

Public Understandings of Healthcare Services Regulations

M. Erham Amin^{1*}, Noor Hafidah², Djoni S. Gozali³, Achmad Faisal⁴, Anang S. Tornado⁵, Rudy Irawan, Ananta Firdaus

Department of Law, Universitas Lambung Mangkurat, Banjarmasin, Indonesia.

*Correspondence author: muhammad.erham@ulm.ac.id

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ABSTRACT

The issue of public understandings of healthcare services enacted in different nations across the globe is rapidly gaining popularity among the medical professionals and the related researchers. Some of the countries which have been adversely affected by the public unawareness of critical health-related laws include Indonesia. Despite its high and ever-expanding population, Indonesia is experiencing significant health-related challenges since most of its citizens do not appropriately apprehend some of the most important health policies, including the Minister of Health Regulation No.4. policy which was enacted in 2018. In this concern, the current project was aimed at investigating the level of public apprehension of the healthcare policies. In this regard, the study was based on answering the respective question: How well do members of the public in Banjarmasin City understand and interpret the Minister of Health Regulation No.4. policy? Resultantly, it was hypothesized that the most Indonesians are unaware or do not comprehend the aspects of the recently implemented Minister of Health Regulation No.4. (2018) policy and the respective obligations

of hospitals to their patients. The study exercise was performed in Banjarmasin City and comprised of about 12 healthcare centers. In general, the study incorporated 350 respondents. It was determined that most Indonesians are not aware of the existence of the Minister of Health Regulation No.4. (2018) policy. In this case, the government and related healthcare stakeholders should enforce significant programs to improve the apprehension of the above healthcare policy among Indonesians, such as conducting educational seminars.

Keywords: healthcare, hospitals, Banjarmasin City, health regulations, Indonesia

Correspondance:

M. Erham Amin

Department of Law, Universitas Lambung Mangkurat
Banjarmasin, Indonesia.

E-mail: muhammad.erham@ulm.ac.id

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INTRODUCTION

There has been an increasing concern for the improvement and expansion of population health accessibilities globally. Efforts to accelerate the demand for priority intermediations have been covertly based on the assumption that the available healthcare is of adequate quality or that with the enhancement of coverage, the outcome will automatically improve (Derose, Gresenz & Ringel, 2011). Nevertheless, such implications may be untrue (Nutley, Walter, & Davies, 2003). It has been acknowledged that individuals may be acting in a flawlessly logical manner when they avoid applying healthcare services of penurious quality and that the inadequate care can be a hindrance to global health protection and independent access.

Although healthcare policies are becoming increasingly complex to interpret, people should be concerned with the apprehension of effective healthcare services (Collins, Abelson, & Eyles, 2007). A significant population of individuals in the modern society is aged, and communities are struggling to maintain proper health and quality of life, especially for senior citizens (Michel, Gusmano, Blank, & Philp, 2010). As elaborated by Cochrane et al. (2007), the successful administration and provision of healthcare services depend on a whole team of individuals, comprising of healthcare service providers, caregivers, and families, among other people. All the above individuals significantly contribute to the healthcare wellbeing by undertaking critical roles simultaneously in an effective and comprehensive manner (Savory, 2010). In this case, all of these people should exhibit an adequate understanding of healthcare services required or recommended to the subsequent patients.

Unfortunately, the modern healthcare and related stakeholders have not been effective and successful in educating and creating awareness among the caregivers,

patients, and the general public, thereby burdening the healthcare professionals with all the tasks of providing and administrating medication to the patients (Hoornebeek & Peters, 2017). Aiding the patients and other individuals, such as their family members, to properly understand their health and medical care offered or giving them recommendations will augment the chances of their successful recovery (MacKian, Elliott, Busby, & Popay, 2003). Resultantly, this will improve the patients' trust in subsequent health practice. According to De Freitas and Martin (2015), enhancing health care literacy is crucial in improving the health outcomes among patients and the overall wellbeing of communities by equipping individuals with significant and effective health practices to live healthily.

Correspondingly, the above objective can also be attained by allowing and assisting individuals in asking their healthcare providers relevant questions concerning medications and equipping them with essential knowledge and concepts required to refer families and friends to quality healthcare services (Entwistle & Quick, 2006). Nevertheless, creating a comprehensive framework that can be easily interpreted by patients and the general public is not relatively easy (Kostkova et al., 2016). Typically, nurses and other medical professionals often undergo a pertinent and inclusive training to enhance their proficiencies in medical terminologies and healthcare administration skills (Embrett & Randall, 2014). In this concern, numerous efforts by numerous individuals and organizations to improve public awareness of healthcare services in various countries have not been successful (Conklin, Morris, & Nolte, 2015). However, the increasing campaign for the implementation of sufficient public healthcare policies has necessitated several countries to enact critical health regulations that would promote understanding of the concept of health care among citizens.

According to Cairney (2011), our health and that of others is a recurring daily concern as humans. Regardless of age, socioeconomic status, gender, and ethnic backgrounds, health is the most basic and critical asset in human beings (Parker, Ratzan, & Lurie, 2003). In this regard, the United Nations declared the right to quality healthcare as a vital element of human rights and apprehension of life as dignity in the universe (Sykes, Wills, Rowlands, & Popple, 2013). For instance, as stated in the World Health Organization framework, “The right to the enjoyment of the highest attainable standard of physical and mental health, to its full name, is not new” (Bratan, Stramer, & Greenhalgh, 2010). The corresponding statement was first articulated in the World Health Organization (WHO) constitution in 1946 (Smedley, 2006). According to the WHO, the concept of health is defined as the state of complete mental, social, and physical wellbeing, and not necessarily the absence of illness or infirmity.

Therefore, following the enactment of the above healthcare policies by the United Nations, in conjunction with its major healthcare agency, the World Health Organization, numerous member countries have attempted to implement adequate health care services and an inclusive understanding of health care services among their citizens. One of these countries includes Indonesia (Aspinall, 2014; Fossati, 2016). Nevertheless, despite the effort of the Indonesian government and other healthcare-related agencies in the region to improve healthcare awareness among the citizens through the adoption of various healthcare policies, most Indonesians still do not adequately understand the notion of health care services (Dhamanti, Leggat, Barraclough, & Tjahjono, 2019). In this concern, the current paper is aimed at assessing the level of public understanding of healthcare service users, in relation to the Minister of Health Regulation No. 4 of 2018, through the evaluations of hospitals in Banjarmasin City, Indonesia.

The notion of public understandings of health care services has emerged to be one of the most controversial topics among diverse individuals, including scholars, researchers, healthcare practitioners, and scientists (Spitzer, Silverman, & Allen, 2015). Following the declaration of health as an essential human right in 1946 by the World Health Organization, numerous nations globally, including the developed and developing ones, have increasingly embarked on adopting suitable strategies to improve the quality of their health services (Hammer, Aiyar, & Samji, 2007). Health is also indicated in The Universal Declaration of Human Rights (UDHR) as a component of the right to a satisfactory living standard (Finney Rutten, Gollust, Naveed, & Moser, 2012). Consequently, as elaborated by Williams and Bryan (2007), in the 1968 International United Nations Convention on Social, Economic, and Cultural Rights, the right to health was further acknowledged as an essential human right.

Since 1968, diverse international human rights agreements have been based on the concept of the right to health or its elements, including the right to quality medical services (Smith, & Joyce, 2012). The right to proper health is now pertinent to all countries. For instance, as indicated by Collins, Abelson, and Eyles (2007), at least every nation has

endorsed one universal human rights covenants acknowledging the right to health. Further, according to Gkeredakis et al. (2011), several countries have committed to protecting and recognizing the respective international health policy through global declarations, domestic policies and legislations, and transnational conferences.

Recently, there has been increasing emphasis on the right to access the highest possible standard of health by various human rights-based agencies, such as the Human Rights Council (formerly the Commission on Human Rights) and the World Health Organization (Faber, 2009). Resultantly, this consideration has enhanced the creation and implementation of critical health policies, supporting the right to the highest achievable standard of health care in distinct countries (Graham, 2004). The Republic of Indonesia is still in the midst of cycles of transitions and transformations, ranging from the epidemiological and demographic to the economic, political, and social factors.

Indonesia is the prime archipelago in the universe, with approximately 17504 islands (Suryadana, 2017). Moreover, Indonesia is ranked the fourth most populated country in the world, consisting of 240 million individuals (Huraerah, 2019). This population comprises of diverse cultural, linguistic, and ethnic groups. According to Handayani (2015), after many years of authoritarianism and centralized form of government, Indonesia introduced significant reforms to create a stable and democratic administration, with vital devolutions of leadership to the district and provincial levels.

Nevertheless, the health system investment by the Indonesian government has been limited, thereby enhancing the inadequacy of the workforce and facilities necessary for public services and promoting the development of private health care facilities (Yanuaristi, Hidayat, & Al-Kahfi, 2019). Subsequently, the above issue has accelerated the challenges of child and maternal health, the persistence of communicable infections, and malnutrition, while chronic conditions and other non-communicable ailments are prevailing as new priorities (Martiana, 2018). Moreover, as indicated by Werdhani (2019), there are critical locational disparities in regard to health status, quality of medical services, capacity and availability, and efficiency of health care in Indonesia.

Decentralization has adversely interfered with the ability of the federal health ministry to integrate and align distinct levels of the health care system (Nugroho, Carden, & Antlov, 2018). However, despite the tremendous improvements and increase of government investment in the health care system since the 1997 economic downturn, Indonesia has not been able to adequately implement quality health care systems and augment public awareness and understanding of health care services (Kenichiro, 2015). Most of the health care funding has been used to enhance social safety through social health insurance policies for low social class individuals (Starr, 2012). The major challenge faced by the government is expanding the above plan to attain universal health coverage before 2020 (Kenichiro, 2015). Nevertheless, despite the above problems, Indonesia has surfaced as a middle-income economy with a relatively strong and stable government and budget.

The overall health status indicators in Indonesia have significantly improved within the previous two decades, with a rise in life expectancy from 63 to 71, and a fall in mortality rate from 52 to 31 deaths per 1000 live births (Huraerah, 2019). Unfortunately, the advancements in communicable infections and maternal mortalities have been relatively slow. For instance, as of 2010, the maternal mortality rate was still high at about 210 deaths per 10 000 births with rising incidences of malaria and tuberculosis (Huraerah, 2019).

The facilitation of affordable and high-quality healthcare service is rapidly becoming a critical challenge in contemporary society. As a result of intricacies of healthcare systems and services, interpreting and assessing the application, quality, costs, organization, delivery, financing, accessibility, and outcomes of medical care is essential in informing the government agencies, providers, insurers, customers, and other health-related decision-makers (Marks, 2009). Numerous countries, especially the developed ones, have implemented adequate health care policies that obligate health care practitioners to advise or notify patients on their health statuses and the necessary medication that should be administered.

However, there are some countries that are yet to implement the above patient consent regulation or experiencing difficulties in enforcing the law (Imani & Safari, 2011). Since the previous mid-century, numerous health regulation policies have been enacted in Indonesia to aid in the effective recovery of patients, and fair dealings and associations between medical practitioners and their patients (Imani & Safari, 2011). One of the essential health care laws adopted in Indonesia includes the Minister of Health Regulation No. 4 of 2018 dated March 28, 2018, concerning the responsibility of hospitals and their obligations to their patients (Yanuaristi et al., 2019). According to Yanuaristi et al. (2019), the above regulation, which was enacted in 2018, was aimed at replacing the Minister of Health Regulation No.64 (2014) regarding the same topic.

The corresponding policy set additional duties for healthcare with respect to their employees and patients. In this case, the new regulation elucidated that patients are eligible to apprehend their health rights, such as the right to authorize or decline to be part of a medication examination (Werdhani, 2019). Moreover, the law clarified that hospitals should guarantee specific labor rights to their staffs, including the right to fair compensations and rewards (Werdhani, 2019). Nevertheless, despite the implementation of the Minister of Health Regulation No.4 policy, it has been determined that most patients in Indonesia and the general members of the public are still unaware of this healthcare regulation and its significance in enhancing their health care deliveries (Nugroho et al., 2018). In this concern, there is an imminent need to understand the level of public awareness and understanding of this fairly new clinical law, otherwise known as the Minister of Health Regulation No.4. Therefore, the current project will entail investigating the degree of individual apprehension of the above healthcare policy among patients in various hospitals

located in Banjarmasin City, Indonesia. In this case, the project will be based on answering the following question: How well do members of the public in Banjarmasin City understand and interpret the Minister of Health Regulation No.4. policy?

Correspondingly, it was hypothesized that the most Indonesians are unaware of or do not comprehend the aspects of the recently implemented Minister of Health Regulation No.4. (2018) policy and the respective obligations of hospitals to their patients.

Despite the differences in the administration and legislation of the rights of patients in various countries, it is essential that patients are administered with a dignified and respectful treatment as human beings (Jamar, 1994). Subsequently, this necessitates the provision and equal access to quality health care and services by the patients (Pogge, 2007). Moreover, hospitals should ensure confidentiality and privacy of the patients' medical information, notify and obtain the patients' consent before administering a specified medical intervention, and offer a safe and conducive healthcare environment. In this concern, the objectives of the current project are to (1) investigate and establish the level of public awareness of the newly enacted policy, the Minister of Health Regulation No.4 (2018), (2) to assess and indicate how well the members of the public understand and interpret the possibility of applying the concept of the Minister of Health Regulation No.4. (2018) policy, and (3) to contribute to the embodiment of the existing literature and knowledge about health policies and public awareness by adding more information on the respective topic.

METHODOLOGY

Although there has been an increasing concern on the level of public awareness of health care policies and the general obligations of the hospital towards their patients and employees in Indonesia, there are limited studies conducted to investigate the issue. In this case, it was crucial to perform a study aimed at assessing the extent of the problem in the context of hospitals in the city of Banjarmasin, Indonesia. This section will constitute critical information on the study design, description of the sample information, data collection techniques, and the data instruments and analysis methods applied in the study process.

The current study is a quantitative survey designed research focused on investigating the public understanding of the recently implemented healthcare policy known as the Minister of Health Regulation No.4 (2018) by the ministry of health, and the obligations of medical professionals to their patients. The quantitative study approach entails a systematic assessment of a given phenomenon through the collection of quantifiable information and employing adequate statistical or numerical data analysis techniques (Nardi, 2015). According to Kotrlik and Higgins (2001), the quantitative survey study design is a crucial research model that is highly effective in performing investigations that involve assessing the features or opinions of a given population sample. Similarly, since the current study also constitutes analyzing the issue of public health care regulations and its understandings in a respective

population, it was, therefore, justifiable to employ the quantitative survey research approach.

The current study was performed at Banjarmasin City in Indonesia. Banjarmasin is a metropolitan residential center and the largest city in South Kalimantan, located on the island of Borneo in Indonesia (Fossati, 2016). Due to its vast natural resources, the city has been marked by significant growth and advancements in various sectors, including healthcare (Fossati, 2016). According to the report by the Ministry of Health of Indonesia, as of 2018, there were about 2,454 healthcare facilities in Indonesia, where the majority are located in urban centers (Yanuaristi et al., 2019). Out of the above healthcare centers, only 20 have been certified by the Joint Commission International (Yanuaristi et al., 2019). Just like other major cities in the region, most residents of Banjarmasin City are middle income, and this justifies why there are more private hospitals than public healthcare centers in the region.

In this case, the researcher identified 12 hospitals in Banjarmasin City. Out of these, seven were private healthcare centers and five public hospitals. In total, the estimated population of patients in the 12 hospitals was about 1500 individuals. However, only 350 people out of a total of 1500 patients were randomly selected and incorporated as eligible participants in the study process. The recruitment process was on a voluntary basis, where the respondents were informed about the project and its objectives, and those who were willing to participate in the investigation process were invited to apply. In general, the study incorporated approximately 300 patients who were admitted in the selected hospitals and 50 medical practitioners who were proportionately recruited across the identified healthcare centers.

The current project incorporated both primary and secondary data. In this case, the secondary data was derived through a comprehensive literature review of the existing sources on the subject of public understandings of healthcare services. Secondary data was critical in formulating the research hypothesis (Boslaugh, 2007). Primary data collection included the information which was obtained after performing survey investigations on the selected sample populations. Therefore, the primary data was used to measure the pre-determined study hypothesis (Besson, Scharf, & Kraut, 2006). In this concern, the researcher applied essential primary data collection approaches, including the questionnaire and interview. During the study process, each of the participants was provided with an open-ended question, which they were expected to submit within one week. Consequently, the interview was conducted involving 2-day workshop sessions, using a computer-aided interviewing system.

RESULTS AND DISCUSSION

The research investigation was conducted in exactly 45 days. During the study process, the derived data from questionnaires and the computer-aided interview system were recorded and analyzed in statistic application. According to the study findings, it was evident that 60 percent of the total 300 patient participants indicated that they were not aware of the existence of the Minister of Health Regulation No.4. (2018) policy.

In general, the study incorporated 350 respondents, out of which 300 comprised of the admitted patients and the remaining 50 individuals included nurses and other healthcare practitioners recruited from the selected hospitals. According to the study outcomes, it was apparent that 60 percent of the patient respondents were not aware of the existence of the Minister of Health Regulation No.4. (2018) policy. In this case, 180 participants indicated that they were uninformed on the implementation of the above law. However, they were willing and ready to apply the law in the actual hospital scenario. Nonetheless, about 20 percent of the above 180 respondents confessed that they have unknowingly witnessed some medical practitioners practicing the law on their patients.

In this case, it was evident that 30 percent of the respondents were informed on the implementation of the Minister of Health Regulation No.4. (2018) policy but did not understand it. Consequently, 10 percent of the respondents reported that they were informed about the policy, adequately understood its framework, and have attempted to apply the law on the real-time medical scenario.

According to the study findings, about 30 percent of the participants responded that they were informed about the healthcare regulation and were aware during its implementation. However, despite their knowledge of the availability of this health care policy, the above respondents indicated that they do not apprehend its in-depth concepts and the subsequent impacts. Moreover, 50 percent of them stated that they were not interested in understanding the aspect of this regulation or applying it in the real-time medical situation. On the other hand, only 10 percent of the participants were well aware of the enactment of the health policy and adequately comprehended its framework. Further, more than half of the above 10 percent of individuals have applied the concepts of the law in their hospital encounters, while the remaining percentage confessed having witnessed the utilization of the law by some healthcare professionals and patients. All the 50 medical practitioners who were included in the study process indicated that they understood the existence of the current healthcare regulation and have attempted to incorporate it into their routine clinical practices.

Based on the derived study findings and the incorporated sample population, it can be indicated that about 60 percent of residents in Banjarmasin City are unaware of the existence of the Minister of Health Regulation No.4. (2018) policy, while 30 percent are informed of the policy but do not understand it. Only 10 percent of the individuals in the city understand the policy and have attempted to apply it at least once in their lives.

Based on the outcomes of the study, it was established that the majority of Indonesians are not aware of the existence of the Minister of Health Regulation No.4. policy which was enacted in 2018. Only 10 percent of participants were well informed about this health care law. In this regard, the current study contributed to the existing research on the issue conducted in Indonesia.

CONCLUSION AND RECOMENDATIONS

The subject of public awareness and understandings of the implemented health care regulations in various countries is increasingly gaining popularity among the current medical stakeholders, researchers, and scholars. One of the countries adversely affected by the public unawareness of essential health-related laws in Indonesia. The current project was aimed at assessing the level of public apprehension of the healthcare policies. In this case, the study process was conducted in Banjarmasin City and involved a total of 12 healthcare centers from the region. Moreover, 350 respondents were incorporated into the investigation exercise. Therefore, the subsequent findings positively measured the pre-determined hypothesis stating that the level of public understanding of hospital service users among Indonesians is relatively low. In this case, the government and related healthcare stakeholders should enforce significant programs to improve the apprehension of the above healthcare policy among Indonesians, such as conducting educational seminars.

Although the researcher successfully performed a survey investigation to establish the level of public understanding of the subsequent healthcare policies, additional studies should be conducted to assess the validity of the findings. This is because the current study was affected by the limited sample populations, and therefore, the outcomes might not be reliable. Further, more studies should be conducted to determine various way which government and medical stakeholders should utilize to enhance the public awareness on the concepts of the Minister of Health Regulation No.4. (2018) healthcare policy among Indonesians.

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