The Corelation of Quality Helath Service With Satisfaction of Patientassurance Health Indonesia Card At Public Health Centre Jayapura City

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Abstract -

Background: Public health centre as facility health of first storey level to consumer guarantee health of national have plethora, so that health employee serving patient have to have professional attitude in serving and also adequate facility. But service given by Public Health Centre Waena still griped by patient from given service.

Target of research: To know the corelation of quality service to satisfaction of assurance Health Indonesia Health Card Patient at Public Health Centre Jayapura City.

Method Research : Analytic descriptive with conducted by cross sectional study in Public Health Centre Waena in September 2017. Population is JKN-KIS patient counted 81 people as sampel by sampling consecutive. Data obtained to use questioner and analysed used chi square.

Result o f research : The corlation between service quality to satisfaction of assurance health indonesia card patient is access (p-value 0,017; RP: 1,970; (1,250-3,104), effectiveness (p-value 0,013; RP: 1,966 (1,221- 3,165), relation with health employee (p-value 0,000; RP: 3,636 (2,332-5,671) and efficiency (p-value 0,008; RP: 2,078 (1,322-3,266). While service quality not realtion satisfaction of assurance health indonesia card patient in Public Health Centre Waena is technic competensi (p-value 0,062; RP: 1,763 1,102-2,820), efficiency (p-value 0,033; RP: 1,865 (1,177-2,957), efektifitas (p-value 0,002; RP: 2,311 (1,468-3,640) and continuity of service (p-value 1,000;RP: 1,056 (0,567-1,966). Quality of service pursuant to effectiveness, relation with health employeeand continuity servicehave dominant influence to satisfaction patient assurance in Public Health Centre Waena.

Keyword: Quality Health Service, Satisfaction Patient, Assurance Health Indonesia Card

I. INTRODUCTION

Health Centre (Puskesmas) as a first-rate health facility for users JKN has a lot. The hospital is one of the advanced health facilities after the patient receives a referral from a first-rate health facility. The existence of the JKN program, the Puskesmas certainly have to adjust the service with the policy. Keller and Kotler (2012) Quality is the totality of features and characteristics of a product or service that depend on its ability to satisfy expressed or implied needs. The large number of people using this JKN should be adjusted by the quality of services from Puskesmas that can receive JKN program services without differentiating between JKN patients and non JKN patients. Health facilities are places of service concerning human life.

Research conducted by Khoiri (2015) at Puskesmas Mojowarno Jombang District 53,3% of BPJS patients stated not satisfied with the services obtained. Prakoso's (2015) study on the effectiveness of BPJS Health Service at Batang Sub-district Public Health Center stated that the quality given was good, where the result obtained from the respondents was 82% included in the effective criteria, it shows that the quality given to the participant Health BPJS Kecamatan Batang is in accordance with the expected by the community and is in compliance with service standards established in the applicable regulations Alamsyah (2012).

Puskesmas Waena Kota Jayapura is located in Heram District with a total of 22,819 visits in 2016, with a total of 15,278 patients visiting JKN KIS. While in January-June 2017 as many as 7,668 patients. From the preliminary study conducted at Waena Public Health Center of Jayapura City through interviews, it was found out that the patients of BPJS said that sometimes they had to repeatedly to the puskesmas if the drugs had run out but had not been lost. In non BPJS patients researchers found some related views BPJS. 3 out of 5 say it is better to pay because do not want complicated take care BPJS and 2 of 5 say if using BPJS fear not being served maximal.

At the BPJS user registration point there is sometimes an internet connection error that makes the service slightly overlap and finally the registration is done manually, the patient registration officer BPJS said it makes them have to work twice and sometimes make them tired because the visiting patients are not small. For example, when the researchers conducted a preliminary study, there were 97 patients BPJS who signed up and manually by BPJS registration officer. It may affect the performance of service personnel will affect the services provided. The queue even happened to the waiting room of drug taking.

In one of the service polyurethanes BPJS must carry certain files to be served, if the delivery of information is evenly distributed then the patient will bring directly what is needed but if the delivery of information is uneven the patient must return to complete the files so the service can not done immediately and will affect the patient's satisfaction. While in general patients do not need to carry any file, they simply pay and will be served immediately on the spot. Based on the above description of the problem, the authors are interested in conducting a study entitled "The Relationship of Patient Satisfaction Users national health insurance card healthy Indonesia with quality health services at Health Center Waena Jayapura City".

II. MATERIALS AND METHODS

A. Types of Research

This research is an analytical descriptive research with cross-sectional approach, ie data collection is done simultaneously to know the correlation between the variables studied (Swarjana, 2013). This research is to know the influence of BPJS patient's satisfaction on the quality of service at Waena Health Center.

B. Location and Time of Study

The research was conducted at Waena Kota Jayapura Health Center and the time of the research was conducted in September 2017.

C. Population and Sample

1. Population

Population is a generalization area consisting of: objects / subjects that have certain qualities and characteristics set by the researchers to be studied and then drawn conclusions (Sugiyono, 2013). The population in this study is all patients who are registered as a participant of the National Health Insurance (JKN) BPJS who utilize outpatient services in Waena Puskesmas Jayapura. Based on data on patient visit at Waena Public Health Center from January to June 2017 there were 7668 patients with monthly average of 1278 patients.

2. Sample

The sample size in this study used time sampling with consecutive sampling technique, ie patients who came to visit at Waena Public Health Center in September 2017. Sampling was taken from JKN KIS participants who came to get outpatient service and willing to be respondents in the study. The research sample selection is based on the following criteria:

a. Inclusion Criteria

The inclusion criteria are the general characteristics of the research subject of an affordable target population and will be investigated (Sugiyono, 2013). The samples were chosen based on consideration of inclusion criteria as follows:

1) Outpatient patients participating JKN KIS (PBI and Non PBI).

2) Old patient / patient JKN who had previously come 3 times to perform outpatient services.

3) Willing to be a respondent.

4) Patients aged ≥18 years.

5) Patient can communicate well.

b. Exclusion Criteria

Exclusion criteria is to eliminate or exclude subjects who meet the inclusion criteria of the study for various reasons (Sugiyono, 2013). Exclusion criteria in sampling in this study are:

1) Not willing to be a respondent.

2) General patients and private insurance participants.

3) Patients aged ≤18 years.

4) Cannot read and write.

c. Multivariate Analysis

Multivariate analysis was conducted to see the relationship between independent variables and independent variables which have the greatest relation to the dependent variable. Multivariate analysis concepts simultaneously between several independent variables with one dependent variable. The statistical test used is multiple logistic regression test. The association size used was Odds Ratio (OR) then significance was assessed by using 95% CI and p value <0.05.

III. RESULTS AND DISCUSSION

3.1 Research Results

Based on the results of research that has been done to assess the perception of satisfaction in patients who get services in the laboratory Waena Puskesmas, respondents obtained as many as 86 respondents.

1. Respondent's characteristic

The data collection of respondent's characteristics include age, sex, education and occupation which can be seen in some table below.

a. Age

Table 1. Distribution of Respondents by Age at Waena Community Health Center in 2017

No	Usia	n	Persentase (%)
1	18–19 tahun	2	2,3
2	20–29 tahun	37	43
3	30–39 tahun	27	31,4
4	40–49 tahun	8	9,3
5	50–59 tahun	7	8,1
6	≥ 60 tahun	5	5,8
	Jumlah	86	100

Table 1 shows that most respondents aged 20-29 years old as many as 37 people (43%) and slightly aged 18-19 years as many as 2 people (2.3%).

b. Gender

Table 2. Distribution of Respondents by Sex at Waena Health Center 2017

No	Age	n	(%)
1	Male	50	58,1
2	Female	36	41,9
	Number	86	100

Table 2 shows that the majority of respondents are men as many as 50 people (58.1%) and women as many as 36 people (41.9%).

c. Education

Table 3. Distribution of Respondents by Education at Waena Health Center in 2017

No	Education	n	(%)
1	Not school	2	2,3
2	Basic school	4	4,7
3	Junior high school	11	12,8
4	Senior high school	42	48,8
5	Higher education	27	31,4
	Number	86	100

Table 3.shows that most of the respondents had high school education background of 42 people (48.8%) and few who did not go to school as many as 2 people (2.3%).

d. Work

Table 4.Distribution of Respondents Based on work at Waena Health Center in 2017

No	Work	n	(%)
1	Not work	35	40,7
2	Provate	33	38,4
3	State Civil Apparatus ASN	18	20,9
	Number	86	100

Table 4. shows that most respondents did not work as many as 35 people (40.7%) and slightly worked as State Civil Apparatus (ASN) as many as 18 people (20.9%).

2. Research Variables

a. Quality of Waena Puskesmas Service

Indicator of patient satisfaction that get service at Puskesmas Waena can be seen in Table 5.

Table 5. Distribution of Respondents Based on Service Satisfaction at Waena Health Center in 2017

No	Variables	Service quality					
		Not good		Good		Number	
		n	%	n	%	n	%
1	Technical competence	19	22,1	67	77,9	86	100
2	Access health service	21	24,4	65	75,6	86	100
3	Efectivity	29	33,7	57	66,3	86	100
4	Relation woth health staff	22	25,6	64	74,4	86	100
5	Efficience	20	23,3	66	76,7	86	100
6	Service sustainability	24	27,9	62	72,1	86	100
7	Safety	22	25,6	64	74,4	86	100
8	Comfortability	16	18,6	70	81,4	86	100

Table 5 shows that the patient's response to the quality of service at Waena Health Center based on eight aspects of bad service is highest on the assurance of 29 people (33.7%). While the good assessment of the highest quality of service on the continuity of service as much as 70 people (81.4%).

b. Patient Satisfaction In Service

Table 6. Distribution of Respondents Based on Service Satisfaction at Waena Health Center in 2017

No	Satisfaction	n	(%)
1	Not satisfy	36	41,9
2	Satisfy	50	58,1
	Number	86	100

Table 6 shows that of the 86 respondents most satisfied as many as 50 people (58.1%) and slightly dissatisfied as much as 36 people (41.9%).

c. Service Quality Relationship based on Technical Competence with Patient Satisfaction

Table 7. Relation of service quality based on technical competency with Patient Satisfaction JKN-KIS at Waena Health Center 2017

No	Technical comptency	Patient satisfaction					
		Not satisfaction		satisfaction		Number	
		n	%	n	%	n	%
1	Not good	12	63,2	7	36,8	19	100
2	Good	24	35,8	43	64,2	67	100
	Number	36	41,9	50	58,1	86	100
p-value = 0,062; RP: 1,763 (1,102–2,820)							

Table 7. shows that from 19 respondents who stated that service quality is not good based on technical competence as much as 7 people (36.8%) satisfied and as many as 12 people (63.2%). While from 67 respondents who stated good based on technical competence as much as 43 people (64.2%) satisfied and as many as 24 people (35.8%) satisfied. Chi square test results obtained p-value 0.062> α = 0.05 which means that there is no relationship of service quality based on technical competence with patient satisfaction JKN-KIS in service at Waena Health Center. When seen from the results of the

prevalence ratio test obtained RP value: 1.763 (1,102-2,820) showed that patients who stated the techniques was not good competence has a tendency 1,763 times not satisfied compared with someone who has good technical competence.

d. Service Quality Relations based on the Relation of Officers with Patient Satisfaction

Table 8. Relation of service quality based on Relation with officer with Patient Satisfaction JKN-KIS at Waena Health Center 2017

No	Relation with health staff	Patient satisfaction					
		Not satisfaction		satisfaction		Number	
		n	%	n	%	n	%
1	Not good	20	90,9	2	9,1	22	100
2	Good	16	25	48	75	64	100
	Jumlah	36	41,9	50	58,1	86	100
p-value = 0,000; RP: 3,636 (2,332–5,671)							

Table 8 shows that of 22 respondents who stated not good based on the relationship with service quality officers as much as 2 people (9.1%) satisfied and as many as 20 people (90.9%) not satisfied. Whereas from 64 respondents who stated good based on the relationship with service quality as much as 48 people (75%) satisfied and as many as 16 people (25%) are not satisfied. Chi-square test results obtained p-value 0,000 <α = 0.05 which means that there is a relationship of service quality based on the relationship of personnel with patient satisfaction JKN-KIS at Waena Health Center. The result of the prevalence ratio test was obtained by the value of RP: 3,636 (2,332-5,671) indicated that pasiarga stated the quality of service based on the relationship with the unfavorable officer was 3.636 times dissatisfied compared to someone with good relationship to the service quality.

g. Service Quality Relationship based on Efficiency with Patient Satisfaction

Table 9. Service quality relationship based on Efficiency with Patient Satisfaction JK N-KIS at Waena Health Center in 2017

No	Efficience	Patient satisfaction					
		Not satisfaction		satisfaction		Number	
		n	%	n	%	N	%
1	Not good	13	65	7	35	20	100
2	Good	23	34,8	43	65,2	66	100
	Jumlah	36	41,9	50	58,1	86	100
p-value = 0,033; RP: 1,865 (1,177–2,957)							

Table 9 shows that of 20 respondents who stated not good based on service quality efficiency as much as 7 people (35%) satisfied and as many as 13 people (65%) not satisfied. While from 66 respondents who stated not good based on the efficiency of service quality as much as 43 people (65.2%) satisfied and as many as 23 people (34.8%) not satisfied. Chi-square test results obtained p-value 0.033 <α = 0.05 which means that there is a relationship of service quality based on the efficiency of patient satisfaction JKN-KIS at Waena Health Center. The results of the prevalence ratio test obtained RP value: 1.865 (1.177-2,957) showed that patients who state the quality of service based on unfavorable efficiency has a tendency 1,865 times dissatisfied compared with someone who has a good efficiency of service quality.

IV. DISCUSSION

Patient's satisfaction on the quality of service of respondents most satisfied as much as 50 people (58,1%) and few dissatisfied counted 36 people (41,9%). Indicators of satisfaction in services in this study include technical competence, access to health services, effectiveness, relationships with officials, efficiency, continuity of service, security and comfort.

From the results of the assessment of patient satisfaction most states not good in service is the continuity of service (33.7%). While the good assessment of the highest quality of service on technical competence (77.9%) and comfort (81.4%). This indicates that comfort in the service is expected of patients in health services when ill.

Patient's satisfaction on the most patient service is satisfied with clear information when there is problem related to delay of inspection result (70%), referral if 63% can not be done and examination technology / equipment 69,3% . While the low satisfaction of respondents is the speed of acceptance of laboratory services (61.2%).

1. Relation of service quality based on Technical Competence with Patient Satisfaction

According to Bustami (2011), technical competence is in the form of skills, abilities and appearance of officers, managers and support staff, and how the officers follow established service standards in terms of compliance, accuracy, correctness, and consistency. This dimension is relevant for both clinical and non-clinical services. The lack of technical competence can vary from minor deviations to standard procedures to substantial errors and to service effectiveness.

According to Tjiptono (2007) in Reyhan (2013) the increasing needs and desires of patients in obtaining services not only required to provide a reliable medical staff but able to meet all expectations in providing services ranging from patients to register, administer the administration to meet the doctor not too long and also the examiner and the nurse was friendly enough. At the time of examination such as laboratory support, advanced equipment, radiology, until the drug taking in the pharmacy is also expected to run well and fast enough in every handler.

The result of the research shows that there is no correlation of service quality based on technical competence with patient satisfaction of JKN-KIS in service at Puskesmas Waena, where respondent who is not good based on technical competence 63,2% not satisfied to service quality while expressing not based on technical competence 35,8% Puskesmas not satisfied. The results of this study are in line with research conducted by Suharto (2013) in the laboratory of Parahita Diagnostic Center Jember branch, that reliability is a factor that is not related directly and meaningful to patient satisfaction.

2. Service Quality Relations Based on Access to Health Services with Patient Satisfaction

Access to service means that health services are not hindered by geographical, social and cultural circumstances, economic, organizational, or language barriers. Geographic access can be measured by the type of transportation, distance, travel time, and other physical barriers that may prevent customers from obtaining services. Social and cultural access is linked to the acceptability of health services by customers (patients) with regard to cultural values, beliefs, and behaviors. Economic access is related to capabilities that customers can afford. Organizational access deals with the extent to which healthcare organizations can guarantee and manage for customer convenience and order. Access to the language in the context of the service means that the customer can understand and understand clearly what the officer tells the customer (Bustami, 2011); (Mallongi. et.al., 2014, (Mallongi. et.al., 2017),

Service quality dimensions based on responsiveness are incorporated into the healthcare provider's ability to help customers and their readiness to serve according to procedures and meet customer expectations. This dimension is the most dynamic assessment of service quality. Customer expectations of the speed of service tend to increase over time in line with advances in technology and health information owned by customers (Munijaya, 2011 in Reyhan, 2013).

This research is in line with research conducted by Rahmawati (2014), that access to health services conducted by laboratory personnel is related to patient satisfaction as measured by response or alertness of the officer in assisting customers and provide fast and responsive service, that is speed of customer service officer in serving customer, medical officer (nurse and radiographer) fast and precise in serving customer and speed in to handle customer's complaint.

The highest satisfied patient responding to the responsiveness in most services is the uncomplicated service procedure, but complained of high alertness to the laboratory attendant to assist the patient. This is due to the fact that Waena Health Center service is limited with the number of laboratory officers as many as 4 people and the service is held from 8 am to 2 pm.

Lack of laboratory personnel and limited service time, so the laboratory staff at Waena Public Health Center have not been maximally felt by the patients in the service. In addition, short service times provide limited time, which impacts the lack of patients getting more information from laboratory results. From the results of the prevalence ratio test showed that patients who have access to health services is not good to the quality of service has a tendency of 1,970 times dissatisfied compared with someone who has access to good health services.

3. Relationship quality of service based on Effectiveness with Patient Satisfaction

Effective service if the guarantee given to the patient is not complicated, the ease for the patient to get the service and the guarantee of healing. The more effective the health service, the higher the quality of health services. Effectiveness (effectiveness), is a dimension of accuracy that will answer the question of whether the procedure or treatment, when applied properly, will give the desired results and whether the recommended treatment is a technology that most appropriate for the situation in that place (Azwar, 2013).

The patient's response about the effectiveness of the service at the highest Waena health center stated that there is a service flow. This service flow helps the patient in advanced examination or outcomes he has obtained for future care. While the low or less good response is the

accuracy of the results of laboratory tests, inspection errors that cause repetition of laboratory tests and equipment used in accordance with the conditions of the hospital.

Patients who expressed satisfaction on the effectiveness of the quality of service at Puskesmas Waena, more emphasis on healing, where respondents who stated the quality of service is not good based on effectiveness as much (62.1%) dissatisfied and satisfied (37.9%).

The success of puskesmas in providing quality services can be determined by service quality approach. Service Quality can be determined by comparing customer perceptions of the services they actually receive with the services they really expect. Quality of service is the main thing to be taken seriously by the company, which involves all resources owned by the company (Wijono, 2013).

Lack of number of service personnel can affect the service which is a high workload. Workload officers also greatly affect the performance. The lack of number of laboratory personnel as an analyst needs to be noticed by the management of the hospital in diagnosing the disease or examination to the patient, so the quality of the examination results can be guaranteed.

V. CONCLUSION

Based on the results of research, it can be concluded as follows

1. There is no correlation of service quality based on technical competence with patient satisfaction of JKN-KIS at Puskesmas Waena (p-value 0,062; RP: 1,763 1,102-2,820)

2. There is a relation of service quality based on access to health service with patient satisfaction of JKN-KIS at Puskesmas Waena (p-value 0,017; RP: 1,970 (1,250-3,104)

3. There is a relation of service quality based on effectiveness with patient satisfaction of JKN-KIS at Puskesmas Waena (p-value 0,013; RP: 1,966 (1,221-3,165).

4. There is a relation of service quality based on relation with officer with patient satisfaction of JKN-KIS at Puskesmas Waena (p-value 0,000; RP: 3,636 (2,332-5,671).

5. There is a relation of service quality based on efficiency with satisfaction of JKN-KIS patient at Waena Health Center (p-value 0,033; RP: 1,865 (1,177-2,957).

6. There is a relation of service quality based on effectiveness with patient satisfaction of JKN-KIS at Waena Health Center (p-value 0,002; RP: 2,311 (1,468-3,640).

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