Analysis of Differences in Satisfaction Toward the Quality of Services for BPJS Patients and General Patients in Outstanding Installation RSU Mitra Medika Amplas

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Abstract:
Background: Quality health services using the main strategy that is oriented to satisfaction with the quality of patient care provided comprehensively will be able to survive in the midst of global competition.
Purpose: This study was to find out if there were differences in the satisfaction of BPJS patients and the general public with regard to the quality of health services at the Outpatient Installation of Mitra Medika Amplas Hospital.
Materials and Methods: This type of research is an analytical survey with a cross sectional approach with a total sample of 110 respondents using the Servqual method by accidental sampling.
Results: The chi square test showed that the dimensions of reliability showed (p = 0.407 > 0.05), responsiveness (p = 0.169 > 0.05), assurance (p = 0.968 > 0.05), physical evidence (p = 0.000 <0, 05) and empathy (p= 0.808 > 0.05).
Conclusion: Dimensions of reliability, responsiveness, assurance and empathy there is no significant difference between BPJS patients and the general public with the level of patient satisfaction with service quality on all dimensions except for physical evidence which has a significant difference. Efforts are needed to improve the quality of outpatient services by monitoring the level of patient satisfaction on a regular basis.
Key Word: Patient Satisfaction, Service Quality, BPJS.

I. Introduction

National health system explained the goal of health development is achievement of the ability to live a healthy life for every resident in order to realize optimal health degrees, as one of the elements of the general welfare of the national goals.[1] Based on Health Law No. 36 of 2009, health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in the Pancasila and the 1945 Constitution of the Republic of Indonesia in order to realize the highest degree of public health. So, everyone has the right to obtain safe, quality and affordable health services and the state is obliged to guarantee the health of its citizens. Therefore, the state created a National Health Insurance (JKN) program through the Social Security Administering Body (BPJS) for all Indonesian people.[2,3] Article 83 BPJS Health Regulation No. 1 In 2014 concerning the Implementation of Health Insurance, quality control must be carried out through one of which is the fulfillment of quality standards for health facilities and health service processes.[4] It is aimprovide health protection to participants to benefit health care and protection in meeting basic health needs[5].

Results Ombudsman investigation Republic of Indonesia, there are various problems in service utilization health by BPJS which is caused by increased access to health services but the quality is still low or lacking efficient and effective in providing service. It can be found with more and more complaints from community regarding the quality of service, starting from the attitude of the officer and the way the officer in serve patients, administrative systems that complicated and difficult to understand, physical state so bad that it can't be felt benefited by the patient, unclear time of service provided.[5] This is supported by Calvin's research et al using the *servqual* method and IPA, patient complaints to service personnel health like the officer's attention administration of patient complaints and special attention to patients who lack so that its performance needs to be improved and physical conditions that need to be improved such as the need for an administrative waiting room that comfortable which indicates that satisfaction patients are generally unsatisfactory seen in every dimension gives negative interpretation. On the *tangible* dimension there is the highest negative interpretation that is 0.43 and in the other four dimensions which

shows a negative interpretation, namely the *empathy* dimension with a value of -0.41, *responsiveness* dimension with a value of -0.36, *reliability* dimension with a value of -0.34 and dimension assurance with a value of -0.27. Interpretation negative means that the quality of service given by the hospital is not appropriate with the patient so that the patient feels satisfied with the services provided.[6]

The composition of the opinion of BPJS participants too reflected in the polls. From respondents Kompas in 12 cities, 53.5% have followed BPJS Health. The composition, more than 60% of civil servants civilians and retirees. Only 39.1% of participants the JKN BPJS Health program expressed satisfaction with BPJS services. A total of 42.9% of service users respondents BPJS Kesehatan still stated that they were not satisfied. The dissatisfaction is based on their experience in various things, from from the complexity of the procedure to get services from membership registration to at the time of inspection.

There are various methods to measure service quality such as servqual *(service quality), directly reported satisfaction, importance performance analysis, problem analysis, canoe models*, etc. *Servqual* is the most reliable scale to assess customer perceptions and expectations, have been recognized as a standard in service quality, and has been proven valid (valid) for all service situation.[6,7] There are five dimensions of *servqual* used by customer in assessing the quality of service that is evidence physical, reliability, responsiveness, assurance, and empathy.[8] From previous research which done by Sodik shows satisfaction The largest BPJS patients are in the dimensions of 82% guarantee and the smallest satisfaction is at dimensions of reliability 14%, while satisfaction the largest number of general patients is on the dimension of evidence physical 84% and the smallest satisfaction is the dimension empathy 16%.[9] Divine research results shows that most BPJS patients 67.3% are dissatisfied with the service administered compared to patients general 29.2%.[10] Research result Umniyati shows dimensions of physical evidence have a high percentage of satisfaction the highest was 84.12% while the lowest percentage of satisfaction is at the guarantee dimension is 65.07%.[11] Based on the description the author feels interested to conduct research on how is patient satisfaction with quality BPJS and general services in Nursing Installations RSU Mitra Medika Amplas.

II. Material And Methods

This research was conducted in 2020 with the sample in the study, namely all outpatients at RSU Mitra Medika Amplas.

Study Design: This type of research is an analytical survey research with a *cross sectional approach*.

Study Location: This research was conducted at RSU Mitra Medika Amplas.

Study Duration: Desember 2020 to Januari 2021.

Sample size: 110 respondents.

Sample size calculation: Sample required is 100 respondents (50 BPJS patients and 50 general), to avoid errors, an additional ±10% is added. So the large number of samples needed is 110 respondents (55 BPJS patients and 55 general).

Subjects & selection method: Taking samples following the inclusion and exclusion criteria that have been set by the researcher.

Inclusion criteria:
1. Have received outpatient services at least once.
2. Willing to fill out the questionnaire
3. Aged ≥17 years old

Procedure methodology

The data collected was done by distributing questionnaires to BPJS patients and the general public who utilize outpatient health services in order to obtain data on patient satisfaction. Each question item has 5 answer choices which are arranged based on a Likert scale. This scale measures the level of perception is as follows:

Score 1= Poor
Score 2= Not Good
Score 3= Good Enough
Score 4= Good
Score 5= Very Good

Meanwhile, to measure the level of hope is with 5 items of answer choices as follows:

Score 1= No Hope
Score 2= Lack of Hope
Score 3= Pretty Hope
Score 4= Hope
Score 5= Very Hope

To determine the level of service quality received by each patient, it can be done by reducing the total perception score (the service score perceived by the patient) with the total expectation score (the service score expected by the patient) as with the following equation: Perception (P) - Expectation (E) = Quality (Q).

If the results obtained Q 0, P - E = Positive (+) then the patient is satisfied with the service received. If Q < 0, P – E = Negative (-) then the patient is not satisfied with the service received.

Statistical analysis

The data processing of respondents' answers from the questionnaires was carried out using computer technology with the SPSS (Statistical Package For Social Science). Univariate analysis serves to provide an overview of the characteristics of respondents and the presentation of descriptive results through the frequency and distribution of the independent and dependent variables. Bivariate analysis was carried out to find out whether there was an effect of each dependent variable and independent variable. Data analysis used the Chi-Square test. Tested with a significance level of =0.05.

III. Result

Characteristics respondents: shows that the most age receiving outpatient services is the age group 26-45 years as much as 45% and who receive the least amount of care the road is the age group > 59 years i.e as much as 10%. By gender the number of female patients is more as much as 56.4% of men, namely as much as 43.6%. Based on level education of the most respondents receiving outpatient services is the level of secondary education as much as 43.6% and at least is the level of education low as much as 6.4%. Based on most received job status outpatient services are housewives and self-employed as many as 19.1% and at least are civil servants as much as 10.9%.

BPJS and general patient satisfaction by dimension: Results show there are 53 BPJS respondents (75.7%) not satisfied with the service on the dimensions reliability. The results of the study show difference in proportion by level satisfaction for BPJS patients and the general public. On reliability dimension shows no there is a significant difference between BPJS patients and the general public with a level of patient satisfaction (p=0.407). Power dimension responsiveness shows as many as 54 (77.1%) BPJS respondents and 26(65%) respondents However, there are 23 (57.5%) respondents show satisfaction with the service. Results research shows the difference in proportion based on the level of satisfaction in patients BPJS and the general public. Dimensions of physical evidence show there is a difference significant difference between BPJS patients and the general public with the level of patient satisfaction (p = 0.000). Dimensions of empathy show as much as 59 (84.3%) BPJS respondents and 33 (82.5%) general respondents show dissatisfied to service. Result study shows the difference in proportion based on satisfaction level for BPJS patients and the general public. On the empathy dimension, it shows no there is a significant difference between BPJS patients and the general public with a level of patient satisfaction (p=0.808).

Table no 1: Shows percentage distribution based on respondent characteristics.

Respondent Characteristics	N	%
Age		
17-25 (Late teens)	33	30
26-45 (Young adult)	50	45,5
46-59 (Old adult)	16	14,5
>59 (Elderly)	11	10
Gender		
Men	48	43,6
Women	62	56,4
Education		
Low (Elementary and junior high school graduated)	7	6,4
Medium (Senior high school graduated)	48	43,6
High (S1, D3 graduated)	55	50
Job Status		
Student/College Student	17	15,5
Private Employees	25	22,7
Government Employees	12	10,9
Enterpreneur	21	19,1
Housewife	21	19,1
Other	14	12,7
Number of visit		
1 times	38	34
2 times	21	19
3 times	21	18,1
>3 times	30	27,3
How to Pay		

BPJS	70	63,6
Independent/insurence, etc	40	36,4

Patient Satisfaction Difference BPJS and General Based on Satisfaction on the Quality of Health Services: Overall research results shows as much as 59 (84.3%) BPJS respondents and 30 (75%) respondents generally show dissatisfied with the quality of health services in inpatient installations RSU Mitra Medika. Only 10 (25%) general respondents are satisfied with the services at RSU Mitra Medika. The results of the study show the difference proportion based on the level of satisfaction on BPJS patients and the general public show no there is a significant difference between BPJS patients and the general public with a level of patient satisfaction (p=0,233).

Tabel 2: Shows the level of patient satisfaction based on the dimensions

Dimension	Pasien	Tidak Puas		Puas		p-value
		n	**%**	**n**	**%**	
Reliability	BPJS	53	75,7	17	24,3	0,407
	General	33	82,5	7	17,5	
Responsiveness	BPJS	54	77,1	16	22,9	0.169
	General	26	65	14	35	
Guarantee	BPJS	51	72,9	19	27,1	0,968
	General	29	72,5	11	27,5	
Physical Evidence	BPJS	59	84,3	11	15,7	0,808
	General	33	82,5	7	17,5	
Emphaty	BPJS	53	75,7	17	24,3	0,000
	General	17	42,5	23	57.,	

Tabel 3: Shows the level of patient satisfaction based on how to pay

Pasien	Tidak Puas		Puas		p-value
	n	**%**	**n**	**%**	
BPJS	51	72,9	19	27,1	0,968
Umum	29	72,5	11	27,5	

IV. Discussion

The results of the study show by age, level of satisfaction category the highest dissatisfied at the age of 46-59 years by 80,% and the second satisfied category the highest at the age of >59 years by 36,4%. In line with Abdilah penelitian's research and Ramdan in his research shows in the age group less than 30 years tend to be dissatisfied compared to over 30 years of age. This could be due to the age group productive tend to be more demanding and expect a lot of abilities health services and tend to criticize.[11] By gender, male respondents showed 60,4% dissatisfied and 39.6% satisfied and female respondents showed 77,4% dissatisfied and 22,6% satisfied. This matter in line with the research of Abdilah and Ramdan where shows the group men are 56% more satisfied than women as much as 44%.[12] Based on education, satisfaction level percentage category not satisfied highest on higher education that is equal to 76.4% and the highest satisfied category in education medium that is equal to 37.5%. Abdilah dan Ramdan shows i line that the level of Elementary education almost 50% shows satisfaction, while in the graduate group all expressed dissatisfaction. This can be happen by the level of higher education more tend to demand a lot or criticize the service accept it if you think so dissatisfied[12]. By status job satisfaction rate percentage the highest category of dissatisfied employees 100% state and private employees, namely by 92%, then satisfied category the highest in self-employed, which is 47.6%. This is in contrast to is Abdilah and Ramdan's research shows the group with the most feel satisfied that is group work as much as 61,4% and dissatisfied with group not working as much as 65,1%.[12] This is in accordance with the opinion Lumenta denoting group working people tend to influenced by the work environment as well family environment, then someone those who work tend to be more sue or criticize to the service it receives if it is dissatisfied with himself compared to those who do not work.[12]

In the dimension of evidence physique shows that there is a significant difference significant difference between BPJS patients and the general public with a patient satisfaction level of 0,000 (p<0,05), and in this study show the dimensions of physical evidence of having highest satisfied presentation of all dimensions. In this dimension of physical evidence according to research by Arifin 2013 cit Sri Sularsih 2019, tangible (physical evidence) from the results of the patient's study that the evidence direct service that is already good is

the condition of the treatment room is clean and supported by the availability of supporting facilities in the treatment room such as a toilet, comfort treatment room and staff appearance neat and clean health, so that direct health service related to patient satisfaction ASKES social users in services hospitalization.[13] This corresponds to researcher interviews with patients where researchers look at hospital staff neat appearance and home environment sick who are kept clean and comfortable, but some also see waiting room system that is not maximized for the patient.

The result of the translation of the data in dimensions overall reliability and empathy because both BPJS patients and the general public both have high hopes and different perceptions are influenced by characteristics individual who join influences such as attitudes, motives, interests, interests, and experiences to all dimensions of service given. if you look at the more detailed attributes service procedures (-0.6) and compliance time (-0.4), while the dimension empathy, overall attributes show negative gaps. This is in line with research by Kalijogo et al, the value of the gap score the biggest negative lies in the attribute accuracy service schedule (-1.06), fast patient admission procedures and right (-0.59), and Ease of Giving Criticism and Suggestions of (-0.57).This similar to that of David et al. Rustam Effendy, and Retnaningsih who stated that there is a relationship means between the level of patient satisfaction with the doctor's arrival time to treat patients in the outpatient unit. The doctor's arrival time serve patient will the more improve patient satisfaction and if the doctor came not on time for serving patients in the outpatient unit, this will further reduce satisfaction patient. Based on other research punctuality is also related to readiness of officers in service. Officer those who don't come on time will hampering service because of the staff does not have an optimal time lag to prepare to serve patients[14].

From the results of the negative gap value obtained by can, show the quality of service in RSU Mitra Medika Amplas meet patient expectations in all dimensions of good service quality for patients BPJS and the general public feel dissatisfied of hospital services. Study Sutinah and Simamora show in line where all dimensions have negative gap value[15]. Ramadan Research where shows the alignment where there is no difference in satisfaction means between BPJS participant patients health with general patients against health services with p-value>0.05 in all dimensions[16]. According to Kalijogo et al discrepancy between what is expected and the reality of the services they receive, of -0.39 the average gapscore value is indicates that overall service attributes at this clinic are lacking meet the patient's expectation according to the accepted reality in service.[13] This is not necessarily due to the quality of service at the RSU Mitra Medika Amplas not good, may be caused by patient expectations that are too high will quality of hospital services. That matter is an advantage of the *servqual* method namely as a reference for the hospital to continue to make quality developments service to meet expectations patient.

This research also shows comparison of satisfaction level percentage the category of dissatisfied on the overall dimensions is higher in BPJS patients compared to general patients. The difference lies in the results assessment of related BPJS participant patients dimensions of more service low compared to the rating by general patient. This is in line with research showing that there is a difference in the percentage level lower BPJS patient satisfaction compared to General patients by Firmansyah.[14] This can happen because of the difference in expectations and perceptions of BPJS patients. Hope can formed based on several factors, namely close friends opinions, company promises, and past experiences.[17] Understanding BPJS patients regarding BPJS procedures too affect the patient's own perception. This is what makes most patients categorize the level of satisfaction in the dissatisfied category. That too maybe because the patient is good BPJS and non BPJS studied is an outpatient, where outpatients are not many or long contact with the service as a result there is no significant difference between BPJS patient satisfaction and the general public. Results this study shows the percentage level of satisfaction category dissatisfied patient BPJS 40,9% higher than with the general patient 29,5%. This is in line with research done by Ilahi where most BPJS patients 67,3% feel dissatisfied with the service administered compared to patients general 29.2%.[10] Patient expectations has a big role as standard comparison in satisfaction evaluation as well as quality.[18] Researchers analyze what does patient satisfaction come from the expected and the reality accepted in health services between different BPJS patients and the general public. Case this may be due to BPJS patients feel that you have paid dues BPJS every month for health services obtained, resulted in tendency to demand service good one from the hospital.

The results of the study also show there is no significant difference between BPJS patients and the general public with a level of patient satisfaction 0,099. Results of data analysis showed no difference between BPJS patients and the general public with satisfaction patients (p>0.05). This is in line with research conducted by Firmansyah et al. Which shows none difference in satisfaction between participant patients JKN generally based on quality health services. Status difference patient has no effect on satisfaction that the patient feels in receiving service, because the two categories expressed dissatisfaction with the service received.[14] No difference the satisfaction is because both the patient BPJS and the general public both have high expectations and different perceptions influenced by individual characteristics which also influence such as attitudes, motives, interests, interests, and experiences to the services provided. Case that's what makes most of it patients

categorize the level of satisfaction in the dissatisfied category. Absence the difference in the level of satisfaction is also determined by high patient expectations. If it is not balanced with performance the service provided is satisfaction patient will not be met. Currently customers are more difficult to satisfy because smarter, more price-conscious customers, more demanding, less forgiving, and approached by many competitors with the same or better offer.[16] In order to monitor the quality of service that has been given, then the hospital are expected to carry out regular surveys on a regular basis periodically to directly assess the quality available services compared as expected by the patient.[14]

V. Conclusion

There is no difference significant difference between BPJS patients and the general public with the level of patient satisfaction with overall service quality dimensions of service quality 0.233 (p>0.05). Percentage level of satisfaction category no highest satisfaction for BPJS patients and the general public that is on the empathy dimension which is equal to 20.5% and satisfied category on the dimensions of the item physical by 11.49%.

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