



The Quality of Health Services During COVID-19 Pandemic in Indonesia



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Abstract

This study aimed to examine the quality of health services during the COVID-19 pandemic in Indonesia. This study was a descriptive qualitative research and it described the level of quality of hospital services and health workers which were reviewed based on health law. The writing of this article used secondary legal materials, namely books, journals, articles, and other written works originating from both print and internet media, and also phenomena that occurred in the field. The results indicated that the quality of health services during the COVID-19 pandemic in Indonesia had triggered considerable public concern about COVID-19. Government policies were deemed ineffective to break the chain of distribution and had not been able to fully accommodate and guarantee the health of all levels of society, especially for health workers. Health workers in carrying out their duties were not guaranteed legal certainty potentially. In terms of health facilities, the condition of hospitals and health centers in Indonesia also experienced overload capacity and it led to the health care not running quickly and effectively. It can be asserted that the condition of health services during the COVID-19 pandemic in Indonesia fluctuated, so it was necessary to study further the factors causing the quality of health services that were deemed ineffective.

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1 Introduction

Indonesia is a country that adheres to a modern religious welfare state. Thus, the government has the task of building public welfare in various fields (bestuurzorg) with the consequence of granting independence to state administrators in carrying it out (Bodenheimer, 1999). In the context of this bestuurzorg, they are given the freedom to act on their initiative to participate in regulating the social life of their people. In its development, the role of the state in this century is different from the role of the state in previous centuries where the state only acts as a night watchman state (nachwachterstataat). The responsibility of the state in providing public services is contained in the fourth paragraph of the Preamble to the 1945 Constitution of the Republic of Indonesia (hereinafter referred to as the 1945 Constitution of the Republic of Indonesia) which emphasizes that the purpose of the establishment of the Republic of Indonesia is to promote the general welfare and educate the life of the nation (Nurhardianto, 2015).

Besides the preamble, the responsibility of the state in public services is also regulated in the body, namely in Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia which reads, "The state is responsible for the provision of proper health service facilities and public facilities" (Roder-DeWan, 2020). The mandate of the two provisions contained in the constitution as the supreme law (supreme law of the land) implies that the State is obliged to meet the needs of every citizen through a government system that supports the creation of public services to fulfill the basic needs and civil rights of every citizen as referred to in paragraph (1). stated in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia. "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and have the right to obtain health services". Article 34 paragraph (4) of the 1945 Constitution of the Republic of Indonesia is affirmed. In addition, "further provisions regarding this article are regulated in law." Therefore, the concretization of the provisions in Article 34 paragraph (3) and Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia is the existence of a law in the health sector which guarantees the fulfillment of the needs of citizens (Organization, 2020a). The state of society will guarantee good health services (Juszczak et al., 2003; Saraceno et al., 2007). However, the concretization process is a must and it also pays attention to the principles in the formation of laws and regulations, especially justice and legal certainty so that health services can be of good quality and beneficial for all parties (Kartika, 2009).

The spread of the COVID-19 virus in Indonesia is very disturbing and has caused deep concern in the community. Corona Virus Disease 2019 (COVID-19) is a large family of viruses that can cause disease in animals or humans. In humans, several coronaviruses are known to cause respiratory tract infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) and the newest coronavirus is the cause of COVID-19. COVID-19 is an infectious disease caused by the newly discovered coronavirus (Vindegaard & Benros, 2020). This new virus and disease were unknown before the outbreak in Wuhan in December 2019. COVID-19 is now a pandemic that has hit all countries in the world.

The COVID-19 virus can cause various symptoms in its sufferer. COVID-19 infection is caused by the coronavirus itself. Most coronaviruses spread like other viruses in general, such as through splashes of infected people's saliva (coughing and sneezing), Touching the hands or face of an infected person, touching the eyes, nose, or mouth after handling objects that have been splashed by the saliva of a person with coronavirus, Feces or feces (rare) (Kavak et al., 2020). Especially for COVID-19, the incubation period is not known for certain. However, the average symptom appears after 2-14 days after the first virus enters the body. In addition, the method of transmission of COVID-19 is also not known with certainty. Initially, the COVID-19 type of coronavirus was thought to have originated from animals. COVID-19 is a virus that circulates in several animals, including camels, cats, and bats (Purwaningtyas, 2021). This virus rarely evolves

and infects humans and spreads to other individuals. However, the case in China is now clear evidence that this virus can spread from animals to humans. Now transmission can be from human to human.

Dealing with the spread of COVID-19 in Indonesia, the Government officially announced the first COVID-19 case in Indonesia on March 2, 2020. Two positive Indonesian citizens said that they had direct contact with Japanese citizens who were visiting Indonesia. On March 11, 2020, for the first time, there was a case of death caused by the coronavirus (Arianta et al., 2020). The victim who died was a 59-year-old man from Solo. It was discovered he had contracted the infection after attending a seminar in Bogor in February. The spread of coronavirus in Indonesia is spread across 34 provinces in Indonesia. As of today, East Java recorded the newest cases in Indonesia with a total of 223 cases, bringing a total of 3,886 cases (Widjanantie et al., 2020).

Regarding this case, Law Enforcement at the beginning of the emergence of the virus in Indonesia was reviewed based on Article 154 of Law Number 36 of 2009 concerning Health, which states that the Government is obliged to announce the part of the area that is the source of the spread of disease transmission to many people (Bryson, 2021). The government is obliged to reveal the type of disease that spreads rapidly. It is a fact that the Government in protecting public health insurance is said to be slow to disseminate information related to cases that have claimed many victims because of this very dangerous virus. So that the health services carried out by medical personnel can be said to be almost incapable because many patients are declared positive for COVID-19 (PUTRI, 2018).

Based on positive legal aspects in Indonesia, regarding the right to health services, it is stated in Article 28H paragraph (1) of the 1945 Constitution, that health is a basic human need whose rights are guaranteed constitutionally (Itasari, 2015). The policies issued by the government are not only intended for citizens but also for health workers who are at the forefront and take over in the prevention and control of the COVID-19 virus. In this case, health workers or medical personnel have the right to have work protection and safety guarantees in handling Corona Virus Disease 2019 (COVID-19) (Asyhadia, 2018).

Efforts to eradicate the chain of the spread of the COVID-19 virus will continue to be undertaken with quarantine efforts for infected residents until 2020. In addition, the government is also required to make strategic policies to adjust to the new normal. One of them is in making strategic policies toward increasing the alertness of health care centers as an effort to handle and prevent (Verguet et al., 2021). The government has also quickly issued policies regarding social distancing, physical distancing, work from home, and the implementation of Large-Scale Social Restrictions (PSBB) which includes public services, to break the chain of the spread of COVID-19 (Itasari, 2020). All of these restrictions are also a challenge because not all policies issued can be implemented by the community and even more so considering the ability of each regional government throughout Indonesia is not evenly distributed, resulting in inequality between developed and underdeveloped regions (Karno & Sulaiman, 2021). The polemic also indicates that government policies have not been fully effective. Based on the description above, it will be discussed further the quality of health services during the COVID-19 pandemic in Indonesia and how the factors that cause health services that have been deemed ineffective so far.

2 Materials and Methods

Quality service implies providing services to patients based on quality standards to meet the needs and desires of the community, to obtain satisfaction with increasing patient trust (Organization, 2020a). Excellent service is intended to provide satisfaction to patients, services must be of high quality and meet the main quality dimensions, namely reliability, responsiveness, assurance, empathy, and tangibles. In this case, it is also necessary to reciprocate from the patient in appreciating the performance of health workers (Sisdiyantoro & Minarni, 2021).

In solving the problem formulation raised. The research method used is classified as normative or doctrinal legal research with a juridical-normative approach. The normative legal research method uses a method of researching existing library materials (Abdurrahman, 2009). In collecting research data, by using secondary legal materials in the form of books, journals, articles, and other written works, come from both print and internet media that correlates with this research (Sumardjono, 1989). Because this research is normative research, the data collection technique used is the study of documents or library materials and the

analysis techniques of legal materials used are deduction techniques (from general to specific) and interpretation (interpretation) in analyzing existing legal materials (Sulaiman, 2018). Data analysis in this study used qualitative analysis techniques, namely to answer the problem of how the quality of health services during the COVID-19 pandemic in Indonesia, the factors that affect the quality of health services, and the concept of legal protection that is not yet clear for health workers, and the absence of special regulations, which regulates legal protection for health workers, especially for those who are carrying out health services during the COVID-19 pandemic (Itasari, 2020).

3 Results and Discussions

It should be emphasized, that some coronaviruses can cause severe symptoms. The infection can turn into bronchitis and pneumonia caused by COVID-19, resulting in symptoms such as (Widjanantie et al., 2020):

- Fever may be quite high if the patient has pneumonia;
- Cough with mucus;
- Shortness of breath;
- Chest pain or tightness when breathing and coughing.

These symptoms depend on the type of virus that attacks, and how serious the infection is. The following are some of the mild symptoms of the COVID-19 virus, such as; Runny nose, Headache, Cough, Sore throat, Fever, and feeling unwell (Organization, 2020b). To diagnose a coronavirus infection, the doctor will start with a history or medical interview. Here the doctor will ask about the symptoms or complaints experienced by the patient. In addition, the doctor will also perform a physical examination, and blood tests to help confirm the diagnosis (Purwendah & Mangku, 2021). The doctor may also perform a sputum test, and take a sample from the throat, or another respiratory specimen (Indonesia, 2002). For cases of suspected novel coronavirus infection, the doctor will perform a throat swab, DPL, liver function, kidney function, and PCT/CRP (Deliana et al., 2021).

As doctors are obliged to be responsible for providing unplanned health services. There is no special treatment for the coronavirus infection (Mangku et al., 2020). Generally, people with it will recover by themselves. However, some efforts can be done to relieve the symptoms of coronavirus infection (Magnavita et al., 2020). For example: First, Take over-the-counter medications to reduce pain, fever, and cough. However, do not give aspirin to children. In addition, do not give cough medicine to children under four years old. Second, use a humidifier or take a hot shower to help relieve sore throats and coughs. Third, get lots of rest. Fourth, increase the intake of body fluids (Yuliartini & Mangku, 2020). Fifth, if you are worried about the symptoms you are experiencing, immediately contact the nearest health care, provider. If the patient has a COVID-19 infection, the doctor will refer them to a Referral Hospital that has been appointed by the local Health Office (Dinkes) (Satrianegara, 2014). If it cannot be referred for several reasons, the doctor will do: First, Isolation measures. Second, serial chest X-ray as indicated. The third is symptomatic therapy. Fourth, is fluid therapy. Fifth is mechanical ventilation (if respiratory failure). Sixth, if there is accompanied by a bacterial infection, antibiotics can be given (Saraceno et al., 2007). Until now there is no vaccine to prevent infection with COVID-19. However, there are at least some ways that can be done to reduce the risk of contracting this virus. Here is what you can do (Muninjaya, 2011):

- Wash your hands frequently with soap and water for 20 seconds until clean;
- Avoid touching your face, nose, or mouth when your hands are dirty or unwashed;
- Avoid direct or close contact with sick people;
- Avoid touching wild animals or poultry;
- Clean and sterilize frequently used surfaces;
- Cover your nose and mouth when sneezing or coughing with a tissue. Then, throw away the tissue and wash your hands thoroughly;
- Do not leave the house sick;

- Wear a mask and immediately go to a health facility when experiencing symptoms of respiratory disease.

Indonesian government policy in guaranteeing health services during the COVID-19 pandemic

The concept of legal protection is an entity of various legal remedies in protecting human rights as well as rights and obligations arising from legal relations between human beings as legal subjects. In other words, the concept of legal protection is an illustration of the function of law, namely the concept where the law can provide justice, order, certainty, benefit, and peace. Article 28D paragraph (1) of the 1945 Constitution states that everyone has the right to fair recognition, guarantees, protection, legal certainty, and equal treatment before the law. This is similar to Article 5 paragraph (1) of Law no. 39/1999 on Human Rights which also states that everyone is recognized as an individual human being who has the right to demand and receive the same treatment and protection following his human dignity before the law (Arifin & Lestari, 2019).

Article 27 paragraph (1) of Law no. 36/2009 on Health states that health workers are entitled to compensation and legal protection in carrying out their duties following their profession. Strengthened by Article 57 letter an of Law no. 36/2014 concerning Health Workers which also states that health workers in carrying out their practice are entitled to legal protection as long as they carry out their duties following Professional Standards, Professional Service Standards, and Standard Operating Procedures. The above regulations authorize the Government to carry out legal orders in providing guarantees for legal protection to health workers. In connection with the task force for handling the acceleration of COVID-19, the Government should provide protection and guarantee the rights of health workers in conducting services, including rewards and guarantees for safety and health while on duty (Arifin et al., 2019).

Besides, the government is also responsible for providing health service facilities for health workers to carry out their work. Therefore, the Central Government and Regional Governments are responsible for the availability of health service facilities in the context of realizing the highest degree of health. This is regulated and stated in Article 6 of Government Regulation Number 47 of 2016 concerning Health Service Facilities. Considering the current outbreak of the COVID-19 outbreak, after the issuance of the Decree of the Head of BNPB Number 13 A of 2020, all levels of the Government are required to carry out all their obligations as stipulated in the applicable legislation (Etika, 2007).

The quality of health services in the pandemic era cannot be separated from government policies related to the main tasks and functions in implementing health policies in the implementation of Community Health Efforts (UKM) and Individual Health Efforts (UKP) in providing health services. Community Health Centers as first-level health facilities are at the forefront of quality, effective, efficient, accountable, and integrated public services or community users (Inkster et al., 2020). This is in line with the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019 concerning Community Health Centers (Puskesmas) where health services are efforts provided to the community including planning, implementation, evaluation, recording, and reporting as outlined in one system (Chapter 1, Article 1, verse 9). This is stated in detail in Articles 6a-l concerning SMEs and Articles 7a-j concerning UKP (Santoso, 2021).

So far, the government is considered late in anticipating the coronavirus, the Head of the BNPB Operations Control Center, which the delay in responding to the COVID-19 problem has affected the data collection process and public communication management. As a result, it is difficult for Indonesia to obtain various equipment regarding the handling of COVID-19. On the other hand, a new Task Force was formed on March 13, 2020, based on Presidential Decree No. 7 of 2020 concerning the Task Force for the Acceleration of Handling Corona Virus Disease 2019. Then it was revealed in the Decree of the Head of the National Disaster Management Agency No. 13. The delay in responding then resulted in difficulties in obtaining equipment needed to fight COVID-19 (Firmansyah et al., 2017). Thus, the government does everything possible. Starting from diplomacy with various countries, through business or commercial channels, to dealing with intelligence. Indonesia is unprepared and is shocked by the speed of transmission of COVID-19. Unpreparedness is also related to the availability of equipment needs and data collection which greatly affects the handling of COVID-19. It also affects public communication and appropriate policy-making. As a result, people are confused about what to do. On the other hand, data collection is also constrained by sectoral egos and lengthy bureaucracy.

Efforts to overcome various kinds such as examination, treatment, care, and isolation of patients who are declared positive as well as quarantine measures. Government policies have implemented the Large-Scale

Social Restriction (PSBB) policy to prevent the spread of COVID-19 transmission. The implementation of PSBB has been regulated in Government Regulation Number 21 of 2020 which was signed by the President on Tuesday (31/3/2020). Meanwhile, technical details and requirements regarding PSBB are stated in the Regulation of the Minister of Health (Permenkes) of the Republic of Indonesia Number 9 of 2020 concerning Guidelines for Large-Scale Social Restrictions in the Context of Accelerating Handling of Corona Virus Disease 2019 (COVID-19) which was signed by the Minister of Health of the Republic of Indonesia Terawan. Agus Putranto (Shidarta, 2013). There are also the provisions of the laws and regulations as outlined in Law Number 6 of 2018 concerning Health Quarantine, it can be said that lockdown is part of the provisions that have been made by the policy in the regulation, in this regulation discusses health quarantine at the entrance and in the area where disease observation activities are undertaken and various public health risk factors for transportation means, people, goods, and/the environment, as well as responses to public health emergencies in the form of health quarantine measures (Zhang & Atkins, 2019; Sheppard et al., 2010).

Seeing from these regulations, PSBB is a restriction on certain activities of residents in an area suspected of being infected with the coronavirus disease 2019 (COVID19) in such a way that it can be called a lockdown to prevent the possibility of its spread. To determine the PSBB, each area where the lockdown applies must meet the following criteria: The number of cases and or the number of deaths due to the disease has increased and spread significantly and quickly to several areas. There is an epidemiological link with similar events in other regions or countries. If PSBB is implemented in an area, the implementation of PSBB includes several things, namely holidays from school and workplaces, restrictions on religious activities, and restrictions on activities in public facilities. However, holidays and restrictions are excluded for certain services such as food service needs, health services, and finance. Restrictions are also excluded for health services, markets, shops, supermarkets, and health facilities (Sisdiyantoro & Minarni, 2021).

Condition of health facilities and health workers to provide health services during the COVID-19 pandemic in Indonesia

Every human being needs service even in extreme, it can be argued that service cannot be separated from human life. So service is every activity carried out by the government in every profitable activity in a group or unit and offers satisfaction even though the results are not tied to a physical product. In terms of health services, health workers are indeed at the forefront and should provide services (Åhman, 2006; Cumming, 2007; Ihrig & Moe, 2004). However, the quality of health services in Indonesia is the main responsibility of the government which must provide health services not only to patients but also to health workers. The government is obliged to carry out its responsibilities as a public service provider, as referred to in the Decree of the Minister for Empowerment of State Apparatus Number 63 of 2003 which has explained that public services are all service activities carried out by public service providers as an effort to fulfill the needs of service recipients as well as the implementation of the needs of laws and regulations. invitation (Karno & Sulaiman, 2021).

Health workers are the main component of providing health services to the community to achieve health development goals following national goals as mandated by the constitution. As the main component of health service providers, of course, the existence, role, and responsibility of health workers are very important in health development activities. The implementation and utilization of the existence, roles, and responsibilities of these health workers are running well, balanced, orderly, quality-maintained, and protected both for the health workers themselves and for the people who receive these health services, they need an arrangement that is outlined in the form of legislation (Asyhadia, 2018).

During this COVID-19 pandemic, many problems have been faced by health workers in carrying out health service tasks, apart from acts of violence for being late in handling COVID-19 patients, incentives for COVID-19 health workers have not been paid, some of the worst are the presence of discrimination from people who refuse health workers exposed to COVID-19 to self-isolate around their settlements. Some of these phenomena indicate that there are problems in providing legal protection for health workers in Indonesia which have the potential not to guarantee legal certainty, so it will be difficult to regulate health workers effectively. The absence of legal certainty in the regulation of health workers resulted in the legal protection for health workers is also not guaranteed, in the end, the implementation of health carried out by health workers in Indonesia becomes ineffective (Biroli, 2015).

In terms of further services, regarding health facilities. The lack of qualified health facilities can be a benchmark for a country's readiness to face various health threats. The phenomenon that occurred during the COVID-19 pandemic was the occurrence of hospital overcapacity. In addition to hospitals, the implementation of health services with the regional concept (Puskesmas) is also experiencing difficulties. The focus on handling COVID-19 does not only grow on handling cases, but it is necessary to empower the community to break the chain of transmission following the health protocols recommended by the government by realizing community independence through empowerment in implementing clean and healthy living behaviors that have awareness, willingness and ability to live a healthy life (Szmukler et al., 2014). The ability of health facilities to provide good service must always be balanced with improving the quality of services to achieve optimal health degrees for the entire community. An indication of the service quality of health facilities can be reflected in the patient's perception of the health services received. From this perception, patients can provide an assessment of the quality of service (Santoso, 2021).

Quality service means providing services to patients based on quality standards to meet the needs and desires of the community, and to obtain satisfaction by increasing patient trust (Knigavko et al., 2022). Excellent service is intended to provide satisfaction to patients, services must be of high quality and meet the main quality dimensions, namely reliability, responsiveness, assurance, empathy, and tangibles. In this case, also need reciprocity from patients in appreciating the performance of health workers. The quality of health facilities in the context of meeting the needs of public health services is determined by two factors. The first is the factor of health facilities related to the quality of health services and the level of patient satisfaction. That is, as long as the quality of health services meets patient satisfaction, the level of conformity will be high and health facilities are needed by the community (Romawati et al., 2022). The purpose of conformity is that there are similarities in goals, health facilities can provide good services to the community and the community receives services following expectations. Conversely, as long as the quality of health services does not meet the level of patient satisfaction, the level of conformity will be low, resulting in health facilities being abandoned by the community. The second factor is the change (transition) of demographics, epidemiology, socio-economics as well as the values and critical attitudes of the community that will create very complex and diverse health service needs (Ashraf et al., 2014; Francois, 2000). Thus, the position and role of the quality of health facilities are very important to implement.

Service quality is a dynamic condition associated with products, services, human resources, processes, and environments that meet or exceed expectations. Likewise with health services where the satisfaction achieved by patients when what is expected can be provided by health service providers, both hospitals and health centers. So that it can be said that the service quality assessment arises due to the difference between customer expectations for a service and their perception of the service they receive. When the customer's expectations are lower than the perception of the service obtained, then it becomes a pleasant surprise for the customer (Sisdiyantoro & Minarni, 2021).

When the expectation of the customer is in line with the perception of the service obtained, the customer will feel satisfied. However, when the customer's expectations are greater than the perception of the service obtained, the customer is not satisfied with the service. Two main factors affect service quality, namely expected service, and perceived service. lower than expected, then the quality of service will be perceived as bad or unsatisfactory, thus whether or not the quality of service depends on the ability of the service provider to consistently meet the expectations of its users (Purwaningtyas, 2021).

4 Conclusion

Responding to the results of the research and discussion that have been described previously, it can be concluded that health services for the people who are located should receive attention from the government because the laws and regulations in Article 28H paragraph (1) of the 1945 Constitution state that everyone has the right to live in prosperity. physically and mentally, as well as a place to live and get a good environment and get the right to health services. The absence of legal certainty in the regulation of health workers causes legal protection for health workers is also not guaranteed, in the end, the implementation of health carried out by health workers in Indonesia, becomes ineffective. The Indonesian government should also be more serious in building health facilities from the primary level (in the form of puskesmas which are

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often used as referrals for the underprivileged) and hospitals so that they do not experience overload capacity. This indicates that the condition of health facilities during the pandemic is also the cause of the decline in the quality of health services in Indonesia.

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