


Original Research Paper

The comparison of the patient satisfaction on health service quality for general and Insurance and Social Security (BPJS) patients at public health center

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Abstract

This research aims determine the comparison and relationship between the quality of health services and patient satisfaction. This type of research is quantitative with a cross sectional approach to 130 patients at the Magelang District Public Health Center. The study population was patients who were examined at the general polyclinic of the Public Health Center. Data was collected by means of a questionnaire. Data analysis was done by descriptive analysis, independent sample t test and Chi Square. The results showed that the quality of health services is good, patients are satisfied with the services provided, general patients and insurance and social security (BPJS) patients evaluated that there was no difference in the quality of health services and satisfaction, there was no relationship between the quality of health services and patient satisfaction.

Keywords: BPJS patients; general patient; patient satisfaction; quality of health services

1. Introduction

This study aims to see the patient's satisfaction with the employees of Public Health Centre. This is because if someone is sick, the Public Health Centre can be an alternative to obtain health services, especially if the patient lives in distance to the hospital. Regulation of Ministry of Health (MOH) No. 75 (2014) regarding Public Health Centre states that Public Health Centre are facilities that manage health services for individuals through the provision of medical services. Regulation of MOH 75 of 2014 also states that the implementation of Public Health Centre should be fostered and supervised by the central and local governments. This is intended to ensure the quality of service for these facilities for the community, to ensure that sick people will be saved, to protect the community from all events that are harmful and detrimental to their health. To carry out the guidance and supervision activities, an effort or quality monitoring mechanism is needed for Public Health Centre services. The City/Regency Health Office as a government institution that has a role as a regulator is the party that carries out monitoring activities for customer satisfaction of Public Health Centre services as an embodiment of guidance and supervision of the City/Regency Health Office.

Every patient who comes for treatment at the Public Health Centre certainly hopes to get good service from all officers, from registration officers to pharmacies. Patients will be satisfied and happy after receiving good quality service (Marpaung, 2021). If someone is satisfied, then there is a possibility that the patient will come back to the Public Health Centre and even recommend other people for treatment at the Public Health Centre. Patient satisfaction is the patient's feeling after comparing what he expects with the health service performance he gets (Pohan, 2015). According to Syur'an & Ma'ruf (2020), Liyas (2021) and Musa (2022) patient satisfaction is influenced by the quality of services provided by officers. Patients who seek treatment also hope that the officers treat all patients well



without discriminating against social status, religion, occupation, or education level. At this time patients can seek treatment at the Public Health Centre at their own expense or by using a BPJS card. So far, there have been several incidents at the Public Health Centre that were not expected by the patient, such as unfriendly staff, perfunctory medicine, no doctor, and only nurses. In addition, there is also dissatisfaction, especially experienced by BPJS patients where patients suffering from certain illnesses are given the same medication even though they have been previously examined and there is no change in the patient's condition. This phenomenon describes the situation of the poor quality of Public Health Centre services which results in low patient satisfaction levels. Therefore, according to Mulia (2018), and Sutinah & Simamora (2018), the level of patient satisfaction has a correlation with the quality of health services at the Public Health Centre.

There are 4 problems that are complained about in BPJS services, namely BPJS participant cards cannot be directly used by patients for treatment, there are few hospitals/health centers/clinics that work with Healthcare and Social Security Agency (BPJS Kesehatan), check flow is complicated and BPJS only pays part of the treatment costs (Dewimerdeka, 2015). Meanwhile, according to the results of the BPJS Watch East Java survey, there are 7 problems faced by BPJS card holder patients, namely the slow and long wait to obtain health services, the referral system is poor and not well structured, the level of service for JKN (National Health Insurance) and KIS (Healthy Indonesian Card) participants is considered poor, only one diseases can be treated at every check-up, the administration process is not easy, JKN KIS patients also need to pay various other costs such as equipment, drugs, and rooms, and chronic patients are not given all the drugs they should (Jaleli, 2017). The length of time required to wait for the activation of the BPJS card can be a problem in itself if someone is sick and has to pay for their own checks at the Public Health Centre or hospital as long as the BPJS card is not yet active.

There are several studies that have discussed patient satisfaction and the quality of health services with BPJS patients and non BPJS patients. Siregar et al. (2018) found that BPJS and non BPJS patients had different levels of satisfaction on the quality of service at Dau Malang Health Center, namely non BPJS patients felt better service than BPJS patients. Romaji & Nasihah (2018) also found that the satisfaction level of BPJS patients was lower than that of general patients and there was a significant difference between general patient satisfaction and BPJS patients. Bitjoli et al.(2019) found that there was a difference in the level of satisfaction between BPJS and non-BPJS patients with registration services at the Tobelo hospital. Supandri et al (2019) also found that there was a difference in the quality of service between general patients and BPJS patients at the Muhamadiyah Hospital in Medan.

Meanwhile Darwati (2018) declare almost all respondents (94.9%) are satisfied with midwifery services and there is a similar level of satisfaction between patients participating in BPJS and Non BPJS for midwifery services in the postpartum ward class II RSUD Soegiri Lamongan. Imelda and Nahrishah (2015) also found the same level of satisfaction in both groups of patients for the services of officers at the Adam Malik Hospital Medan.

There are differences regarding the quality of health services and patient satisfaction, which prompted researchers to further study a similar phenomenon in Magelang Regency. The purpose of this study was to determine the quality of health services and patient satisfaction, to determine the comparison of the quality of health services and satisfaction to BPJS and non BPJS patients and to examine the relationship between the quality of health services and patient satisfaction.

2. Research Methods

This study used a cross section approach to determine the relationship between the independent variable and the dependent variable whose measurements were carried out at one time (simultaneously) (Notoadmodjo, 2018). This study also used the Ethical Clearance test. Data were taken from February to September 2019 at the Public Health Center of the Magelang District Health Office by distributing

questionnaires. The samples were 65 general patients and 65 BPJS patients who were taken using accidental sampling technique. There were 2 research variables, namely the quality of health services and patient satisfaction. Data analysis techniques included descriptive analysis in the form of percentages, independent sample t test and Chi Square. Descriptive analysis was used to determine the quality of health services and patient satisfaction with the services received. Independent sample t test was used to compare the quality of health services and satisfaction between general patients and BPJS patients. The relationship between the quality of health services and patient satisfaction was tested with Chi Square.

3. Results and Discussion

3.1. Instrument Test Results

3.1.1. Validity test

Validity showed the extent to which a measuring instrument was able to measure what to measure (S. Siregar, 2017). The validity test was carried out with the Product Moment correlation on 30 questionnaires that had been filled in by the respondents with a significance level of 5%. The statement item was valid if the value of $r_{count} > r_{table}$ value (0.374). There were 22 statement items on the service quality variable and 25 statement items on the patient satisfaction variable which had an $r_{count} > 3.74$ so that all statement items on the two variables were declared reliable.

3.1.2. Reliability test

Reliability test was used to measure consistency, if the measurement of the same symptom was carried out twice or more (S. Siregar, 2017). A variable was declared reliable if Cronbach's Alpha > 0.60 . The variables of health service quality and patient satisfaction are declared reliable because they have a value of Cronbach's Alpha > 0.60 .

3.2. Respondent Description

The respondents of this study amounted to 130 people which are shown in Table 1 based on the age and occupation of the respondents.

Table 1. Description of respondents by age and occupation of the patient

Variable	Number of respondents	Percentage (%)
Respondent Age		
<= 20 years	30	23.08
21-30 years	29	22.31
31-40 years	29	22.31
41-50 years	11	8.46
51-60 years	22	16.92
>= 61 years	9	6.92
Total	130	100
Work		
Trader	5	3.8
Farm workers	10	7.7
Self-employed	32	25.6
ASN	9	6.9
Housewife	30	23.1
Student	24	17.5
Teacher/Lecturer	5	3.9
Private sector employee	10	7.7

Retired	5	3.8
Total	130	100

According to table 1, the respondents in the study were 23.08% aged <=20 years, 21-30 years old and 31-40 years old respectively 22.31%, 41-50 years old 8.46%, 51-60 years as many as 16.92%, and more than 61 years as many as 6.92%. Meanwhile, according to the type of work carried out, there were entrepreneurs (25.6%), housewives (23.1%), private employees and laborers respectively (7.7%), State Civil Apparatus (ASN) (6.9%), students (17.5%), traders and retirees respectively (3.8%), and teachers/lecturers (3.9%). Thus, the majority of respondents in the study were younger than or equal to 20 years old, while in terms of occupation, the majority were self-employed.

3.3. Variable Descriptive Analysis

3.3.1. Quality of health services

According to Nurcahyanti and Setiawan (2017), the quality of service is grouped into a sufficient category for a score of 56%-75% and a good category for a score of >= 76% - 100%. The results of the descriptive analysis of the quality of health services are in table 2 and table 3 below:

Table 2. Descriptive statistics on the quality of health services

max value (%)	Min value (%)	Average (%)	Median (%)	Standard deviation (%)
100	64	94.09	95	7.051

Source: primary data processed, 2019

Table 3. Respondents' perceptions of the quality of health services

Service quality criteria	BPJS patient	Percentage (%)	General patient	Percentage (%)	Total respondents	Percentage (%)
Well	64	98.46	63	96.92	127	97.69
Enough	1	1.54	2	3.08	3	2.31
Amount	65	100	65	100	130	100

Source: primary data processed, 2019

Based on table 2, it is known that the highest service quality score was 100%, the lowest was 64% and the average was 94.09%. This means that the majority of respondents thought that the quality of health services at the Public Health Centre was good. This was reinforced by 98.46% of BPJS respondents and 96.92% of general patients who assessed the quality of Public Health Centre services in Magelang district to be good in table 3. While a small proportion of respondents assessed the quality of Public Health Centre services to be quite good. Overall, more patients (97.69%) assessed that the quality of Public Health Centre services was good.

3.3.2. Patient Satisfaction

Patient satisfaction had 25 statement items. The formula used in the measurement according to Ariana (2014) was:

$$p = \frac{f}{n} \times 100\%$$

Information

P= Percentage

f= Frequency

n= Number of patients

The criteria are Satisfied (S) if the score obtained by the respondent from the questionnaire the median value (75%) and Dissatisfied (DS) if the score obtained by the respondent < the median value (75%).

The results of descriptive statistics for the patient satisfaction variable are in table 4 and table 5 below:

Table 4. Descriptive statistics of patient satisfaction

max value (%)	Min value (%)	Average (%)	Median (%)	Standard deviation (%)
98	55	77	75	7.64

Source: primary data processed, 2019

Table 5. Respondents' perception of patient satisfaction

Patient satisfaction criteria	BPJS patient	Percentage (%)	General patient	Percentage (%)	Total patients	Percentage (%)
Satisfied	46	70.77	38	58.46	84	64.62
Not satisfied	19	29.23	27	41.54	46	35.38
Amount	65	100	65	100	130	100

Source: primary data processed, 2019

Table 4 describes patient satisfaction, having the highest score of 98%, the lowest value of 55%, the average value of 77% with a standard deviation of 7.64% and a median of 75%. This means that the average score of consumer satisfaction exceeded the median so that patients were said to be satisfied. Based on table 5, it is known that as many as 70.77% of BPJS patients were satisfied with the services of the Public Health Centre, while 29.23% were dissatisfied. General patients who were satisfied with the services of the Public Health Centre were 58.46% while the remaining 41.54% were dissatisfied. Overall, more patients were satisfied with the services of the Public Health Centre (64.62%) than those who were dissatisfied.

3.4. Comparison of the Quality of Health Services for General Patients and BPJS Patients

The test was used to examine differences in the quality of health services at the Public Health Centre in general patients and BPJS patients. The test results are as follows:

Table 6. Results independent samples test quality of health services

	Levene's Test for Equality of Variances	t-test for Equality of Means
	Sig	Sig. (2-tailed)
Equal variances assumed	0.327	0.316
Equal variances not assumed		0.316

Source: primary data processed, 2019

Based on the results of the independent test sample t test in table 6, it is known that the p value (sig 2 tailed of 0.316) was greater than 0.05 which means there was no difference in the quality of services provided by Public Health Centre officers to general patients and BPJS patients or Public Health Centre

officers providing services. with the same quality for general patients and BPJS patients. This was reinforced by the results of descriptive statistics in table 3 were the majority of BPJS patients (98.46%) and general patients (96.92%) had the perception that Public Health Centre in Magelang Regency had good service quality. In addition, when the researchers conducted interviews with a number of patients, the majority of patients said that the quality of Public Health Centre services was good. One example of improving the quality of service carried out by the Public Health Centre was that the registration officer who used to be unfriendly was replaced by a more friendly officer.

The absence of differences in service quality according to general patients and BPJS patients was also supported by the respondent's answer scores on 22 statement items which were divided into 7 dimensions, namely access to services interpersonal relations, convenience, technical competence, information, efficiency, and continuity.

Table 7. Dimensions of service access (in %)

NO	Aspect	BPJS patient	General patient
1.	Are health services easily accessible?	100	100
2.	Is transportation to the health services easy?	100	92.3
3.	Is the cost of health services affordable?	100	94.5
4.	Is the service time on time?	87.7	90.8
	Total average	97.2	95.4

Source: primary data processed, 2019

In terms of service access so general patients and BPJS patients had a perception that the quality of service was good because all scores in table 7 had a value of more than 76%. This means that access to service facilities was not difficult, there was transportation service to get there, the cost of treatment was affordable, and patients were served on time.

Table 8. Dimension of relationship between individuals (in %)

NO	Aspect	BPJS patient	General patient
5.	Do the officers treat you well?	98.5	100
6.	Do the officers use understandable language?	100	100
7.	Did the officer listen carefully to your complaint?	100	98.5
8.	Did the officer give a good understanding or explanation about your situation?	96.9	96.9
9.	Are the officers not doing other things while serving you?	73.8	73.8
10.	Are you satisfied with the officer's service?	92.3	93.8
	Total average	93.6	93.8

Source: primary data processed, 2019

Seen from interpersonal relationships so general patients and BPJS patients in general they had a perception that the quality of service was good because the average total score was more than 76%. This means that the officer treated the patient well, used understandable words, listened carefully to the patient's complaints, explained in full the patient's condition, and the patient was satisfied with the service of the officer. The quality of service was considered quite good because the officers did not do other things when serving patients. This means that some Public Health Centre officers were not sincere in serving patients but did other jobs while serving patients.

Table 9. Dimension of convenience (in %)

NO	Aspect	BPJS patient	General patient
11.	Is the number of seats in the waiting room adequate?	90.8	90.8
12.	Is the state of the examination room comfortable, clean, and not stuffy?	100	96.9
	Total average	95.4	93.8

Source: primary data processed, 2019

Judging from the comfort dimension then general patients and BPJS patients had the perception that the quality of service was good because all statements have a score more than 76%. This means that the number of seats in the waiting room was adequate and the condition of the room for examining patients was comfortable, clean and not stuffy.

Table 10. Dimension of technical competence (in %)

NO	Aspect	BPJS patient	General patient
13.	Did the officer ask your complete identity?	90.8	90.8
14.	Did the doctor come straight down to check?	92.3	87.7
15.	Does the officer keep a complete record of the result of the examination?	96.9	95.4
	Total average	93.3	91.3

Source: primary data processed, 2019

Based on the dimensions of technical competence then general patients and BPJS patients had a perception that the quality of service was good because the three statements had a score above 76%. This means that the two groups of patients were immediately examined by a doctor and the results of the examination were recorded in full by the officer. Before being examined, the officer had first asked about the complete identity of the patient.

Table 11. Information dimension (in %)

NO	Aspect	BPJS patient	General patient
16.	Do the officers provide information and education about the health services provided?	93.8	92.3
17.	Does the patient understand the staff explanation?	96.9	93.8
	Total average	95.4	93.1

Source: primary data processed, 2019

According to the information dimension, the two groups of patients considered that the quality of service was good because the two statements in table 11 had a score above 76%. This means that the officer's explanation of the health services received by the patient could be well understood by the patient.

Table 12. Efficiency dimension (in %)

NO	Aspect	BPJS patient	General patient
18.	Are the health care workers always available when you come during working hours?	92.3	90.8
19.	Is the service procedure complicated?	50.8	47.7
20.	Do the officers work according to their duties during working hours?	96.9	96.9
21.	Did the officer come on time?	92.3	96.9
	Total average	83.1	83.1

Source: primary data processed, 2019

According to the efficiency dimension, the scores of the four statements in table 12 show a value of more than 76% so that general patients and BPJS patients thought that the quality of service was good. This means that officers were always at the Public Health Centre during working hours, officers arrived on time and worked according to their duties during working hours. Meanwhile, when viewed from the service procedure, the patient believed that the procedure was still complicated. This was because the statement score was still below 76%.

Table 13. Continuity dimension (in %)

NO	Aspect	BPJS patient	General patient
22.	Did you get a medical card that you had to take with you when you checked back into the Public Health Centre?	90.8	83.1

Source: primary data processed, 2019

According to the continuity dimension, the quality of service for both groups of patients was also good. This can be seen from the patient having a medical card that must be brought during treatment.

Based on tables 7 to 13, most of the statement items on the dimensions of service access, interpersonal relations, convenience, technical competence, information, efficiency and continuity had a percentage above 76% so that BPJS and non BPJS patients had the same perception that the quality of services provided by Public Health Centre officers was good.

The results of this study were different from Siregar et al. (2018) that was general patients feel better service than BPJS patients at the Public Health Centre and Pertiwi (2017) and Supandri et al. (2019) that there was a difference in service quality between non-BPJS patients and BPJS patients in hospitals

Researchers suspect that the two groups of respondents both thought that the quality of service was good because the Public Health Centre officers did not give different treatment to patients, use easy-to-understand language when giving explanations/information to patients, paid attention to patients, worked according to their duties at predetermined hours, and cleaned examination room.

3.5. Comparison of Patient Satisfaction Between General Patients and BPJS Patients

The independent sample t test was also used to test the difference in satisfaction on general patients and BPJS patients. The results are as follows:

Table 14. Independent samples test results satisfaction

	Levene's Test for Equality of Variances	t-test for Equality of Means
	Sig	Sig. (2-tailed)
Equal variances assumed	0.033	0.142
Equal variances not assumed		0.142

Source: primary data processed, 2019

Based on the results of the independent test sample t test, it is known that the p value (sig 2 tailed) was 0.142, greater than 0.05, which means that there was no difference in satisfaction between general patients and BPJS patients with the health services provided by the Public Health Centre or the two groups of patients were the same. They were both satisfied with the services provided by the Public Health Centre officers to them. This was in line with the statistical descriptive results in the table where the majority of BPJS patients (70.77%) and general patients (58.46%) were satisfied with Public Health Centre services. This means that the services provided by the officers were in accordance with the expectations of the two groups of patients. The satisfaction felt by this patient was influenced by several things such as smooth registration, waiting time, fast, friendly, polite service, good medical skills and care, professional, clean room and complete facilities (Firdaus & Dewi, 2015).

Patient satisfaction was a level of patient feeling that was generated as a result of the performance of health services obtained after the patient compared it with what he expects (Pohan, 2015). The results of this study were also supported by the score of respondents' answers to 25 statements of patient satisfaction variables measured by five dimensions, namely patient satisfaction in general, satisfaction with access to health services, satisfaction with the quality of health services, satisfaction with the health service process including human relations, and satisfaction with the health care system.

Table 15 Distribution of patient satisfaction in general (in %)

NO	Aspect	BPJS patient	General patient
1.	Timeliness of Public Health Centre service starts	78.1	78.1
2.	Health center service accuracy	76.5	75
3.	Courtesy and friendliness of employees when providing patient care	81.5	81.1
4.	Responsibilities of officers related to and related to patient complaints	81.5	76.5
5.	Completeness of supporting facilities in services at the public Health Centre	80	74.6
6.	Ease of getting services at the Public Health Centre (supporting facilities)	80.4	77.7
7.	Nurses or other officers are always ready to serve at any time	78.1	77.3
8.	Patient comfort when getting services at the Public Health Centre	81.5	79.6
9.	Attributes of supporting services at the Public Health Centre (environment, facilities, and appearance of officers)	78.1	76.9
	Total average	79.5	77.4

Source: primary data processed, 2019

Based on table 15, the average total score for the patient satisfaction dimension in general was 79.5% (BPJS patients) and 77.4% (general patients). The score was more than 75% so categorized as satisfied. This means that BPJS patients and general patients were satisfied because the Public Health Centre services were started on time, the Public Health Centre services were accurate, the officers were polite and friendly when providing patient care, the officers were responsible for patient complaints,

the supporting facilities in the Public Health Centre were complete, it was easy to get services at the Public Health Centre (supporting facilities), nurses or other officers were always ready to serve at any time, patients were comfortable when getting services at the Public Health Centre, and the attributes of supporting services at the Public Health Centre (environment, facilities, and appearance of officers) were complete. According to both groups of patients, the highest score was in the politeness and friendliness of employees when providing patient care. The lowest value according to BPJS patients (76.5%) lies in the accuracy of Public Health Centre services and according to general patients (74.6%) is in the aspect of the completeness of supporting facilities at the Public Health Centre.

Table 16. Distribution satisfaction with access to health services (in %)

NO	Aspect	BPJS patient	General patient
10.	Location of health facilities is easy to reach	84.2	79.2
11.	Services are easy to obtain in both normal and emergency situations	82.3	74.6
12.	The types of services available at health facilities are nor clear	69.2	68.8
13.	A large parking lot and a clean environment make me comfortable when visiting	78.5	75.8
	Total average	76.8	74.6

Source: primary data processed, 2019

Based on table 16, BPJS patients were satisfied with access to health services because the average total score was close to 75%, which was 76.8%, while BPJS patients were not satisfied (close to satisfied) with an average score of 74.6%. The things that made both groups of patients satisfied were the ease with which the health facilities were located, and the large parking lot and the cleanliness of the environment so that patients were comfortable during their visits. BPJS patients were satisfied with the ease with which services could be obtained in ordinary or emergency situations, but general patients were not satisfied. BPJS patients and general patients were still dissatisfied with the types of services available at health facilities because it was not clear to them.

Table 17. Distribution satisfaction with health service quality (in %)

NO	Aspect	BPJS patient	General patient
14.	Officers are fast and responsive in diagnosing complaints and problems that I feel	78.8	78.1
15.	The officer explains the procedure and the side effects of the action clearly and in detail	76.5	78.8
16.	Officers do not pay attention to safety during the action, causing a sense of worry	69.6	66.9
17.	The officer asked about my condition and progress during the examination	79.6	78.8
	Total average	76.2	75.7

Source: primary data processed, 2019

Table 17 shows that BPJS patients and general patients were satisfied with the quality of health services because the average total score is 76.2% (BPJS patients) and 75.7% (general patients). Both groups of patients were satisfied in terms of speed and how responsive the officers were in diagnosing the complaints and problems felt by the patients, the staff's willingness to explain the procedures and side effects of the action clearly and in detail, and the officers asked about the condition and progress of the patient's condition during the examination. The two groups of patients were dissatisfied with the

officers because they were considered to be less concerned about safety during the action, causing a sense of worry.

Table 18. Distribution satisfaction with the health service process, including human relations (in %)

NO	Aspect	BPJS patient	General patient
18.	The officers gave attention and moral support to the complaints I felt	80.8	76.5
19.	The officer is nonchalant when I haven't said I need help	70.8	69.2
20.	Officers explain the results of the examination clearly	79.6	79.2
21.	Officers provide advice and information about treatment plans in a clear and easy to understand	81.2	81.5
	Total average	78.1	76.7

Source: primary data processed, 2019

Overall general patients and BPJS patients were satisfied with the health service process because the average total score was more than 75%, namely 78.1% (BPJS patients) and 76.7% (general patients). The feeling of satisfaction that arises was due to the aspect of attention and moral support of officers towards patient complaints, the willingness of officers to provide explanations about the results of the examination clearly, and the willingness of officers to provide advice and information regarding treatment plans in a clear and easy to understand manner. In this dimension, patients had dissatisfaction with the attitude of indifferent officers when the patient had not said they need help with a score of 70.8% for BPJS patients and 69.2% for general patients. This dissatisfaction should be addressed with a friendlier attitude of staff towards patients who appear to be experiencing difficulties or confusion.

Table 19. Distribution Satisfaction with Health Service System (in %)

NO	Aspect	BPJS patient	General patient
22.	Modern facilities and complete equipment that support the implementation of services	79.2	77.3
23.	The available health services have met my needs	79.2	76.9
24.	Suggestion complaint service does nor help me in providing criticism and input on service facilities	67.3	65
25.	Waiting times and services schedules are carried out on time	76.9	76.5
	Total average	75.7	73.9

Source: primary data processed, 2019

Overall BPJS patients were satisfied with the health care system because the average total score was more than 75%, which was 75.7%, while general patients were not satisfied with the health care system because the average score was 73.9%. In this dimension the satisfaction of the two groups of patients was caused by the existence of modern facilities and completeness of tools that supported the implementation of services, the available health services that met patient needs, and the timeliness of waiting times and service schedules. In this dimension, patients were dissatisfied with the service of complaints and suggestions which were considered unhelpful in providing criticism and input on health services that had a score below 75%, namely 67.3% (BPJS patients) and 65% (general patients). According to several respondents, they had provided suggestions and input for improving Public Health Centre services,

These five dimensions show that BPJS patients showed satisfaction with all dimensions of satisfaction. While patients were generally satisfied with the dimensions of general patient satisfaction, satisfaction with the quality of health services, and satisfaction with the health service process including human relations, and dissatisfaction with access and the health care system. Considering that the number of dimensions considered satisfied was more than those considered dissatisfied by general patients, it can be said that there was no difference in patient satisfaction in BPJS patients and general patients.

The results of this study were the same as those of Putri (2021) who found that BPJS patients and Non BPJS patients were satisfied with the services of the Public Health Centre in the city of Palembang with e-Public Health Centre application and Darwati (2018) that most of BPJS respondents (77.4%) were satisfied with midwifery services and almost all Non BPJS respondents (94.9%) were satisfied with midwifery services and patients participating in BPJS and Non BPJS had the same level of satisfaction with midwifery services in class II postpartum rooms Soegiri Hospital, Lamongan. In addition, also supported by Imelda & Nahrisah (2015), Zumria et al.(2020), and Nilasari et al.(2021), who found that there was no difference in the level of patient satisfaction between non BPJS patients and BPJS patients for the services of officers at the Hospital and Puspitasari et al.(2020) who found that there was an equation of general patient satisfaction with BPJS patients in the inpatient installation of Ratu Zalecha Martapura Hospital. This was because patients both had high expectations for the services provided.

The results of this study were different Siregar et al.(2018) and Romaji & Nasihah (2018) who found that BPJS patients had lower levels of satisfaction than general patients and Fitriyanah & Utomo (2017) and Yanuarti et al.(2021) namely there was a significant difference between general patient satisfaction and BPJS patients regarding services at health facilities.

3.6. The Relationship between Health Service Quality and Patient Satisfaction

Chi-Square Test was carried out to determine whether there was a relationship between quality of health services with patient satisfaction.

Table 20. Chi square test results

Information	asyp. Sig. (2-sided)
Pearson Chi-Square	0.270

Source: primary data processed, 2019

The test results showed that there was no significant relationship between service quality and patient satisfaction because the value of asymp. Sig. (2-sided) on Pearson Chi-Square > 0.05 . This means that patients did not pay attention to the quality of services provided by Public Health Centre officers. Based on the results of interviews with several patients, they came for treatment to certain health centers because they felt they were compatible with the drugs and services provided by the officers. Thus, good service from officers in health services did not always had anything to do with the satisfaction felt by consumers. In this case, good service could be reflected in the ease with which patients could access health services, the good relationship that existed between patients and staff while at the Public Health Centre, the comfort of patients during treatment, officers who were competent in carrying out their duties and providing information and the continuity of using medical cards. Patient satisfaction was measured by general patient satisfaction, satisfaction with access to health services, satisfaction with the quality of health services, satisfaction with the health service process including human relations, and satisfaction with the health care system. The results of the study were the same as Hastuti et al.(2017) which stated that there was no correlation between BPJS patient satisfaction with service quality at Yogyakarta general hospitals.

The results of this study were different from Mulia (2018) and Rusento et al. (2021) which stated that there was a strong relationship between the quality of health services and the level of patient satisfaction at the Public Health Centre, Nurcahyanti & Setiawan (2017) and Gultom et al. (2021) that there was a relationship between the quality of health services and BPJS patient satisfaction in hospital, Fadilah and Priyanto (2021) that there was a relationship between nursing services and patient satisfaction in the KH. Abdurrahman Wahid inpatient room of RSI NU Demak, Yanti (2021) that there was a relationship between service quality and customer satisfaction at the General Hospital of West Nusa Tenggara Province in 2016, Andriani (2017) that there was a relationship between the quality of health services and patient satisfaction in the general poly room of the Tigo Baleh Public Health Center Bukittinggi, Siswati (2015) which stated that there was a relationship between reliability, tangible, empathy, responsiveness, amenity with BPJS patient satisfaction in the inpatient unit of the Makassar City General Hospital. Imelda and Nahrisah (2015) who found that service quality consisting of tangible, reliability, responsiveness, assurance and empathy had a significant effect on BPJS Patient Satisfaction. Whereas in Non BPJS Tangible patients, Responsiveness and Empathy affect Non BPJS patient satisfaction but Reliability and Assurance had no effect on Non BPJS patient satisfaction.

4. Conclusion

The conclusion of this study is that respondents have a perception that the quality of health services at the Public Health Centre is good with an average score of 94.09%, patients are satisfied with the services provided by the Public Health Centre with an average score of 77%, there is no difference in the quality of health services provided by the Public Health Centre. For general patients and BPJS patients, there is no difference in satisfaction between general patients and BPJS patients who check at the Public Health Centre and there is no relationship between the quality of health services and patient satisfaction.

Based on the results of the study, suggestions are given to Public Health Centre and the government. Public Health Centre should continue to maintain good service quality and provide the same treatment to general patients and BPJS patients. Regarding the improvement of service quality, it is recommended that Public Health Centre staff do not do other things when serving patients and Public Health Centre management needs to make service procedures that are easy for patients to understand. Regarding patient satisfaction, officers are more careful when using medical equipment so that patients feel safe and comfortable, more friendly and caring for patients who have difficulty registering and apply relevant suggestions/inputs from patients so that the quality of service becomes better. Meanwhile, the government should review policies regarding referrals for patients.

References

- Andriani, A. (2017). Hubungan Mutu Pelayanan Kesehatan Dengan Kepuasan Pasien Diruangan Poli Umum Puskesmas Bukittinggi. *Jurnal Endurance: Kajian Ilmiah Problema Kesehatan*, 2(1), 45–52.
- Ariana, A. P. (2014). *Aplikasi Metodologi Penelitian Kebidanan & Kesehatan Reproduksi*. Nuha Medika.
- Bitjoli, V. O., Pinontoan, O., & Buanasari, A. (2019). Perbedaan Tingkat Kepuasan Pasien BPJS dan Non BPJS Terhadap Pelayanan Pendaftaran di RSUD Tobelo. *JURNAL KEPERAWATAN*, 7(1), 1–8.
- Darwati, L. (2018). Analisis Perbandingan Kepuasan Pasien terhadap Pelayanan Kebidanan pada Peserta BPJS (Badan Penyelenggara Jaminan Sosial) dan non BPJS di Ruang Bersalin RSUD Soegiri Lamongan Jawa Timur. *Journal for Quality in Women's Health*, 1(2), 28–34.
- Dewimerdeka, M. K. (2015). *4 Masalah Paling Dikeluhkan dalam Pelayanan BPJS Kesehatan*. Tempo.Co. <https://nasional.tempo.co/read/690357/4-masalah-paling-dikeluhkan-dalam-pelayanan-bpjs-kesehatan>

- Fadilah, A., & Priyanto, D. L. Y. (2021). Hubungan Pelayanan Keperawatan Dengan Kepuasan Pasien Di Ruang Rawat Inap KH Abdurrahman Wahid RSI NU Demak. *Jurnal Profesi Keperawatan (JPK)*, 8(1), 93–104.
- Firdaus, F. F., & Dewi, A. (2015). Evaluasi Kualitas Pelayanan Terhadap Kepuasan Pasien Rawat Jalan Peserta BPJS di RSUD Panembahan Senopati Bantul. *JMMR (Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit)*, 4(2), 1–19.
- Fitriyanah, E., & Utomo, T. P. (2017). Perbedaan Tingkat Kepuasan Pasien BPJS dan Pasien Umum tentang Mutu Pelayanan Keperawatan Unit Rawat Inap Kelas 3 RSUD Dr. H Soewondo Kendal. *Jurnal Ilmu Keperawatan Dan Kebidanan*, 9(2), 1–17.
- Gultom, R. J., Nababan, D., Sipayung, R., Hakim, L., & Tarigan, F. L. (2021). Hubungan Kualitas Pelayanan Rawat Jalan Dengan Kepuasan Pasien BPJS Di Rumah Sakit Bhayangkara Tk III Tebing Tinggi. *JOURNAL OF HEALTHCARE TECHNOLOGY AND MEDICINE*, 7(2), 1281–1298.
- Hastuti, S. K. W., Mudayana, A. A., & Nurdhila, A. P. (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. <https://doi.org/10.12928/kesmas.v11i2.7260>
- Imelda, S., & Nahrishah, E. (2015). Analisis Tingkat Mutu Pelayanan Rawat Inap Dalam Upaya Peningkatan Kepuasan Pasien di RSUP Adam Malik Medan (Studi perbandingan antara pasien umum dan pasien BPJS). *INFORMATIKA*, 3(3), 33–44.
- Jaleli, R. (2017). *Pelayanan Tidak Memuaskan BPJS di Jatim Kembali Disorot*. Detik.Com. <https://news.detik.com/berita-jawa-timur/d-3529039/pelayanan-tidak-memuaskan-bpjs-di-jatim-disorot>
- Liyas, J. N. (2021). Pengaruh Kualitas Pelayanan terhadap Kepuasan Pasien Rawat Inap Pada Rumah Sakit Syafira Pekanbaru. *EQUILIBRIUM: Jurnal Ilmiah Ekonomi Dan Pembelajarannya*, 9(2), 191–203.
- Marpaung, T. F. (2021). Analisis Kualitas Pelayanan Apotek Rawat Jalan Terhadap Kepuasan Pasien Di Rumah Sakit Umum Daerah Kabupaten Malinau. *Jurnal Indonesia Sosial Sains*, 2(11), 2035–2042.
- Mulia, B. A. P.-P. B. (2018). Efek Mutu Pelayanan Terhadap Kepuasan Pasien Rawat Jalan Poliklinik Umum Di Puskesmas Baki Tahun 2017. *IJMS-Indonesian Journal on Medical Science*, 5(2), 118–126.
- Musa, H. (2022). Pengaruh Kualitas Pelayanan Kesehatan Terhadap Kepuasan Pasien Pada Klinik Citra Utama Palembang. *Jurnal Ilmiah Ilmu Pengetahuan Teknologi Dan Seni*, 1(1), 9–21.
- Nilasari, Y., Arisyahidin, A., & Askafi, E. (2021). Analisis Tarif Rumah Sakit Terhadap Kualitas Pelayanan Pasien Umum dan Pasien BPJS di Rumah Sakit Muhammadiyah Ahmad Dahlan Kota Kediri. *Otonomi*, 21(2), 372–379.
- Notoadmodjo, S. (2018). *Metodologi Penelitian Kesehatan*. PT Rineka Cipta.
- Nurchayanti, E., & Setiawan, H. (2017). Studi Hubungan Antara Mutu Pelayanan Kesehatan Dengan Kepuasan Pasien Di Unit Pelayanan Rawat Inap Rumah Sakit Umum Daerah Bhakti Dharma Husada. *Jurnal Manajemen Kesehatan Yayasan RS. Dr. Soetomo*, 3(1), 8–16.
- Pertiwi, A. (2017). Analisis Perbedaan Kualitas Pelayanan Pada Pasien Bpjs Dan Pasien Umum Terhadap Kepuasan Pasien Di Rawat Jalan Rsud Kota Surakarta. *Jurnal Manajemen DayaSaing*, 18(2), 113. <https://doi.org/10.23917/dayasaing.v18i2.4508>
- Pohan, I. S. (2015). *Jaminan Mutu Layanan Kesehatan*. EGC.
- Puspitasari, A. D., Pertiwiwati, E., & Rizany, I. (2020). Perbedaan Tingkat Kepuasan Pasien Umum Dengan Pasien BPJS Berdasarkan Mutu Pelayanan Keperawatan Di Instalasi Rawat Inap Rsud Ratu Zalecha Martapura. *Dunia Keperawatan: Jurnal Keperawatan Dan Kesehatan*, 8(1), 93. <https://doi.org/10.20527/dk.v8i1.5869>
- Putri, U. M. (2021). Analisis Kepuasan Pelayanan Puskesmas terhadap Pasien BPJS dan Non BPJS Menggunakan Metode SERVQUAL. *Jurnal Manajemen Informatika & Sistem Informasi*, 4(2), 149–159.
- Regulation of Ministry of Health (MOH). (2014). *Regulation of Ministry of Health of the Republic of Indonesia No. 75 of 2014 concerning Public Health Centre*.
- Romaji, R., & Nasihah, L. (2018). Analisis Kepuasan Pasien Terhadap Pelayanan Kesehatan Pada Peserta BPJS (Badan Penyelenggara Jaminan Sosial) Dan Non BPJS Di Rsud Gambiran Kediri

- Jawa Timur. *Preventia: The Indonesian Journal of Public Health*, 3(2), 143–147.
- Rusento, R., Susilowati, I. H., & Saadah, D. (2021). Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien Poli Umum Pada Klinik Sukamaju Tapos Depok. *RJABM (Research Journal of Accounting and Business Management)*, 5(1), 59–67.
- Siregar, N., Hariyanto, T., & Ahmad, Z. S. (2018). Perbedaan Tingkat Kepuasan Pasien BPJS dan Non BPJS Terhadap Kualitas Pelayanan di Wilayah Puskesmas Dau Malang. *Nursing News: Jurnal Ilmiah Keperawatan*, 3(2).
- Siregar, S. (2017). *Statistik Parametrik untuk Penelitian Kuantitatif Dilengkapi Dengan Perhitungan Manual dan Aplikasi SPSS versi 17*. Bumi Aksara.
- 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. <https://journal.unhas.ac.id/index.php/mkmi/article/view/531/978>
- Supandri, O., Ketaren, O., & Veronika, L. R. (2019). Perbedaan Kualitas Pelayanan pada Pasien BPJS dan Pasien Umum Rawat Inap di Rumah Sakit Muhammadiyah Medan Tahun 2019. *Jurnal Ilmiah Simantek*, 3(3), 48–60.
- Sutinah, E., & Simamora, O. R. (2018). Metode Fuzzy Servqual Dalam Mengukur Kepuasan Pasien Terhadap Kualitas Layanan BPJS Kesehatan. *Jurnal Informatika*, 5(1), 90–101. <https://doi.org/10.31311/ji.v5i1.2944>
- Syur'an, N. O., & Ma'ruf. (2020). Pengaruh Kualitas Pelayanan Terhadap Loyalitas Pasien Dengan Kepuasan Sebagai Mediasi : Studi Kasus Terhadap Pengguna BPJS Kesehatan Di Instalasi Rawat Jalan RS UNAND. *Seiko: Journal of Management and Business*, 3(3), 353–363.
- Yanti, N. K. W. (2021). Kualitas Pelayanan Dan Kepuasan Pelanggan di Rumah Sakit Umum Provinsi Nusa Tenggara Barat Tahun 2016. *Medika: Jurnal Ilmiah Kesehatan*, 1(1), 17–35.
- Yanuarti, R., Oktavidiati, E., Febriawati, H., & Oktarianita, O. (2021). Tingkat Kepuasan Pasien BPJS dan Pasien Umum. *Jurnal Kesmas Asclepius*, 3(1), 1–8.
- Zumria, Z., Narmi, N., & Tahiruddin, T. (2020). Perbedaan Tingkat Kepuasan Pasien BPJS Dan Non BPJS Terhadap Mutu Pelayanan Di Ruang Rawat Inap RSUD Kota Kendari. *Jurnal Ilmiah Karya Kesehatan*, 1(1), 76–83.