



ANALYSIS OF EMOTIONAL INTELLIGENCE AMONG MIDWIFERY AND NURSING STUDENTS IN THEIR CARE OF BPJS PATIENTS AT SALAKANAGARA UNIVERSITY

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Abstract

The government's health insurance program for the public, known as the National Social Security System (SJSN), was launched in January 2014. The Social Security Administration Agency, as the implementing body for the SJSN program, is working to support universal enrollment in the National Health Insurance program by improving the availability and quality of health care facilities and developing service operational systems and standards. The method used was descriptive-analytical, with a cross-sectional study design. The provision of health services to BPJS patients (dependent variable) was conducted concurrently with the measurement of independent variables to assess the emotional intelligence of midwifery and nursing students in providing services to BPJS patients. Data collection for both independent and dependent variables, using a cross-sectional approach, was conducted simultaneously. The results of the study indicate that an individual's emotional intelligence significantly influences the provision of healthcare services to BPJS patients. The contribution of this study lies in a comprehensive synthesis that provides a conceptual framework and practical recommendations for policy development, training, as well as innovations in the healthcare system that are responsive to patients' needs and rights. These findings are expected to serve as an empirical foundation for transforming healthcare practices to be more inclusive and of higher quality, and to provide input to institutional leaders so they can determine concrete steps in the implementation of midwifery and nursing education to improve the quality and skills of students—particularly in enhancing graduates' soft skills.

Keywords: Emotional Intelligence, College Students, Healthcare Services, Patients

INTRODUCTION

The government's health insurance program for the public, known as the National Social Security System (SJSN), was launched in January 2014. The Social Security Administration Agency (BPJS), as the implementing body of the SJSN program, will work to support universal enrollment in the National Health Insurance (JKN) by improving the availability and quality of healthcare facilities and developing service operational systems and standards. BPJS will conduct credentialing of contracted doctors and healthcare facilities to ensure the quality of medical and hospital services provided to JKN participants.

This health insurance program is administered by a public legal entity directly accountable to the President, namely the Social Security Administration Agency, commonly known as BPJS (BPJS Health, 2014).

Service quality serves as a metric for evaluating hospital performance; therefore, a hospital is considered to have good performance if it can provide quality services (Nurcaya, 2008).

Based on a survey by the Indonesian Consumer Foundation (YLKI), BPJS Kesehatan has not yet operated optimally regarding the readiness of its human resources to handle BPJS patients. Furthermore, according to YLKI, the public perceives BPJS Kesehatan's services as still very inadequate; one finding indicated that BPJS services were actually better during the Askes era (before it became BPJS Kesehatan). Hospitals play a crucial role in providing public health services, as they are public facilities that play a strategic role in improving public health—generally aimed at meeting the public's need for high-quality and affordable health care (YLKI, 2014).

Healthcare services encompass all efforts—whether carried out individually or collectively within an organization—to maintain and improve health, prevent and cure diseases, and restore the health of individuals, families, groups, or the community (Azwar, 1999).

The state must guarantee the fulfillment of the basic rights and needs of every citizen, as mandated by Article 28H of the 1945 Constitution, which states: "Every person has the right to a prosperous life, both physically and spiritually; to a place to live; to a good and healthy living environment; and to health care services." Public services are activities aimed at fulfilling the basic rights and needs of all citizens; therefore, access to these services is guaranteed by the state, without discrimination, regardless of socioeconomic status, race, religion, or other subjective characteristics (1945 Constitution, Article 28H).

On the other hand, even if a healthcare worker possesses good communication skills, does that mean their attitude toward their clients is also good? In reality, healthcare workers must maintain a positive attitude toward their profession. If their attitude toward their profession is positive, they are more likely to love their profession, as such attitudes are generally difficult to change (DeVito, 2011).

The quality of Indonesia's human resources, according to the 2007 report by The United Nations Development Program (UNDP)—which is based on the Human Development Index (HDI)—lags far behind that of other ASEAN countries. Indonesia ranks 108th with an index of 0.728 (Wikipedia, 2009).

The health sector is one that relies heavily on the availability of human resources. In the face of globalization—marked by the implementation of free markets, the rapid advancement of science and technology in healthcare, and increasing competition among hospitals—there is a need for high-quality, professional human resources in the field. Thus, the primary challenge in efforts to optimize healthcare services is human resource development. Healthcare workers already in the healthcare sector need to be developed and guided so they can work more productively (Sumantri, 2002).

Growing public awareness of health has led to demands for improved healthcare services. Meanwhile, various issues and cases that have come to light have led to the public perception that there are disparities in the care provided to patients enrolled in the BPJS program.

LITERATURE REVIEW

Emotional intelligence is a form of personal intelligence comprising interpersonal intelligence and intrapersonal intelligence. Interpersonal intelligence is the ability to understand others—what motivates them, how they function, and how to work collaboratively with them. Intrapersonal intelligence, on the other hand, is a correlative ability, but one directed inward. This ability involves forming an accurate, self-referential model of oneself and using that model as a tool to navigate life effectively (Gardner, 2010).

Emotional intelligence, according to Goleman (2018), is the ability to recognize one's own and others' emotions, to motivate oneself, to manage one's own emotions effectively, and to navigate social relationships. According to (J. Dann, 2002), emotional intelligence is defined as the ability to use one's emotions to help solve problems and navigate life more effectively.

Emotional intelligence influences interpersonal communication. People with high emotional intelligence are able to communicate better than those with low emotional intelligence. In daily life, emotionally intelligent people are quick to recognize their own state of mind and are able to control their emotions in unpleasant situations, enabling them to communicate effectively with others. The following section discusses the influence of emotional intelligence factors on interpersonal communication.

The second factor of emotional intelligence—emotional regulation—influences interpersonal communication. People who can regulate their emotions do not give in to impulses that lead to unproductive behaviors; they remain calm, think positively, and stay composed, even in extremely difficult situations. They are able to manage distressing emotions and reduce anxiety when experiencing them, while remaining stable and thinking calmly—that is, staying focused even under pressure. This state of calm and stability enables a person to engage in interpersonal communication with others. In contrast, people who struggle to control themselves will face obstacles in interpersonal communication.

The level of emotional intelligence is not linked to genetic factors, nor is it limited to development during childhood. Emotional intelligence is more about the effort to control, understand, and express emotions so that they can be utilized in solving life's problems (Fauziah, 2015).

Empathetic individuals possess a deep concern for or full acceptance of others and are able to listen to others wholeheartedly. A nurse who exhibits empathy will understand the feelings of patients seeking help. An empathetic nurse will be able to engage in effective interpersonal communication with patients, thereby accepting them unconditionally and without bias. Rogers states that when dealing with patients experiencing emotional distress, an empathetic attitude from the nurse is essential; a nurse must be capable of reflection—that is, of incorporating empathetic understanding into the quality of nursing care (Rogers, 1998).

Among the various factors influencing interpersonal communication is trust in others. If one believes that others will not betray or harm them, they will be more open with others. Social

relationships determine the effectiveness of communication. Trust enhances interpersonal communication by opening communication channels, clarifying the transmission and reception of information, and expanding the communicator's opportunities to achieve their objectives.

Effective communication is characterized by good social relationships. Communication failure occurs when the content of our message is understood, but the relationship between the communicators is damaged. Interpersonal communication is considered effective when the interaction is enjoyable for the communicators.

When we gather with pleasant people, enjoyable communication takes place. Every time we engage in interpersonal communication, we are not merely conveying the content of a message but also shaping the quality of our interpersonal relationships.

METHOD

This study used a descriptive-analytical method with a cross-sectional study design. The provision of health care to BPJS patients (dependent variable) was conducted concurrently with the measurement of independent variables to assess the emotional intelligence of midwifery and nursing students in providing care to BPJS patients. Data collection for both independent and dependent variables using a cross-sectional approach was conducted simultaneously (Notoatmodjo, 2010).

The data sources used were secondary data in the form of scientific journal articles, books, and theses focusing on woman-centered care and midwifery documentation, accessed through reliable electronic databases such as PubMed, Scopus, Google Scholar, and university digital libraries. The literature search was limited to publications in English and Indonesian published between 2015 and 2025 to ensure the relevance and timeliness of the information.

The literature search protocol followed the updated PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) standards to enhance the transparency and reproducibility of the literature selection and reporting process (Page et al., 2021; <https://doi.org/10.1136/bmj.n71>). The keywords used in the search included "woman-centered care," "midwifery documentation," "patient satisfaction," and "quality of care," which were combined using Boolean operators (AND, OR) to obtain comprehensive results. The screening process was conducted in stages through the selection of titles, abstracts, and full texts, based on predetermined inclusion and exclusion criteria.

Inclusion criteria included midwifery and nursing students who were present and willing to participate as respondents, and who returned and completed all statements on the questionnaire. Exclusion criteria included midwifery and nursing students who were absent, unwilling to participate, engaged in clinical practice and therefore absent, or who did not complete all statements on the questionnaire.

The unit of analysis in this study was the questionnaire results returned by the students. Since this study uses secondary data, direct subjects were not included; instead, the focus was on content

analysis of the selected literature (Lockwood et al., 2020; <https://doi.org/10.1002/14651858.MR000040.pub3>).

Data analysis was conducted using qualitative meta-synthesis, which adopts a thematic analysis method to identify the main themes and patterns emerging from various studies.

The process of coding and organizing analytical data was facilitated by the latest version of NVivo software, which simplifies data management and the validation of findings (Frieze, 2019; <https://us.sagepub.com/en-us/nam/qualitative-data-analysis/book260393>). The validity and credibility of the analysis results were strengthened through data triangulation and peer debriefing throughout the synthesis process to ensure the reliability of interpretations and the consistency of findings (Nowell et al., 2017; <https://doi.org/10.1177/2158244017697157>).

RESULTS AND DISCUSSION

The Effect of Emotional Intelligence on Health Care Services for BPJS Patients: The results of this study show that $p = 0.008$ ($p < 0.05$), indicating a significant difference in the proportion of BPJS health care services provided to respondents who are unable to manage their emotions compared to those who are able to manage their emotions (there is an effect of respondents' emotional intelligence on BPJS health care services).

Based on the odds ratio (OR) analysis, an OR of 21.431 was obtained, meaning that respondents unable to manage their emotions are 21 times more likely to be unable to provide healthcare services to BPJS patients compared to those who can manage their emotions.

Common issues in healthcare work environments include work-related demands involving physical and psychosocial challenges. Physical challenges include dealing with various types of illnesses, caring for critically ill patients, and high patient volumes, while psychosocial challenges involve relationships among nurses or other midwives, doctors, other healthcare team members, and interactions with patients and their families. To foster these relationships, emotional skills are required—specifically, the ability to recognize others' emotions and build social connections with them.

The results of this study align with research conducted by Saifuddin (2010) on the relationship between emotional intelligence and levels of work-related stress among nurses providing healthcare services to patients in the emergency department; emotional intelligence was found to have a significant relationship ($p = 0.036$) with work-related stress levels, which clearly impacts the delivery of healthcare services. Therefore, the application of soft skills is necessary for all healthcare workers so that their knowledge and socio-emotional skills can go hand in hand. This ensures that when providing services to the public covered by BPJS, they can deliver excellent care in line with the vision and mission of the institution where these healthcare workers are employed.

Empathy has an equally significant influence on the provision of excellent care to BPJS patients. The results of this study indicate that the p-value is 0.002 ($p < 0.05$), meaning there is a statistically significant difference in the proportion of BPJS care provided between respondents who find it difficult to empathize and those who find it easy to empathize (there is an influence between respondents' empathy and the quality of BPJS healthcare services).

Based on the OR analysis, an OR value of 23.512 was obtained, meaning that respondents who find it difficult to empathize are 23.5 times more likely to be unable to provide healthcare services to BPJS patients compared to respondents who find it easy to empathize.

Many factors cause healthcare workers to lack the responsiveness patients desire; this may be due to work-related stress, fatigue, pressure, heavy workloads, and long shifts.

The influence of social relationships on healthcare services for BPJS patients. The results of this study show that $p = 0.358$ ($p > 0.05$), meaning there is no significant difference in the proportion of BPJS services provided between respondents with introverted social relationships and those with extroverted social relationships (there is no influence of respondents' social relationships on BPJS healthcare services).

Social relationships determine the effectiveness of communication. Trust enhances interpersonal communication by opening communication channels, clarifying the transmission and reception of information, and expanding the communicator's opportunities to achieve their objectives. Effective communication is characterized by good social relationships. Medical staff with an open attitude will naturally be more friendly and warm toward patients, and vice versa. However, nurses with introverted social relationships do not necessarily engage in high levels of interpersonal communication with patients.

CONCLUSION

Based on the results of the study on health care services for BPJS patients at Salakanagara University, it can be concluded that the emotional intelligence of an individual or a health care worker significantly influences how they provide care to patients. This is because a person's emotional intelligence is interrelated, as evidenced by the odds ratio (OR) value for the empathy variable. This variable is the most dominant factor influencing an individual's ability to provide care.

The main contribution of this article lies in its cross-method and cross-finding synthesis, which integrates various research designs into a conceptual and practical understanding. Since this study was conducted at a university with a health studies program—where the respondents are students who will eventually become healthcare professionals at healthcare centers—it is absolutely essential to provide training in soft skills. This ensures that graduates not only possess high-quality knowledge but also possess strong soft skills. Consequently, patient satisfaction with the care provided by healthcare professionals is also very high

Future research is recommended to explore a mixed-methods approach to investigate the subjective experiences of health science students regarding the provision of care to BPJS patients.

REFERENCES

- Andiei, L., & Sultoni, K . Hubungan Kecerdasan Emosi dengan Prestasi Akademik Mahasiswa Olahraga. *JTIKOR (Jurnal Terapan Ilmu Keolahragaan)*, 137- 141
- Agustian, A. G. (2001). *Rahasia Sukses Membangun Kecerdasan Emosi Dan Spiritual ESQ*. Jakarta : PT Arga Tilanta
- Arbadiati C & Kurniati, T. 2007. Hubungan Antara kecerdasan emosi dengan Kecenderungan *Problem Coping Pada Sales*. Pessat, Vol 2 NO 2
- Azwar, Saifuddin. 2005. *Reliabilitas dan Validitas (eds 3)*. Yogyakarta: Pustaka Pelajar.
- DeVito, J.A (2011). *The Interpersonal Communication Book*
- De Vito, Joseph A (1997). *Komunikasi antar Manusia* , edisi 5. Jakarta: Professional Book
- De Vito, Joseph A (2002). *Essentials of human communication* , 5th edition. Pearson Education Inc.
- Friese, 2019; <https://us.sagepub.com/en-us/nam/qualitative-data-analysis/book260393>
- Fauziah, N (2023) : Konsep Kecerdasan dan Pentingnya Kecerdasan Emosional Dalam Kehidupan Sehari hari.
- Goleman, D (2008). *Emotional Intelligence : Why It Can Matter More than IQ*
- Howard Gardner (2006), *Multiple Intelligence : New Horizons*
- Lockwood et al., 2020; <https://doi.org/10.1002/14651858.MR000040.pub3>
- Notoatmodjo, S (2010). *Metodologi Penelitian Kesehatan*
- Nowell et al., 2017; <https://doi.org/10.1177/2158244017697157>
- Rogers, C.R (1998) : *A Way Of Being*
- Rogers, Carl A. (2007). *Key Figures In Counseling and Psycoterapy*, 5th edition. Amazon
- Sugiyono (2017) *Metode Penelitian Bandung* Alfabeta
- Widyatmoko Fajar Prakoso (2007) dengan Juduk Deskripsi Tingkat Kecerdasan Emosional Perawat Rumah Sakit Santa Elisabeth Purwokerto