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BPJS Patient Rights Protection Planning in Hospital Service Management

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A B S T R A K

Dukungan Emosional merupakan pendekatan yang tepat bagi semua pasien untuk menyembuhkan pasien tersebut dengan ketekunan diri untuk menjaga standar kesehatan mental mereka di samping kondisi kesehatan fisik dengan pengobatan dan diperlukan untuk Dukungan Keuangan bagi orang pasien dengan dukungan keuangan rendah. Penelitian ini menggunakan Metode Kualitatif Deskriptif dengan pembahasan pustaka dalam mengembangkan Domain Taksonomi Afektif dalam mengukur desain pelatihan kesehatan mental yang dilakukan oleh dokter kepada pasien di rumah sakit dalam menghadapi penyakit kritis. Kemampuan mental Kesehatan dalam rujukan Asuransi Kesehatan Rujukan sangat penting untuk kesabaran untuk memberikan mereka pendekatan yang tenang untuk menciptakan kemampuan dalam menghadapi kenyataan tentang simulasi utama agar mereka tetap rileks mengenai penerimaan kenyataan tentang penyakit pasien tersebut.

Abstract

Emotional Support is an adequate approach for all patients to heal them with self perseverance to domain their health mentally standard in addition in health physic condition with medication and it is required for Finance Support for the poor. The Research applies Descriptive Qualitative Methods with literature discussion in developing Domain of Affective Taxonomy in measuring health mental training design performed by doctor to patients at hospital in facing critical illness. Referred Health mental ability is very important for patience to deliver them pacified approach to create ability in facing reality about main simulation to keep them relaxed regarding acceptance of reality about their illness.

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1. Introduction

The emotional state of many hospitalized patients is highly valuable for all critically ill patients with a low life expectancy; therefore, it is beneficial for some individuals with a life expectancy and fragile physical constitutions.

Health insurance referrals can reflect the state of the disease, as it can affect human antibodies and lead to new, secondary illnesses after a previous illness if not properly treated. It can reflect the mental state of a patient experiencing discomfort, and is analyzed as a concern for the patient's mind, when the hospital doctor may not be willing to give up the next chance of recovery to cure the patient within the specified timeframe.

Piaget stated the following, relating the analyzed example to the importance of emotional support for children and adults regarding the transfer of motivation that has been influenced. He

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stated that the transfer of motivation for knowledge must be integrated with the learning needs discussed in this observation; therefore, additional therapy for psychological aspects is needed for patients with a high risk of death with critical illnesses.

A culture of politeness, with adequate boundaries, from doctors who diagnose patients solely for medical purposes should be accompanied by motivating patients, as this can increase their hope in facing the urgency of doing their best to create new mental spaces for patients to continue living the rest of their lives with joy and happiness without having to ignore their diagnosis.

It can be assumed that motivational language in speech can maintain an inspirational function for all patients, leading to healing, by stimulating their minds simply by thinking about the disease in question. As Vygotsky stated in Suyanto (2007), it should be an aid to increase patients' insight so they can ignore their illness due to the function of speech.

Errors regarding the selection of certain methods occur because motivation to generate hope in all patients occurs when doctors may lack the adequate ability to comfort and adjust patients' mentality to perceive them as superior human beings, transforming ignoring any disease into hope for life. Doctors also apply some methods without specific goals for patients to achieve. The diagnosis of the disease, followed by a complete diagnosis and receiving medication to cure it, does not constitute mental motivation, as cited in Wahyuni and Ibrahim (2012). 30 – 37.

Equal opportunities exist for all methods used by doctors for critically ill patients, emphasizing not only treatment but also further interventions to ensure the patient recovers with a stable mental state. Hospital management can have the opportunity and be supervised by highly trained physicians, who can enhance patient hope beyond simply considering treatment.

The protection of BPJS Kesehatan patient rights is primarily regulated in Law No. 24 of 2011 concerning BPJS, Law No. 17 of 2023 concerning Health, and derivative regulations such as Presidential Regulation No. 82 of 2018. Patients have the right to adequate, safe, and non-discriminatory medical services according to medical indications, and have the right to file complaints if there are service violations.

Related Laws and Regulations: 1) Law No. 24 of 2011 concerning BPJS: This is the primary legal basis establishing BPJS as a public legal entity obligated to provide social security protection. 2) Law No. 17 of 2023 concerning Health: This regulates patients' rights to obtain information, provide consent for medical procedures, and receive the highest standards of health care. 3) Presidential Regulation No. 82 of 2018 concerning Health Insurance: This regulates the obligation of residents to participate and the right to receive services according to medical indications. 4) Minister of Health Regulations No. 28 of 2014 & 99 of 2015: This regulates the technical aspects of services, including the right to medication and referral procedures.

Without neglecting the doctor's treatment standards for patients as a motivational need, the doctor can act as a manager to measure medication dosages for patients. The doctor's medication is used as a measurement tool to provide standard dosages for patients, comparing and referencing the dosages from the doctor's analysis.

In general, the implications of this application may impact the methods abandoned by some doctors, who suggest providing motivation for patients with critical health conditions. Therefore, they may assume that providing motivation does not refer to the doctor's role in providing training for patients to learn that, while misdiagnosing that medication consumption and motivation for healing are unrelated, they are actually correlated when medical care stops at a medical diagnosis and further treatment.

While in practice, doctors cannot act as secondary agents to provide additional motivational support for mental health during periods of low life expectancy, it does impact the mental health of

patients with such conditions. Therefore, doctors must implement this for every issue of mental support criteria in many illnesses for patients with low life expectancy.

Essentially, the motivation to provide support for critically ill patients is intended to bring joy and pleasure to their lives. Therefore, it is described as a motivation to create a patient's undisturbed mind, as patients can plan their lives without solely considering their illness but also their hopes for the future.

Without neglecting the standard of care doctors provide for patients, as motivational needs arise. Doctors can act as managers, measuring medication dosages for patients. Doctors act as drug measurers to provide standard dosages for patients, comparing and referencing drug dosages based on their analysis. These dosages are not only consumed for treatment but also applied as mental health applications registered with Health Insurance to support both the financial and mental well-being of underprivileged patients.

The Health Insurance Agency (Jaminan Kesehatan) or Social Security Administering Body (BPJS) is a Health Insurance Administering Body established by Mr. Soesilo Bambang Yoedhoyono on December 31, 2013, and began operations on January 1, 2014, to build the nation's health insurance system, which can improve the overall health of the community. However, various obstacles have emerged in efforts to develop public health in Indonesia, stemming from poorly organized administrative activities.

This observation examines how health insurance should provide services to the public. However, there are still potential obstacles in providing optimal service to the public due to numerous service constraints. This system is fully supervised by the legal department and managed by the Human Resources Department for Registration, and administered by doctors or medical personnel.

Because Article 34 of the Law stipulates that all poor and homeless people are covered by the state, the law is considered to have responded to this by implementing a hospital administration system to ensure health for all. As reported in https://www.kompas.id/baca/humaniora/2023/02/28/pembatasan-kuota-pasien-bpjs-kesehatan-diskriminatif, a news report in a region in Indonesia reveals a problem of discrimination against patients diagnosed with health check-ups at hospitals, which is indicated to minimize the number of patients under the pretext of unreasonable service and costs.

As a learning process for the Indonesian administrative system, BPJS Kesehatan (Healthcare and Social Security Agency) requires a method to ensure that administrative services to the public are not hampered by anything that hinders service delivery. This research is based on literature data, which is then applied to a research development plan to deepen the material. To obtain more accurate research, good literature data is needed to provide a development plan for the implementation of an ideal administrative form so that services can be implemented more optimally.

This research was designed based on literature and references from books, allowing researchers to define the characteristics of how hypotheses are concluded by applying research concepts with specific steps and procedures as a method. The general application of this method is predicted as an indication for creating affective taxonomy motivation for critically ill patients.

2. Research Methods

In this chapter, the discussion relies on the reliability and cohesion of the explanation. Therefore, there is one fundamental question reflected in the previous paragraph: How is Mental Motivation for Elderly Patients Implemented in Hospitals by Doctors and Health Insurance Management by Human Resource Trainers, Followed by the Legal Supervisory Agency for the Patient's Family's Health Conditions?

The purpose of this study is to determine how methods for improving patient mental health are implemented in a standardized manner. This study analyzes the process of how Mental Motivation for Elderly Patients is implemented in Hospitals by Doctors and Health Insurance Management by Human Resource Trainers, Followed by the Legal Supervisory Agency for the Patient's Family's Health Conditions.

This study was conducted to present and support the Affective Domain method in maintaining how mental health training for critically ill patients is implemented in the hope that they can plan alternative ways to cope with their illness. This study applies Descriptive Qualitative Methods to develop the Affective Domain Taxonomy to measure and improve the appropriate design for implementing training to improve mental health for patients and Health Insurance Management by Human Resource Trainers, Followed by the Legal Supervisory Agency for the Patient's Family's Health Conditions.

Meanwhile, Design is measured at the end of the domain because patients can consider them to create other activities rather than considering illness and Health Insurance Management by Human Resource Trainers followed by the Legal Supervisory Agency for Health Conditions for Patient Families.

In general, to train mental abilities to maintain the elimination of fear of illness, a way to reduce mental fear is to provide a glimpse for patients into the idea of life because everyone may have the privilege of providing and obtaining it. and Health Insurance Management by Human Resource Trainers followed by the Legal Supervisory Agency for Health Conditions for Patient Families.

3. Results and Discussion

Mistakes in choosing a specific method occur because the motivation to provide hope for all patients occurs when doctors may not be able to adequately comfort and adjust patients' mental state, making them feel superior, ignoring any illness that turns into hope for life. Doctors also apply some methods without specific goals for patients to achieve. The diagnosis of the disease, followed by a complete diagnosis and receiving medication to cure it, does not include mental motivation, as cited in Wahyuni and Ibrahim (2012; 30-37).

As with all methods used by doctors for critically ill patients, they learn and then emphasize not only treatment but also further media to ensure the patient recovers with a stable mental state. Hospital management can have the opportunity and be supervised by doctors with advanced training, as this can increase patient hope by considering not only treatment but also mental support for them.

This approach is about training based on the following principles: 1) Patients develop processes related to discovery using Affection by observing, inferring, formulating hypotheses, predicting, and communicating to motivate themselves. 2) Physicians use a coaching style that supports the discovery process and the affective domain. 3) Medical records are not the sole resource for learning about patient motivation. 4) Conclusions involve the planning, implementation, and evaluation of their own training, with physicians playing a supporting role.

Several motivational language teaching approaches utilize a discovery-based approach to learning, particularly communicative language teaching for the affective taxonomy (Richards et al., 1993). Enrollment and monitoring are then strictly guided for patients with low recovery rates, young people, and financially disadvantaged individuals by the Legal and Management Division.

Table 1. Patient Registration Guide Stages, Recovery Level and Financial Capacity

Responsibility of Social or Legal Division of Hospital for Bad Moral Values on National Insurance	The Role of National Insurance Human Resources Hospital Management in Creating "Motivation to Cure Diseases"
Receive Insurance Coverage Services from patients and motivate them to register to the hospital with standard or critical conditions of Patients.	Receiving Doctor's Receipts and family members are advised By Financial Human Resources Agents to occasionally pay attention to Medical Drugs and Insurance Coverage Services
Monitoring the patient's financial condition and encouraging patients through the patient's family members to bring patients with any condition to a Low Financial Condition Hospital for proper treatment.	Accompanying the Doctor's Health Recommendations and Legal Supervisors to provide advice to always be careful of malpractice and report to legal supervisors if errors occur in medical procedures.
Respecting the Patient's Condition, the Social Division urges patients not to worry about their condition as long as their Health Insurance has not expired and if it has expired, the Legal Division with Social Objectives will cover the patient's costs for it.	While the Financial Human Resources Agency (FHRA) is responding to the doctor's advice and providing mental health support to the patient, the patient's family is instructed to make additional payments for uncovered health insurance and refuse any additional charges during or after treatment. The patient's family is asked to report the case to the Medical Legal Agency and to rely on the agency for registration of additional charges.
Organize an affective approach to patient medical records with the Social Division assistant so that patients can receive appropriate care.	Taking care of all treatment at the Hospital and family members are asked to make a statement letter to the Legal Entity about the service and quality of the hospital, ensuring that there is no malpractice there, and stating to the Health Financial Advisor that there are no extra payments with unconditional fees for health service financing bills.
Providing Hospital Service Assistance for patients, all poor and homeless people are covered by the state, especially for health.	Characterizing to provide statements for Doctors and Nurses about Hospitality in Hospitals Regarding the Quality of Service There.

It can be assumed that motivational spoken language can maintain an inspirational function for all patients, improving their mental movement simply by thinking about the disease in that case. As Vygotsky stated in Suyanto (2007), it should be helpful in increasing patients' insight so they can ignore their illness due to the function of their speech.

The emotional state of many hospital patients is valuable for all critically ill patients with a low life expectancy; therefore, it is beneficial for some individuals with a life expectancy and fragile physical habits. Human Insurance Guidelines can reflect the condition of the disease because it can also affect human antibodies and create further attacks after a previous illness. This can reflect the mental state when the patient's mood is uncomfortable and can be analyzed as a mental concern when hospital doctors may not raise their hands for the next recovery opportunity in curing the patient for a certain period.

4. Conclusion

The main problem is not on the procedure, but on how the method system is not only justified for one time divergence but on the selection of what method is appropriate to be applied in some cases for patients with a low life expectancy in the hospital, doctors must guide patients not to be afraid of their illness, instead, doctors must involve them in other activities that make them not think about their illness for a long time. The Affective Domain consists of the search for new knowledge to obtain and retrain data from the material, but it is still answered in the Emotional Situation many patients in the hospital stated that it is very valuable to be applied to all critical patients with a low life expectancy prediction; therefore it is obtained for some humans with a life expectancy with fragile

body habits will change the condition of the disease as it can be applied in the hospital.

References

Arikunto, Suharsimi. 2006. *Prosedur Pendekatan Edisi Revisi VI*. Jakarta: Rineka Cipta

Degeng, I.N.S. 2008a. *Pedoman Penyusunan Metode Ajar*. Teknologi Pembelajaran P.P.S Universitas PGRI Adi Buana Surabaya.

Degeng, I.N.S. 2008b. *Pengembangan Modul Pembelajaran*. Teknologi Pembelajaran P.P.S Universitas PGRI Adi Buana Surabaya

Freeman Diane Larsen. 1985. Techniques and Principles in Language Teaching. Oxfrod: Oxford Unifersity Press.

Pamuji, Wirawan. 2024. Scarecrow Educational Tourism Management Training for Staff Candidates at Plantation Area. *Indonesian Journal of Journal of Contemporary Multidisciplinary Research (MODERN), 3*(1), 9-16.

Pamuji, Wirawan. 2024. Basic Soft Skills for Law Mediators Development Couching with "You Are My Figure". *Indonesian Journal of Journal of Contemporary Multidisciplinary Research (MODERN), 3*(2), 287-296.

Pamuji, Wirawan. 2023. The Development of Community Language Learning in Improving Human Resource Excellence at Company. *Indonesian Journal of Journal of Contemporary Multidisciplinary Research (MODERN), 2*(5), 979-988.

Pamuji, Wirawan. 2024. Authentic Assessment Objective Working Standard Management Strategy Management Strategy for Supervisor with Law and Computerized Value. *Indonesian Journal of Journal of Contemporary Multidisciplinary Research (MODERN), 3*(4), 647-656.

Taksonomi dan Tujuan Instruksional, Tim Pelatihan dan Pengembangan Pendidikan (P3) LLDIKTI VII Jawa Timur.

Undang-Undang Nomor 40 Tahun 2004 Tentang Sistem Kesehatan Nasional Indonesia

Undang-Undang Nomor 40 Tahun 2004 Tentang Jaminan Sosial

Undang-Undang Nomor 24 Tahun 2011 Tentang Badan Penyelenggara Jaminan Sosial

Undang-Undang Nomor 11 Tahun 2009 Tentang Kesejahteraan Sosial

Undang-Undang Nomor 13 Tahun 2011 Tentang Penyelenggaraan Panti Asuhan

Undang-Undang Nomor 12 Tahun 2013 Ayat 5 Undang-Undang (2) Huruf A Tentang Jaminan Kesehatan

Undang-Undang Presiden Nomor 59 Tahun 2024 Tentang Perubahan Ketiga Undang-Undang Presiden Nomor 82 Tahun 2018 Tentang Jaminan Kesehatan

Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan. Undang-Undang tersebut mengacu pada hak setiap warga negara untuk menerima kesehatan fisik dan mental sesuai konteksnya

Peraturan Menteri Kesehatan Nomor 71 Tahun 2013 tentang Pelayanan Kesehatan Nasional

Undang-Undang Jaminan Kesehatan Nomor 1 Tahun 2004 tentang Registrasi Kesehatan Nasional yang merupakan Jaminan Kesehatan untuk menciptakan kehidupan yang sejahtera dan sehat di masa depan

Undang-Undang Presiden Nomor 99 Tahun 2017 tentang Kebijakan Pokok Gerakan Prakarsa Kesejahteraan Keluarga

Undang-Undang Presiden Nomor 82 Tahun 2018 tentang Jaminan Kesehatan

Ayat 5 ayat (2) Huruf A menyatakan bahwa Jaminan Kesehatan Nasional berfungsi untuk Pelaksana Program Sosial Kesehatan