



Research Article

The Influence of Marketing Mix and Service Quality of Puskesmas Bojong Nangka Against Bpjs Patient Satisfaction

Novi Henriyati Rahmi^{(1)*}, Sampurno⁽¹⁾, Wahono Sumaryono⁽¹⁾

¹Program Magister Farmasi, Fakultas Farmasi, Universitas Pancasila, Jl. Raya Lenteng Agung No. 56-80, RW1/RW3, Srengseng Sawah, Jakarta Selatan 12640, Indonesia

*Corresponding author's email : novihenriyati@gmail.com

ARTICLE INFO

Article History

Submitted August 1, 2022

Revised September 15, 2022

Accepted, September 24, 2022

Published, November 30, 2022

Keywords

marketing mix
service quality
satisfaction

doi:

10.22219/farmasains.v4i2.8840

ABSTRACT

This study aims to analyze how the influence of the service marketing mix in this product, price, promotion, location, people, physical evidence, and the process, and the quality of health services in this case direct evidence (tangibles), reliability, responsiveness, assurance, and empathy at the Bojong Nangka Health Center, Gunung Putri District, Bogor Regency towards patient satisfaction BPJS.

The research method used cross sectional or cross sectional descriptive analysis method. The place of research was at the Bojong Nangka Health Center, Gunung Putri, Bogor. The research sample amounted to 100 people. Data collection techniques are questionnaires and observations. Analysis of research data is by the Multiple Linear Regression test with $Y1 = 1,515 + 0,064X1 + 0,073X2$. The conclusion of the study is that the marketing mix and the quality of health services affect the satisfaction of BPJS patients in partial and both. BPJS patient satisfaction is more influenced by health service quality variables compared to service marketing mix variables.

1. Introduction

According to the Law of the Republic of Indonesia No. 36 of 2009 stating that "Considering: a. that 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 Pancasila and the 1945 Constitution of the Republic of Indonesia "[Law of the Republic of Indonesia, 2009]. This can be understood because every thing that causes health problems in the wider community will potentially cause considerable economic losses for the country. Every effort to improve the degree of public health can be interpreted as an investment in human resources for the development of the country.

"Health is a healthy state, both physically, mentally, spiritually and socially, which enables everyone to live productively socially and economically" [Law of the Republic of Indonesia, 2009]. In 1999, the 1945 Constitution was amended by including social security rights for all people (Article 28H). In 2000, in the fourth amendment to the 1945 Constitution, the state was mandated to develop a social security system for all people. To fulfill the mandate, the government passed Law Number 40 of 2004 concerning the National Social Security System (SJSN). Seven years later, Law No. 24 of 2011 was born which stipulated that PT (Persero) Health Insurance Indonesia changed into the Health Social Security Agency (BPJS) on January 1, 2014. With the enactment of BPJS Kesehatan, Indonesia began entering a new era of forming a single payer system (single payer system) medical services for all Indonesian people. This system is an equitable system for all people while at the same time able to control health expenditure [Roadmap to National Health Insurance, 2017].

The National Health Insurance (JKN) organized by the Social Security Organizing Agency (BPJS) is a major insurance program in the world. This can happen if the entire Indonesian population participates in the JKN program. With National Health Insurance (JKN), health services for the community must be carried out in phases tailored to their medical needs and no longer centered on hospitals or advanced health facilities. If BPJS participants want to seek treatment by obtaining health services borne by the BPJS, the first health facility to be visited is a level 1 health facility. If it is not possible to be served at level 1 health facilities, level 1 medical doctors will refer to level 2 health facilities, and if the level 2 health facility still does not allow to be serviced because the facilities and infrastructure are inadequate, the level 2 health facility doctor will refer to level 3 health facilities. This is intended to improve the quality of health services for BPJS Health participants.

The implementation of the national health system with the principle of managed care has 4 (four) pillars, namely Promotive, Preventive, Curative and Rehabilitative. With the 4 pillars principle, health services are more focused on First Level Health Services (FKTP) / Primary Health Facilities, such as in Puskesmas, clinics, general practitioners, dentists or type D hospitals (Hospitals established in disadvantaged villages, borders or islands) which will be the main gate for BPJS Health participants in accessing health services. Primary Health Facilities is one of the health care units that must be determined by prospective BPJS participants and can be chosen by themselves as desired when applying to become a BPJS Health participant.

Given the effects of the implementation of the National Health Insurance in the future will result in increasing of public demand to obtain health services, for this reason it is necessary to improve the quality of Primary Health Facilities as much as possible. The government has targeted UHC (Universal Health Coverage) to be reached in 2019. FKTP / Primary Health Facilities have a function as the first contact of BPJS Health participants. The large number of Primary FKTP / Health Facilities collaborates with BPJS with different facilities and service methods even though the government has stipulated Permenkes No. 28 of 2014 causing a difference in service quality received by BPJS patients so that it affects patient satisfaction.

One of the goals to be achieved in developing JKN is patient satisfaction. The JKN roadmap states that at least 75% of patients expressed satisfaction with the services provided by health facilities in collaboration with BPJS in 2014 to finally be projected to achieve a patient satisfaction target of 85% in 2019 [DJSN, 2012]. Meanwhile, from the results of previous studies it was found that there were differences in the quality of service between BPJS patients and general patients on the dimensions of patient safety, dimensions of effectiveness and service efficiency, and dimensions of patient-oriented services. In addition, it was stated that there were differences in patient satisfaction between BPJS patients and the general public. BPJS patients have lower satisfaction than general patients [Pertwi, AAN, 2016].

BPJS patient satisfaction issues in terms of pharmacy services at the Puskesmas, from previous research, it was found that patients were not satisfied with the quality of pharmacy services at the puskesmas. The things that have to be improved in performance are mostly related to improving drug counseling services such as confirmation of the patient's understanding of the information delivered, advice on food / drinks that should be avoided, and the quality of the place where the drug is delivered. Education of BPJS patients regarding good pharmacy services is also needed so that patients realize the importance of quality pharmaceutical services [Nugraheni, et al., 2016].

Competition between Primary Health Facilities units made each Primary Health Facilities try to improve their services for the satisfaction of BPJS patients. Puskesmas as one of the service units of First Level Health Facilities (FKTP) / Primary Health Facilities must also be able to improve BPJS patient satisfaction so that BPJS patients who choose puskesmas as their First Health Facilities will not move to other First Level Health Facilities (FKTP). In addition, with the increase in BPJS patient satisfaction, it is expected that the number of BPJS patients will choose the puskesmas as the First Level Health Facility so that it can increase the capitation value that will be received by the puskesmas.

Most people argue that what is meant by marketing is limited to selling and advertising / advertising. Even though advertising is only a small part of marketing. The new paradigm explains that marketing is an effort to satisfy consumer needs (satisfying customer needs) through interaction and cooperation with consumers. Marketers and marketing organizations must understand the needs of consumers to attract interest and create customer satisfaction with products marketed [Sampurno, 2017].

Marketing is a process in which there are individuals and groups where they will get what they need and want by offering, creating, and freely exchanging valuable products with other parties (Kotler and Armstrong 2008: 5) [Kotler, P and G. Amstron, 2008]. Marketing is an overall system of business activities aimed at planning, pricing, promoting and distributing goods and services that satisfy the needs of both existing buyers and potential buyers. According to Zeithalm and Bitner the marketing mix concept consists of 4P for the product marketing mix, namely product (product), price (promotion), (promotion), and place / location (place). For service marketing, an expanded marketing mix needs to be added by adding people (people), physical / physical evidence, and process (process) so that it becomes 7 elements (7P). The service marketing mix program has a very important role as part of the health service strategy and policy to achieve patient satisfaction which is ultimately expected to increase patient loyalty [Hurriyati, 2015].

Health service activities in puskesmas are included in the service product category. According to Kotler, service products are "everything that can be offered by producers to be noticed, requested, sought, bought, used or consumed by the market as fulfilling the needs or desires of the relevant market". Service products are an appearance performance, intangible, quickly lost, and more can be felt than owned [Hurriyati, 2015].

Quality has a close relationship with customer satisfaction. Quality can encourage customers to establish strong ties with the company. Services are perceived as good and satisfying if the services received are as expected. If services received exceed customer expectations, then the quality of services is perceived as the ideal quality. Conversely, if the services received are less than expected, then the quality of services is perceived poorly. Parasuraman has conducted research and identified five dimensions in assessing service quality, namely tangibles, reliability, responsiveness, assurance, and empathy. Quality health services can be linked to health services that satisfy patients [Sangadji E.M. and Sopiah, 2013]. Satisfaction or high pleasure from the patient will create an emotional bond with the health care he chooses. Conversely, dissatisfaction of patients in using health services can lead to non-compliance of patients in treatment activities, do not obey advice and move to

other health facilities [Nugraheni, 2016]. If the patient's Primary Health Facilities moves to another Primary Health Facility, then of course it will reduce the amount of capitation that will be received by the Primary Health Facilities. Thus, it can be said that patient satisfaction is one of the goals of improving the quality of health services.

Based on data from BPJS participants in 2014 - August 2017 in Gunung Putri District, Bogor Regency, which was obtained from Bogor Branch BPJS and Cibinong Branch BPJS data, the number of BPJS participants who experienced a decrease in participants each year was in Puskesmas Puskesmas, from 25% (2014) to 18 % (August 2017). Even though there was a decrease in percentage, there was an increase in the number of participants from 20,653 people to 29,154 people. The highest increase in the number of participants in the Ciangsana Puskemas compared to other puskesmas for the period 2014 to August 2017 was 62% but when viewed from the number of BPJS participants for the period 2016 - August 2018 only 4% (smaller than the Bojong Nangka Health Center by 6%). This is probably due to the fact that Ciangsana Health Center has experienced saturation in accepting BPJS participants so that BPJS patients try to move their primary health care options to other primary health facilities. In contrast to the Bojong Nangka Health Center, the number of participants in the BPJS is increasing over the years and in the data on patient growth from the period 2016 to August 2017 (the increase in the number of BPJS participants is 6%).

Judging from the percentage difference in the number of BPJS participants from the four health centers in Gunung Putri Bogor District, it was seen that the Bojong Nangka Health Center experienced the highest percentage increase in the number of BPJS participants in the period 2016 and 2017 compared to other puskesmas, namely 6%. The increase in the number of participants was related to the satisfaction of BPJS participants in the service marketing mix and the quality of health services at the Bojong Nangka Health Center, Gunung Putri District, Bogor Regency. For this reason, it is necessary to conduct research with the aim of knowing how the service marketing mix influences and the quality of health services at the Bojong Nangka Health Center, Gunung Putri District, Bogor Regency, both partially and jointly with BPJS patient satisfaction.

2. Research Methods

This research is descriptive analysis research using quantitative research methods with cross sectional research designs. Sudjana defines descriptive research is a study that describes the symptoms, events, and events that occur at the present time. According to Izaak Latanussa, quantitative research is research that uses a number method to describe the results of observations of an object or variable where numbers are part of the measurement [Sudjana, 2001]. Descriptive research method with a quantitative approach is used when it aims to describe or explain the event or an event that occurs at the present time in the form of numbers that are meaningful [Sudjana, 2001]. According to Notoadmodjo (2010), a cross-sectional method is a study to study correlations or relationships between risk factors and effects by means of an observation or data collection approach at a certain time (point time approach) [Notoadmodjo, Soekidjo, 2010]

The sampling technique is to use Purposive Sampling techniques also known as sampling considerations, namely sampling techniques used by researchers if the researcher has certain considerations in taking samples or determining samples for specific purposes [Riduwan, 2009].

The study was conducted using questionnaire tools that were given to consumers to be filled. The results of questionnaire entries are used as research analysis data (primary data). Tools and materials used in the form of sheets of paper containing several questions in the form of questionnaires that must be filled out by BPJS patients selected as research samples who were conducting health checks at the Bojong Nangka Gunung Putri

Bogor Health Center. Questionnaire answers were made with the Likert scale format (score scale 1-5) which was arranged in such a way as to allow BPJS patients to provide answers in various versions of the level. The questionnaire filled out by the respondent must be returned immediately to the researcher. The number of samples is determined by 100 people, is the result of rounding the calculation with the Slovin formula $n = N / (1 + N (e)^2)$; n = number of samples; N = total population; e = the error rate in the population is 10%. In this study there were a population (N) of 2224 BPJS patients (PBI 1396 people and independent 828 people) at Bojong Nangka Health Center in 2017. With an error grade (e) = 10%.

3. Results And Discussion

This study aims to determine how the influence of the service marketing mix, the quality of health services, and the combination of the service marketing mix and the quality of health services at the Bojong Nangka Community Health Center, Gunung Putri District, Bogor Regency towards BPJS patient satisfaction. By knowing the factors that influence BPJS patient satisfaction at Bojong Nangka Community Health Center, Gunung Putri District, Bogor Regency, it can provide management to Bojong Nangka Health Center, Gunung Putri District, Bogor Regency in order to take actions that can increase BPJS patient satisfaction so that it is expected to improve the number of BPJS members who chose Bojong Nangka Health Center Gunung Putri District, Bogor Regency as their Primary Health Center, considering the data as of August 2017 the number of BPJS participants who chose Bojong Nangka Health Center in Gunung Putri District, Bogor Regency as Primary Health Facilities was only 5,378 participants while the population of Bojong Nangka Kecamatan Village Gunung Putri Bogor Regency is 27,250 people. With the increasing number of BPJS participants who chose the Bojong Nangka Health Center, Gunung Putri District, Bogor Regency as Primary Health Facilities, it will increase the value of capitation funds to be received by the Bojong Nangka Health Center, Gunung Putri District, Bogor Regency.

According to the Regulation of the Minister of Health of the Republic of Indonesia No. 21 of 2016 concerning the Use of Capitation Funds for National Health Insurance for Health Services and Operational Cost Support in the Regional Government-Owned First-Level Health Facilities article 3 states that the Capitation funds received by FKTP from the Health Social Security Administering Agency are fully utilized for:

1. Payment of health services
2. Support operational costs for health services

Before the research is conducted, the validity and reliability of the research instrument is carried out beforehand, in this study using a questionnaire as a research instrument. The implementation of validity and reliability tests was carried out on 30 respondents according to the sample inclusion criteria.

The results of the validity test of each research variable, all question questionnaires were declared valid unless there were 2 questionnaire numbers in invalid marketing mix variables namely number 3.2 and 3.3. The questionnaire will be deleted from the statement data and will not be calculated as further test data so that the marketing mix service variable statements are considered valid and can be used as research data.

The reliability test results of service marketing mix variables, quality of health services, and BPJS patient satisfaction showed that all questionnaire questions were considered reliable and could be used to obtain research data.

Description of Respondents

The characteristics of 100 respondents at the Bojong Nangka Health Center in Gunung Putri District, Bogor Regency can be grouped based on:

a. Gender

Based on the respondent's sex, the highest number were women with 69% (69 people) while the rest were male, 31% (31 people). From this data, it can be concluded that more female BPJS patients go to the Bojong Nangka Health Center than male patients.

b. Last education

Based on the respondent's last education the highest number was high school level 34% (34 people), the next order was elementary school 31% (31 people), junior high school 30% (30 people), S1 4% (4 people), and finally D3 1% (1 person) In general, the higher the level of education of a person, the more insight and knowledge where insight and knowledge can influence decision making in the questionnaire. Nevertheless the language used in the questionnaire is a simple language that is easily understood by all levels of education of BPJS patients at the Bojong Nangka Gunung Putri Health Center.

c. Work

Based on the respondent's work the highest number were housewives 60% (60 people), then followed by private employees 23% (23 people), other groups 10% (10 people), entrepreneurs 6% (6 people) and finally 1% PNS (1 person). Other groups in this case have jobs as laborers, construction workers, teachers, retirees, scavengers, and students. From this data, it can be seen that the BPJS patients who had the most treatment at the Bojong Nangka Gunung Putri Health Center were housewives.

d. BPJS membership class

Based on the participation class of the BPJS respondents the highest number is class 3 as many as 70% (70 people), followed by class 2 as many as 17% (17 people) and the last class 1 as many as 13% (13 people). From this data it can be seen that class 3 is the choice of BPJS participation class because it was chosen by 70% of respondents.

e. BPJS payment method

Based on the method of payment of BPJS respondents the highest number is by paying PBI (Beneficiary Benefit Fee) in the amount of 47% (47 people), independent 36% (36 people), and finally paid by the employer of 17% (17 people). Although the biggest method of payment from respondents is by way of PBI (Recipients of Contribution Assistance) but respondents did not fear and hesitate in filling out the questionnaire because it was done without the need to include the respondent's name.

f. Reasons for choosing Bojong Nangka Health Center as primary health facilities

Based on the reason for choosing the Bojong Nangka Health Center as the primary health facility for the respondents, the highest number was 89% (89 people) of choice or self-awareness and the remaining 11% (11 people) were invited or registered by others. From this data, it can be seen that BPJS patients choose the Bojong Nangka Health Center as the primary facility with their own choice or awareness.

Basic Assumption Test

Test the basic assumptions that will be used in this study are the normality test, linearity test and homogeneity test.

a. Normality test

From the calculation, it can be seen that the significance values of all variables are <0.05 so that the data is declared not normally distributed.

b. Linearity Test

From the calculation it can be seen that the significance value of the Deviation from Linearity marketing mix variable is 0.033 (<0.05) so that the data is declared not linear and the significance value of the Deviation from Linearity variable quality of health service is 0.018 (<0.05) so the data is not linear.

c. Homogeneity test

From the calculation it can be seen that the significance value of the Test of Homogeneity marketing mix variable is 0.023 (<0.05) so that the data is declared not homogeneous and the significance value of the Test of Homogeneity variable health service quality is 0.006 (<0.05) so the marketing mix variable data declared not homogeneous.

Regression Analysis

This study aims to determine the influence between variables. Because of the number of independent variables analyzed by 2 variables, the regression analysis is used to measure the influence between variables in this study multiple linear regression analysis. In this study the calculation of regression analysis using SPSS 15.0.

From the calculation results it can be concluded that the multiple linear regression equation with 2 independent variables Marketing mix and health services are as follows:

$$Y_1 = 1,515 + 0,064X_1 + 0,073X_2$$

The F test is used to test the effect of independent variables together on the dependent variable.

F test analysis can be calculated as follows:

- a. If the value of F count > F table then H₀ is rejected.

F table values can be calculated with the Ms Excel program, in empty cells type = FINV (0.05,1.97) where the number 0.05 is a probability number, 1 is the number df₁ = k -1 (k = number of independent variables) and number 97 is the number df₂ = nk-1 (n = number of samples).

From this method, the F table value is 3.94

- b. If the significance value is > 0.05 then H₀ is accepted.

If the significance value is ≤ 0.05 then H₀ is rejected.

From the Anova table output, it can be seen that the calculated F value is 29,216 (> 3,94) and the significance value is 0,000 (≤ 0,05), so H₀ is rejected so that it can be concluded that the marketing mix of services and health care quality of Bojong Nangka Health Center Gunung Putri District Bogor jointly influences the satisfaction of BPJS patients.

The t test is used to test the effect of partially independent variables on the dependent variable. The t test analysis can be calculated as follows:

- a. If the value of t count > t table then H₀ is rejected.

The value of t table can be calculated with the program Ms Excel, in an empty cell type = TINV (0.05.97) where the number 0.05 is a probability number, and the number 97 is the number df = nk-1 (k = number of independent variables, n = number sample).

From this method the t table value is 1.98.

- b. If the significance value is > 0.05 then H₀ is accepted.

If the significance value is ≤ 0.05 then H₀ is rejected.

From the output coefficient, it can be seen that the value of t counts the effect of the marketing mix on BPJS patient satisfaction is 2,199 (> 1.98) and the significance value is 0,000 (≤0,05), so H₀ is rejected so that the marketing mix of the Bojong Nangka Community Health Center in Gunung Kecamatan Putri of Bogor Regency influences the satisfaction of BPJS patients.

Whereas the value of t counts the effect of the quality of health services on BPJS patient satisfaction is 3.586 (> 1.98) and its significance is 0.001 (≤ 0.05) then H_0 is rejected so that conclusions can be drawn that the quality of health services in Bojong Nangka District of Gunung Putri District Bogor Regency is influential towards BPJS patient satisfaction.

Hypothesis Analysis

To find out the relationship between variables is done by using the Spearman and Kendall's Tau test because based on the normality test, linearity test and homogeneity test it turns out that the research data is not normally distributed, not linear, and not homogeneous so analysis is carried out with nonparametric statistics.

From the calculation it can be seen that the significance value of the service marketing mix variable on the satisfaction of BPJS patients is 0,000 ($0,000 < 0,05$) and the correlation coefficient value is 0,573 means that there is a significant relationship between the service marketing mix and the satisfaction of BPJS patients with a medium correlation.

From the calculation, it can be seen that the significance value of the variable quality of health services for BPJS patient satisfaction is 0,000 ($0,000 < 0,05$) and the correlation coefficient value is 0,677 means that there is a significant relationship between the quality of health services and satisfaction of BPJS patients with strong correlations.

Effect of Bojong Nangka Community Health Center Marketing Service Mix in Gunung Putri District, Bogor Regency on BPJS Patient Satisfaction

From the calculation of Coefisein Value Correlation of 7P Sub Variable Against Service Marketing Mix and Coefisein Value Correlation of 7P Sub-Variable Against BPJS Patient Satisfaction, the value of correlation coefficient of 7P sub variable which has the greatest influence on service marketing mix variables is process sub-variable with correlation coefficient of 0.828 (the correlation is very strong) and the biggest influence on the satisfaction of BPJS patients is the sub-variable of the person with the value of correlation coefficient of 0.590 (moderate correlation).

The smallest 7P sub-variable influences the service marketing mix is a promotion sub-variable with a correlation coefficient of 0.537 (medium correlation) and the least effect on BPJS patient satisfaction is a sub variable price with a correlation coefficient of 0.255 (weak correlation).

So that the value of the promotion sub-variable on the service marketing mix becomes higher, the Bojong Nangka Health Center in Gunung Putri District, Bogor Regency can do several ways such as:

- a. Procurement and distribution of brochures which include health service facilities, health service activities, and the location of Bojong Nangka Health Center
- b. Health education followed by the promotion of the participation of BPJS at Bojong Nangka Health Center, Gunung Putri District, Bogor Regency
- c. Working together with BPJS membership with companies around the Bojong Nangka Health Center in Gunung Putri District, Bogor Regency.

The price sub-variable has the lowest effect on BPJS patient satisfaction with correlation coefficient value of 0.255 (low correlation) because the ability of BPJS participants in Bojong Nangka Community Health Center in Gunung Putri District Bogor Regency is economically still considered good enough so that they do not mind the money that must be spent on membership costs BPJS. This is seen from the number of PBI (Contribution Aid Recipients) participants which only amounted to 47%, which is still lower than the number of PBI participants nationally, which is 59.7% (data as of 1 May 2018 is taken from:

<https://databoks.katadata.co.id/datapublish/2018/05/16/what-jumlah-sperta-bpjs-kesehatan>

Even so it is seen that the 3 lowest correlation coefficient values are sub-variables of price, place, and promotion. This can be interpreted that the price, place and promotion are not too significant as the sub-variables studied because prices, places and promotions at the puskesmas have been determined by the government and cannot be changed according to the wishes of each puskesmas.

The Influence of The Quality Of Health Services at Bojong Nangka Community Health Center, Gunung Putri District, Bogor Regency On The Satisfaction of BPJS Patients

From the results of multiple linear regression analysis, it can be seen that the value of t counts the effect of the quality of health services on BPJS patient satisfaction is 3.586 (> 1.98) and the significance value of health service quality for BPJS patient satisfaction is 0.001 (≤ 0.05) then H_0 is rejected so that it can be concluded that the quality of health services at the Bojong Nangka Community Health Center, Gunung Putri District, Bogor Regency has an effect on the satisfaction of BPJS patients.

The results of the Spearman correlation test on the quality of health services at the Bojong Nangka Health Center in Gunung Putri District, Bogor Regency towards BPJS patient satisfaction are significant relationships between the quality of health services at Bojong Nangka Health Center, Gunung Putri District, Bogor District to BPJS patient satisfaction where the correlation coefficient is 0.677 strong. The variable correlation coefficient value of health care services at Bojong Nangka Community Health Center, Gunung Putri District, Bogor Regency towards BPJS patient satisfaction ($= 0.677$) is greater than the value of service marketing mix variable coefficient correlation with BPJS patient satisfaction ($= 0.573$). This can be interpreted that BPJS patient satisfaction is more influenced by health service quality variables compared to service marketing mix variables.

From the calculation of Coefisein Value Correlation of Sub Variables Quality of Health Services to Health Service Quality Variables and Koefisein Correlation of Sub-Variable Quality of Health Services to BPJS Patient Satisfaction, the value of correlation coefficient of health service quality sub-variables which has the most influence on health service quality variables is sub-variable responsiveness with correlation coefficient value of 0.889 (very strong correlation) and the greatest influence on BPJS patient satisfaction is a guarantee sub-variable with a correlation coefficient of 0.590 (medium correlation).

The health service quality sub-variables which have the smallest influence on the quality of health services are sub direct evidence variables with a correlation coefficient of 0.826 (very strong correlation). Although the sub-direct variable is the smallest influence on the quality of health service variables, the correlation coefficient value is very strong. The health service quality sub-variables that have the smallest influence on BPJS patient satisfaction are direct evidence sub variables with correlation coefficient values of 0.546 (medium correlation).

To increase the value of direct evidence can do several ways such as:

- a. Increase the comfort of the waiting room and examination room
- b. Ensure that medical devices used are in good condition
- c. Cleaning toilets or bathrooms used by patients

Effect of Service Marketing Mix and Quality of Health Services at Bojong Nangka Community Health Center, Gunung Putri District, Bogor Regency on BPJS Patient Satisfaction

From the results of multiple linear regression analysis, it can be seen that the calculated F value is 29.216 (> 3.94) and the significance value is 0.000 (≤ 0.05). Gunung Putri Bogor Regency jointly influences the satisfaction of BPJS patients.

4. Conclusion

1. The marketing mix of services affects the satisfaction of BPJS patients.
2. The quality of health services affects the satisfaction of BPJS patients.
3. The marketing mix of services and the quality of health services have a joint effect on the satisfaction of BPJS patients.
4. BPJS patient satisfaction is more influenced by health service quality variables compared to service marketing mix variables.
5. Relationship of service marketing mix and satisfaction of BPJS patients with correlation coefficient = 0.530 (moderate correlation).
6. The relationship of the quality of health services to the satisfaction of BPJS patients with a correlation coefficient = 0.677 (strong correlation).

5. References

- Arikunto, Suharsimi. (2010). Manajemen Penelitian, Cetakan ke sebelas, Rineka Cipta, Jakarta: hal. 262
- DJSN, K. Peta Jalan Menuju Jaminan Kesehatan Nasional 2012-2019. (2012). Jakarta.
- Hurriyati, Ratih. (2015). Bauran Pemasaran & Loyalitas Konsumen, CV Alfabeta, Bandung: hal 17-19,27-30, 47-48, 50-52, 54, 55,58, 59, 61-65.
- Kotler, P dan G. Amstrong. (2008). Manajemen Pemasaran. Edisi ketiga belas. Jilid dua. Jakarta: Erlangga; hal. 5, 49.
- Notoadmodjo, Soekidjo. (2010). Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta; hal. 37-38.
- Nugraheni, *et al.*, (2016). Kepuasan Pasien BPJS Kesehatan Terhadap Kualitas Pelayanan Kefarmasian di Pusat Kesehatan Masyarakat (Analisis Menggunakan *Servqual Model* Dan *Customer Window Quadrant*), Prosiding Rakernas dan Pertemuan Ilmiah Tahunan Ikatan Apoteker Indonesia: hal. 198, 204.
- Pertiwi, AAN. (2016). Analisis Perbedaan Kualitas Pelayanan Pada Pasien BPJS Dan Pasien Umum Terhadap Kepuasan Pasien Di Rawat Jalan RSUD Kota Surakarta. Publikasi Ilmiah Mahasiswa Universitas Muhammadiyah Surakarta; hal. 6, 7.
- Peta Jalan Menuju Jaminan Kesehatan Nasional [Internet]. Diakses 26 Agustus 2017. Diakses dari: <http://djsn.go.id/draft-panduan/peta-jalan-menuju-jaminan-kesehatan-nasional>
- Priyatno, Duwi (2016). Belajar Alat Analisa Data Dan Cara Pengolahannya Dengan SPSS, Cetakan kesatu, Penerbit Gava Media, Yogyakarta: hal. 97, 103, 106, 109, 144, 150, 218.
- Riduwan (2009). Pengantar Statistika Sosial, Cetakan kedua, Alfabeta, Bandung: hal. 13, 16.
- Sampurno. (2017). Manajemen Pemasaran Farmasi. Yogyakarta: Gadjah Mada University Press; hal. 4-5.
- Sangadji E.M. dan Sopiah. (2013). Perilaku Konsumen, Pendekatan Praktis disertai: Himpunan Jurnal Penelitian, C.V Andi Offset, Yogyakarta: hal. 92-93, 100-101, 116.
- Sudjana. Metode Statistika. (2001). Bandung:Tarsito; hal. 40, 53.
- Sugiyono. (2015). Statistik Nonparametris untuk Penelitian, Alfabeta, Bandung : hal. 2, 3, 13, 27, 41, 55, 257-259, 267,268, 286 – 288.
- Undang-undang Republik Indonesia No. 36 tahun 2009. (2009). Tentang Kesehatan. Jakarta; hal. 1, 2.