

The Relationship of Education and Occupation Type to BPJS Participation via the Mobile JKN Application Among Patients at SMEC Eye Clinic, Tanjung Pinang

Eliza Trisnadewi¹, Chammy Rahmatika² Dwy Putri³ Oktariyani Dasril⁴ wiya Elsa Fitri⁵
^{1,2,3,4,5} Universitas Syedza Saintika, Padang, Sumatera Barat, Indonesia

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ABSTRACT

Based on data from BPJS Kesehatan Tanjung Pinang, the number of patient visits at the SMEC Tanjung Pinang Eye Clinic is known that in January 2025 as many as 46.31% of 1,969 people who queued for the Mobile JKN application, in February 2025 as many as 45.59% of the 1,986 people who queued for the Mobile JKN application, and in March 2025 as many as 63.35% of the 1,741 people who queued for the Mobile JKN application. This study aims to find out the factors related to the use of the Mobile JKN application online queue at the SMEC Tanjung Pinang Eye Clinic.

This research method uses a quantitative descriptive design with a cross sectional approach conducted at SMEC Tanjung Pinang Eye Clinic in April 2025. The population in this study is all JKN participants who access outpatient health services at the SMEC Tanjung Pinang Eye Clinic in January-March 2025 as many as 5696 people with a sample of 374 respondents using accidental sampling techniques. The research uses questionnaire results data that are manually processed and analyzed with the SPSS application univariate and bivariate using Chi-Square statistical test analysis

The results showed that there was a relationship between JKN patients' knowledge and the use of the Mobile JKN application online queue with a p-value of 0.000, there was a relationship between the attitude of JKN patients and the use of the Mobile JKN application online queue p-value 0.000, there was a relationship between the distance of JKN patients and the use of the Mobile application online queue JKN p-value 0.011. There is a relationship between JKN patient family support and the use of the online queue of the Mobile JKN application p-value 0.000

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Corresponding Author:

Eliza Trisnadewi
Program Studi Sarjana Kesehatan Masyarakat Universitas Syedza Saintika
Jl. Prof. Dr. Hamka No. 228 Air Tawar Timur, Padang, Sumatera Barat, Indonesia
E-mail: elizatrisna16@gmail.com

1. INTRODUCTION (10 PT)

In today's era of globalization, technological advancements are progressing at a rapid pace. This accelerating technological evolution drives companies to expand their businesses and serve customers by delivering practical, accurate, and swift solutions tailored to customer needs and desires; the ultimate goal is to ensure customer satisfaction and foster continued use of the products or services offered. Such technological progress has also triggered significant changes within various organizations, including the Social Security Agency on Health (BPJS Kesehatan).

Public access to BPJS Kesehatan services has become increasingly convenient; since the initial launch of the Mobile JKN application, the agency has transitioned from manual, face-to-face services to online services that prioritize ease, speed, and efficiency, thereby positively impacting public service delivery. Through the Mobile JKN application, registered JKN participants can access various key features—particularly those related to BPJS Kesehatan administration—that simplify and streamline service processes. In November 2017, BPJS Kesehatan updated the Mobile JKN application by adding "Care Center" and "Mobile Screening" features. These features allow participants to consult with doctors and review their health history, eliminating the need to visit a clinic or hospital solely to obtain medical records. So, if you own an Android device, don't miss out—install the Mobile JKN application right away (Usman, 2017).

Access to healthcare facility services has been facilitated by the expanded implementation and utilization of online queuing systems. A queue is a waiting line formed by customers requiring services from one or more providers within a facility (Bahar et al., 2018). Queues arise when the demand for services exceeds the facility's service capacity or capabilities, preventing newly arrived users from obtaining immediate service (Nurfitri et al., 2017).

A non-bridging queuing system operates as a standalone system that is not integrated with the BPJS Kesehatan system. Healthcare facilities typically use this type of system to manage patient queues independently. Non-bridging queuing systems can employ various management methods, such as standard, time-based, or priority-based queuing approaches. These systems can manage patient queues either online or offline, depending on the facility's specific needs. When developing a non-bridging queuing system, it is crucial to ensure the system can integrate patient queue availability data from various sources—such as the facility's internal queuing system, electronic medical record (EMR) systems, or other queue management platforms. Furthermore, the system must be capable of presenting information regarding healthcare facility operations, including operating schedules, services, and other facility activities.

For BPJS Kesehatan, this system enhances participant data accuracy, accelerates claim verification and processing, increases the speed of data and service information processing, and ensures financial transparency through standardized data recording across various systems. System integration—or "bridging"—makes services at healthcare facilities faster and more efficient. Under the old system, healthcare facilities had to enter data three times into three separate systems to handle high patient volumes, with each system requiring different data inputs and outputs. Registration time is closely linked to service delivery, given the high volume of BPJS Kesehatan patients, which averages 900 people per day. The bridging system at healthcare facilities successfully integrates three systems—BPJS Kesehatan, the facility's internal management system (SIM), and INA-CBGs—thereby making the entire service process, from registration to claim processing, faster and more accurate (Mitra, 2017).

The convenience offered by this online queuing system should ideally encourage optimal use of the queuing feature within the Mobile JKN application. However, in reality, the usage rate of the Mobile JKN online queuing system at the SMEC Tanjung Pinang Eye Clinic has not yet reached the established target of 85%. Visit data indicates a utilization rate of 46.31% (out of 1,969 users) in January 2025, 45.59% (out of 1,986 users) in February 2025, and 63.35% (out of 1,741 users) in March 2025 (BPJS Kesehatan, 2025).

2. METHOD

This study employs a quantitative descriptive research design. Descriptive research is a type of study used to depict or describe a phenomenon occurring within society (Notoatmodjo, 2018). Meanwhile, quantitative research aims to describe social phenomena or occurrences quantitatively, or to analyze the interrelationships between social phenomena or occurrences within society (Sudaryono, 2019).

This study employs a cross-sectional research design. According to Notoatmodjo (2018), a cross-sectional survey is a study designed to examine the correlation dynamics between risk factors and outcomes through an approach involving observation or data collection at a single point in time. This aligns with the study's objective: to provide an overview of the factors associated with the use of the Mobile JKN application's online queuing feature at the SMEC Eye Clinic in Tanjung Pinang.

3. RESULTS AND DISCUSSION

SMEC Eye Clinic Tanjung Pinang is a high-quality healthcare center dedicated to providing eye care services to the Indonesian public. Located at Jl. W.R. Supratman No. 1A, Batu 11, Air Raja Urban Village, East Tanjung Pinang District, Tanjung Pinang City, Riau Islands (29125), the clinic operates from Monday to Saturday, 08:00 to 21:00 WIB.

3.1. Respondent Characteristics

The characteristics of respondents in this study include age, sex, occupation and education level.

a. Occupation

Table 3.1 *Frequency Distribution of Respondents' Occupations at SMEC Eye Clinic Tanjung Pinang in 2025*

Occupation	f	%
Doesn't work	129	34.5
Work	245	65.5
Total	374	100.0

Based on Table 1, the distribution of respondents' jobs shows that the group who work consists of 245 respondents (65.5 %)

b. Education

Table 3.2 *Frequency Distribution of Respondents' Education at SMEC Eye Clinic Tanjung Pinang in 2025*

Education	f	%
SMP	67	17.9
SMA	134	35.8
DIII-SI	173	46.3
Total	374	100.0

Based on Table 4, The distribution of respondents' educational levels showed that the largest proportion of respondents held a DII-S1, totaling 173 individuals (46.3%).

c.BPJS Membership

Table 3.2 *Frequency Distribution of Respondents' BPJS Membership at SMEC Eye Clinic Tanjung Pinang in 2025*

Kepersertaan BPJS	f	%
Non PBI	270	72.2
PBI	104	27.8
Total	374	100.0

Based on Table 4, the distribution of respondents' BPJS participation levels shows that most respondents are NON PBI, totaling 270 people (72.2%).

4. CONCLUSION

Based on the research findings, it can be concluded that the utilization of the online queuing feature on the Mobile JKN application at SMEC Eye Clinic Tanjung Pinang has not yet met the established targets, despite an increase in usage between January and March 2025. The results indicate a significant relationship between knowledge, attitudes, patient proximity, and family support and the use of the online queuing feature. Therefore, the utilization of this feature needs to be enhanced by improving participants' knowledge and

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attitudes, as well as increasing family support and ease of access, thereby making healthcare services more effective and efficient.

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