

THE ANALYSIS OF BPJS INPATIENT SATISFACTION IN RSU JAMPANGKULON SUKABUMI 2017

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ABSTRACT

Patient satisfaction is the main indicator of the quality of hospital services as well as a measure of service quality. The purpose of the research is to analyze of BPJS inpatient satisfaction in BLUD RSUD Jampangkulon Sukabumi. The methodology uses descriptive analysis with a cross-sectional design. The number of samples as many as 110 respondents obtained from the Hypothesis test formula with two different proportions. Primary data collection techniques using questionnaires, interviews and observations. Validity test with the Pearson Product Moment formula and reliability test with Cronbach Alpha. Data analysis using Logistic Regression Analysis and Cartesian Analysis. The results showed that the majority of patients said they were satisfied with the service in general at 94.5%, as well as based on the dimensions of service quality. The variables that were significantly related to patient satisfaction were tangible, reliability, empathy, and the most dominant variable affecting patient satisfaction was responsiveness with the highest OR, namely 50.39. In terms of patient expectations and satisfaction, the main priority for improvement is the accuracy of the examination schedule, the speed with which doctors respond, complete drug supplies, complete medical equipment and cleanliness of the room. It is hoped that the hospital management will improve its top priorities and make efforts such as providing clarity of service information, fast service and availability of prioritizing the interests of patients as an effort to improve the quality of services in the BLUD RSUD Jampangkulon Sukabumi, Sukabumi Regency.

Keywords: *Cartesius analysis, Patient satisfaction, Service quality*

1. INTRODUCTION

Health is a right for everyone (Depkes RI, 2010). Along with advances in science and technology in various aspects of human life, science and technology in the health sector have also experienced significant and encouraging developments, but this has resulted in increasingly expensive health care costs (Koentjoro, 2007). Sulastomo (2000) states that the increase in the cost of health services is actually a problem in many countries. The

increase in the cost of health care is always described as outpacing the increase in the rate of inflation and increases in other consumer goods.

The high cost of health services makes it impossible for the whole community to bear the costs of obtaining health services by themselves. Sulastomo (2000) states that one of the problems we need to anticipate is health financing in the future. Therefore, a system is needed so that it is hoped that all members of the community can enjoy health services, through health insurance.

Health insurance reduces the risk of people covering health costs out of their own pocket, in amounts that are difficult to predict and sometimes have enormous costs. For this reason, a guarantee in the form of health insurance is needed because participants pay a fixed premium. Thus health financing is shared mutually by all participants, so that it is not burdensome individually (Ministry of Health of the Republic of Indonesia). Health insurance that is enforced by the Government of Indonesia administered by an insurance company under the name BPJS (Social Security Administering Body) is the National Health Insurance (JKN), which started on January 1, 2014 (BPJS Kesehatan, 2014).

In the implementation of JKN there is a fundamental change in terms of claims, namely the payment of previous claims using the Fee For Service (FFS) mechanism to become Indonesian Case Base Groups (INA-CBGs). Regulation of the Minister of Health of the Republic of Indonesia No. 59 of 2014 in CHAPTER I Article 1 paragraph (3), states that: "In Indonesian - Case Based Groups Tariff, hereinafter referred to as INA-CBG's Tariff, is the amount of claim payment by BPJS Kesehatan to Advanced Level Referral Health Facilities for service packages based on to the grouping of disease diagnoses and procedures ". Meanwhile, Fee for Service is a claim that is billed in accordance with the number of services provided by hospitals or other health service facilities to patients or insurers (Ilham, 2015).

For hospitals, the INA-CBG system is a challenge, on the one hand it has to be efficiency, on the other hand the demands of the community for the quality of health services are getting higher, which in turn requires the hospital to strive to continue to implement the principle of efficiency without compromising service quality (Firdaus, 2015). Thus it is expected that the degree of satisfaction of patients who are customers for the hospital can be achieved, because customer satisfaction is the main indicator of the standard of a health facility (Atmojo, 2006).

As for the satisfaction of BPJS participants with health services in health service facilities, as stated by BPJS Kesehatan (2014), a nationwide survey was conducted simultaneously from 15 September to 24 October regarding Participant satisfaction and the 2014 BPJS Health Health Facility was carried out with the aim of measuring the satisfaction and loyalty index of Participants and Health Facilities to BPJS Health. The survey results show that the National Index for Participant Satisfaction is 81%, while the National Index for Health Facility Satisfaction is 75%.

The Jampangkulon Regional General Hospital (RSUD), Sukabumi Regency, is a Type C Government-owned General Hospital with all limited resources and financial resources trying to improve service quality in the hope that patient satisfaction can be achieved. And since January 2015 participated in serving BPJS participants, which in quantity, BPJS participant patients are increasingly dominating.

2. MATERIALS AND METHODS

The methodology uses descriptive analysis with a cross-sectional design. The number of samples of 110 respondents obtained from the hypothesis test formula with two different proportions. Primary data collection techniques with questionnaires, interviews and observations. Validity test with Pearson Product Moment formula and reliability test with Cronbach Alpha. Data analysis using

logistic regression analysis and Cartesian analysis. This study analyzes patient satisfaction of BPJS participants.

3. RESULTS

Univariate Analysis

a. Patient Satisfaction In General Services

Table 1
Distribution of Respondents According to Patient Satisfaction in General Services in Jampangkulon Hospital BLUD Inpatient Installation 2017

Satisfaction	Frequency	Percentage
not satisfied	6	5.5
Satisfied	106	94.5
Total	110	100

Source: Primary Data

b. Service Quality Dimensions

Table 2
Distribution of Respondents According to Dimensions of Physical Evidence (Tangible) in the Inpatient Installation of BLUD Jampangkulon Hospital, Sukabumi Regency in 2017

Satisfaction	Frequency	Percentage
not satisfied	10	9.1
Satisfied	100	90.9
Total	110	100

Table 3
Distribution of Respondents according to the Dimension of Reliability
(Reliability) in the Inpatient Installation of BLUD Jampangkulon Hospital,
Sukabumi Regency in 2017

Satisfaction	Frequency	Percentage
not satisfied	4	3.6
satisfied	106	96.4
Total	110	100

Table 4
Distribution of Respondents According to Dimensions of Responsiveness
(Responsiveness) in the Inpatient Installation of BLUD Jampangkulon Hospital,
Sukabumi Regency in 2017

Satisfaction	Frequency	Percentage (%)
not satisfied	4	3.6
satisfied	106	96.4
Total	110	100

Table 5
Distribution of Respondents according to the Dimension of Assurance in the
Inpatient Installation of Jampangkulon Hospital, Sukabumi District in 2017

Satisfaction	Frequency	Percentage
not satisfied	0	0
satisfied	110	100
Total	110	100

Table 6
Distribution of Respondents According to the Dimension of Empathy in the
Inpatient Installation of BLUD Jampangkulon Hospital, Sukabumi Regency in
2017

Satisfaction	Frequency	Percentage
not satisfied	3	2,7
Satisfied	107	97,3
Total	110	100

Table 7
Respondents' Expectations on the Dimensions of Service Quality in the Inpatient Installation of Jampangkulon Hospital, Sukabumi District

	Important		Not Important	
	Frequency	Percentage	Frequency	Percentage
Tangible	110	100	0	0
Reliability	110	100	0	0
Responsiveness	110	100	0	0
Assurance	110	100	0	0
Emphaty	110	100	0	0
Total	110	100	0	0

c. Characteristics of Respondents

Table 8
Distribution of Respondents by Age

Age	f	Percentage
≤ 20 tahun	7	6,4
> 20 tahun	103	93,6
Jumlah	110	100

Table 9
Distribution of Respondents by Gender

Gender	f	Percentage
Male	45	40,9
Female	65	59,1
Jumlah	110	100

Source: Primary Data

Table 10
Distribution of Respondents by Education

Education	f	Percentage (%)
No school	8	7,3
Elementary School	54	49,1
Junior High School	15	13,6
Senior High School	19	17,3
Diploma	3	2,7
Bachelor	11	10
Total	110	100

Table 11
Distribution of Respondents by Occupation

Occupation	f	Percentage (%)
unemployment	60	54,5
government employees	8	7,3

TNI/Polri	0	0
private	4	3,6
entrepreneur	13	11,8
Others	25	22,7
Total	110	100

Table 12
Distribution of Respondents by Inpatient Room

Inpatient Room	f	Percentage
VIP	5	4,5
Class 1	20	18,2
Class II	40	36,4
Class III	45	40,9
Total	110	100

Bivariate Analysis

Table 13

Relationship of Physical Evidence (Tangible) to Patient Satisfaction in the Inpatient Installation of BLUD Jampangkulon Hospital, Sukabumi Regency in 2017

Tangible	Patient Satisfied				Total	P Value	OR
	Not Satisfied		Satisfied				
	n	%	n	%			

Not Satisfied	2	20	8	80	10	100	0,034	6
Satisfied	4	4	96	96	10	100		

Table 13 shows the results of the analysis of respondents' answers about satisfaction with physical evidence are: respondents who expressed satisfaction with physical evidence tended to be higher 96% would be satisfied with general services while being treated at the BLUD Hospital Jampangkulon Hospital, Sukabumi Regency, compared to respondents who felt not satisfied that only 80%. The statistical test results obtained p value of 0.034 (p value <0.05). This means that there is a significant relationship between tangible evidence and patient satisfaction.

Table. 14

Relationship Reliability (Reliability) to Patient Satisfaction in the Inpatient Installation of BLUD Jampangkulon Hospital, Sukabumi Regency in 2017

Reliability	Patient Satisfied				Total	P Value	OR	
	Not Satisfied		Satisfied					
	n	%	n	%				f
Not Satisfied	2	50	2	50	4	100	0,000	25,5
Satisfied	4	4	102	96	106	100		

Table 14 shows that the results of the analysis illustrate that 96% of respondents who are satisfied with the reliability tend to be more satisfied with the service in general while being treated at the BLUD Hospital Jampangkulon Hospital, Sukabumi Regency, compared to respondents who feel dissatisfied with only 50%. The statistical test results obtained p value of less than 0.000 (p

value <0.05). This means that there is a significant relationship between reliability and patient satisfaction.

Table. 15
Relationship of Responsiveness to Patient Satisfaction in Jampangkulon Hospital, Sukabumi District BLUD Inpatient Installation in 2017

Responsiveness	Patient Satisfied				Total	P Value	OR	
	Not Satisfied		Satisfied					
	n	%	N	%				f
Not Satisfied	1	25	3	75	4	100	0,080	6,73
Satisfied	5	5	101	95	106	100		

The result of the analysis shows that respondents who are satisfied with the responsiveness tend to be 95% higher than those who are satisfied with the general service while being treated at the BLUD Hospital Jampangkulon Hospital, Sukabumi Regency, compared to respondents who are not satisfied with only 75%. However, from the statistical test results obtained p value of 0.080 (p value > 0.05). This means that there is no relationship between responsiveness to patient satisfaction.

Table. 16
Assurance Relationship to Patient Satisfaction in Jampangkulon Hospital, Sukabumi District BLUD Inpatient Installation in 2017

Assurance	Patient Satisfied				Total	P Value	OR	
	Not Satisfied		Satisfied					
	n	%	N	%				f
Not Satisfied	0	0	0	0	0	0	-	0

Satisfied	6	5	104	95	106	100
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The results of the analysis show that 95% of respondents who are satisfied with the guarantee dimension will feel satisfied with the general service while being treated at the BLUD Hospital Jampangkulon Inpatient Installation, Sukabumi Regency, because none of the respondents are not satisfied with the assurance, so that yields the number 0. The results of statistical tests do not get the p value. Thus, the relationship between assurance and patient satisfaction cannot be interpreted.

Table. 17
Relationship of Empathy Toward Patient Satisfaction in Jampangkulon Hospital, Sukabumi District BLUD Inpatient Installation in 2017

Assurance	Patient Satisfied				Total	P Value	OR	
	Not Satisfied		Satisfied					
	n	%	n	%				f
Not Satisfied	1	50	2	67	3	100	0,031	10,2
Satisfied	5	4	102	96	106	100		

The results of the analysis show that respondents who are satisfied with the empathy dimension tend to be 96% higher than those who are satisfied with the general service while being treated at the BLUD Hospital Jampangkulon Hospital, Sukabumi Regency, compared to respondents who feel dissatisfied is 67%. The statistical test results obtained p value of 0.031 (p value <0.05). This means that there is a significant relationship between empathy (empathy) and patient satisfaction.

Multivariate Analysis

Multivariate analysis aims to see the relationship between the independent variable (dimension of service quality) and the dependent variable (patient satisfaction) simultaneously by using logistic regression to find the most dominant factor on patient satisfaction at the BLUD Hospital Jampangkulon Hospital, Sukabumi Regency.

a. Bivariate Selection

Bivariate selection was carried out to analyze the independent and dependent variables before entering the multivariate stage. Bivariate selection was carried out using a simple logistic regression test. Each independent variable is subjected to bivariate analysis with the dependent variable if the bivariate result produces a p value of less than 0.25 (<0.25) then the variable immediately enters the multivariate stage, while for independent variables whose bivariate results produce a p value of more than 0.25 (> 0.25) but it is important that this variable can be included in the multivariate model.

Table 18

Logistic Regression Test Results Between Tangible, Reliability, Responsiveness and Empathy Variables

Variable	P Value	OR
Tangible	0,018	13,34
Reliability	0,062	23,78
Responsiveness	0,739	1,95
Emphaty	0,288	7,20

b. Multivariate Modeling

Multivariate analysis is a follow-up analysis that aims to determine the correlation of the independent variable (dimensions of service quality) to the dependent variable (patient satisfaction), so that it can be seen which factors are the most dominant from the dimensions of service quality that affect patient satisfaction, using logistic regression analysis. The model selection is carried out in stages by including all the independent variables that have passed the selection in the model, then the variables whose p value is not significant are removed from the model sequentially starting from the largest p value. To see which variable has the greatest influence on the dependent variable, seen from exp (B) for a significant variable, the greater the value of exp (B) means the greater the effect on the dependent variable analyzed. Thus, there are four variables included in the multivariate modeling, namely physical evidence, reliability, responsiveness and empathy.

Table 19

Logistic Regression Test Results Between Tangible, Reliability, Responsiveness and Empathy Variables

Variable	P Value	OR
Tangible	0,018	13,34
Reliability	0,062	23,78
Responsiveness	0,739	1,95
Emphaty	0,288	7,20

Based on Table 19 from the results of the multivariate analysis of the first model, the variables that have a p value less than 0.05 (<0.05) are tangible, while reliability, responsiveness and empathy are more than 0.05 (> 0.05) so that for The next step that is excluded from the model

is responsiveness because it has the largest p value, namely 0.739. Thus the results of the analysis can be seen from Table 20 and Table 21.

Table 20
Logistic Regression Test Results Between Tangible, Reliability and Empathy Variables

Variable	P Value	OR
Tangible	0,018	12,83
Reliability	0,006	34,41
Emphaty	0,336	5,83

Table 21
Logistic Regression Test Results Between Tangible, Reliability and Empathy Variables

Variable	Before OR	After OR	Change OR
Tangible	13,34	12,83	2,8%
Reliability	23,78	34,41	44,7%
Emphaty	7,20	5,83	19%

After looking at the whole multivariate process, it can be seen that the tangible, reliability, responsiveness and empathy variables are substantially related to patient satisfaction at the BLUD Hospital Jampangkulon Sukabumi Hospital, while the assurance variable is the confounding variable.

The most dominant variable related to patient satisfaction is the responsiveness variable considering the highest OR value, which is

50.39, meaning that patients who are satisfied with the responsiveness dimension of hospital services have a 50.39 times chance of patient satisfaction compared to patients who are not satisfied after being controlled. by tangible and empathy variables. However, when viewed from the p value, the most dominant variable is tangible considering that the p value is the smallest compared to other variables.

c. Cartesian Diagram Analysis

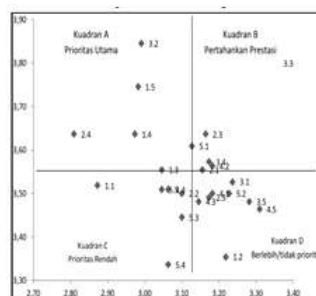
The results of the study are based on the Cartesian diagram analysis, namely the analysis of service quality which includes the level of patient perceptions in the form of frequency distribution about the reality of services provided and patient expectations of services in the BLUD Hospital Jampangkulon Hospital, Sukabumi District from each of the dimensions of service quality items.

As well as the analysis to determine the level of patient satisfaction, namely the measurement of patient satisfaction on service quality. To calculate the level of conformity between the level of expectation and satisfaction, it is necessary to have a match between expectations and the reality of service quality.

After obtaining the data, the priority scale for solving service quality problems can be obtained through the placement of each factor into the Cartesian diagram quadrant (Figure 1).

Figure. 1

Cartesian Quadrant Diagram



The measurement results are as shown in the Cartesian diagram in Figure 1, the elements of the dimensions of the quality of services provided in terms of expectations and patient satisfaction while being treated at the BLUD Jampangkulon Hospital, Sukabumi Regency BLUD, allows the Jampangkulon General Hospital BLUD to make a priority scale efforts to improve and develop things that are truly considered important by patients, but the services received are still not satisfactory. The priority scale is based on the Cartesian diagram in Figure 1, it can be seen that the location of the elements that affect patient expectations and satisfaction is divided into four quadrants.

These priority scales include:

1. The accuracy of the inspection schedule, the questions on the reliability dimension.
2. The speed at which doctors respond to questions in the dimension of responsiveness.
3. Complete drug supplies, questions on the dimensions of physical evidence.
4. Completeness of medical equipment, questions on the dimensions of physical evidence.
5. Cleanliness of the room, questions on the dimensions of physical evidence.

4. CONCLUSION

Based on the results of the study, it can be concluded that the majority of patients expressed satisfaction with the general service at the BLUD Jampangkulon Hospital, Sukabumi District as many as 104 people or about 94.5%, as well as services based on the dimensions of service quality, which consisted of tangible (90.9%), reliability (96.4%), responsiveness (96.4%), assurance (100%), and empathy (97.3%), and the patient stated importance in all dimensions of service quality (100%).

In terms of patient expectations and satisfaction while being treated at the BLUD Hospital Jampangkulon Hospital, Sukabumi Regency, the main priority for improvement is the accuracy of the examination schedule, the speed with which doctors respond, complete drug supplies, complete medical equipment and room cleanliness. And what needs to be maintained is the clarity of information, the suitability of the implementation of the action, the speed at which nurses respond, the accuracy of service, the system is not convoluted, and the skills of the staff.

Given the limitations in the research, it is necessary to carry out further research by referring to the results of this study as the basic data for conducting further, more complex research, using other variables that are not studied such as the characteristics of the respondent. In addition to measuring patient satisfaction from the perspective of BPJS participant patients quantitatively, it is also advisable to use a qualitative research design in order to explore more deeply.

Measurement of satisfaction should also be carried out by officers at BLUD Jampangkulon Hospital and BPJS Kesehatan considering patient satisfaction, provider satisfaction and the satisfaction of the administering body are interrelated with each other in achieving the target of implementing the National Health Insurance (JKN).

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