensen, D. B. (1974). Quality assurance of pharmaceutical services in hospitals. *American Journal of Hospital Pharmacy*, 31(7), 640-647. <https://doi.org/10.1093/ajhp/31.7.640>
- Kasmir. (2006). *Etika Customer Service*. Jakarta : PT Rajagrafindo Persada. Hlm 34.
- Keputusan Menteri Pendayagunaan Aparatur Negara Nomor 63 Tahun 2003 Tentang Pelayanan Publik.
- Kim, S. (2005). The Role of Trust in the Modern Administrative State: An Integrative Model. *Administration Sociology*, 37, 611-635. <https://doi.org/10.1177/0095399705278596>
- LaPorte, Todd R., and Daniel S. Metlay. (1996). Hazards and Institutional Trustworthiness: Facing a Deficit of Trust. *Public Administration Review*, 56(4), 341–347. <https://doi.org/10.2307/976375>
- Mahmudi. (2005). *Manajemen Kinerja Sektor Publik*. Unit penerbit dan Percetakan AMP YKPN, Yogyakarta. Hlm 219.
- Moleong, Lexy J. (2007). *Metodologi Penelitian Kualitatif*. Bandung : Remaja Rosdakarya. Hlm 14-15.
- Moleong. L. J. (2017). *Metode Penelitian Kualitatif*. Bandung : PT. Remaja. Rosdakarya.
- Mulyana, Deddy. (2003). *Metodologi Penelitian Kualitatif*. Bandung : Remaja. Rosdakarya. Hlm 150.
- Pasal 5 Undang-Undang Nomor 25 tahun 2009 tentang Pelayanan Publik
- Selbmann, H. K., Pietsch-Breitfeld, B. (1990). HOSPITAL INFORMATION SYSTEMS AND QUALITY ASSURANCE. *International Journal for Quality in Health Care*, 2(3-4), 335-344. <https://doi.org/10.1093/intqhc/2.3-4.335>
- Shamdasani, P., & Balakrishnan, A.A. (2000). Determinants of Relationship Quality and Loyalty in Personalized Services. *Asia Pacific Journal of Management*, 17, 399-422.
- Sinambela, Lijan Poltak. (2010). *Reformasi Pelayanan Publik, Teori, Kebijakan, dan Implementasi*. Jakarta : PT. Refika Aditama.
- Taylor, S.A. (2001). Assessing the Use of Regression Analysis in Examining Service Recovery in the Insurance Industry: Relating Service Quality, Customer Satisfaction, and Customer Trust. *Journal of Insurance Issues*, 24, 30-57.

Woodman Josef. (2015). *Patients Beyond Borders*. A Medical tourism guidebook. Third Edition.  
Publisher: Healthy Travel Media.