RELATIONSHIPS OF BPJS PATIENT SATISFACTION (SOCIAL SECURITY AGENCY) WITH POST-UTILIZATION RESPONSE HEALTH SERVICES

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ABSTRACT

Satisfaction is the level of pleasure that a person feels. An initial survey of 5 patients stated that the officers' communication was not friendly, along with a very long service and less available medication. The purpose of this study was to determine the relationship of BPJS Patient Satisfaction with Post-Utilization of Health Services Response. The research method is analytic with cross sectional design. conducted at the Alue Bilie Community Health Center, August 17 to September 15, 2017, with a total population of 2,529 respondents and a sample of 97 respondents, the sampling technique was the accidental sampling method. With univariate and bivariate analysis using the chi-square test
The results showed the value of the communication variable Pvalue is 0.028, service is 0.017, facility is 0.015. It was concluded that the relationship between communication, service, and facility variables with the response after the utilization of health services. For the Alue Bilie Community Health Center it is expected to be able to provide and improve quality services for BPJS patients by always using good communication, fast and appropriate services, and adequate facilities.

Keywords: Communication, Services, Facilities, BPJS

Introduction

Increased public awareness of health, will lead to demands for increased health services. One of the efforts to anticipate this situation is by maintaining the quality of service, so it is necessary to make a continuous effort to find out the weaknesses and shortcomings of health services. The increasing demands of the community for the quality of health services, the service function needs to be improved to provide patient satisfaction. Service quality is a form of consumer (patient) assessment of the level of service received with the expected level of service. The quality of health services provided refers to the level of perfection of health services in meeting the needs and demands of each patient, the more perfect the needs and demands of each patient, the better the quality of health services (Azwar, 2010).

The Social Security Organizing Agency (BPJS) is a social security provider body so that with social security, the financial risk faced by a person, whether due to entering a productive age, experiencing illness, having an accident, or even death, will be taken over by the agency that organizes social security (Ulinuha, 2014).

The Social Security Organizing Agency or BPJS is an institution formed to organize Social Security Programs in Indonesia according to Law Number 40 of 2004 concerning the National Social Security System, BPJS is a non-profit legal entity and Law Number 24 of 2011 contains BPJS divided by 2 , BPJS Health and BPJS Employment, BPJS reports directly to the President, BPJS has the authority to collect contributions, place funds, conduct oversight and inspection of Participants and employers' compliance (Ulinuha, 2014)

Customer satisfaction is the main indicator of the standard of a health facility and is a measure of the quality of service low customer satisfaction will have an impact on the number of visits that will affect the health facility province, while employee attitudes towards customers will also have an impact on customer satisfaction where customer needs from time to time will increase, so does the demand for the quality of services provided (Kotler & Armstrong. 2010.

Considering the variety of services that are very diverse, in fulfilling the services needed guidelines are used as a reference for agencies in the health agency environment. Health services are human rights that must be provided by the government and the private sector. To achieve the quality expected by the community there needs to be ongoing cooperation and effort (Minister of Health Regulation 269 / Menkes / III / 2008).

The health insurance program is run nationally with the principle of social insurance, the principle of equity and the system in the form of a mutual assistance system where the able and healthy participants will help the poor and sick participants (Ministry of Health, 2014). However, there was a perception that was still not good enough with the JKN program. This can be due to the low level of knowledge and socialization about the health BPJS program so that the

implementation of the BPJS program is not well understood by the whole community. Another fact that BPJS membership does not cover the whole community, especially informal workers (laborers or farmers) or communities in remote villages due to not being whole (Rumengan, et al. 2015).

Utilization of health services at the health center level has several factors that influence it, namely consumer factors in the form of: education, livelihoods, knowledge and perceptions of patients; organizational factors in the form of: availability of resources, affordability of location of services, and social access; and service provider factors including: behavior of health workers (Dever, 1984 in Rumengan, et al. 2015).

Measuring customer satisfaction is an important element in providing better, more efficient and more effective services. The level of customer satisfaction with services is an important factor that develops a service delivery system that is responsive to customer complaints, minimizes costs and time and maximizes the impact of service on patients (Pohan, I S. 2011)

Penentuan kualitas suatu jasa pelayanan kesehatan dapat ditinjau dari sepuluh dimensi dalam menentukan kualitas jasa, yaitu tangible, reliabiliety, responsiveness, competence, credibiliety, security, access, communication, dan understanding the costumer. Apabila sepuluh dimensi tersebut tidak dapat dipenuhi akan berdampak pada tingkat pemanfaatan pelayanan kesehatan. (Wijaya, T. 2011).

Based on preliminary data from Alue Bilie Health Center, Darul Makmur Subdistrict, Nagan Raya Regency in 2015 where the number of outpatient visits by BPJS users was 533 people, and in 2016 there were 3,079 outpatient visits. The population in the Alue Biliee Community Health Center in 2016 was 10,902 with a total of 3,039 households.

Based on the results of a preliminary study found some patient dissatisfaction in 7 patients regarding patient satisfaction such as communication staff, examination of patients is still not there on time, prescription drugs that are given sometimes have to look outside the Public health center, service officers, such as slow getting service or treatment, slow responding to patient complaints, such as officers who are not friendly and care less, officers who pay less attention to patients, officers do not help patients when patients have difficulty going to the bathroom / eating in patients hospitalized. As for facilities that do not yet have adequate facilities such as the lack of a BPJS card for all residents, inadequate medical devices such as damaged and unclean toilets, beds and Public health center locations in the city center but location of inter-building locations are slightly far apart with other buildings make patients need time to get the service process.

If the four things above are not owned by health workers in serving patients, it will have an impact on patients so that there will be no level of satisfaction when visiting the health center and there is no response after the reuse of health services by the community around the Alue Biliee Public health center work area.

Research Methods

The research method is analytic with cross sectional design. conducted at the Alue Bilie Community Health Center, August 17 to September 15, 2017, with a total population of 2,529 respondents and a sample of 97 respondents, the sampling technique was the accidental sampling method. With univariate and bivariate analysis using the chi-square test.

Results

Univariate Analysis

1. Gender

Table 1. Frequency Distribution Based on Gender Repondent To Post-Utilization of Health Services Response at Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency.

No	Gender	Frequency	%
1.	Male	42	43,3
2.	Women	55	56,7
	Total	97	100

Source: primery data, 2017

2. Age

Table 2. Frequency Distribution Based on Age Repondent To Post-Utilization of Health Services Response at Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency.

No	Age	Frequency	%
1.	21-25 Year	9	9,3
2.	26-36 Year	16	16,5
3.	31-35 Year	13	13,4
4.	36-40 Year	12	12,4
5.	41-45 Year	26	26,8
6.	46-50 Year	15	15,5
7.	>51 Year	6	6,2
	Total	97	100

Source: primery data, 2017

3. Education

Table 3. Frequency Distribution Based on Education Repondent To Post-Utilization of Health Services Response at Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency.

No	Education	Frequency	%
1.	SD	19	19,6
2.	SMP	32	33,0
3.	SMA	31	32,0
4.	College	15	15,5
	Total	97	100

Source: primery data, 2017

4. communication

Table 4. Frequency Distribution Based on Communication Repondent To Post-Utilization of Health Services Response at Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency.

No	Communication	Frequency	%
1.	Well	41	42,3
2.	Not Good	56	57,7
	Total	97	100

Source: primery data, 2017

5. Service

Table 5. Frequency Distribution Based on Service Repondent To Post-Utilization of Health Services Response at Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency.

No	Service	Frequency	%
1.	Well	40	41,2
2.	Not Good	57	57,8
	Total	97	100

Source: primery data, 2017

6. Facility

Table 6. Frequency Distribution Based on Facility Repondent To Post-Utilization of Health Services Response at Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency.

No	Facility	Frequency	%
1.	Worthy	42	41,2
2.	Not Worth It	57	58,8
	Total	97	100

Source: primery data, 2017

7. Post-Utilization of Health Services Response

Table 7. Frequency Distribution Based on Post-Utilization of Health Services Response at Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency.

No	Post-Utilization of Health Services Response	Frequency	%
1.	Well	43	44,3
2.	Not Good	54	55,7
	Total	97	100

Source: primery data, 2017

Bivariate Analysis

a. The Relationship between Communication Factors and Post-Utilization of Health Services Response

Table 8. Communication Factors related to Post-Utilization of Health Services Response at Alue Bilie Public Health Center Darul Makmur District Nagan Raya District

Communication	Post-Utilization of Health Services				Total		P.Value =0,028
	Well		Not Good				
	n	%	n	%	f	%	
Well	24	58,5	17	41,5	41	100	
Not Good	19	33,9	37	66,1	56	100	RP = 2,7

Source: primery data, 2017

b. Relationship Between Service Factors and Post-Utilization of Health Services Response

Table 9. Service Factors related to Post-Utilization of Health Services Response at Alue Bilie Public Health Center Darul Makmur District Nagan Raya District

Service	Post-Utilization of Health Services				Total		P.Value =0,017
	Well		Not Good				
	n	%	n	%	f	%	
Well	24	60,0	16	40.0	40	100	
Not Good	19	33,3	38	66,7	57	100	RP = 3.0

Source: primery data, 2017

c. *Relationship Between Facilitye Factors and Post-Utilization of Health Services Response*

Table 10. Facility Factors related to Post-Utilization of Health Services Response at Alue Bilie Public Health Center Darul Makmur District Nagan Raya District

Service	Post-Utilization of Health Services				Total		P.Value =0,76
	Well		Not Good				
	n	%	n	%	f	%	
Well	37	50,0	37	50,5	74	100	
Not Good	6	26,1	17	73,9	23	100	RP = 2,8

Source: primery data, 2017

Discussion

The Relationship between Communication Factors and Post-Utilization of Health Services Response

Based on the results of this study in accordance with the results of the chi square statistical test, there is a significant relationship between communication factors related to the response after the utilization of health services in Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency.

Communication is the procedure for information provided by the service provider and complaints from patients. How complaints from patients are quickly accepted by service providers in providing assistance to patient complaints. It can be concluded that the factors of patient satisfaction are: service quality, price, emotional, performance, aesthetics, product characteristics, service, location, facilities, communication, atmosphere, and visual design. Communication in this case also includes behavior, speech, ignorance, staff friendliness, and ease of getting information and communication rank high in the perception of patient satisfaction. Not infrequently even though the patient / family feels the results are not in accordance with expectations, they feel quite satisfied because they are served with an attitude who appreciate their feelings and dignity (Suryawati et al, 2011).

Based on field observations, researchers found that respondents who had good communication with responses after the utilization of health services were good because respondents were always given an understanding of respondents' complaints and illnesses. while respondents who lack communication with the responses after the utilization of health services are not good because the respondents do not understand the delivery of officers, have never been greeted and officers lack the use of informal language.

The results of the above study are in line with the research of Bimantara (2013), inpatient delivery room at RSIA Muslimat Jombang where the results of this

study indicate that satisfaction after service utilization at RSIA Muslimat Jombang is good this is evidenced by the composite value for the post-service satisfaction variable of 0,000.

Relationship Between Service Factors and Post-Utilization of Health Services Response

Based on the results of this study in accordance with the results of the chi square statistical test obtained value of Pvalue = 0.017 and this is smaller than α = 0.05 (Pvalue = 0.017 <α = 0.05) so that there is a significant relationship between service factors related to response after the utilization of health services at the Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency.

Based on the results of RP 3.0 it can be concluded that respondents with poor service will have a chance of 3.0 times the response after the utilization of health services is less good than respondents who have good service

Services namely hospitality services of health care workers, speed in service. Health care centers are considered good if in providing services more concerned with the needs of patients and other people who visit. Satisfaction arises from the first impression of the patient's admission to the health services provided. Can be explained by questions regarding hospitality, information provided, the extent of communication, responsiveness, support, how responsive doctors are in the emergency room, ambulatory care, inpatient care, pharmacy, physician ease of contact, regular delivery of food, medication, temperature measurements etc. (Day after tomorrow, 2011). For example: fast service, responsiveness and hospitality in providing services.

Based on observations by researchers in the field, it was found that respondents who gave good service to the response after the utilization of health services because the respondent always gave healing guarantees, always the ability of officers was good in serving. while respondents whose services were not good to the response after the utilization of health services were not good because respondents were not served patiently by officers, lacked hospitality from officers, and were not served on time by officers.

The above research results are in line with Ningrum's (2015) research, Pekanbaru health centers where there is a service relationship with the response to the satisfaction of patients using BPJs with a P value = 0.002. Service is basically an action or action that can be offered by one party to another party and is invisible and does not result in ownership of something.

Relationship Between Facilities Factors and Post-Utilization of Health Services Response

Based on the results of this study in accordance with the results of the chi square statistical test obtained a value of Pvalue = 0.023 and this is smaller than α =

0.05 (Pvalue = 0.015 <α = 0.05) so that there is a significant relationship between facility factors related to the response after the utilization of health services in Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency

Based on the results of RP 3 it can be concluded that respondents with adequate facilities will have a 2.8 chance of response after the utilization of health services is less good compared to respondents with inadequate facilities.

Completeness of health center facilities also determines the assessment of patient satisfaction, for example health facilities both facilities and infrastructure, parking lots, comfortable waiting rooms and inpatient rooms. Although this is not vital in determining an assessment of client satisfaction, health centers need to pay attention to facilities in developing strategies to attract consumers.

Based on field observations, researchers found that respondents who have facilities to the response after the utilization of health services because respondents have a waiting room, a parking lot. while respondents who do not have facilities to post-service response due to dirty toilets, uncomfortable beds.

The above research results are in line with the research of Unlihuha (2014), in the Outpatient Unit (URJ) of Permata Medika Hospital Semarang with a P value = 0.002. where the existence of physical facilities, equipment, employees, communication facilities and supporting equipment in the form of hospitals in providing services to patients. Among them are the waiting room, operating room and equipment.

Conclusion

1. *There is a relationship between communication factors related to responses after the utilization of health services in Alue Bilie Health Center, Darul Makmur Subdistrict, Nagan Raya Regency with a value (Pvalue = 0.028 <α = 0.05).*
2. *There is a relationship between service factors related to the response after the utilization of health services in Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency with a value (Pvalue = 0.017 <α = 0.05).*
3. *There is a relationship between location factors related to the response after the utilization of health services in Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency with a value (Pvalue = 0.038 <α = 0.05).*
4. *There is a relationship between facility factors that are not related to the response after the utilization of health services in Alue Bilie Health Center, Darul Makmur Subdistrict, Nagan Raya Regency with a value (Pvalue = 0.076 <α = 0.05).*

Suggestion

For the Alue Bilie Community Health Center it is expected to be able to provide and improve quality services for BPJS patients by always using good communication, fast and appropriate services, and adequate facilities.

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