

Implementation of Social Security Agency on Health (BPJS) Policy in Hospitals: A Systematic Review

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ABSTRACT

Introduction: The Social Security Agency on Health (BPJS) serves as a health insurance provider in Indonesia, but its implementation in hospitals faces challenges. This study aims to analyze these challenges in greater depth. **Method:** This research is a systematic review. The article search using Google Scholar and PubMed databases used the keywords "Policy" AND "Social Security Agency on Health" AND "Hospital". Article searches were carried out from April to May 2024. Articles were selected using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Inclusion criteria are full-text articles, open access, using Indonesian health insurance policy variables, published from 2020 to 2024, using Indonesian and English. **Results:** Four articles were obtained which were by the research showing that the implementation of Indonesian health insurance policy in hospitals in terms of the number of human resources, financing, health facility infrastructure, and communication between policy implementers and the community had not been optimal, which had an impact on the health service process. At disposition, the policy implementer already commits to implementing the policy. The bureaucratic structure is running well, as is evident by the existence of Standard Operating Procedures (SOP) for implementing Indonesian health policies. **Conclusion:** The implementation of Indonesian health insurance policy in hospitals on the resource and communication variables has not been optimal, while on the disposition and bureaucratic structure variables, it has been optimal.

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INTRODUCTION

Health is the goal of national development. One of the national developments is the development of health services. Health development is expected to increase awareness, willingness, and ability to carry out activities by implementing a healthy lifestyle to improve public health services. The Indonesian government hopes to provide health protection realized through the Government Policy on National Health Insurance (JKN). The government realizes public health protection by organizing social security by the Regulation of the Health Social Security Administering Agency Number 1 of 2014 concerning the Social Security Administering Agency (BPJS) in the health sector to provide health services to the community (Indonesia, 2014).

The coverage of participant data that has utilized BPJS Kesehatan as of March 31, 2024, reached 269,493,000 people, meaning that 96% of the Indonesian population has registered as National Health Insurance (JKN) participants. Health facilities that have collaborated with BPJS Kesehatan as of April 1, 2024 were 27,459 health facilities. The government's increasing community participation in BPJS membership can be done by improving the quality of health services (BPJS, 2024). Participant satisfaction is one indicator of agency performance. BPJS Kesehatan as a public institution whose performance can be measured by participant satisfaction, so that it can increase the trust of BPJS participants to use health services. The quality of superior health services is assessed with the support of adequate resources and technology (Imran & Ramli, 2019).

Several studies that are in line explain that there are factors that influence the implementation of BPJS. Namely resources, both in terms of human resources, facilities and infrastructure, and information technology that often experience disruptions that cause delays in the BPJS Health service process (Kandacong et al., 2022). BPJS contribution costs are also one of the obstacles to the BPJS Health service process (Juniati, 2022). In addition, the implementation of BPJS policies is still hampered by the BPJS Memorandum of Understanding (MoU) which was made unilaterally and is not clear which has an impact on claims that are not paid (Nuurjannah, 2021).

The government plays an important role in improving health services by providing adequate health facilities. The government can be more optimal in planning a policy to improve health services to the community. One effort that can be made is to establish health service standards and procedures (Lelono & Rahmadanita, 2023), so that the implementation of the BPJS program is by basic implementation procedures, basic work procedures (zuhrajuniati & Armanda, 2023). Therefore, with the existence of BPJS Health, the community will be helped to obtain health services (Putri et al., 2022).

The analysis of the implementation of BPJS policies is estimated to still have several problems and obstacles that occur, so further research is needed to handle the implementation of BPJS policies by applicable references and guidelines. Based on the phenomena that occur, researchers are interested in analyzing more deeply the implementation of BPJS policies in hospitals on the factors of resources, communication, disposition, and bureaucratic structure.

LITERATURE REVIEW

BPJS Kesehatan is an institution established to organize social security programs in Indonesia. Fajriansyah et al., (2022) explained that four factors influence policy implementation, namely adequate resources, communication, disposition, and bureaucratic structure. If these factors are not met, it can hamper the implementation of BPJS Kesehatan policies in hospitals. Therefore, a BPJS Health policy is needed so that the community will be helped to obtain health services.

The implementation of BPJS policies has not been optimal, marked by limited human resources which have hampered health services in health facilities (Kandacong et al., 2022). Obstacles in each hospital are different, in the research of zuhrajuniati & Armanda (2023) three factors influence the implementation of BPJS Kesehatan policies, namely resources, disposition, and bureaucratic structure. In resources, some things hinder health services, namely inadequate examination tools which affect health insurance services. Policy implementation will run optimally if policy implementers commit to carrying out their duties, and have appropriate SOPs in implementing the policy.

Research Lelono & Rahmadanita (2023) shows that hospitals that have adequate resources will have an impact on policy implementation. Because with adequate human resources, health services in hospitals will run smoothly. In addition, the existence of SOPs that regulate the running of services in polyclinics in hospitals affects the health service process. Based on several studies, it can be concluded that policy implementation can run smoothly if it has adequate resources, communication, disposition, and bureaucratic structure.

METHOD

This study is a systematic review. Article searches by Google Scholar and PubMed databases using the keywords "Policy" AND " Social Security Agency on Health " AND "Hospital". Articles were conducted from April-May 2024, the articles used were selected based on the year of publication 2020-2024 were selected using PRISMA flow diagram (Preferred Reporting Items for Systematic Review and Meta-Analyses). PRISMA flow diagram is a literature review consisting of four stages, namely identification, screening, eligibility, and included. The articles obtained were four articles and presented using a diagram.

The inclusion criteria include title and abstract, open-access articles, and full-text articles, using Indonesian and English. The exclusion criteria are articles do not include title and abstract, articles are not open access, articles are not full-text, and variables do not match the research.

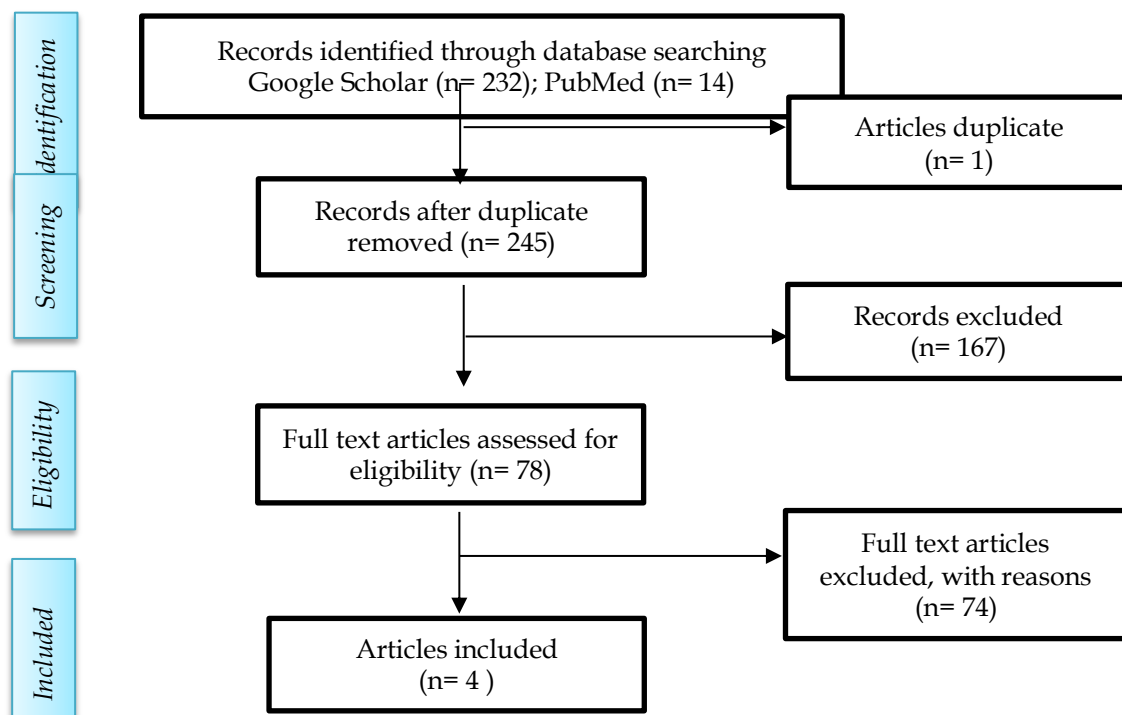


Figure 1. Article Selection Chart

*Implementation of Social Security Agency on Health (BPJS) Policy in Hospitals: A Systematic Review
(Rizka Dwiyojovita, et al.)*

RESULT AND DISCUSSION

The literature reviewed showed that the implementation of the Indonesian health insurance Policy is influenced by four components (Table 1)

Table 1. Characteristics of the article

Author and Year	Title	Methods and Location	Results
Muhammad Fajriansyah, Slamet Muchsin, Suyeno (2022)	Implementasi Pelayanan Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan (Studi Kasus Tentang Pelayanan Bpjs Kesehatan Di Rumah Sakit Islam Unisma Malang)	Qualitative; Rumah Sakit Islam Unisma Malang	<p>Resources The limited human resources working at the Unisma Malang Islamic Hospital have resulted in a backlog of work that should have been done by each field.</p> <p>Communication BPJS Health program information has been understood by the Hospital. Information to the public There is miscommunication between the public and the implementer regarding the use or creation of BPJS.</p> <p>Disposition Commitment to supporting the success of implementation can be assessed from the tasks assigned by BPJS Health that have been carried out and carried out in the field.</p> <p>Bureaucratic Structure Unisma Malang Islamic Hospital does not yet have an SOP for implementing BPJS Health and only relies on regulations.</p>
Rika Kurnia Kandacong, Muh Fauzar Al-Hijrah, Sherly Rudianti Batter (2022)	Implementasi Kebijakan Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan	Qualitative Rumah Sakit Ibnu Sina Kota Makassar	<p>Resources The lack of hospital BPJS verifier human resources result in a longer application process. Funds come from claims submitted to BPJS from many BPJS patients who come. Facilities and infrastructure are by SOP but need to be improved due to the increase in patients. Information technology, BPJS still ignores the speed and efficiency of implementation in hospitals which results in programs that do not run well. There is a shortage of BPJS patient drugs in pharmacies because hospitals are late in making payments to drug distributors.</p> <p>Communication Communication between the hospital and BPJS is good, the hospital makes a report to the Health Service every six months, and JKN monitors BPJS Health every three months.</p>
Zuhra Juniati, Dicky Armanda (2022)	Implementasi Kebijakan BPJS Kesehatan dalam Meningkatkan Jaminan Kesehatan Nasional di Kabupaten Aceh Timur	Qualitative; Rumah Sakit Waluyo Jati Kraksaan, Probe Joligency	<p>Resources The number of doctors and health workers is sufficient, but JKN officers still make mistakes in arranging BPJS patients based on their class type. Inadequate examination tools that affect health insurance services.</p> <p>Disposition Doctors and other officers are committed to carrying out their duties in providing JKN health insurance services to the community.</p> <p>Bureaucratic Structure The implementation of the BPJS program has been regulated according to basic implementation procedures, basic work procedures, or SOP.</p>

Author and Year	Title	Methods and Location	Results
Joko Lelono, Annisa Rahmananita (2023)	Implementasi Kebijakan Badan Penyelenggara Jaminan Kesehatan (BPJS) (Studi Pada Pasien Rawat Jalan di Badan Layanan Umum Daerah Rumah Sakit Daerah Dr.H. Soemarno Sosroatmodjo Kabupaten Bulungan)	Qualitative; Rumah Sakit Daerah Dr.H. Soemarno Sosroatmodjo Kabupaten Bulungan	<p>Resources The hospital's human resources are adequate.</p> <p>The health facilities provided are quite good, but other supporting infrastructure is still inadequate, especially in the waiting room for the issuance of the Participant Eligibility Letter (SEP) guarantee which is in an open space.</p> <p>Communication There has been no socialization from the hospital and BPJS regarding BPJS policies for the community.</p> <p>Disposition Employee recruitment is carried out according to human resource needs. There is already a clear SOP that regulates service procedures at the polyclinic at the hospital.</p> <p>Bureaucratic Structure Implementation of BPJS policies regarding Standard Operating Procedures (SOP) which regulate the running of services at polyclinics in hospitals.</p>

One of the factors that influence the success rate of Social Health Insurance Administration Body (BPJS) policies is having adequate resources (Maulana et al., 2023). Resources include human resources, financial, and facilities or infrastructure in health services. In implementing a policy, adequate staff is needed both in terms of quantity and quality, quality, and adequate facilities and infrastructure (Puryanto, 2022). Research by Akrima & Sofwan (2018) states that one of the factors for the success of a policy is influenced by the availability of human resources, both in terms of quantity and quality.

The suboptimal implementation of BPJS policies in hospitals is due to inadequate resources. Research (Nuurjannah, 2021) explains that the implementation of BPJS policies in hospitals is constrained by the limited number of human resources in hospitals. The limited number of human resources will have an impact on the accumulation of work and a longer service process (Fajriansyah et al., 2022; Kandacong et al., 2022). In financial resources, there are arrears in payments from BPJS to hospitals which have an impact on health services to the community that are not optimal (Nuurjannah, 2021). Health service facilities must have adequate facilities or infrastructure. Research by Lelono & Rahmananita (2023) states that the facilities provided are sufficient, but other infrastructure is inadequate, namely the waiting room facilities which are still in the open space. The facilities obtained by the community depend on the class taken when using BPJS services (Suhaina et al., 2021). This is supported by the statement (zuhrajuniati & Armanda, 2023) that inadequate facilities will have an impact on health insurance services. In addition, the aspect of speed and efficiency of BPJS implementation in information technology is one of the facilities used and affects the effectiveness of implementation BPJS program (Kandacong et al., 2022).

Communication plays an important role in policy implementation. Good communication can be seen from the transition, clarity, and consistency between policymakers and policy implementers. If communication is not carried out clearly, it will result in a lack of understanding regarding the policy (Lelono & Rahmananita, 2023).

Ineffective communication is communication that does not contain good understanding and attitude changes. Communication between hospitals and BPJS is well established as seen in the hospital's report to the health office (Kandacong et al., 2022), but communication with the public regarding BPJS policies is not optimal. Socialization of BPJS

policies that have not been carried out to the public will impact the low level of public knowledge about the procedures and requirements for using BPJS in hospitals (Lelono & Rahmadanita, 2023). This is supported research by Fajriansyah et al., (2022) which states that there is miscommunication between the public and implementers regarding the use and creation of BPJS. BPJS Health policy is not optimal due to limited socialization to remote areas and networks that inhibit access (Fatimah, 2023).

Providing good information about BPJS can be done through direct socialization with the community or through posters or billboards (Hasrillah et al., 2021). Communication runs well if it is marked by the existence of socialization that has been carried out by policymakers (Mujiburrahman & Sofyandi, 2021). In addition, research by Reimond et al., (2022) also states that in communication it is necessary to provide information through socialization such as conducting counseling and installing banners, so that information about Indonesian health insurance can reach remote villages. Therefore, strong communication is needed between the BPJS program which has been established in the hospital, so that the implementation of BPJS policies can run effectively.

Disposition is the attitude and commitment of the policy implementer. The policy will not run optimally if there is no response from the implementer. Policy implementation will run effectively if the policy implementer has positive behavior and carries out the program by the procedures in implementing the policy (Puryanto, 2022), because the attitude of the implementer has an important role in determining the quality of health services so that the policy implementer can provide optimal services (Herawati et al., 2020). In addition, BPJS Kesehatan has provided benefits to the Indonesian people in terms of access to and financing of health services (Auliyah et al., 2024).

Disposition is the commitment or response of officers to accept and comply with the regulations that have been set in implementing health programs by the obligations and responsibilities to provide services to the community (Nuurjannah, 2021). This is in line with research by Juniati (2022) which explains that disposition is a commitment of doctors and other officers to carry out their duties in providing health insurance services to the community. In addition, the process of recruiting employees according to HR needs is a supporting factor (Lelono & Rahmadanita, 2023). The commitment of the implementer will have an impact on the level of success of the implementation BPJS policies in hospitals (Fajriansyah et al., 2022).

Bureaucratic structure is one of the factors that influences policy implementation. The non-conductive bureaucratic structure can cause resources to become ineffective, thus hampering policy implementation. An effective bureaucratic structure has two characteristics that can support policies, namely standard operating procedures (SOP) and fragmentation or distribution of responsibilities. A good SOP has a clear, systematic, uncomplicated, and easy-to-understand framework because it is a reference for policy implementers. The formation of an organizational structure must avoid things that are complicated, long, and complex so that the existence of an organizational structure can guarantee decision-making (Puryanto, 2022). According to research (Rahmadani et al., 2020), it is explained that the SOP implemented in BPJS starts from the patient's arrival process until a referral letter is given that meets the referral requirements. The tiered referral system for BPJS Health patients will not run optimally if there is no SOP regarding referrals for non-emergency cases (Ardiyansyah et al., 2022).

The implementation of BPJS policies refers to the SOP related to national health insurance. However, there are still obstacles to the implementation of the program, namely still using regulations and not having a special SOP for the implementation of BPJS policies in hospitals (Fajriansyah et al., 2022). The implementation of BPJS policies in hospitals can

be implemented effectively if they refer to the established work procedures. This is research by zuhrajuniati & Armanda (2023) which states that the implementation of BPJS programs in hospitals has been regulated according to basic work procedures. SOPs are not only used in the implementation of BPJS in hospitals but can be used in services in hospitals and polyclinics (Zuhrajuniati & Armanda, 2023).

CONCLUSION

The implementation of BPJS policies has not been running optimally. This can be seen in the resource variable, constrained by the limited number of human resources, arrears in payments by BPJS to hospitals, and inadequate facilities and infrastructure in health facilities which have an impact on the health service process. In the communication variable, communication between BPJS and hospitals has been implemented, but communication with the community has not been carried out, resulting in low public knowledge of the process of using BPJS.

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REFERENCES

- Akrima, N., & Sofwan, F. (2018). Implementasi Kebijakan Permenkes Nomor 67 Tahun 2016 tentang Penanggulangan Tuberkulosis. *HIGEIA (Journal of Public Health Research and Development)*, 2(2), 307–319. <https://doi.org/10.15294/HIGEIA.V2I2.21291>
- Ardiyansyah, A., Saputra, I., & Wijaya, D. (2022). Implementasi Kebijakan Sistem Rujukan Berjenjang Pasien Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Di Puskesmas Kecamatan Lunyuk Kabupaten Sumbawa. *Jurnal Kapita Selekta Administrasi Publik*, 3(1), 132–138. <https://doi.org/10.58406/KAPITASELEKTA.V3I1.908>
- Auliyah, R., Sagala, S., Medina, S., Vanda, E., Hariyani, S., Elva, Syahadah, R. F., & Purba, H. (2024). Analisis Implementasi Kebijakan Program BPJS Kesehatan Dalam Meningkatkan Kualitas Pelayanan Kesehatan: Studi Literatur. *Indonesian Journal of Health Science*, 4(4), 281–291. <https://doi.org/10.54957/IJHS.V4I4.933>
- BPJS. (2024). *Peserta Jaminan Kesehatan*. <https://bpjs-kesehatan.go.id/#/jaminan-kesehatan-peserta?tab=pekerja-penerima-upah>
- Fajriansyah, M., Muchsin, S., & Suyeno, S. (2022). Implementasi Pelayanan Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan (Studi Kasus Tentang Pelayanan BPJS Kesehatan di Rumah Sakit Islam Unisma Malang). *Respon Publik*, 16(9), 85–92. <https://jim.unisma.ac.id/index.php/rpp/article/view/17960>
- Fatimah, H. H. (2023). Implementasi Penggunaan Aplikasi Mobile JKN di BPJS Kesehatan Kantor Cabang Padang. *Jurnal Pendidikan Tambusai*, 7(3), 25124–25130. <https://doi.org/10.31004/JPTAM.V7I3.10603>
- Hasrillah, H., Cikusin, Y., & Hayat, H. (2021). Implementasi Pelayanan Kesehatan Masyarakat Melalui Program BPJS Kesehatan (Studi pada Puskesmas Kedungkandang Kota Malang). *Stp-Mataram.e-Journal.Id*, 1. <https://stp-mataram.e-journal.id/JIP/article/view/594>
- Herawati, C., Nur Abdurakhman, R., Rundamintasih, N., & Studi Kesehatan Masyarakat Sekolah Tinggi Ilmu Kesehatan Cirebon, P. (2020). Peran Dukungan Keluarga, Petugas Kesehatan dan Perceived Stigma dalam Meningkatkan Kepatuhan Minum Obat pada Penderita Tuberculosis Paru. *Jurnal Kesehatan Masyarakat Indonesia*, 15(1),

- 19–23. <https://doi.org/10.26714/JKMI.15.1.2020.19-23>
- Imran, B., & Ramli, A. H. (2019). *Kualitas pelayanan yang unggul harus didukung sumber daya manusia handal dan teknologi yang memadai (Imran & Ramli, 2019)*. - Penelusuran Google.
- Indonesia, R. (2014). *Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 1 Tahun 2014 tentang Badan Penyelenggara Jaminan Sosial (BPJS)*. Jakarta.
- Juniati, Z. (2022). Implementasi Kebijakan BPJS Kesehatan dalam Meningkatkan Jaminan Kesehatan Nasional di Kabupaten Aceh Timur. *Asia-Pacific Journal Of Public Policy*, 8(2), 79–89. <https://doi.org/10.52137/APJPP.V8I2.128>
- Kandacong, R. K., Al-Hijrah, M. F., & Batter, S. R. (2022). Implementasi Kebijakan Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan. *MF Al-Hijrah, SR BatterJurnal Kesehatan Panca Bhakti Lampung*, 2022•academia.Edu. <https://www.academia.edu/download/101504518/104.pdf>
- Lelono, J., & Rahmadanita, A. (2023). Implementasi Kebijakan Badan Penyelenggara Jaminan Kesehatan (BPJS). *Jurnal Pemerintahan Dan Keamanan Publik (JP Dan KP)*, 5(1), 45–59. <https://doi.org/10.33701/JPKP.V5I1.3118>
- Maulana, I., Fajar, Y., Basori, F. Y., Studi, P., Publik, I. A., Administrasi, I., & Humaniora, D. (2023). Implementation Of Mobile Application JKN BPJS Health Sukabumi Branch 2018 – 2021. *Jurnal Governansi*, 9(1), 44–52. <https://doi.org/10.30997/JGS.V9I1.5764>
- Mujiburrahman, & Sofyandi, A. (2021). Analisis Komunikasi dan Sumberdaya dalam Implementasi Kebijakan Kapitasi Berbasis Komitmen Pelayanan Badan Penyelenggara Jaminan Sosial (KBK-BPJS). *Bima Nursing Journal*, 2(2), 90–103. <http://jkip.poltekkes-mataram.ac.id/index.php/bnj/article/view/711>
- Nuurjannah, N. Y. (2021). Implementasi Kebijakan Jaminan Kesehatan Nasional di Rumah Sakit Umum Daerah Kota Bandung. *Jurnal Ilmiah Administrasi Pemerintahan Daerah*, 13(2), 63–77. <https://doi.org/10.33701/JIAPD.V13I2.2246>
- Puryanto. (2022). Implementasi Kebijakan Tunggalan Peserta BPJS Kesehatan Berdasarkan Undang-Undang Nomor 24 Tahun 2011 Di Kota Padang. *Ejurnal-Unespadang.Ac.Id*, 2, 2022–2134. <https://ejurnal-unespadang.ac.id/index.php/JIEE/article/view/696>
- Putri, D. A., Ramadhanty, R. W., Oktaviani, W., Gurning, F. P., Negeri, U. I., & Utara, S. (2022). Analisis Respon Masyarakat Dalam Implementasi Kebijakan Kelas Standar BPJS Kesehatan Di Desa Bandar Selamat Kecamatan Aek Songsongan. *Humantech : Jurnal Ilmiah Multidisiplin Indonesia*, 1(8), 1121–1128. <https://doi.org/10.32670/HT.V1I8.1953>
- Rahmadani, S., Nasrah, N., Nurhayani, N., Abadi, M. Y., Marzuki, D. S., & Fauziah, A. B. (2020). Implementasi Sistem Rujukan Pasien BPJS Kesehatan Di Puskesmas Pulau Barrang Lompo Makassar. *Jurnal Manajemen Kesehatan Yayasan RS.Dr. Soetomo*, 6(2), 223. <https://doi.org/10.29241/jmk.v6i2.459>
- Reimond, R., Khalik, A., & Imrab, B. (2022). Implementasi Program Jaminan Kesehatan Gratis (BPJS) Di Puskesmas Mamasa Kabupaten Mamasa. *Mitzal (Demokrasi, Komunikasi Dan Budaya) : Jurnal Ilmu Pemerintahan Dan Ilmu Komunikasi*, 7(2), 187–204. <https://doi.org/10.35329/MITZAL.V7I2.3759>
- Suhaina, Syamsu, A., & Rahayu, A. (2021). Persepsi Masyarakat dalam Implementasi Kebijakan Publik Tentang Bpjs Kesehatan Mandiri di Desa Segerang Kecamatan Mapilli Kabupaten Polewali Mandar. *Journal Pegguruang*, 3(2), 634–648. <https://www.neliti.com/publications/359093/persepsi-masyarakat-dalam-implementasi-kebijakan-publik-tentang-bpjs-kesehatan-m>
- zuhrajuniati, & Armanda, D. (2023). Implementasi Kebijakan Bpjs Kesehatan Dalam Meningkatkan Jaminan Kesehatan Nasional Di Kabupaten Aceh Timur (Studi Pada

Rumah Sakit Umum Zubir Mahmud). *Kajian Administrtasi Negara: Riset Dan Pengabdian*, 4(1), 63-71.
<https://www.journal.stianasional.ac.id/administrasi/administrasi/article/view/144>