

Analysis of BPJS Patient Satisfaction Level of Ralat Road in Hospital Imelda Pekerja Indonesia Medan

Kiki Mirna Ramadhani ^{1*}, Mangatas Silaen ², Anto J. Hadi ³

¹Student of Master of Public Health, Faculty of Public Health, Helvetia Health Institution, Medan

^{2,3}Lecturer, Master of Public Health, Faculty of Public Health, Helvetia Health Institution, Medan

¹Corresponding Author, Email: kkramadhani10@gmail.com
(Corresponding Author's Phone Number: 0813 7877 8891)

ABSTRACT

One health service that has a very important role in providing health services to the public is a hospital. Based on the results of interviews that the most frequent complaints they receive are about the system of change set by the BPJS program and the timetable for doctor's services is not as promised. The purpose of this study was to analyze the level of satisfaction of outpatient BPJS patients. The study design used was cross sectional with a total population of 2,056 outpatient BPJS patients and 98 samples were taken by accidental sampling. Data collection methods are primary data and secondary data. Analysis of the data used is multivariate analysis with binary logistic regression test. The results showed that the guarantee has a sig-p value of 0.000 <0.05, empathy has a sig-p value of 0.009 <0.05 and the responsiveness has a sig-p value of 0.001 <0.05. The conclusion in this study there is the effect of assurance, empathy and responsiveness to outpatient BPJS patient satisfaction, while reliability and physical evidence has no influence on BPJS outpatient patient satisfaction. It is hoped that the hospital will improve patient satisfaction for the better, such as giving care to patients who need health services.

Keywords : Factor Analysis, Patient Satisfaction Level

INTRODUCTION

According to the Indonesian Ministry of Health Regulation No. 129 of 2008, a hospital is a healthcare facility that provides individual health services including promotive, preventive, curative, and rehabilitative care, offering inpatient, outpatient, and emergency services. The primary duty of hospitals as healthcare service institutions is to deliver high-quality health services and be accountable to the community, particularly within their service area. The function of a hospital is to provide specialist or secondary medical services and sub-specialist or tertiary medical services. Therefore, the core product of a hospital is medical services (1).

The increase in the number of patient visits over time can also be influenced by the satisfaction experienced by the patients. Satisfaction is the level of a person's feeling after comparing the perceived performance or results (services received) with their expectations. Services are expected to make patients feel satisfied (customer satisfaction), which means providing patients with what they truly need and want, not merely what we assume they need (2). Approximately 30% of hospitals in Indonesia have not yet implemented service standards. The Director

General of Medical Services, Dr. Farid W. Husain, SpB KBD, stated that about 20% to 30% of over 1,000 hospitals have not applied the minimum service standards. Most of these are regional and district hospitals. These minimum standards not only refer to the services provided to the public but also include the availability of facilities and infrastructure, including buildings and equipment (3). Several other study findings indicate that patient satisfaction levels remain relatively low regarding the quality of health services provided by hospitals. The dimensions of service quality have not been adequately presented by healthcare providers. One study employing a qualitative method even found how difficult it was to encounter "a faint smile from healthcare providers" (4).

Customer or patient satisfaction is a crucial aspect that cannot be ignored by policymakers in the health sector. This has an impact on the attention given by healthcare providers, as they may no longer be able to deliver comprehensive and optimal services to patients (5). According to Government Regulation No. 36 of 2012 concerning the obligations of hospitals and patients, a hospital is a comprehensive healthcare institution that provides inpatient, outpatient, and emergency

services. Each hospital has the obligation to actively participate in delivering health services, to provide facilities and services for underprivileged or low-income communities, to carry out social functions, to uphold hospital ethics properly, to implement government programs both regionally and nationally, to draft and enforce internal hospital regulations, to ensure the safety and comfort of patients, visitors, and hospital staff, and to provide clear and transparent information regarding hospital services to the public in a proper and open manner (6).

Based on the preliminary survey conducted on the satisfaction level of BPJS outpatient participants at RSU Imelda Pekerja Indonesia, using a questionnaire covering five service dimensions—reliability, assurance, tangible evidence, empathy, and responsiveness—comprising 35 items, along with a separate satisfaction questionnaire containing 20 items and involving 10 respondents, the following results were obtained: for the *reliability* variable, 6 respondents rated the service as good, while 4 rated it as not good; for the *assurance* variable, 5 respondents gave a good rating, and 5 rated it as not good; for the *tangible* variable, all 10 respondents rated it as good; for the *empathy* variable, all 10 respondents also rated it as good; for the *responsiveness* variable, 5 respondents rated it as good, while 5 rated it as

not good. Based on the background above, the objective of this study is to analyze the satisfaction level of BPJS outpatient participants at Imelda Pekerja Indonesia General Hospital in Medan.

METHOD

The research design used an analytic survey method with a cross-sectional approach. This study was conducted at RSU Imelda Pekerja Indonesia and took place from September to October 2019. The population in this study consisted of all BPJS outpatient participants, totaling 2,056 individuals, and the sample was taken using accidental sampling, comprising 98 patients. The data collection tool used was a questionnaire. The collected data were processed using univariate, bivariate, and multivariate analysis.

RESULTS

Table 1 shows that out of 98 respondents, the majority were aged 26–35 years, totaling 29 respondents (29.6%), and most were female, totaling 56 respondents (57.1%). In the education category, the majority of respondents had a senior high school education, totaling 46 respondents (46.9%), while in the employment category, most respondents were unemployed, totaling 32 respondents (32.7%).

Table 1. Distribution of Respondent Characteristics

Characteristics	n	%
Age		
17-25 years	8	8,2
26-35 years	29	29,6
36-45 years	23	23,5
46-55 years	21	21,4
56-65 years	17	17,3
Sex		
Male	42	42,9
Female	56	57,1
Education		
College Graduate	3	3,1
Senior High School	46	46,9
Junior High School	41	41,8
Elementary Graduate	8	8,2
Occupation		
Civil Servant/Military/Police	8	8,2
Private Employee	31	31,6
Entrepreneur	27	27,6
Unemployed	32	32,7
Total	98	100

Table 2. Relationship Between Reliability, Assurance, Tangibles, Empathy, and Responsiveness and the Satisfaction of BPJS Outpatient Participants

Reliability	Patient Satisfaction				Total		<i>p-Value</i>
	Not Satisfied		Satisfied		n	%	
	n	%	n	%			
Reliability							
Not Good	39	60,9	25	39,1	64	100	0,788
Good	19	55,9	15	44,1	34	100	
Assurance							
Not Good	47	94,0	3	6,0	50	100	0,000
Good	11	22,9	37	77,1	48	100	
Tangibles							
Not Good	31	66,0	16	34,0	47	100	0,270
Good	27	52,9	24	47,1	51	100	
Empathy							
Not Good	49	89,1	6	10,9	55	100	0,000
Good	9	20,9	34	79,1	43	100	
Responsiveness							
Not Good	45	93,8	3	6,2	48	100	0,000
Good	13	26,0	37	74,0	50	100	
Total	58	59,2	40	40,8	98	100	

Table 2 shows that the results of the bivariate analysis based on the chi-square test indicate that the significance probability value for reliability is $p\text{-value} = 0.788$ or > 0.05 . This proves that reliability does not have a relationship with patient satisfaction at Imelda Pekerja Indonesia General Hospital in Medan. The chi-square test results show that the significance probability value for assurance is $p\text{-value} = 0.000$ or < 0.05 . This proves that assurance has a relationship with patient satisfaction at Imelda Pekerja Indonesia General Hospital in Medan. The chi-square test results show that the significance probability value for tangibles is $p\text{-value} = 0.270$ or > 0.05 . This proves that tangibles do

not have a relationship with patient satisfaction at Imelda Pekerja Indonesia General Hospital in Medan. The chi-square test results show that the significance probability value for empathy is $p\text{-value} = 0.000$ or < 0.05 . This proves that empathy has a relationship with patient satisfaction at Imelda Pekerja Indonesia General Hospital in Medan. The chi-square test results show that the significance probability value for responsiveness is $p\text{-value} = 0.000$ or < 0.05 . This proves that responsiveness has a relationship with patient satisfaction at Imelda Pekerja Indonesia General Hospital in Medan.

Table 3. Multivariate Analysis of Outpatient BPJS Patient Satisfaction Levels

Variable	B	Sig.	Exp(B)
Assurance	3,770	0,000	43,388
Empathy	2,291	0,009	9,889
Responsiveness	3,409	0,001	30,231
Constant	-5,789	0,000	0,003

Table 3 shows that the results of the multivariate analysis indicate that assurance has a significance value of $p = 0.000 < 0.05$, meaning that assurance has a significant

influence on the satisfaction of BPJS outpatient participants at Imelda Pekerja Indonesia General Hospital in Medan. Empathy has a significance value of $p = 0.009$

< 0.05 , meaning that empathy has a significant influence on the satisfaction of BPJS outpatient participants at Imelda Pekerja Indonesia General Hospital in Medan. Responsiveness has a significance value of $p = 0.001 < 0.05$, meaning that responsiveness has a significant influence on the satisfaction of BPJS outpatient participants at Imelda Pekerja Indonesia General Hospital in Medan.

DISCUSSION

The Influence of Assurance on the Satisfaction of BPJS Outpatient Participants

Assurance is part of the assurance dimension within the SERVQUAL (Service Quality) method developed by Parasuraman, Zeithaml, and Malhotra (2005). It refers to activities that ensure certainty regarding the services to be provided to customers. This includes the ability of personnel to have accurate knowledge of the services and the skills required to deliver them effectively, thereby fostering a sense of security in customers and building their trust in the institution (7). Assurance has a significance value of $p = 0.000 < 0.05$, indicating that assurance has a significant influence on the satisfaction of BPJS outpatient participants at Imelda Pekerja Indonesia General Hospital in Medan. The odds ratio (OR) value for the assurance variable is 43.388, which means that poor assurance is 43 times more likely to influence patient dissatisfaction. The B value = the natural logarithm of $43.388 = 3.770$. Since the B value is positive, it indicates that assurance has a positive effect on patient satisfaction.

This study is in line with the research conducted by Pratiwi, Y in 2018 on *The Influence of Service Quality on Community Satisfaction as Patients at Puskesmas Sering, Medan Tembung District*, which showed that reliability, responsiveness, assurance, empathy, and tangibles simultaneously have a positive and significant influence on community satisfaction as patients. Partially, reliability and assurance were found to have a positive and significant influence on patient satisfaction. Meanwhile, responsiveness, empathy, and tangibles had a positive but not

significant influence on community satisfaction as patients (8).

According to the researcher's assumption, hospitals need to enhance the education and competency of healthcare personnel in serving patients, as the education and skills of healthcare workers play a crucial role in supporting the patient's recovery process. This greatly influences the trust of patients, helping them feel secure in receiving care from healthcare providers. These findings align with the theory of quality assurance, which refers to assuring, safeguarding, or protecting and providing fairness to patients by applying appropriate techniques and procedures to improve the quality of patient care. The assurance dimension is a critical aspect, as the recovery of a patient lies in the hands of the healthcare providers responsible during the treatment process. Therefore, the knowledge possessed by healthcare personnel must align with their academic training and adhere to established procedures in delivering healthcare services, as patients seek accurate and reliable recovery. According to Ministry of Health Regulation No. 71 of 2013, health assurance for patients must be properly fulfilled to improve the quality of health services provided. Efforts include offering health protection for patients, access to care and health maintenance, and facilitating patients in obtaining appropriate healthcare services (5).

The Influence of Empathy on the Satisfaction of BPJS Outpatient Participants

The empathy dimension refers to providing sincere attention to patients on an individual or personal level by making efforts to understand the patient's needs. The perception of empathy is part of the empathy dimension in the SERVQUAL (Service Quality) method developed by Parasuraman, Zeithaml, and Malhotra (2005), which includes ease of contact with the institution, the ability of staff to communicate with patients, and the institution's efforts to understand the needs of its customers. In this study, the assessment of empathy includes the following: healthcare personnel take time to communicate with patients; healthcare staff consistently remind patients and their families

about the safety of their valuables; family consultation time is accommodated; and healthcare personnel provide comfort, encouragement for recovery, and pray for the patients (7). Empathy has a significance value of $p = 0.009 < 0.05$, indicating that empathy has a significant influence on the satisfaction of BPJS outpatient participants at Imelda Pekerja Indonesia General Hospital in Medan. The odds ratio (OR) value for the empathy variable is 9.889, which means that poor empathy is 10 times more likely to influence patient dissatisfaction. The B value = the natural logarithm of 9.889 = 2.291. Since the B value is positive, empathy has a positive influence on patient satisfaction.

This study is consistent with the research conducted by Adawiyah, R in 2015 on *The Overview of Health Service Quality at Sedan Community Health Center, Rembang Regency, Central Java*, which showed that the quality of services at Sedan Community Health Center in the tangibles dimension was less satisfactory with a gap score of -0.173, the reliability dimension was less satisfactory with a gap score of -0.170, the responsiveness dimension was very satisfactory with a gap score of 0.125, the assurance dimension was very satisfactory with a gap score of 0.210, and the empathy dimension was very satisfactory with a gap score of 0.050. The overall service quality at Sedan Community Health Center was considered less satisfactory, with a gap score of -0.032. To improve service quality, the health center needs to improve the condition of restrooms, complete the supply of medicines, increase the accuracy of doctors' diagnoses, and improve the appropriateness of prescriptions provided to patients (9). According to the researcher's assumption, it can be concluded that patient satisfaction or dissatisfaction is greatly influenced by their perception of empathy, because empathy shown by healthcare personnel can be directly felt by patients from the beginning to the end of the service process. Fundamentally, every patient wants to be treated as an individual or in a personalized manner; therefore, the empathetic attitude of healthcare personnel in delivering care services is a key tool in fulfilling patients' expectations for special treatment, thereby achieving patient satisfaction with the health services they receive.

The Influence of Responsiveness on the Satisfaction of BPJS Outpatient Participants

The SERVQUAL (Service Quality) model developed by Parasuraman, Zeithaml, and Malhotra defines responsiveness as the willingness to help customers, respond, and provide prompt service, which includes the speed of employees in handling customer complaints and their readiness in serving customers. In this study, the assessment of perceived responsiveness includes nurses being friendly and polite, as well as attentive to patients' needs and complaints. Based on this assessment, most respondents felt that they still received suboptimal service, particularly on the indicator that nurses were not consistently friendly and polite (11). Responsiveness has a significance value of $p = 0.001 < 0.05$, indicating that responsiveness has a significant influence on the satisfaction of BPJS outpatient participants at Imelda Pekerja Indonesia General Hospital in Medan. The odds ratio (OR) value for the responsiveness variable is 30.231, which means that poor responsiveness is 30 times more likely to influence patient dissatisfaction. The B value = the natural logarithm of 30.231 = 3.409. Since the B value is positive, responsiveness has a positive influence on patient satisfaction.

According to the assumptions of this study, the aspect of responsiveness that needs to be improved in healthcare services is friendly and courteous service. This is crucial in delivering healthcare that satisfies patients, as they require supportive service characterized by smiles, greetings, and polite interaction, which can make them feel well cared for, with patience and attentiveness—ultimately aiding in their healing process. Responsiveness and sensitivity to patients' needs can significantly enhance the quality of healthcare services. From the perspective of service users, the quality of healthcare is defined as service that meets all patient needs or expectations in a manner that is respectful, attentive, and friendly. The relationship between perceived responsiveness and patient satisfaction is the result of stimuli and sensory impressions patients receive from the services delivered. If what they expect aligns with the

reality they experience, it will lead to satisfaction with the responsiveness of healthcare personnel. Conversely, if their expectations are not met, patients will feel dissatisfied. Based on the findings of this study, it can be concluded that both patient satisfaction and dissatisfaction are strongly related to their perception of responsiveness, as patients can directly experience the quality of responsiveness provided by healthcare staff from the beginning to the end of service delivery.

This study is in line with the research conducted by Ambariani in 2014 on *The Influence of Service Quality at the Elder-Friendly Community Health Center on Elderly Patient Satisfaction in Elder-Friendly Health Centers, Bogor Regency, West Java*, which showed that the quality of services at the Elder-Friendly Health Center (in the dimensions of tangibles, responsiveness, and empathy) had an influence on elderly patient satisfaction ($p < 0.05$). The magnitude of the influence was 0.42 (17.6%) for tangibles, 0.28 (7.8%) for responsiveness, and 0.25 (6.3%) for empathy. Other service quality dimensions (reliability and assurance) were not shown to have a significant effect ($p > 0.05$). Socio-demographic variables (age and education) were significantly different in relation to the satisfaction scores of elderly patients ($p < 0.05$). The quality of services at the Elder-Friendly Health Center in the SERVQUAL dimensions (tangibles, reliability, responsiveness, assurance, and empathy) was perceived as fairly good, although the quality of service received still did not fully meet patient expectations (10).

CONCLUSION

The conclusion drawn is that there is a relationship between assurance, empathy, and responsiveness and the satisfaction of BPJS outpatient participants, whereas reliability and tangibles do not have an influence on their satisfaction. It is expected that the hospital can improve patient satisfaction by enhancing the attentiveness of healthcare personnel in delivering care services, as this is a key factor in fulfilling patients' expectations for special treatment, thus achieving satisfaction with the healthcare services they receive.

ACKNOWLEDGMENT

The researcher expresses sincere gratitude to the leadership and staff of Imelda Pekerja Indonesia General Hospital for providing the opportunity, place, time, and guidance to conduct this research.

REFERENCES

1. Kemenkes RI. Kepmenkes No. 129 Tahun 2008 tentang Standar Pelayanan Minimal Rumah Sakit. Jakarta: Kementerian Kesehatan Republik Indonesia; 2008. 69–73 p.
2. Sari ID. Manajemen Pemasaran Usaha Kesehatan. Yogyakarta: Nuha Medika; 2010.
3. Depkes RI. Profil Kesehatan Indonesia. Jakarta: Departemen Kesehatan Republik Indonesia; 2010.
4. Widyatmoko A, Astuti P. Analisis Kualitas Pelayanan Program Jaminan Kesehatan Nasional BPJS Kesehatan pada Rumah Sakit Umum Daerah Kota Madiun. *J Polit Gov Stud*. 2014;3(4):91–105.
5. Fahrepi R, Rate S, Hadi AJ. Hubungan Kualitas Pelayanan Home Care Dengan Tingkat Kepuasan Keluarga Pasien Di Wilayah Kerja Puskesmas Batua Kota Makassar. *Promot J Kesehat Masy*. 2019;9(1):122–8.
6. Kemenkes RI. Pedoman Teknis Bangunan Rumah Sakit Ruang Rawat Inap. Jakarta: Direktorat Bina Pelayanan Penunjang Medik dan Sarana Kesehatan; 2012.
7. Zeithaml, V. A., A. Parasuraman dan LLB. *Delivering Quality Services*. New York: Free Press; 1990.
8. Eka YG. Pengaruh Kualias Pelayanan Terhadap Kepuasan Masyarakat sebagai Pasien di Puskesmas Sering. *Skripsi USU*. 2018;1–126.
9. Adawiyah R. Gambaran Kualitas Pelayanan Kesehatan Di Puskesmas Sedan Kabupaten Rembang Jawa Tengah. Jakarta: Universitas Islam Negeri Syarif Hidayatullah; 2015.
10. Ambariani. Pengaruh Kualitas Pelayanan Puskesmas Santun Lansia Pada Kepuasan Pasien Lanjut Usia Di Puskesmas Santun Lanjut Usia

- Kabupaten Bogor. 2014;1(1):59–68.
11. Al-asaf AF. Mutu Pelayanan Kesehatan : Perspektif Internasional. Jakarta: EGC; 2013.