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National Health Insurance Participants Satisfaction in General Polyclinic Services at First Level Healthcare Facilities

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Abstract

The need of health services, especially at first level healthcare facilities (FKTP) for the community to access basic health services has increased in Indonesia. This condition related to the regulation for the entire citizen in Indonesia to become a National Health Insurance (JKN) participant. Some problems related to the services still occur, such as queues length and non-optimal examination process. This research aimed to analyze patients' satisfaction in general polyclinic services differences in FKTP. This was an observational research with a cross-sectional study using primary data from both types of FKTP (Puskesmas and Non-Puskesmas) as the healthcare provider in two cities of East Java. The number of research respondents was 219 in 20 FKTP. The sampling method used was proportional random sampling technique. Patients' satisfaction scores obtained from the two types of FKTP were analyzed using independent sample T Test. The results obtained was the satisfaction score in Puskesmas and Non-Puskesmas exceeded 95%. Patients' satisfaction in Puskesmas was significantly higher than Non-Puskesmas ($p = 0.01$). Out of the six dimensions, dimensions of service ability and aesthetics in exception, the other four dimensions had significant differences. The results provide recommendation that FKTP should improve their services from various dimensions.

Keywords: *patient satisfaction, first level healthcare facilities, National Health Insurance*

Introduction

Healthcare providers need to build patients' satisfaction to measure the quality of their services, including the participants of National Health Insurance (JKN). Healthcare provider in JKN program implementation consists of first and advanced level healthcare facility (FKTP and FKTL). Most first-level healthcare facilities (FKTP) which are public health centers (Puskesmas) and primary clinics (Non-puskesmas) in Indonesia have already cooperated with Healthcare and Social Security Agency (BPJS Kesehatan) in JKN program. Analysis of patients'

satisfaction in FKTP that cooperated with BPJS Kesehatan is still limited.

Satisfaction is one of the main indicators that determine the standard of a health facility. Knowing the expectations and opinions of patients about the services obtained is an important step to find out the quality of health services provided. Patient satisfaction of health services in certain FKTP will make an impact on the reuse of these health services.¹ Satisfaction is a function of the difference between the perceived and expected performance. Patient satisfaction as a measure of healthcare quality level is a typical and complicated phenomenon. This can be in line with and also not in line with the professional code of ethics and quality standards set by the government.²

According to Hidayah (2015)³ there are some problems related to JKN services. One of them is the

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large number of patients that must be served causing long queues. The examination process of patients tends to be done quickly and seems rushed so that patients feel there is not enough time to consult with the doctor. The limited administration of drugs makes the patient uncomfortable because the participants must return back and forth to queue for treatment again. By using a tiered referral system, patients feel the referral process is taking longer. The limited-service time at family physicians also raises complaints from patients.

Royanah (2015)⁴ stated that several aspects that resulted in patient dissatisfaction related to JKN participants in FKTP were aspects of technical competency of puskesmas staff, the number of human resources, and human relations. Some patients are also dissatisfied with the problem of long waiting duration, and the facilities provided are still not as expected.

Garvin (1984)⁵ stated that that product quality evaluates from 8 factors, namely performance, features, reliability, durability, aesthetic, conformance, service ability, and perceived quality. Adopting 8 dimensions of product quality, this research uses 6 dimensions that considered can be applied in the health services area, namely performance, features, reliability, conformance to specification, service abilities, and aesthetics.

East Java Province is the second-most populous province in Indonesia after West Java, amounting to 39,7 million in 2019.⁶ This condition has an impact on the increasing population in urban areas. The demand

for health services and healthcare providers in cities also increased. The purpose of this research was to analyze the satisfaction score of patients in FKTP (Puskesmas with Non-Puskesmas) that cooperated with BPJS Kesehatan.

Method

This research was an observational research with cross-sectional study approach using primary data from FKTP that cooperated with BPJS Kesehatan in 2 cities of East Java. The selection of the sample was done randomly by proportional random sampling with 20% of the total FKTP, amounted to 20 organizations and 219 respondents. The satisfaction in general polyclinic services assessed from 6 dimensions of service quality namely performance, features, reliability, conformance to specification, service ability, and aesthetics. The satisfaction score is obtained by comparing the patient’s assessments and expectations. If the result obtained is greater than 95%, then the patient is considered satisfied with the services. Patients’ satisfaction differences in each dimension of service quality were compared between Puskesmas and Non-Puskesmas using an independent sample T-test.

Results and Discussion

Respondents Characteristics

The number of samples was 219 respondents, according to gender, the latest education level, and JKN Participant Class in each FKTP types can be seen in Table 1.

Table 1. Distribution of Respondents’ Characteristics Based on Gender, The Latest Education Level, and JKN Participant Class in both FKTP types in 2 cities in East Java (n=219)

Respondents’ Characteristics	FKTP Type				Total	
	Non-Puskesmas		Puskesmas		n	%
	n	%	n	%		
Gender						
Male	48	42.11%	32	30.48%	80	36.53%
Female	66	57.89%	73	69.52%	139	63.47%

Cont... Table 1. Distribution of Respondents' Characteristics Based on Gender, The Latest Education Level, and JKN Participant Class in both FKTP types in 2 cities in East Java (n=219)

Total	114	100.00%	105	100.00%	219	100.00%
The latest education level						
None	1	0.88%	4	3.81%	5	2.28%
Primary school	8	7.02%	29	27.62%	37	16.89%
Junior high school	14	12.28%	25	23.81%	39	17.81%
Senior high school	69	60.53%	36	34.29%	105	47.95%
College	22	19.30%	11	10.48%	33	15.07%
Total	114	100.00%	105	100.00%	219	100.00%
JKN participant class						
I	17	14.91%	9	8.57%	26	11.87%
II	79	69.30%	20	19.05%	99	45.21%
III	18	15.79%	76	72.38%	94	42.92%
Total	114	100.00%	105	100.00%	219	100.00%

The majority of respondents were female in both Puskesmas and Non-Puskesmas. Male respondents were only one third out of the total respondents. Respondents have varied levels of education and the majority of the latest education was senior high school. Most of the respondents were registered as class III in Puskesmas while the majority of Non-Puskesmas respondents were registered as class II.

Patient Satisfaction Score

The patient satisfaction score in general polyclinic services for all dimensions exceeds 95%, as shown in Table 2.

Table 2. Patient Satisfaction Score in General Polyclinic Evaluate From 6 Dimension in FKTP (Puskesmas and Non-Puskesmas) in 2 cities in East Java (n=219)

No	Dimensions and Indicators	Satisfaction Score				p
		Non-Puskesmas (n=114)		Puskesmas (n=105)		
		Mean	SD	Mean	SD	
Performance						
1	Medical records and patient identity are suitable	98.14%	9.45%	101.08%	4.28%	0.01
2	Confidentiality of patient information is well-secured	97.67%	8.44%	101.69%	4.82%	0.01
3	Given service and complaints are suitable	98.76%	9.57%	102.07%	4.48%	0.01

Cont ... Table 2. Patient Satisfaction Score in General Polyclinic Evaluate From 6 Dimension in FKTP (Puskesmas and Non-Puskesmas) in 2 cities in East Java (n=219)

No	Dimensions and Indicators	Satisfaction Score				p
		Non-Puskesmas (n=114)		Puskesmas (n=105)		
4	Service given by medical personal and priority of treatment are suitable (not biased)	98.23%	10.31%	101.42%	5.31%	0.01
5	Medical equipments are well equipped (examination bed, stethoscope, consultation table, et al.)	97.86%	10.56%	102.19%	5.87%	0.01
6	Medical personnel's expertise in providing services is suitable	98.65%	9.64%	101.12%	4.44%	0.01
	Performance satisfaction score	98.22%	8.73%	101.59%	3.41%	0.01
Features						
1	Direction to general polyclinic is clear	100.71%	6.86%	101.88%	5.00%	0.15
2	General polyclinic is easy to access	100.61%	6.06%	101.38%	4.54%	0.29
3	Waiting room for general polyclinic is available	99.84%	6.48%	101.63%	5.12%	0.03
4	Queues are well ordered	99.69%	7.76%	101.85%	6.43%	0.03
	Features satisfaction score	100.21%	6.00%	101.69%	4.34%	0.04
Reliability						
1	Services hours and schedule are suitable	97.62%	10.36%	100.71%	3.59%	0.01
2	Medical personnels provide explanations related to patients' disease properly	98.73%	9.77%	101.65%	5.26%	0.01
3	Medical personnels are well trained in treating patients	98.63%	10.69%	100.80%	5.46%	0.06
4	Medical personnels are accurate in handling patient's complaints	100.22%	10.70%	100.68%	4.95%	0.68
5	Medical personnels are calm in providing services	98.99%	9.60%	100.89%	4.89%	0.06
6	Medical personnels are able to conduct a credible examination	99.44%	10.54%	103.10%	7.40%	0.01
	Reliability satisfaction score	98.94%	9.30%	101.30%	4.12%	0.02
Conformance to specification						
1	Service steps or mechanism with procedure or SOP is suitable	97.81%	7.70%	100.98%	5.08%	0.01
	Conformance to specification satisfaction score	97.81%	7.70%	100.98%	5.08%	0.01
Service ability						
1	Queue waiting duration to general polyclinics is brief	97.56%	12.19%	100.40%	5.80%	0.03
2	Treatments in general polyclinic are spry and quick	98.86%	11.81%	100.91%	5.63%	0.10
3	Medical personnels are polite and friendly in giving treatment	100.93%	11.61%	101.82%	7.16%	0.49
4	Medical personnels look confident in giving treatment	100.91%	10.81%	103.08%	7.11%	0.08
5	Medical personnels are proper in asking patients' complaint	100.71%	10.94%	102.09%	6.21%	0.25

ont ... Table 2. Patient Satisfaction Score in General Polyclinic Evaluate From 6 Dimension in FKTP (Puskesmas and Non-Puskesmas) in 2 cities in East Java (n=219)

No	Dimensions and Indicators	Satisfaction Score				p
		Non-Puskesmas (n=114)		Puskesmas (n=105)		
6	Medical personnels are able to respond to patients' complaints properly	100.49%	10.60%	102.40%	6.31%	0.11
7	Medical personnels provide explanations regarding patient's disease properly	99.73%	11.47%	102.76%	6.90%	0.02
8	Medical personnels provide sufficient opportunity to ask regarding patients' disease	100.53%	11.22%	101.78%	6.12%	0.30
9	Medical personnels raise sense of safety	99.99%	9.81%	101.61%	6.30%	0.14
	Service ability satisfaction score	99.97%	10.17%	101.87%	4.49%	0.07
<i>Aesthetics</i>						
1	Medical personnels' appearance are clean and tidy	100.00%	6.44%	100.94%	4.02%	0.20
2	General polyclinics examination room is clean and tidy	98.88%	7.63%	100.67%	7.32%	0.08
3	General polyclinics examination room is comfortable and in order (not noisy)	99.22%	7.31%	99.86%	6.95%	0.51
	Aesthetics satisfaction score	99.37%	6.38%	100.49%	4.95%	0.15
	Total satisfaction score	99.08%	6.74%	101.32%	3.37%	0.01

The results showed that patients feel satisfied in services given by FKTP (Puskesmas and Non-Puskesmas). It can be seen from all satisfaction scores that exceed 95%. Out of the six dimensions assessed, Puskesmas patients had a higher satisfaction score in all dimensions compared to Non-Puskesmas patients. Patient satisfaction at Puskesmas was significantly higher than Non-Puskesmas ($p = 0.01$). Out of the six dimensions, except the dimensions of service ability and aesthetics, the other four dimensions had significant differences.

In the performance dimension, Puskesmas had a higher satisfaction score than Non-Puskesmas. The lowest satisfaction score in Non-Puskesmas FKTP was in statement number two, which related to the confidentiality of patients' information. This result is in line with research by Sani, Rantetampang, and Zainuri (2017)⁷ about JKN patients' satisfaction in Papua which states that the confidentiality of patients' data greatly influences satisfaction. Well-maintained confidentiality of patients' data will make patients feel a lot safer.

Non-Puskesmas had a lower satisfaction score regarding features dimension in the general polyclinic. The availability of facilities such as the waiting room is still not properly provided. This condition can be caused by several FKTP that still use the same waiting room for registration, general polyclinic, and pharmacy. These results are supported by Wildan's research (2017)⁸ regarding JKN patients' satisfaction which states that the lowest satisfaction score in the health service dimension is the physical facility. The physical facility in FKTP is still considered to be lacking in many ways, such as lack of waiting rooms, toilet cleanliness, and parking lots. The availability of good physical facilities can certainly increase patients' satisfaction in FKTP services.

The satisfaction score of reliability dimension in Non-Puskesmas was lower than Puskesmas. Punctuality of operational hours and schedule statement had the lowest satisfaction score in Non-Puskesmas FKTP. These results are supported by Arbitera, Sjaaf, and Sulistiadi's research (2016)⁹ which states the variables that influence patients' satisfaction the most are

punctuality, easiness, and coziness in getting treatment. Punctuality of operational hours in Non-Puskesmas is still considered lacking compared to Puskesmas. The punctuality of operational hours in health services is an important aspect of customer satisfaction. One of the statements with a high score of satisfaction is the ability of medical personnel to provide credible treatment. According to Pramayanti dan Arnaya (2019)¹⁰, the competence of medical personnel has a significant effect on patients' satisfaction. A great competence of medical personnel will affect the quality of health services.

Puskesmas had a higher satisfaction score in conformance to specification dimension. This means that in Puskesmas, the medical personnel is seen to be more in order, following the standard operating procedure in providing treatments to patients. This result is in line with Wildan's research (2017)⁸ about JKN patients' satisfaction which states that the ability of medical personnel to provide services following the standard of procedure in FKTP is very important. According to Patandianan, Ratnawati, dan Sardjono (2018)¹¹, a doctor must place patients' interests above theirs, set and maintain integrity and standards of competence, also provide solutions to public health problems.

Based on the dimension of service ability, it can be seen that Puskesmas and Non-Puskesmas had a relatively similar satisfaction score. The statement with the lowest satisfaction score in both types of FKTP was statement number one, which related to queue waiting duration in general polyclinics. Meanwhile one of the statements that had a high satisfaction score was politeness and hospitality of medical personnel. These results are supported by the research of Arbitera, Sjaaf, dan Sulistiadi (2016)⁹ in East Jakarta Puskesmas which states that politeness and hospitality of medical personnel affect patients' satisfaction. The easiness and coziness in getting treatment also have a significant influence on patients' satisfaction.

In the aesthetic dimension, Puskesmas and Non-Puskesmas had a similar score of satisfaction. According to most respondents, medical personnel's appearance and environmental conditions of health facilities were great and comfortable. This result is supported by the research of Sani, Rantetampang, dan Zainuri (2017)⁷ regarding JKN patients' satisfaction in Papua. The research

mentions that the clean and neat appearance of medical personnel affects patients' satisfaction. Environmental conditions also have an important influence on the aesthetic dimension.

Conclusions and Suggestions

Conclusion

1. JKN patients in FKTP (Puskesmas and Non-Puskesmas) tend to have a high satisfaction score which exceeds 95%.
2. Patients in Puskesmas have a higher satisfaction score compared to Non-Puskesmas patients in all dimensions.
3. Out of the six dimensions assessed, the dimension of service ability and aesthetics in exception, the other four dimensions have significant differences.

Suggestion

Some suggestions for FKTP to improve patients' satisfaction in general are:

1. Pay attention to 6 dimensions of patients' satisfaction in providing services.
2. Patients' information needs to get more attention to maintain well-secured confidentiality. Punctuality of operational hours needs to be improved and queue waiting time must get more attention.

Conflict of Interest: Nil

Ethical Clearance: This research has been proved by Health Research Ethics Committee, Faculty of Public Health universitas Airlangga

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References

1. Setyawan FEB. Gambaran Karakteristik dan Kepuasan Peserta BPJS Kesehatan dalam Pemanfaatan Pelayanan Kesehatan di FKTP Kota Malang. *Jurnal Ilmu Kesehatan*. 2020;1(3):262-268.
2. Octavia A., Anwar AP. Analisis Kepuasan Pasien Rawat Inap Bangsal Jantung di RSUD Raden Mattaher Jambi. *Digest Marketing*. 2012 Jan;1(1).
3. Hidayah TN. Kepuasan Pasien BPJS Non PBI

- terhadap Kualitas Pelayanan Provider Tingkat Pertama Dokter Keluarga di Kecamatan Laweyan Kotamadya Surakarta (Thesis, Universitas Muhammadiyah Surakarta). 2015.
4. Royanah U. Analisis Tingkat Kepuasan Pasien Peserta Jaminan Kesehatan Nasional Bukan Penerima Bantuan Iuran (Non PBI) Di Puskesmas Halmahera Semarang Tahun 2015 (Thesis, Universitas Negeri Semarang).
 5. Garvin DA. Product Quality: An Important Strategic Weapon. *Business Horizons*. 1984; March-April:40-43.
 6. Badan Pusat Statistik. Jawa Timur Province in Figure 2020. BPS Provinsi Jawa Timur. 2018.
 7. Sani DN, Rantetamoang AL, Zainur, A. Satisfaction Analysis of Outpatient Services to National Health Insurance Program in the Pratama Hospitals Supiori District Papua Province. *International Journal of Sciences: Basic and Applied Research*. 2017;31(3):329-345.
 8. Wildan M. Health Service Quality of National Health Insurance (JKN) and Patient's Satisfaction at Public Health Centre of Jember District. *IOSR Journal of Nursing and Health Science*. 2017;6(1):52-58.
 9. Arbitera C, Sjaaf AC, Sulistiadi W. Analysis of Factors Affecting Patient Satisfaction JKN Non PBI at Primary Health Care in East Jakarta District 2016. *Journal of Indonesian Health Policy and Administration*. 2017;2(1):18-23.
 10. Pramayanti NNT, Arnaya IK. The Satisfaction Analysis of Kidney Failure Patients on the Quality of Hemodialysis Services in the National Health Guarantee Era (JKN) (Case Study in Surya Husadha General Hospital Denpasar). *International Journal of Sciences: Basic and Applied Research*. 2019;48(7):139-149.
 11. Patandianan S, Ratnawati T, Sardjono S. Influence of Capital Funds, Infrastructure Means, and Professionalism Human Resources on Service Quality and Patient Satisfaction of Puskesmas District Polewali Mandar West Sulawesi. *Archives of Business Research*. 2018;6(2):10-18.