

The Relationship Between The Quality Of Service Of Bpjs Patients In Class Iii Inpatient Rooms With The Level Of Satisfaction At Hassanudin Damrah Hospital Manna

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ABSTRACT

Background: Hospitals are health service facilities that aim to provide complete individual health services, focusing more on health promotion and prevention efforts without ignoring curative-rehabilitative efforts that provide inpatient, outpatient and emergency services. In health services in hospitals, one indicator of the success of health services is patient satisfaction. Patient satisfaction is the result of patient opinion and assessment of the performance of services provided by health service facilities. Patient satisfaction is a reflection of the quality of health services. Patient satisfaction is a level of patient feeling that arises as a result of the performance of health services obtained after the patient compares it with what he expected. There were 4 patients who were dissatisfied with patient service. Patient dissatisfaction is due to the poor hospital environment and staff who are less friendly in providing health services to patients. The general aim of this research is to determine the relationship between the quality of BPJS patient services in class III inpatient rooms and the level of satisfaction at Hassanudin Damrah Manna Hospital. Method: This research uses a correlational quantitative approach to find the relationship between the quality of BPJS patient services in Class III inpatient rooms and the level of satisfaction at Hassanudin Damrah Manna Hospital which was carried out from 1 September to 31 September 2024 and a sample of 82 respondents. The research results showed that the majority of BPJS patients in Class III treatment rooms, namely 58.8% stated that the officers' responsiveness was good, 50% stated that health assurance (guarantee) was good, 59.8% stated that Tangible (Physical Evidence) was good, 62.2% said the officer's empathy was good and 59.8% said the officer's reliability was good. This research can provide suggestions to Hassanudin Damrah Manna Hospital to improve patient satisfaction services.

INTRODUCTION

Hospitals are health service facilities that aim to provide comprehensive individual health services, more focused on health promotion and prevention efforts without ignoring curative-rehabilitative efforts that provide inpatient, outpatient, and emergency services. In addition, health services in hospitals are not only for individuals (patients), but also for families and communities, so that the health services provided are comprehensive health services. In health services in hospitals, patient satisfaction is one indicator of the quality of health services. With the implementation of a quality assurance approach to health services, patient satisfaction becomes an integral and comprehensive part of health service quality assurance activities. This means that measuring the level of patient satisfaction must be an activity that cannot be separated from measuring the quality of health services. The quality of health services indicates the level of perfection of health services in creating a sense of satisfaction in each patient. The higher the satisfaction, the better the quality of health services. Patient satisfaction is a level of patient feeling that arises as a result of the performance of health services obtained after the patient compares it with what is expected. Quality itself is compliance with established standards, while the quality of health services refers to the level of perfection of health services in creating a sense of satisfaction in each patient. The quality of health services focuses on the concept of health services having three main foundations, namely quality, access, and cost. Each is interdependent and each can have an impact on the other, quality has a stronger impact on the other two foundations. Quality can be achieved if affordable services can be provided in an appropriate, efficient, and cost-effective manner (Ministry of Health 2020). The biggest challenge in providing health services today is meeting the public's expectations for the quality and capacity of health services. In general, public health services are a subsystem of health services whose main objective is preventive (prevention) and promotive (health improvement) services targeting the community, but this does not mean that public health services do not provide quality health services as a factor that can increase patient satisfaction (Annisa 2017). In fulfilling desires and increasing satisfaction with the services provided, hospitals are required to always maintain consumer trust by improving the quality of service so that consumer satisfaction increases. One of the consumers who use health services is a BPJS (Social Security Administering Body) participant. BPJS

is one form of health service used in Indonesia, BPJS health must understand the health service needs of the community it serves in determining the most effective way to provide quality health services. Based on BPJS Kesehatan data, the number of BPJS Kesehatan participants as of December 31, 2023 was 267,311,566 people or had reached 95.75% of the total population as of December 31, 2023. (Ministry of Health 2020) Quality health services are one aspect of health services and are an important factor in achieving patient satisfaction. Patient satisfaction is the patient's feelings that arise as a result of the performance of the health services they receive after the patient compares it with what they expect. One indicator of the success of health services is patient satisfaction. Patient satisfaction is the result of patient opinions and assessments of the performance of services provided by health care facilities. Patient satisfaction is a reflection of the quality of health services. Patient satisfaction is a level of patient feelings that arise as a result of the performance of health services obtained after the patient compares it with what they expect, patient satisfaction is a reflection of the quality of health services (Juwita, Marlinae, and Rahman 2017). Patient satisfaction is an integral and comprehensive part of health service quality assurance activities. This means that measuring the level of patient satisfaction must be an activity that cannot be separated from measuring the quality of health services. Patient satisfaction as a service user is one of the indicators in assessing the quality of services in a hospital. Hospitals as one of the health service facilities are expected to provide quality services (Andriani 2017). Based on the annual report of BPJS patients at Hasanuddin Damrah Manna Hospital, the number of BPJS inpatients in 2021 was 6,087 people, in 2022 it was 6,772 people. Based on the initial survey that the author obtained at the hospital, there were 4 patients who were dissatisfied with patient services. Patient dissatisfaction was due to the poor hospital environment and staff who were less than friendly in providing health services to patients.

RESEARCH METHODS

Univariate Analysis

Univariate analysis is used to obtain an overview of the independent variables (Quality of health services) and dependent variables (Patient Satisfaction) in this study, the univariate analysis conducted is to distribute the quality of health services with the level of BPJS patient satisfaction in the class III inpatient room of Hassanudin Damrah Manna Hospital.

Bivariate Analysis

This analysis aims to determine the relationship between the independent variables (quality of health services) and the dependent variable (patient satisfaction).

RESULTS

Univariate Analysis

Responsiveness

Table 1 Respondent Frequency Distribution Based On Responsiveness In Class III Inpatient Room Of Hassanudin Damrah Hospital

No	Responsiveness	Frequency(n)	Percentage(%)
1	Not good	34	41,5
2	good	48	58,5
Total		82	100

The table above shows that most BPJS patients, namely 58.5%, stated that the Responsiveness of health workers in Class III Inpatient Rooms was good, while 41.5% stated that it was not good.

Assurance

Table 2 Frequency Distribution Of Respondents Based On Assurance In Class III Inpatient Rooms Of Hassanudin Damrah Manna Hospital

No	Assurance	Frequency(n)	Percentage(%)
1	Not good	40	48,8
2	good	42	51,2
Total		82	100

The table above shows that some BPJS patients, namely 51.2%, stated that the health assurance in the Class III Inpatient Room was good, while 48.8% stated that it was not good.

Tangible (Physical Evidence)

Table 3 Frequency Distribution Of Respondents Based On Tangibles In The Class Iii Inpatient Room Of Hassanudin Damrah Manna Hospital

No	Tangible	Frequency(n)	Percentage(%)
1	Not good	33	40,2
2	good	49	59,8
Total		82	100

The table above shows that most BPJS patients, namely 59.8%, stated that the Tangible (Physical Evidence) of health workers in Class III Inpatient Rooms was good, while 40.2% stated that it was not good.

Empathy (Attention)

Table 4 Distribution Of Respondents' Frequency Based On Empathy Inclass III Inpatient Rooms Of Hassanudin Damrah Manna Hospital

No	Emphaty	Frequency(n)	Percentase(%)
1	Not good	31	37,8
2	good	51	62,2
Total		82	100

The table above shows that most BPJS patients, namely 62.2%, stated that the Emphaty (Attention) of health workers in the Class III Inpatient Room was good, while 37.8% stated that it was not good.

Reliability

Table 5 Distribution Of Respondents' Frequency Based On Reliability In The Class III Inpatient Room Of Hassanudin Damrah Manna Hospital

No	Reability	Frequency(n)	Percentage(%)
1	Not good	33	40,2
2	good	49	59,8
Total		82	100

The table above shows that most BPJS patients, namely 59.8%, stated that the Reliability of health workers in Class III Inpatient Rooms was good, while 40.2% stated that it was not good.

Patient Satisfaction

Table 6 Distribution Of Respondent Frequency Based On Patient Satisfaction In Class III Inpatient Rooms Of Hassanudin Hospital Damrah Manna

No	Patient Satisfaction	Frequency(n)	Percentage(%)
1	dissatisfied	33	39
2	satisfied	50	61
Total		82	100

Bivariate Analysis

Bivariate analysis was conducted to determine the relationship between the independent variable (Service Quality) and the dependent variable (Patient Satisfaction). With Chi-Square analysis processed using a computerized system, with the following results:

Responsiveness (Responsiveness) to Patient Satisfaction

Table 7 Relationship Between Responsiveness And BPJS Patient Satisfaction In The Class III Inpatient Room Of Hassanudin Damrah Manna Hospital

Responsiveness	Patient Satisfaction				Total		P Value
	Dissatisfied		Satisfied		N	%	
	N	%	N	%			
No Good	19	27,1	15	44,1	34	100	0,012
Good	13	55,9	35	72,9	48	100	
Total	32	39	50	61	82	100	

Based on the table above, it is known that out of 34 BPJS patients who stated that the Responsiveness of the officers was not good, there were 19 people who stated that they were dissatisfied, while out of 44 BPJS patients who stated that the Responsiveness of the officers was good, there were 35 people who stated that they were satisfied. The results of the Chi-Square analysis obtained a value of $p = 0.012 < 0.05$, so statistically H_0 and rejected and H_a accepted, meaning that there is a relationship between Responsiveness (Responsiveness) to Patient Satisfaction in the Class III Inpatient Room of Hassanudin Damrah Manna Hospital

Assurance (Guarantee) To Patient Satisfaction

Table 8 Relationship Between Assurance And BPJS Patient Satisfaction In The Class III Inpatient Room Of Hassanudin Damrah Manna Hospital

Assurance	Patient Satisfaction				Total		P Value
	Dissatisfied		Satisfied		N	%	
	N	%	N	%			
No Good	22	24,4	15	46,3	41	100	0,012
Good	10	53,7	35	75,6	41	100	
Total	32	39	50	61	82	100	

Based on the table above, it is known that out of 41 BPJS patients who stated that Assurance was not good, 22 people stated that they were dissatisfied, while out of 41 BPJS patients who stated that Assurance was good, 35 people stated that they were satisfied. The results of the Chi-Square analysis obtained a value of $p = 0.012 < 0.05$, so statistically H_0 was rejected and H_a was accepted, meaning that there was a relationship between Assurance and Patient Satisfaction in the Class III Inpatient Room of Hassanudin Damrah Manna Hospital.

Tangible (Physical Evidence) To Patient Satisfaction

Table 9 Relationship Between Tangible And BPJS Patient Satisfaction In The Class III Inpatient Room Of Hassanudin Damrah Manna Hospital

Tangible	Patient Satisfaction				Total		P Value
	Dissatisfied		Satisfied		N	%	
	N	%	N	%			
No Good	15	34,7	18	54,5	33	100	0,012
Good	17	45,7	32	65,3	49	100	
Total	32	39	50	61	82	100	

Based on the table above, it is known that out of 33 BPJS patients who stated that Tangible (Physical Evidence) was not good, there were 15 people who stated that they were dissatisfied, while out of 49 BPJS patients who stated that Tangible (Physical Evidence) was good, there were 32 people who stated that they were satisfied. The results of the Chi-Square analysis obtained a value of $p = 0.010 > 0.05$, so statistically H_0 was accepted and H_a was rejected, meaning that there was a relationship between Tangible (Physical Evidence) and patient satisfaction in the Class III Inpatient Room of Hassanudin Damrah Manna Hospital. d) Empathy (Attention) to Patient Satisfaction

Table 10 Relationship Between Empathy And BPJS Patient Satisfaction In The Class III Inpatient Room Of Hassanudin Damrah Manna Hospital

Empathy	Patient Satisfaction				Total		P Value
	Dissatisfied		Satisfied		N	%	
	N	%	N	%			
No Good	15	54,8	14	46,3	31	100	0,012
Good	17	29,4	36	75,6	51	100	
Total	32	39	50	61	82	100	

DISCUSSION

Relationship Between Responsiveness And Patient Satisfaction

Table 8 shows that as many as 44 BPJS patient respondents stated that the responsiveness of the officers was good, this can be seen from the number of respondents who answered question

number 1, namely 35 respondents (72.9%) with the point of speed in providing services to patients, while as many as 34 respondents the responsiveness of the officers was not good, this can be seen from the number of respondents who answered question number 4, namely 19 respondents (27.1%) with the point of the officers not providing the information needed by the patient. Based on the results of the Chi-Square analysis, the value of $p = 0.012 < 0.05$ was obtained, so statistically H_0 was rejected and H_a was accepted, meaning that there was a relationship between responsiveness and patient satisfaction in the Class III Inpatient Room at Hassanudin Damrah Manna Hospital. The researcher's assumption is that patients who state that the responsiveness in the hospital is quite good will increase their satisfaction with the services provided. In contrast to patients who assume that responsiveness is lacking, it can reduce their level of satisfaction, even though the service provided is very good

Relationship Between Assurance And Patient Satisfaction

Table 9 shows that as many as 41 BPJS patient respondents stated that the assurance of the officers was good. This can be seen from the many respondents who answered question number 3, namely 35 respondents (75.6%) with the point that the officers were able to communicate with patients, as many as 41 respondents stated that it was not good. This can be seen from the many respondents who answered disagree with question number 1, namely 22 respondents (24.4%) with the point that the officers were not friendly in providing services to respondents. The results of the Chi-Square analysis obtained a value of $p = 0.012 < 0.05$, so statistically H_0 was rejected and H_a was accepted, meaning that there was a relationship between assurance and Patient Satisfaction in the Class III Inpatient Room at Hassanudin Damrah Manna Hospital. Good assurance if the service provided is at least in accordance with the standards and is felt and perceived by respondents.

Relationship Between Tangible (Physical Evidence) And Patient Satisfaction

Table 10 shows that as many as 49 BPJS patient respondents stated that tangible (Physical Evidence) of Hassanudin Damrah Manna Hospital is good, this can be seen from the large number of respondents who answered agree to question number 4, namely 35 respondents (65.4%) with the point that the infrastructure and facilities owned by Hassanudin Damrah Manna Hospital are good. While as many as 33 respondents stated that it was not good, this can be seen from the large number of respondents who answered disagree to question number 5, namely 15 (34.7%) with the point that the toilets at Hassanudin Damrah Manna Hospital were not clean enough.

The results of the Chi-Square analysis obtained a value of $p = 0.012 > 0.05$, so statistically H_0 is accepted and H_a is rejected, meaning that there is no relationship between tangible (Physical Evidence) and Patient Satisfaction at Hassanudin Damrah Manna Hospital. The researcher's assumption, patients who state that the facilities and infrastructure included in tangible (Physical Evidence) at Hassanudin Damrah Manna Hospital are adequate, will increase their satisfaction with the services provided. In contrast to patients who assume that the facilities and infrastructure are lacking, it can reduce their level of satisfaction, even though the services provided are very good.

Relationship Between Empathy (Attention) And Patient Satisfaction

From table 11, it shows that as many as 51 BPJS patient respondents stated that empathy (Attention) at Hassanudin Damrah Manna Hospital was good, this can be seen from the large number of respondents who answered agreeing to statement number 3, namely 36 respondents (75.6%) with the point that officers provide maximum service at Hassanudin Damrah Manna Hospital well. While as many as 31 respondents stated that it was not good, this can be seen from the large number of respondents who answered disagreeing to question number 5, namely 15 (54.8%) with the point that officers lack concern in providing attention to patients. The results of the Chi-Square analysis obtained a value of $p = 0.013 < 0.05$, so statistically H_0 is rejected and H_a is accepted, meaning that there is a relationship between empathy (attention) and patient satisfaction in the Class III Inpatient Room at Hassanudin Damrah Manna Hospital.

Relationship Between Reliability And Patient Satisfaction

Table 12 shows that as many as 49 BPJS patient respondents stated that the reliability of Hassanudin Damrah Manna Hospital was good, this can be seen from the large number of respondents who answered agree to question number 4, namely 36 respondents (73.5%) with the point that the service procedure at Hassanudin Damrah Manna Hospital is easy and good. While as many as 33 respondents stated that it was not good, this can be seen from the large number of respondents who answered disagree to question number 2, namely 13 (26.5%) with the point that there was a lack of adequate medical equipment. The results of the Chi-Square analysis obtained a

value of $p = 0.012 < 0.05$, so statistically H_0 was rejected and H_a was accepted, meaning that there was a relationship between reliability and Patient Satisfaction in the Class III Inpatient Room at Hassanudin Damrah Manna Hospital.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the research conducted by the researcher, the author can conclude that: The results of the study show that most BPJS patients in Class III Inpatient Rooms, namely 58.8%, stated that the Responsiveness of the officers was good, 50% stated that the Health Assurance was good, 59.8% stated that Tangible (Physical Evidence) was good, 62.2% stated that the Emphaty (Attention) of the officers was good and 59.8% stated that the Reliability (Reliability) of the officers was good. There is a relationship between responsiveness (Responsiveness) and patient satisfaction in Class III Inpatient Rooms at Hassanudin Damrah Manna Hospital. There is a relationship between assurance (Assurance) and Patient Satisfaction in Class III Inpatient Rooms at Hassanudin Damrah Manna Hospital.

A good guarantee if the service provided is at least in accordance with the standards and is felt and felt by the respondents. There is no relationship between tangible (Physical Evidence) and Patient Satisfaction at Hassanudin Damrah Manna Hospital. The researcher's assumption, patients who state that the facilities and infrastructure included in tangible (Physical Evidence) at Hassanudin Damrah Manna Hospital are adequate, will increase their satisfaction with the services provided. In contrast to patients who assume that the facilities and infrastructure are lacking, it can reduce their level of satisfaction, even though the services provided are very good. There is a relationship between empathy (Attention) and Patient Satisfaction in Class III Inpatient Rooms at Hassanudin Damrah Manna Hospital. There is a relationship between reliability and Patient Satisfaction in Class III Inpatient Rooms at Hassanudin Damrah Manna Hospital. The researcher provides suggestions to Hassanudin Damrah Manna Hospital to improve patient satisfaction services to be even better so that the level of patient satisfaction with the quality of health services becomes higher.

REFERENCES

- Ali Gufron Mukti, "Evaluasi Penyelenggaraan dan Capaian Program JKN", <https://www.djsn.go.id/berita/djsn-dan-bpjs-kesehatan-bahas-hasil-monitoring-dan-evaluasi-penyelenggaraan-dan-capaian-program-jkn-2023>.
- Arikunto, S. 2013. *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta.
- Azwar. 2006. *Menjagatu Pelayanan Kesehatan*. Jakarta: Pustaka Sinar Harapan. Bustami, B. 2011. *Penjaminan Mutu Pelayanan Kesehatan dan Akseptabilitasnya* Jakarta: Erlangga.
- Dharma, K. 2017. *Metodologi Penelitian Keperawatan*. Jakarta: Media Info Trans. Hidayat, A.A. 2010. *Metodologi Penelitian Kesehatan Pradigma Kuantitatif*. Jakarta: Buku Kesehatan. Inpres Nomor 1 Tahun 2022. "Instruksi Presiden RI Nomor 1 Tahun 2022". Sekretariat Kabinet RI.
- Juwita, Grace Siama, Lenie Marlinae, dan Fauzie Rahman. 2017. "Hubungan Mutu Pelayanan Dengan Kepuasan Pasien Rawat Inap di Rumah Sakit Umum Daerah Tamiang Layang". *Jurnal Publikasi Kesehatan Masyarakat Indonesia*
- Kemendes. 2020. "Peraturan Menteri Kesehatan Tentang Perubahan Atas Peraturan Kementerian Kesehatan Nomor 21 Tahun 2020 Tentang Rencana Startegis Kementerian Kesehatan Tahun 2020-2024".
- Mahmud, Amir. 2022. "Analisis Kepuasan Pasien Rawat Inap Peserta BPJS Kesehatan di Rumah Sakit Islam Ar-Rasyid Palembang".
- Notoadmojo.dll. 2012. *Metodologi Penelitian Kesehatan*. Jakarta: PT. Rineka Cipta. Nursalam. 2014. *Manajemen Keperawatan*. Jakarta : Salemba Medika.
- Sondakh. 2012. *Mutu Pelayanan*. Jakarta : Salemba Medika.
- Sugiyono. 2013. *Metodologi Penelitian Kuantitatif, Kualitatif dan R&D*. Bandung: ALFABETA.
- Tjiptono. 2011. *Manajemen Pelayanan Mewujudkan Layanan Prima*. Yogyakarta: Andi. Undang-Undang Republik Indonesia Nomor 44 Tahun 2009