

The Influence of BPJS Health Services Quality on Patient Satisfaction at Ciseeng Public Medical Centre

Ade Anjalita Santi Dewi*, Ernawati

Faculty of Public Health, Universitas Tarumanagara, Jakarta, Indonesia

Email: ade.405180034@stu.untar.ac.id*, ernawati@fk.untar.ac.id

ARTICLE INFO

Date received: January 2, 2023

Date revised: February 10, 2023

Date accepted: 24 March 2023

Keywords:

Health care; patient

satisfaction; BPJS; Reliability;

Assurance; Tangibility;

Empathy and Responsiveness

ABSTRACT

Badan Penyelenggara Jaminan Sosial (BPJS) is a legal institution established with the aim of managing health insurance plans and Indonesia is a country that has developed social security programs to help people in meeting their health needs. As the organizer of National Health Insurance (JKN), hospitals and Public Health Centre play a role to help a health service to the people of Indonesia. There are various indications to assess satisfaction to determine the quality or quantity of services consisting of Reliability, Assurance, Tangibility, Empathy and Responsiveness (RATER). The standard of service quality can be seen from the level of satisfaction that arises from a patient's feelings, if the level of patient satisfaction to a medical service is thus higher also the standard value of quality hospital or Public Health Centre services. Therefore, the researchers aim to assess the impact of BPJS health service quality on the level of patient satisfaction specifically at BLUD Public Health Centre Ciseeng, Bogor Regency, West Java Province, in 2021. The design of this study is cross-sectional. With analysis using The Exact Fisher test. The results of this study obtained the number of respondents who are satisfied with reability factors is as much as 83 (89.2%), assurance is as much as 83 (89.2%), tangible factors is as much as 85 (91.4%), empathy is as much as 84 (90.3%), and responsiveness is as much as 81 (87.1%). Statistical test results obtained a value of $p = 0.000$, which means there is a meaningful relationship between the quality of good service and satisfaction in the service obtained by patients. The advice for Public Health Centre is to continuously improve the quality of services in various dimensions to ensure satisfaction in BPJS recipient patients.

INTRODUCTION

Health Insurance is a guarantee based on health protection whose target is everyone who has made payments for their contributions or the Government that pays (Indonesia, 2014). The Social Security Administrative Body or known as BPJS namely a legal entity established for the purpose of administering Health insurance plans (Widiastuti, 2017). As administrators of the National Health Insurance (JKN), hospitals and health centres play a role in assisting health

services for the Indonesian population. The quality of a health service is the main part to be observed for hospitals and health centres which are the place or choice for providing health services for citizens (Marsya et al., 2020).

Patient satisfaction depends on the quality of services provided. If the needs and expectations desired by the patient are obtained properly from the service, then the service is considered beneficial to the patient. There are various indications for assessing satisfaction to determine the quality or quantity of services consisting of reliability, assurance, tangibility, empathy and responsiveness (RATER) (Students, 2015). However, in Indonesia's current condition, because a large number of Indonesians use health service facilities that have been borne by the state, this has an impact on health insurance (over utilization) (Ibrahim & Kahar, 2022). If the preparedness of health service providers cannot balance the number of users of health services compared to inappropriate service standards, this can cause health facilities to underutilize services or health facilities to reduce the quality of services provided (Hazfriani, 2016).

The 2014 BPJS Health and Health Institution Participant Satisfaction Survey aims to measure the index of satisfaction and loyalty of BPJS Health participants and Health institutions. It was found that 81% felt satisfied with BPJS Health. The nominal listed exceeds the desired expectations from the government's target of 75% (Public Relations, 2020). Likewise with the survey results in Bogor Regency, the satisfaction of the majority of patients gave satisfactory answers (68%) and had not reached the government's target. Thus, my research this time will assess whether there is an influence between the quality of health services on the patient satisfaction of BPJS participants at the Cisee Health Centre BLUD, Bogor Regency, West Java Province.

METHOD

In this study, a quantitative method was used using a cross-sectional approach which was carried out at the BLUD of the Ciseeng Health Centre, Bogor Regency, West Java Province starting from December 2020 - April 2021. The sample in this study were patients who were seeking treatment or visiting the BLUD of the Ciseeng Health Centre in Bogor using BPJS. The sampling technique in this study used a consecutive non-random sampling technique, namely taking the sample as a whole and according to the inclusion and exclusion criteria. The sample size formula used for this study was using the Slovin formula and it was found that there were 93 people. In this study, the research instrument used was a questionnaire with the ServQual method from Kurniana's research from the University of Indonesia and had its validity tested.

RESULTS AND DISCUSSION

The results of this study are displayed in the form of a frequency distribution table. In table 1, it is described that those who use BPJS facilities who dominate the age factor are those aged 25-34 years with a frequency of 33 (35.5%). Based on gender, it was dominated by women with a frequency of 85 (91.4%). Based on occupation, they were dominated by not working or housewives with a frequency of 72 (77.4%). Based on education level, it was dominated by schools with a frequency of 38 (40.9%). Based on the duration of treatment, it was dominated by < 3 days with a frequency of 82 respondents (88.2%).

In table 2, it is obtained based on the results of calculations between reality and expectations on the service satisfaction questionnaire divided into five dimensions, on the reliability dimension with the majority of 83 respondents (89.2%) being satisfied. On the assurance dimension, the majority of 83 respondents (89.2%) were satisfied. On the tangibles

dimension, the majority of 85 respondents (91.4%) were satisfied. On the empathy dimension, the majority of 84 respondents (90.3%) were satisfied. On the responsiveness dimension, the majority of 81 respondents (87.1%) were satisfied. Based on the results of calculating the satisfaction score, the mean score was 93.43%, with 86 respondents (92.5%) being satisfied with patient services, and 7 respondents (7.5%) being dissatisfied with patient services.

In table 3, the quality of service is obtained based on the dimensions of service on the dimension reliability the majority of 83 (89.2%) get good service quality, on the dimensions assurance the majority of 83 (89.2%) get good service quality, on the dimensions tangibles the majority of 85 (91.4%) get good service quality, on the dimensions empathy the majority of as many as 84 respondents (90.3%) get good service quality, on the responsiveness dimension the majority were 81 respondents (87.1%) get good service.

In table 4, a relationship was found between service quality and service satisfaction for BPJS patients at the Ciseeng Health Centre BLUD, Bogor Regency, West Java Province. Based on the reliability factor, 70 (98.6%) gave good answers and felt satisfied with the service with a p value of 0.001. Based on the assurance factor, 73 (98.6%) gave good answers and felt satisfied with a p value of 0.000. Based on factorstangible70 (98.6%) gave good answers and felt satisfied with a p value of 0.001. Factor based empathy 71 (98.6%) gave good answers and felt satisfied with a p value of 0.000. Factor based responsiveness 70 respondents (100%) gave good answers and felt satisfied with a p value of 0.000.

In the fisher exact analysis, it can be seen that all variables in each dimension (reliability, assurance, tangible, empathy, and responsiveness) has a significant relationship with patient satisfaction (p-value <0.05).

DISCUSSION

Relationship between Reability and BPJS Patient Satisfaction Level

In this study, the value of $p = 0.001$ was obtained. This stated that there was a relationship between service quality in the reliability dimension. This result is in line with Hastuti in 2017, with patient satisfaction ($p=0.000$). That matter give a positive and comfortable impression because Respondents considered that the services provided were agile and straightforward, the doctor came on time, was responsive, the nurse was swift in serving even in a precarious situation and the nurse reported reporting changes in the patient's condition specifically to the doctor during the visit (Hastuti et al., 2017). While research conducted by Pangerapan et al. (2018) not in line with the researchers where the results were obtained with a p value = 0.103 which showed that there was no significant relationship between reliability and patient satisfaction which means that patients will still come for treatment in a state of satisfaction or dissatisfaction with the puskesmas services for reasons of close proximity and there is BPJS access.

Assurance Relationship with BPJS Patient Satisfaction Level

In this study, the value of $p = 0.000$ was obtained, which means that there is a relationship between service quality in the insurance dimension (assurance). This is in line with Juwita's research in 2017 with a p value of 0.001 which can mean that there is a relationship between service quality in the assurance dimension and service satisfaction for patients at Tamiang Layang Hospital. This relationship is very closely related to internal marketing. Internal marketing itself is a training that focuses on how employees can provide a good and efficient service to patients. This is in order to gain the full trust of the patient to entrust his health to the hospital (Yadav & Dabhade, 2013). However, on the other hand, a study conducted by Maulina in 2019, to be

precise, obtained a slightly different value, where the p value was 0.702, this means that there is no relationship between assurance and patient satisfaction. This can happen due to the lack of attention given by health workers, causing discomfort or distrust of the respondents (Maulina et al., 2019).

Tangibles Relationship with BPJS Patient Satisfaction Levels

In this study, the value of $p = 0.001$ was obtained. These results are in accordance with Juwita's 2017 value of $p = 0.001$ which can be concluded that there is a relationship between service quality in the dimension of direct (tangible) evidence and patient satisfaction. This is due to the condition of the hospital which is kept clean and has adequate facilities, therefore every patient who comes will suspect that the hospital will carry out its duties properly and correctly (Juwita et al., 2017). Meanwhile, based on research conducted by Cahyadi (2014) which was carried out at the PKU Muhammadiyah Yogyakarta hospital, was not in line with the researchers, namely with a p value (0.147) and it could be concluded that there was no relationship between the Tangibility dimension and patient satisfaction. It can be concluded that there is no relationship between the tangibility dimension and patient satisfaction. This can happen because inadequate service facilities can be a source of patient dissatisfaction with the facilities provided.

Empathy Relationship with BPJS Patient Satisfaction Level

In this study, the value of $p = 0.000$ was obtained. These results match Taekab in 2019 which obtained a p value of 0.000 so it was concluded that there was a relationship between the dimensions of empathy and patient satisfaction. This is because the services provided do not differentiate between the status of JKN participant patients and the general public, nurses always listen to patient complaints before being examined, doctors are patient in serving patients, doctors provide attention and support for patient recovery, good communication is established between nurses and patients, as well as patients with doctor (Taekab et al., 2019). While the research conducted by Rahmawati in 2014, based on a cross-tabulation test which stated that there was no association between empathy and satisfaction ($\text{sig} = 0.385$) (Rahmawati, 2014). This happens because the company is trying to improve the quality of service which is based on one point, namely technology. If you don't prepare other infrastructure that has a much higher priority level, namely the attitude of health services or the attitude of health workers, then in the end the patient will be disappointed. Therefore, the hospital should provide socialization to improve services so that later patients will feel satisfied with the services provided (Hastuti et al., 2017).

Responsiveness Relationship with BPJS Patient Satisfaction Level

In this study, the value of $p = 0.000$ was obtained. patient satisfaction. These results are in accordance with Juwita in 2017 who obtained a value of $p = 0.0001$, which means there is a relationship between service quality in the responsiveness dimension and patient satisfaction. This statement relates to how employees are able to maximize their ability to understand, provide and assist patients as well as to hear and respond to requests from them and then deliver these services quickly and not slowly to provide a sense of care for patients (Juwita et al., 2017). Meanwhile, research conducted by Rahmawati in 2014 stated that based on the cross-tabulation test, it showed that there was no association between responsiveness and customer satisfaction ($\text{sig} = 0.271$). This can be related because the patient wants a swift service and does not waste a long time in the waiting area due to slow service work and complicated procedures (Yadav & Dabhade, 2013).

CONCLUSION

In this study, randomization was not carried out so that selection bias might occur. And also there is an information bias where the respondent does not understand the question in question and there is only one researcher who assists in filling out the questionnaire.

A study has been carried out at the BLUD of the Ciseeng Health Centre, Bogor Regency, West Java Province with 93 respondents who are BPJS recipient patients. According to the results of the study it can be concluded that; (1) obtained the number of respondents who are satisfied with the ability to provide promised services promptly, accurately and satisfactorily (reliability) namely as many as 83 (89.2%), (2) obtained the number of respondents who are satisfied with decency, ability, knowledge and reliability of the staff, free from danger, risk and doubt (assurance) was as much as 83 (89.2%), (3) obtained the number of respondents who are satisfied with physical facilities, employee equipment and means of communication (tangible) is as much as 85 (91.4%), (4) obtained the number of respondents who are satisfied with ease of doing relationships, interactions that ok, attention personal and understanding need customers (empathy) is as much as 84 (90.3%), (5) obtained the number of respondents who are satisfied with helping customers by providing service in a perceptive manner (Responsiveness) was as much as 81 (87.1%), and (6) results test statistics obtained mark $p=0.000$, which means there is connection which means between good service quality and satisfaction with the services obtained by patients. Moreover, this research can be re-examined with a larger number of respondents and randomization. And is expected to be a source of information to be able to improve the quality of service in various dimensions.

REFERENCES

- Cahyadi, S., & Mudayana, A. (2014). *Hubungan mutu pelayanan dengan kepuasan pasien rawat inap di RS PKU Muhammadiyah Yogyakarta unit II*. Universitas Ahmad Dahlan. Google Scholar
- Hastuti, S. K. W., Mudayana, A. A., Nurdhila, A. P., & Hadiyatama, D. (2017). Hubungan mutu pelayanan dengan kepuasan pasien peserta BPJS di Rumah Sakit Umum Daerah Yogyakarta. *Kes Mas: Jurnal Fakultas Kesehatan Masyarakat*, 11(2), 161–168. Google Scholar
- Hazfriani, A. (2016). Indeks Kepuasan Pasien Bpjs Kesehatan Terhadap Pelayanan Rumah Sakit Mata Masyarakat Jawa Timur. *Journal Administrasi Kesehatan Indonesia*, 4(2), 80. Google Scholar
- Humas, B. (2020). KIS Jadi Program Pemerintah Paling Dirasakan Manfaatnya Versi Alvara Research. *Dari [https://www. Bpjskesehatan. Go. Id/Bpjs/Post/Read/2019/1040/KIS-Becomes-The-Most-Benefited-Government-Program-According-to-Alvara-Research](https://www.bpjskesehatan.go.id/bpjs/post/read/2019/1040/kis-becomes-the-most-benefited-government-program-according-to-alvara-research). Diakses Pada Tanggal, 12*. Google Scholar
- Ibrahim, R., & Kahar, A. M. (2022). Pengaruh Kepemilikan BPJS Kesehatan Terhadap Pemanfaatan Pelayanan Kesehatan di Kabupaten Pulau Morotai. *Jurnal Multidisiplin Madani*, 2(2), 705–714. Google Scholar
- Indonesia, K. K. R. (2014). Dasar-dasar praktek penyusunan APBN di Indonesia. *Jakarta: Direktorat Penyusunan APBN*. Google Scholar

- Juwita, G. S., Marlinae, L., & Rahman, F. (2017). Hubungan mutu pelayanan dengan kepuasan pasien rawat inap di Rumah Sakit Umum Daerah Tamiang Layang. *Jurnal Publikasi Kesehatan Masyarakat Indonesia*, 4(2). Google Scholar
- Marsya, F. A., Aziz, M., & Pariyana, P. (2020). *Hubungan Dimensi Mutu Pelayanan Kesehatan Dengan Kepuasan Pasien BPJS Rawat Inap Kelas III di RSUP Dr. Mohammad Hoesin Palembang*. Sriwijaya University. Google Scholar
- Maulina, L., Madjid, T. A., & Chotimah, I. (2019). Hubungan Mutu Pelayanan Kesehatan Dengan Kepuasan Pasien Peserta BPJS di Unit Rawat Inap Puskesmas Cibungbulang Kabupaten Bogor Tahun 2018. *PROMOTOR*, 2(2), 130–136. Google Scholar
- Pangerapan, D. T., Palandeng, O. E. L. I., & Rattu, A. J. M. (2018). Hubungan antara mutu pelayanan dengan kepuasan pasien di poliklinik penyakit dalam rumah sakit umum GMIM Pancaran Kasih Manado. *JKK (Jurnal Kedokteran Klinik)*, 2(1), 9–18. Google Scholar
- Rahmawati, N. (2014). Hubungan kualitas layanan dengan kepuasan pelanggan pada pasien rawat inap RSUD Bangkalan. *CALYPTRA*, 3(1), 1–10. Google Scholar
- Siswati, S. (2015). Kualitas pelayanan kesehatan dengan kepuasan pasien BPJS di unit rawat inap RSUD Kota Makassar. *Media Kesehatan Masyarakat Indonesia*, 11(3), 174–183. Google Scholar
- Taekab, A. H., Suryawati, C., & Kusumastuti, W. (2019). Analisis persepsi pasien terhadap mutu pelayanan Puskesmas dan hubungannya dengan kepuasan pasien rawat jalan di Puskesmas Leyangan Kabupaten Semarang tahun 2018. *Jurnal Kesehatan Masyarakat (Undip)*, 7(1), 31–40. Google Scholar
- Widiastuti, I. (2017). Pelayanan Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di Jawa Barat. *Public Inspiration: Jurnal Administrasi Publik*, 2(2), 91–101. Google Scholar
- Yadav, R. K., & Dabhade, N. (2013). Service marketing triangle and GAP model in hospital industry. *International Letters of Social and Humanistic Sciences*, 8(2), 77–85. Google Scholar

Copyright holder:

Ade Anjalita Santi Dewi, Ernawati (2023)

First publication right:

Journal of Social Science

This article is licensed under:

