



## Patient Satisfaction Of Inpatient Social Security Administrator For Health In Hospital

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### ABSTRACT

Health service facilities were required to make patients satisfied. Therefore, good quality of service must be provided. In fact, many patients still feel dissatisfied. As many as 55.8% of the 129 patients said that the quality of BPJS services was not good and 44.2% of the 129 patients were not satisfied with the quality of service provided. These results were not appropriate with standards of inpatient satisfaction ( $\geq 90\%$ ). The purpose of this study was to analyze the quality of health services on patient satisfaction of inpatient BPJS. This study used the literature review method and found 15 journals and 2 undergraduate thesis that match with specified criteria. The results were found that the higher of quality service provided, so the higher of patients' satisfaction and patients can felt satisfied if the patient wishes was fulfilled. Based on the results, hospitals should improve their services in accordance with patient expectations.

**Keywords :** BPJS patients, hospitalization, quality of health services, satisfaction.

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### INTRODUCTION

Since 2014, the government has implemented the JKN and BPJS programs to improve of hospital services that give an impact on patient satisfaction (Indonesian Ministry of Health, 2004). Patient satisfaction was the result of patient feelings after comparing the performance of health facilities with patient expectations (Pohan, 2006). The purpose of implementing JKN is to meet the needs of the community (Setianingsih & Hidayani, 2018). One of the targets to be achieved through the JKN program is patient satisfaction which can have a positive effect on society (Listiyana & Rustiana, 2017).

The efforts to improve the quality of health services was require measurement of patient satisfaction which is carried out periodically, regularly, accurately, and continuously (Pohan, 2006). Irregular assessment of patient satisfaction can make it difficult for hospitals to assess patient satisfaction (Ramadhan, 2017). Research of Junistian (2018) at RSUD dr. Soeratno to the patients of inpatient BPJS found that 55.8% of the 129 patients said that the quality of BPJS services was

not good, and 44.2% of the 129 patients were not satisfied with the quality of services provided. It doesn't match with predetermined standard of inpatient satisfaction, namely  $\geq 90\%$  (Minister of Health, Republic of Indonesia, 2008). This dissatisfaction can be caused by a lack of cleanliness, unfriendly doctor, unresponsive nurse, and inpatient room's full (Vianti, 2016).

If the poor service quality was not treated immediately, then the patient was at risk of feeling dissatisfied with the quality of service provided so that the patient doesn't make a repeat visit. Patient dissatisfaction can lead to decreased re-visits (Simanjorang, Susan Bt Hasan, Silaen, & Girsang, 2019). According to Yarmen (2017), health service management needs to know the factors that make patient loyal. One of the main things in satisfying patients is understanding and managing patient expectations (Ratnasari, Misnaniarti, & Windusari, 2020). Therefore, patient complaints must be handled with good complaint handling management (Setyani, Widjanarko, & Agushyana, 2019).

Based on description, the researcher wants to examine the satisfaction of BPJS Patients in hospital based on service quality namely reliability, responsiveness, assurance tangible, and empathy. Used the literature review method to present a frame of mind and become a benchmark for making comparisons that found between research results (Manzilati, 2017). The purpose of this study was to analyze the quality of health services on the satisfaction of inpatient BPJS patients.

## **METHODS**

This type of research is literature review with a qualitative research approach. The data source used comes from secondary data in the form 9 journals and 2 thesis that match with research criteria. Sources of article data were obtained at Google Scholar and Crossref by using keywords: Dimensions of Health Service Quality \*OR\* Health Service Quality \*AND\* BPJS Patient Satisfaction \*AND\* Inpatient Care. Data collection used the PRISMA method and the research criteria were obtained, namely discussing the quality of health services for inpatient BPJS patient satisfaction, in the form of journals or undergraduate thesis, types of quantitative research, published in 2010 - 2020, complete abstract, clear journal sources, and listed the name of the college (thesis). The articles were analyzed qualitative for the data.

## **RESULTS AND DISCUSSION**

### Characteristics of Study Respondents

#### Patient Education

Vasilefa (2015) was found 67 patients with elementary school education, there were 53 patients (79.1%) who were satisfied, and 14 patients (20.9%) were very satisfied. As many as 33 patients of senior high school and university education, 17 patients (51.5%) were satisfied, and 16 patients (48.5%) were very satisfied. Chi square test of Vasilefa (2015) showed that there was a

significant relationship between education ( $p = 0.009$ ,  $OR = 3.563$ ) and patient satisfaction. Based on the results of this study, it was known that patients with elementary school education were more satisfied than patients with senior high school and college education. That was appropriate with Trisnantoro, the higher demand mostly comes from people with higher education because health becomes a part that they are very concerned about (Rivai, Lestari, & Shaleh 2020).

#### Patient Gender

Vasilefa (2015) found that 41 male patients, 31 patients (75.6%) were satisfied, and 10 patients (24.4%) were very satisfied, while 59 female patients, 39 patients (66.1%) were satisfied, and 20 patients (33.9%) were very satisfied. Based on the results, it can be seen that male patients felt more dissatisfaction than female patients. That was because women tend to accept the services provided. Men are more demanding than women (Vasilefa, 2015). Chi square test of Vasilefa (2015), no significant relationship between patient sex ( $p = 0.425$ ,  $OR = 1.590$ ) and patient satisfaction. Abdurrouf & Puspitasari (2017) stated that was because men and women need the same quality of service.

#### Analysis of BPJS Inpatient Satisfaction of patient

##### Reliability

Natassa & Dwijayanti (2019), 66.7% of patients were satisfied from 18 patients who stated reliability was reliable and 37.2% of patients were satisfied from 78 patients who said that reliability was less reliable. The results of the studies showed that many patients were satisfied on good reliability and many patients were dissatisfied with poor reliability. Based on the results, it can be seen that the better the reliability service provided, so that the higher the patient's perceived satisfaction. According to Widiyanti, Handiyani, & Novieastari (2019) stated that the implementation of less optimal reliability can decreased patient satisfaction. Supartiningsih (2017) also stated that the more perfect a patient's satisfaction, the better the service quality.

Bancin, Aini, & Gunawan (2018), 100% of patients were satisfied from 23 patients who said that the service time was good, 76.5% of patients were satisfied from 17 patients who said that the service time was sufficient and 67.6% of patients were satisfied from 34 patients who said that the service time was not enough. The results of these study indicate more patients who feel satisfied at a good and sufficient service time, but at less time service was more satisfied. Datuan, Darmawansyah, & Daud (2018), 82.6% of patients were satisfied from 189 patients who said that their punctuality was good and 89% of patients were satisfied from 33 patients who said that their timeliness was not good. The results of the studies indicate that more people were satisfied with poor timeliness. Based on the results, it was known that the services provided were not good, but according to patient expectations so that the patient was satisfied. According to Pohan (2006), dissatisfaction was caused by a gap between patient expectations and service performance.

Natassa & Dwijayanti (2019) showed that  $p = 0.044$  with  $POR = 3.379$  and Tonis & Wiranata (2020) showed that  $p = 0.000$  with  $OR = 27.612$ . Based on these data, it can be seen that was a significant relationship between reliability and patient satisfaction. The results of these study were inversely proportional to the results of research by Faturahmah & Raharjo (2017) showed that  $p = 0.338$  with  $Exp (B) = 4.667$ . These values indicate that was no significant relationship between reliability and patient satisfaction and none of these articles states that reliability has the most influence on patient satisfaction.

#### Responsiveness

Panjaitan, Pratiwi Sitio, & Siregar (2020) found that 64.3% of patients were satisfied from 56 patients who said poor responsiveness and 62.5% of patients were dissatisfied from 40 patients who said good responsiveness. The results showed that more patients were satisfied with good responsiveness and more patients were dissatisfied with poor responsiveness. Based on the results of these studies, it can be seen that the better responsiveness the patient gets, the higher the patient's satisfaction. This was appropriate with Supranto (2011), the level of patient satisfaction was determined by the quality of health services provided.

Natassa & Dwijayanti (2019) were found that 32.4% of patients were satisfied from 74 patients who said that they were not responsive and 77.3% of patients were satisfied from 22 patients who said that they were responsive. The results showed that more patients were satisfied with poor responsiveness and more patients were dissatisfied with good responsiveness. Based on the results, it can be seen that good responsiveness does not necessarily make patients satisfied and poor responsiveness does not necessarily make patients dissatisfied. That was because of the responsiveness that given was not in accordance with the patient's expectations. According to Pohan (2006), dissatisfaction was caused by a gap between patient expectations and staff performance.

The binary logistic regression test of Faturahmah & Raharjo (2017) on the responsiveness of BPJS class I inpatients showed that  $Exp (B) = 45,000$ . Natassa & Dwijayanti (2019) chi square test showed that  $p = 0.001$  with  $POR = 7.083$ , and Syaputra (2015) showed that  $p = 0.049$  with  $OR = 0.850$ . These values were indicate a significant relationship between responsiveness and patient satisfaction. Based on these reviews, there were 2 articles Natassa & Dwijayanti (2019) and Faturahmah & Raharjo (2017)) that responsiveness was the most influence on patient satisfaction. Based on the results of these analyzed, it can be seen that responsiveness was important thing to patients satisfied. Patients who were visited health facilities with various problems and their hope that these problems can be resolved immediately. These quality of responsiveness can speed up the handling of these patient problems. Slow handling of complaints even no response can hamper the service and disappoint patients (Suhadi et al., 2019). Health services are required to move quickly in responding to patient problems, so that patients are satisfied (Puspitasari, 2019).

## Assurance

Simalango (2019) found that 51.1% of patients were dissatisfied from 47 patients who said good assurance and 52.6% of patients were dissatisfied from 38 patients who said that the assurance was not good. The results showed that more respondents were satisfied with a good assurance and more respondents were not satisfied with a bad assurance. Based on these results, it was known that the better assurance given, so that the higher the patient's satisfaction.

Panjaitan, Pratiwi Sitio, & Siregar (2020) found that 63.4% of patients were dissatisfied from 41 patients who said good assurance and 65.5% of patients who were satisfied from 55 patients who said assurance was not good. The results showed that more patients were satisfied with good and bad assurance. Based on the results, it can be seen that a good assurance was not necessarily satisfy the patient and a bad assurance was not necessarily cause the patient to be dissatisfied. That was because the assurance that given does not match to the patient's expectations, even though the service was good and the poor assurance can be satisfactory because of that was accordance with the patient's expectations. According to Pohan (2006), dissatisfaction occurred because there was a gap between patient expectations and service performance.

Chi square test of Faturahmah & Raharjo (2017) showed that there was a significant influence between inpatient BPJS assurance class III ( $p = 0.006$ ) with patient satisfaction and the binary logistic regression test showed that  $\text{Exp (B)} = 15.685$ , Syaputra (2015) showed that  $p = 0.044$  with  $\text{OR} = 0.656$ , Mutiara, Mayasari, Fattima, & Saputri (2018) showed that  $p = 0.000$  with  $\text{OR} = 8,133$ . These values were indicate a significant relationship between assurance and patient satisfaction. Based on these review, there were 2 articles (Mutiara, Mayasari, Fattima, & Saputri (2018) and Faturahmah & Raharjo (2017)) said that assurance was the most influence on patient satisfaction. Based on the results, it showed that the assurance services were importance. Machfudi, Wijaya, & Iswanto (2019) stated that consumer confidence is defined as the consumer's expectation that the service providers can be trusted to fulfill their promise. So, assurance service was important because it was relating to the ability of officers to make the right diagnosis so that they can provide the right treatment to the patients and then can make patients recovery quickly. These was in accordance with the output of patients who were carried out treatment for recovery (Budi Setyawan, Supriyanto, Tunjungsari, Nurlaily Hanifaty, & Lestari, 2019). Therefore, professional human resources are needed (Mulyaningsari, Juhariah, Surjadi, & Surjadi, 2016). Assurance that is not implemented properly can cause problems that affect patient satisfaction (Nasriza & Wau, 2019).

## Tangible

Bancin et al. (2018) found that 79.7% of patients were satisfied from 59 patients who said good comfort, 40% of patients were satisfied from 5 patients who said that they were comfortable enough, and 100% of patients were satisfied from 10 patients who said that the comfort was less.

Simalango (2019) found that 63.4% of patients were satisfied from 41 patients who said that the tangible was good and 34.1% of patients were satisfied from 44 patients who said that the tangible was not good. The results of these studies showed that more patients were satisfied with the comfort, and good tangibles and more patients were dissatisfied with the comfort, and the tangibles were not good. Based on the results, it can be seen that the better the comfort, and tangible facilities provided so that the higher of patient's satisfaction. According to Lori DiPrete Brown (1992), good inpatient facilities can be foster of patient comfort so that patients were satisfied (Bustami, 2002).

Chi square test of Natassa & Dwijayanti (2019) showed that  $p = 0.003$  with  $POR = 4.598$ , Tonis & Wiranata (2020) showed that  $p = 0.0001$  with  $OR = 86.33$ , and Syaputra (2015) showed that  $p = 0.044$  with  $OR = 0.959$ . These results indicate a significant relationship between tangibles with patient satisfaction. Based on these reviews, there were 2 articles (Tonis & Wiranata (2020) and Syaputra (2015)) that tangibles were the most influence on patient satisfaction. Based on the results, it was known that tangibles were an important thing in influencing patient satisfaction. Tangible was closely related to the physical appearance of health facilities which can be assessed visually. According to Pohan (2006), the patient's main impression was determined by the physical condition and environment of the health care facility so that it affects the image of the hospital. Completeness of good facilities can affect patient needs (Rahmadevi, 2018). Lack of health facilities can make patients have negative edge and hospital must prioritize physical conditions such as cleanliness, so as not to increase the risk of nosocomial infections (Budi Setyawan et al., 2019).

#### Empathy

Mutiara, Mayasari, Fattima, & Saputri (2018) found that 81.8% of patients were satisfied from 33 patients who said that the empathy was good and 40.7% patients were satisfied from 27 patients who said that the empathy was not good. The results showed that more patients were satisfied with good empathy and more patients were dissatisfied with bad empathy. It was known that the better empathy service provided so that the higher of patient's satisfaction. According to Supranto (2011), the level of patient satisfaction was determined by the quality of health services.

Syaputra (2015) found that 70.8% of patients were satisfied from 48 patients who said that the empathy was not good and 58.3% patients were satisfied from 48 patients who said that the empathy was good. The results showed that more patients were satisfied with good and bad empathy. Based on the results, it can be seen that a poor empathy service can satisfied of patients. It can happened because the empathy given was appropriate with patient's expectations so that the patient felt satisfied. According to Pohan (2006), that patient satisfaction was due to the absence of a gap between patient expectations and performance of health services that patients got.

Chi square test of Natassa & Dwijayanti (2019) showed that  $p = 0.002$  and  $POR = 4.601$ , Syaputra (2015) showed that  $p = 0.029$  and  $OR = 0.576$ , Panjaitan, Pratiwi Sitio, & Siregar (2020)

showed that  $p = 0.001$  and multiple linear regression analysis showed that  $\text{Exp (B)} = 5.998$ . These results indicated there were a significant relationship between empathy and patient satisfaction. Regresi logistic of Datuan et al. (2019) showed that  $\text{Exp (B)} = 1.128$  and Safa'atillah & Rohmah Wati (2018) showed that  $\text{Exp (B)} = 0.297$ . Based on these reviews, there were 3 articles (Datuan et al. (2019), Safa'atillah & Rohmah Wati (2018), and Panjaitan, Pratiwi Sitio, & Siregar (2020)) that the empathy was the dimension with the greatest opportunity to influence of patient satisfaction. Based on these results, it was known that empathy was important thing to influencing patients. According to Prasetyo Kusumo (2017), one of the things can support patient recovery was listening to patient complaints, education, and friendly service. Therefore, good therapeutic communication can affect patient satisfaction with the services provided by the hospital. Fashi (2017) also stated that communication with doctors and nurses were very satisfying for patients. Lack of communication when providing services can affect service quality (Indrian, 2018).

## CONCLUSION

Based on these results of the study can be concluded that the higher quality of service provided, the higher patients' satisfaction and patients can felt satisfied if the patient wishes was fulfilled. Therefore, hospitals should improve their services in accordance with patient expectations. Researcher recommend to the next researcher to conduct research directly related to the satisfaction of BPJS hospital inpatients.

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