



## Analysis of the Difference in Level of Satisfaction of BPJS and Non BPJS Patients with Outpatient Services at the Tanjung Public Health Center

Lalu Bahrudin

Program Studi Magister Administrasi Kesehatan, Universitas Qamarul Huda Badaruddin  
Bagu, Indonesia

Corresponding Author e-mail: [drlalubahrudin@gmail.com](mailto:drlalubahrudin@gmail.com)

Received: March 2022; Revised: March 2022; Published: April 2022

### Abstract

Health insurance is a guarantee in the health sector that is given to people who have paid contributions either by individuals or by the government. The issue that is developing in today's society is that there are complaints about the lack of quality health services to patients using health insurance cards or BPJS, especially services at the Puskesmas level. The purpose of this study was to determine the difference in the level of satisfaction of BPJS health patients and non BPJS patients with outpatient services at the Tanjung Nusa Tenggara Barat Health Center. The research method using a cross-sectional study was carried out on 32 patients using BPJS health and 32 non BPJS patients, the qualitative sample in this study used 10 informants selected according to research needs, 4 informants from patients, 4 informants from health workers on duty, 1 doctor, and 1 representative informant from the leadership of the Puskesmas. The statistical test used was Mann-Whitney. The results showed that there was no difference in the level of satisfaction of BPJS health patients and non BPJS patients in the outpatient services of the Tanjung Nusa Tenggara Barat Health Center ( $p = 0.215$ ;  $= 0.05$ ). Overall there is no difference in the level of satisfaction of BPJS and Non-BPJS patients. Researchers also suggest that people can use BPJS health services as one of their future health insurance. In addition, the service elements of responsiveness and tangibles should still be maximized.

**Keywords:** Satisfaction Level; BPJS: Services: Outpatient

**How to Cite:** Bahrudin, L. (2022). Analysis of the Difference in Level of Satisfaction of BPJS and Non BPJS Patients with Outpatient Services at the Tanjung Public Health Center. *Prisma Sains : Jurnal Pengkajian Ilmu dan Pembelajaran Matematika dan IPA IKIP Mataram*, 10(2), 262-277. doi:<https://doi.org/10.33394/j-ps.v10i2.4949>



<https://doi.org/10.33394/j-ps.v10i2.4949>

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## INTRODUCTION

The Government of the Republic of Indonesia has realized that health is the main asset in an effort to develop the nation. The government continues to make various efforts to improve the nation's health status, one of which is the health service program that underwent changes in the health financing system, as stated in Law no. 40 of 2004 concerning the National Health Insurance System (SJSN) which mandates compulsory social security for all Indonesian people. One of the programs from SJSN is the National Health Insurance (JKN) organized by the Social Security Administering Body (BPJS) (Kementerian Kesehatan RI, 2016). BPJS Health is a state-owned enterprise specially assigned by the government to provide health insurance for all Indonesian people (Kemenkes RI, 2018).

The database from BPJS Health shows that from January 1, 2017, to March 2019 BPJS participants have reached 193,276,235 people from 260,125,312 people or 71.2% of the total population of Indonesia. The total population of NTB as of April 2019 who have registered as members of the BPJS is 2,637,585 out of 4,547,561 people or 58.2% of the total (Kemenkes RI, 2018). The database from BPJS Kesehatan North Lombok shows that from January 1, 2017, to March 2019, BPJS participants have reached 114,353 people from 238,263 people or 47.9% of the total population.

The National Health Insurance Program organized by BPJS Kesehatan will certainly run optimally if it is in line with the good quality of health services provided by health service providers. Improving the quality of health services is always a priority. One of the indicators of service is whether the services provided provide satisfaction to patients or not. Patients as users of health services demand services that are in accordance with their rights, namely quality services. Patients will complain if the service they feel does not provide a satisfaction value for themselves (Nursalam, 2015a).

The issue that is developing in society today is that there are complaints about the lack of quality health services to patients using health insurance cards or BPJS, especially services at the Puskesmas level which are judged by the level of satisfaction of patients using BPJS which tends to be lower because (Awalinda et al., 2019) Keeley et al. (2016) describes satisfaction as a person's level of feeling after comparing performance or perceived results with expectations. Meanwhile, according to (Parasuraman et al., 1988) if the performance is below expectations, the customer will feel disappointed. If the performance matches expectations, the customer will be satisfied. Meanwhile, according to (Ellina et al., 2019a) if the performance exceeds the expectations the customer will be very satisfied. Customer expectations can be shaped by past experiences, comments from relatives, as well as promises and information in the mass media.

Some researchers show that of the 64 BPJS patients there are only 56.2% who are satisfied with the quality of service at the ENT Poly Dr. Naval Hospital Surabaya Ramelan (Ningrum, 2014). (Jubaidah et al., 2021) stated that 83.75% of patients with BPJS were satisfied with outpatient services as seen from the Reliability and Assurance indicators. (Susanti & Palapessy, 2021) in their research states that there is a significant difference between the quality of health services for the BPJS and Non BPJS respondent groups ( $\text{sig} = 0.000$ ) and there is a significant difference between inpatient satisfaction in the BPJS and Non BPJS respondent groups ( $\text{sig} = 0.000$ ). The presence of health workers in health services is a key position, as evidenced by the fact that 40-60% of hospital services are health care workers. (Ganasegeran et al., 2015). The research conducted (Dewi & Ramadhan, 2016) showed different results, namely there was no significant difference in satisfaction between BPJS Health Patients and Non-Insured Patients with regard to health services at the State General Hospital.

A preliminary study conducted by researchers in July 2019 by interviewing 10 patients conducted at the Tanjung Health Center showed that out of 10 people, 6 people said that the quality of service they received tended to decrease when they used the BPJS card, while 4 others said that the service quality received did not differ from the general patient. This situation certainly has very significant implications in terms of health services, moreover this satisfaction measure is one indicator of the quality of health services from the perspective of service users (patients). However, to be able to make the right decisions, valid data and analysis are needed. This preliminary study is only an initial picture that cannot be used as a basis for decision making.

On the basis of these considerations, it is necessary to study the satisfaction of outpatient BPJS health patients and non BPJS patients by providing an in-depth analysis that includes a comparative analysis of the two groups and their implications for health care programs at the Tanjung Nusa Tenggara Barat Health Center. BPJS patients are patients who use the National Health Insurance organized by BPJS, while non-BPJS patients are patients who seek treatment at their own expense, or commonly referred to as general patients. This study will be able to answer the issue of variations in the quality of patient care based on insurance memberships in the community. This study aims to analyze the differences in the level of satisfaction of BPJS health patients and non BPJS patients with outpatient health services at the Tanjung Nusa Tenggara Barat Health Center.

## METHOD

This research is a research *mixed methods*. This approach is carried out to answer research questions that cannot be fully answered by one approach (Tegan, 2021). The quantitative method in this study uses a *Cross Sectional approach*. The quantitative approach was carried out by questionnaires to respondents aimed at identifying service expectations and the reality received based on patient perceptions, identifying BPJS and non-BPJS patient satisfaction and analyzing the difference in satisfaction levels between BPJS health patients and non BPJS patients at the Tanjung Nusa Tenggara Barat Health Center. The qualitative approach is carried out by *in-depth interviews* using interview guidelines which aim to dig deeper into the experience of using services and to analyze the construction of the concept of quality health services based on the patient's perspective.

The population in this study were all BPJS and non BPJS patients at the Tanjung Health Center, West Nusa Tenggara in June 2021. While the sample in this study was some BPJS and non BPJS patients at Tanjung Health Center, West Nusa Tenggara. Determination of the sample size in this study using *software G-Power* with *statistical test: difference between independent means*. Using 5% error degree and 95% power. Determination of the assumed value of the *mean* and standard deviation refers to previous research (Heaslip, 2015), namely the *mean patient satisfaction* has an assumption value 7.19 and *SD* of 4.12. The measurement of the sample size using *the G-Power software* resulted in a sample size of 32 respondents in each group. So the sample in this study were 32 patients using BPJS health and 32 non BPJS patients. While the qualitative sample in this study used selected informants according to research needs. The total number of informants is 10 people, namely 4 informants from patients, 4 informants from health workers on duty, 1 doctor, and 1 representative informant from the leadership of the Puskesmas.

The sampling technique in this study uses *Simple Random Sampling*, where the researcher selects respondents according to the research needs according to the sample criteria as follows:

1. Inclusion criteria ( Patients who have visited the Tanjung Health Center in the last 1 week, Patients who have visited more than 3 times to Tanjung Health Center, and Early adult patients to late elderly (age category according to the Indonesian Ministry of Health in 2009),
2. Exclusion criteria ( Patients with acute complications, Patients with cognitive impairment and Patients with addresses outside the working area of Tanjung Puskesmas ). The instrument used to collect patient satisfaction data is a patient satisfaction questionnaire.

The instrument has been declared valid which consists of 20 items with indicators 1) *Reliability*, 2) *Assurance*, 3) *Tangibles*, 4) *Empathy*, and 5) *Responsiveness*. The instrument used has been declared valid because the calculated *r* value exceeds the *r* table value (0.361) and the average instrument reliability is 0.940 or Cronbach's Alpha coefficient ( $\alpha > 0.6$ ), so that all variables in this instrument are said to be reliable (Isnindar et al., 2013).

Qualitative data, measurements are carried out by conducting in-depth interviews with patients or informants who represent patients, doctors or nurses on duty and representatives of Puskesmas leaders using interview guidelines. The in-depth interview activities were recorded using a tape recorder, then the results of the recording were transcribed in verbatim form. Data analysis in this study was carried out by univariate analysis and bivariate analysis, following data analysis in this study:

Contains the characteristics of respondents that are used for consideration by researchers in assessing the characteristics of respondents. The data will be analyzed by the percentage formula as follows:

$$p = \frac{\sum f}{N} \times 100\%$$

Information:

- p : Percentage (%)
- $\sum f$  : Frequency
- N : Total population

Descriptive Analysis , this analysis aims to describe the characteristics of each research variable. The data will be presented with a table on each *variable* so that the distribution distribution of the results of the respondent's data will be illustrated. These data, among others, describe the distribution of outpatient service status and patient satisfaction variables.

Quantitative and Qualitative Data Analysis . Analysis of the quantitative data used in this study is an *independent t test* with a degree of error of 5%, if the p value obtained is more than 0.05, it means that there is no difference in the level of satisfaction between BPJS and non BPJS outpatients. The *independent t test* was used because the satisfaction variable in this study had an interval scale. If the data obtained in this study are not normally distributed and not homogeneous (does not meet the assumptions of the parametric test), then the data analysis is carried out using the *Mann-Whitney test*. Meanwhile, the qualitative data analysis is as follows: qualitative data obtained from data *reduction, display data and conclusion drawing/verification* . Data reduction is the process of selecting, focusing on simplifying, abstracting and transforming rough data that emerges from written notes in the field. This process continued throughout this research. After analyzing the data, then proceed with the validity of the qualitative data by means of triangulation. Triangulation in this study is to compare information from one informant to another so that the information obtained is correct.

**RESULTS AND DISCUSSION**

This section presents data on the satisfaction of BPJS patients and non BPJS patients at the Tanjung NTB Health Center. The level of satisfaction was measured using twenty questions contained in the patient satisfaction questionnaire . The research data obtained are in the form of quantitative and qualitative data, while the results of the analysis are presented as follows.

**Quantitative analysis results**

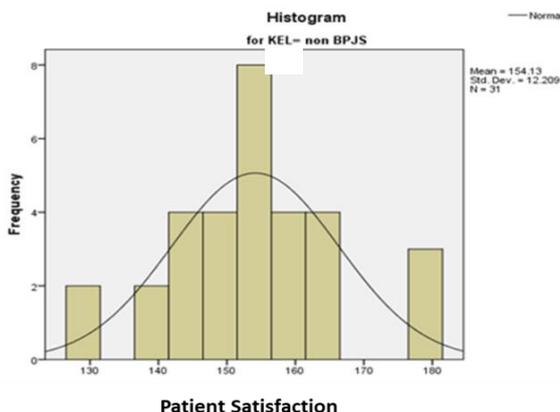
**BPJS patient group**

Cumulatively, the average satisfaction score tends to be high and is in the third quartile. The complete results are presented in the following table:

**Table 1.** Distribution of BPJS Patient Satisfaction at Tanjung Health Center in January 2021

Data	mean	SD	Min	Max
BPJS Patient Satisfaction	150.47	10.95	133	180

The table above shows that the mean value of BPJS patient satisfaction is 150.47 from a total score range of 133-180. The distribution of satisfaction scores for the non-BPJS group can be seen in the following figure :



**Figure 1.** Distribution of Patient Satisfaction Scores in the BPJS group.

The diagram shows that the distribution of data for this group is in the form of a normal distribution curve . To be able to see the details of each aspect of patient satisfaction, the following is a descriptive statistical table for each aspect as follows:

**Table 2.** Distribution of Frequency Based on Service Quality Indicators for BPJS Patients at Tanjung Health Center in January 2021

Data	mean	median	SD	mode
Reliability	31.06	32	3.69	32
Assurance	31	30	2.51	30
Tangibles	30,28	30	3.89	28
Empathy	29	30	3.99	33
Responsiveness	29	29	3.23	28

The table shows that the average satisfaction score in all aspects is fairly even with a score range of 29 to 31.06. The satisfaction score on the *Assurance aspect* is quite homogeneous with a standard deviation of only 2.52 and the median and mode values are the same. This shows that for the assurance aspect, the patient is consistent in scoring. With a fairly high mean score, this indicates that this aspect is quite good. The pattern is the same in the *reliability aspect* , although with a standard deviation slightly larger than the standard deviation in the *assurance aspect* .

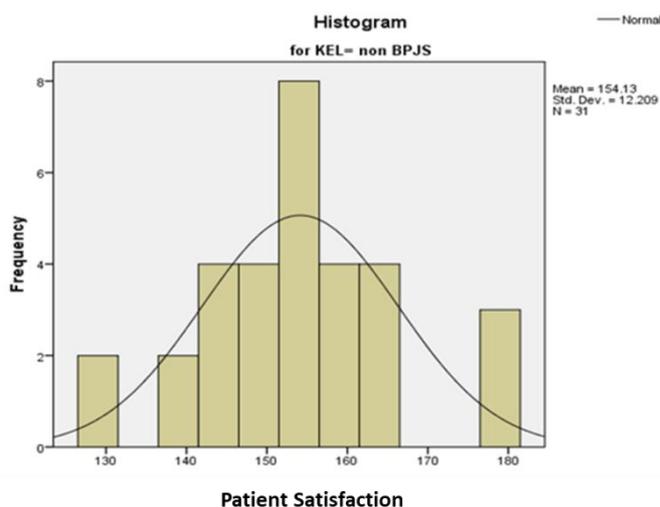
**Non BPJS patient group**

Cumulatively, the average satisfaction score tends to be high and is in the third quartile. The complete results are presented in the following table:

**Table 3.** Distribution of Non-BPJS Patient Satisfaction at Tanjung Health Center in January 2021

Data	mean	SD	Min	Max
Non BPJS Patient Satisfaction	154.31	12.05	129	179

The Table 3 shows that the mean value of non-BPJS patient satisfaction is 154.32 from a total score range of 20-200, the minimum score is 129, and the maximum score is 179. The distribution of satisfaction scores for the non-BPJS group can be seen in the following figure



**Figure 2** Distribution of Patient Satisfaction Scores in the non BPJS group

From the Figure 2, it can be seen that the distribution of data for this group is in the form of a normal distribution curve . To be able to see the details of each aspect of patient satisfaction, the following is a descriptive statistical table for each aspect as follows.

**Table 4.** Frequency Distribution Based on Service Quality Indicators for Non BPJS Patients at Tanjung Health Center in January 2021.

Data	mean	median	SD	mode
Reliability	31	32	3.49	30
Assurance	31.03	30	2.54	30
Tangibles	30,16	30	2,97	28
Empathy	31,52	32	3,12	30
Responsiveness	30,42	30	3,64	30

The table shows that the average satisfaction score in all aspects is fairly even with a score range of 30.16 to 31.52. The satisfaction score on the *Assurance aspect* is quite homogeneous with a standard deviation of only 2.54 and the median and mode values are the same. This shows that for the assurance aspect, the patient is consistent in scoring. With a fairly high mean score, this indicates that this aspect is quite good. The pattern is the same in the *tangibles aspect*, although the standard deviation is slightly larger than the standard deviation in the *assurance aspect*, which is 2.97.

#### **Ratio BPJS and non BPJS patient satisfaction levels**

This section presents a comparison of the level of satisfaction between BPJS and non BPJS patients obtained through the results of the statistical *independent t test*.

**Table 5** Differences in BPJS and Non BPJS Patient Satisfaction Levels at Tanjung Health Center in January 2021.

Data	mean	SD	p- value
BPJS Patient Satisfaction	150.47	10.95	0.215
Non BPJS Patient Satisfaction	154.31	12.05	

Based on the statistical test using the *independent t test*, it showed a p - value of 0.215 ( $p > 0.05$ ), this value means that there is no significant difference in the level of satisfaction between BPJS patients and non-BPJS patients.

**Table 6.** The difference in the level of satisfaction of BPJS and non BPJS patients at the Tanjung Health Center in January 2021 in terms of satisfaction indicators .

Indicator	Group				P-Value
	BPJS (n=32)		non BPJS (n=32)		
	mean	SD	mean	SD	
Reliability	31.06	3.69	31	3,49	0,677
Assurance	31	2,51	31,03	2,54	0,854
Tangibles	30,28	3,89	30,16	2,97	0,233
Empathy	29	3,99	31,52	3,12	0,083
Responsiveness	29	3,23	30,42	3,64	0,773

Based on statistical tests using *independent t tests* for each aspect of quality measurement, it shows that all p - values  $> 0.05$ , this value means that there is no significant difference in the level of satisfaction between BPJS patients and non BPJS patients on each indicator. satisfaction.

#### **Qualitative data analysis results**

To realize good service delivery and be able to meet service quality indicators for patients, it is necessary to have the responsibility of a service provider in carrying out their duties and functions. The quality of this service is related to how the service to the patient is based on the duties, functions and applicable policies so as to produce good service and in accordance with what is expected by the patient. This study tries to reveal quantitatively and qualitatively the aspects of patient satisfaction with BPJS and non-BPJS because quantitative

analysis alone cannot provide a comprehensive picture of problems in service, especially when viewed from the patient's perspective. To complete the analysis of this study, the results of a qualitative analysis on each aspect of patient satisfaction are presented as follows:

### **Reliability**

Reliability or the reliability of the officers at the Tanjung Health Center to provide services as promised, services are carried out accurately and reliably. The services provided are in accordance with customer expectations. The services received by patients at the Tanjung Public Health Center are quite appreciated by the patients. They can feel that the service efforts provided by the officers meet their expectations in terms of the hospitality of the officers and the existence of therapeutic communication that has a positive impact on the patient's inner mood. This can be seen from the quote of one participant as follows:

"...the service provided by the officers is good and the officers have tried their best to provide good service in a polite and friendly manner, the health workers here explained the risks of the action and the treatment plan to me as a patient. ...so that I feel comfortable and safe when I go to the Tanjung Health Center... (Patient 1).

Patient satisfaction is something that is subjective, therefore several different points of view are needed to make satisfaction itself more objective. The statement from the patient above confirms the information regarding the claim of the Puskesmas doctor stating that the service is quite good as in the following statement:

"...Regarding the service provided, I would say good and maximum, because after all this is also subjective. (health center doctor)

Because the number of people served is quite large when viewed from the number of visits that ranges from 74.5% and service officers also consist of several people, the achievement of service standards for each officer and at different times may fluctuate. There are times when patients can feel these fluctuations where there are times when the service received is felt to be less than optimal. Some informants still complain about the services they receive from the hospital, including the following:

"... in my opinion the service is lacking here. It's just like that, our name is treatment, so pay attention to our emotions." (Patient 2)

This quote shows the patient's expectations, especially from the psychological side of the patient, which have not been fulfilled by certain officers.

"...I haven't served patients to the maximum, because it depends on the case... if patients who have repeated visits have only been given a little attention, for patients who have one visit, it's just the same." (Officer 2)

Not only from the reliability (reliability) in serving patients, there are also several complaints regarding the length of service in the administration and medical records, as follows:

"In the registration section, the wait was a bit long because I saw that there were only 2 people there..." (Patient 3)

This comment is corroborated by statements from other patients as follows:

"...good service, just took a long time to be called and checked..." (Patient 4)

After triangulation was carried out, the same opinion was obtained from the perspective of health workers as in the following quote:

"...sometimes it takes a long time to get medical records, not to mention the queues, sometimes patients come in the morning but the staff is not on standby, let alone only 2 officers there..." (Officer 3)

Regarding this matter, the health center is looking for efforts to reduce waiting time and difficulties in the medical record section, following are the results of an interview with the head of the Puskesmas:

“...to increase satisfaction on the front line, we have added personnel, such as those in the medical records department so that the waiting time is not long. We also added officers to pick up medical records...” (Head of puskesmas)

From the results of the *interview* above, it can be seen that the lack of attention from health workers to the emotionality of patients who come to visit, this is in line with the statement from the officer who stated that patients with one visit did not get more attention, while according to the hospital leadership, they considered this to be the case. subjective. Complaints about the length of registration and administration were also submitted by patients and the doctors and nurses on duty, the lack of human resources was the reason why there were long waiting complaints. Therefore, the puskesmas leadership took a stand by adding personnel to the front line, in order to reduce the long waiting time.

### **Responsiveness**

This dimension is about responsiveness to how the attitude of officers or doctors towards patients, whether the Tanjung Puskesmas is fast in handling patients and able to show the best attitude to patients who come. Here are some excerpts from interviews regarding responsiveness to informants to realize good service quality:

"Alhamdulillah, so far, the mother has been responsive, all of her complaints have been heard..." (Patient 4)

“...good at serving, but the officers didn't directly handle me. We should be quicker and more responsive in dealing with patients who come so we don't have to wait too long.” (Patient 1)

This statement from the patient is also in line with the statement from the health worker himself which states as follows:

"...patient complaints can be heard, take anamnesis. The treatment is carried out according to the patient's needs, if there are other conditions that must be treated, I will recall them." (Officer 1)

On the other hand, puskesmas doctors highlight the limitations of facilities related to responsiveness as follows:

“...the means to channel patient complaints so far don't exist, maybe because we haven't noticed until there...” (Puskesmas Doctor)

Not only complaining about responsiveness, some informants also complained about long waiting times, as follows:

“...I've come twice before I was done, before I was passed around without clarity... if it's time that I can no longer serve then don't say I can serve, it's better to tell the truth.” (Patient 2)

The statement from the patient is also in line with the statement from the health worker which states as follows:

"Time to work does take a long time, like KIA services, with a unit like that, the patient must be waiting." (Officer 3)

Other officers also have the same opinion, it can be seen from the statement below:

“...what makes it long is the waiting for the doctor, because sometimes they don't *stand by* . But if it's *on time*, it's *definitely efficient* .” (Officer 2)

The puskesmas leadership also has a statement that is not much different, namely as follows:

"..most of the patients here are disappointed in the waiting time, okay..." (Head of Health Center)

From the results of the interview above, it can be seen that the complaints felt by the patient regarding the responsiveness of the officers in providing more service during the waiting time for treatment and the clarity of the treatment to be undertaken. This is due to the fact that treatment takes a long time (MCH for example), because most of the treatment given is action.

### **Assurance**

This dimension is about guaranteeing how the ability of the officers and the puskesmas in creating trust and confidence in patients through the knowledge of doctors and other health workers, skills, courtesy in serving, and respecting the feelings of patients who come for treatment at the Tanjung Health Center. In this case, the authors conducted interviews with the Head of the Puskesmas, doctors and health workers on duty, and patients to see whether the guarantees provided by the puskesmas were satisfactory or not.

"The security guarantee that we provide is the existence of a registration certificate from doctors, nurses, midwives, pharmacists, and other health workers that we have..." (Head of Puskesmas)

"...it's safe, they do everything in consultation with doctors who are already great in their fields. There is also supervision from the head of the puskesmas so it must be safe for someone to back up..." (Patient 3)

However, some informants still complained about the skills of the nurses on duty, as follows:

"...maybe I'm new, so I'm a bit rude... I have to open my mouth for a long time, I'm getting tired... I'm not experienced enough, if my competence is good, I can explain all my questions well." (Patient 1)

After triangulation, the same opinion was obtained from the perspective of other patients, as in the following quote:

"... he's also hard to explain. You have to ask a friend first, Pole is a bit dubious, can this kid think it's a pole...it's been a long time..." (Patient 2)

Health workers respond to this from their individual perspective, as in the following quote:

"If skills are more individual, yes..." (Officer 4)

Almost the same opinion was obtained from the perspective of the puskesmas leadership, as in the following quote:

"...we are called a small puskesmas, most of the doctors and nurses are young, if you say complaints about lack of skills, there must be a name that they are young and lack flight time...but what must be emphasized is that the final result of the treatment that the patient gets is standard that has been determined, and we guarantee it.. So you don't have to be afraid, and you have to be more patient..." (Head of Puskesmas)

From the results of the interview above, it is known that patient complaints regarding the lack of skills and knowledge of the health workers on duty cause patients to feel less safe in carrying out treatment, where knowledge is the initial capital in carrying out treatment. However, the management of the puskesmas guarantees that the results of the care received by patients are still up to standard, it just takes a longer time. Regarding competence, various programs have been given such as lab skills during lectures and during competency tests, so that the officers on duty should master the knowledge learned.

### **Empathy**

This dimension is about empathy about the ability or willingness of health workers on duty at the Tanjung Health Center in giving attention and care to patients, whether all of it has satisfied the patient or not. To find out, the researcher conducted interviews with predetermined informants.

"All officers, nurses and doctors who work here are very friendly and very kind, they understand my needs." (Patient 3)

"... all smile, understand your mother's condition. Polite and kind. I feel better after treatment here." (Patient 4)

"...the level of patient satisfaction with the staff's attitude is closely related to the patient's perceived treatment outcomes. With the polite and friendly attitude given by

the officers, patients feel comfortable and safe to undergo the treatment process.” (Head of Health Center)

This is in accordance with the results of the questionnaire calculation which shows a high mean value on the *empathy parameter*, but some informants still complain about the attention of the doctor on duty, as follows:

"The doctor's attention is enough for my complaint, it's just that it's just that, he should pay more attention to the patient's emotional ...” (Patient 1)

After triangulation was carried out, almost the same opinion was obtained from the perspective of health workers, as in the following quote:

“...some of my patients take good care of...” (Officer 1)

However, there are slightly different opinions from other health workers, as in the following quote:

"... just pay attention to the patient, unless I know the patient ..” (Officer 2)

Other health workers have almost the same view, as in the following quote:

"Attention must be paid, especially with elderly patients or high risk patients...” (Officer 4)

Almost the same opinion was obtained from the perspective of the puskesmas leadership, as in the following quote:

"... Empathy is actually back to the officers, but from the beginning we have taught about the communication relationship between doctor-patient and nurse-patient with a code of ethics, if he does what he can well, this can definitely be achieved. nurse and the doctor as care givers.” (Head of Health Center)

From the results of the interview above, it can be seen that the patient was satisfied with the courtesy and friendliness of the health workers at the Tanjung Health Center, the officers were kind and could understand the patient's needs, the patient felt better after treatment at the Tanjung Health Center. This is in accordance with the statement of the head of the puskesmas that the attitude of the officers and the results of the treatment perceived by the patient are closely related to satisfaction.

### **Tangibles**

This dimension includes how the facilities that can be seen in the puskesmas provide services in order to provide satisfaction to patients. This indicator is a form of tangible evidence of what is in the puskesmas, regarding adequate facilities to provide the best for patients so that these patients are satisfied with what they get. To find out, the researchers conducted interviews with the Head of the Puskesmas, doctors and health workers on duty, as well as patients who came to the Tanjung Puskesmas to seek treatment.

“...it's been satisfactory, ultrasound is available, the seats are good and there are lots of them here. The parking lot is also spacious. If the doctors and nurses are neat here, clean. The room is also clean, there is no trash scattered or smells like that and nothing...” (Patient 1)

The statement is appropriate and in line with the perceptions of other patients, as in the following quote:

“...that's good. The problem is that the poles don't know what the standards are, but this is very comfortable if the facilities are...” (Patient 2)

Other patients also have opinions that are not much different, as in the following quote:

"It's been very steady, everyone is here. It's just that the toilet is far if you want to go to the toilet.” (Patient 3)

However, several informants from the dentist on duty still complained about the facilities and infrastructure at the Tanjung Puskesmas, as follows:

"The facilities are still lacking, like the dental unit, there are some that don't work. Then there is not enough room to accommodate us here. Especially when it comes to toilets, we only have two toilets, so join the patients. Yes, if it's clean, it's not...” (Officer 3)

“Good... at least there have been improvements from the beginning. It's just neater...it's a toilet problem if you just clean it in the morning..” (Officer 4)

From the results of the interview above, it can be seen that the patient is satisfied with the available facilities, such as ultrasound, lots of waiting chairs. The neat and clean appearance of the staff and hospital is also a positive value for the patient for the puskesmas. This is because patients do not know good health center standards. Several officers complained about the lack of availability of toilets, as well as many dental units that still cannot function optimally, but there have been many improvements over the years.

The results showed that the mean value of BPJS patient satisfaction is 150.47 out of a total score range of 20-200, the minimum score is 133, and the maximum value is 180. These results illustrate that this study found that the average level of satisfaction of BPJS patients at Tanjung Puskesmas outpatient services was good at 83.6% of the maximum value.

*Reliability* is the ability of officers to provide services as promised accurately and reliably. To be in accordance with customer expectations means timely performance, error-free service, sympathetic attitude and with high accuracy. Nursalam (2013) states that the core of reliability service is that every employee has reliable capabilities, knows the ins and outs of work procedures, work mechanisms and corrects deficiencies or irregularities that are not in accordance with work procedures and is able to show, direct, and provide correct direction to each employee. forms of service that the public does not understand. Meanwhile, *responsiveness* is a willingness of officers to help and provide fast (*responsive*) and appropriate service to customers, and with clear information delivery. Nursalam (2013) said that the quality of responsiveness services is a form of service in providing explanations, so that people who are given responsive services and respond to services received, so that an element of responsiveness is needed.

In the assessment of BPJS patients, the reliability or reliability of the officers is the most valued aspect where the average score given reaches 80% of the maximum score and is the highest average value of other aspects. This fact shows that puskesmas officers are reliable in providing services, especially for the BPJS patient group. According to (Ellina et al., 2019b) the reliability of health workers has the largest portion in increasing patient satisfaction.

The fact that puskesmas officers are considered reliable by patients is also found in the results of qualitative research such as “...the service provided by the officers is good and the officers have tried their best to provide good service in a polite and friendly manner, the health workers here explain the risks of action and treatment plans to the public. me as a patient. ....so that I feel comfortable and safe when I go to the Tanjung Health Center...” (Patient 1). While responsiveness has the lowest mean value of 29.13. However, even this average result is still quite high, namely 72.8% compared to the maximum value. These results also show that in the perception of BPJS patients, puskesmas officers are quite responsive. Research shows that this responsive aspect is quite important. According to (Ellina et al., 2019b) *responsiveness* has an important role in increasing patient satisfaction.

Judging from the results of the questionnaire calculation, the highest level of satisfaction for BPJS patients is in the *reliability parameter* or the reliability of health workers. The core of service reliability or reliability is that every employee has reliable capabilities, knows the ins and outs of work procedures, work mechanisms and corrects deficiencies or irregularities that are not in accordance with work procedures and is able to show, direct, and provide correct direction to every form of service provided. not understood by society. While the value of the lowest BPJS patient satisfaction level is on the responsiveness meter *or* responsiveness. From the results of the interview, it can be seen that the complaints felt by the patient regarding the responsiveness of the officers in providing more service during the waiting time for treatment and the clarity of the treatment to be undertaken. This is due to the fact that treatment takes a long time (MCH for example), because most of the treatment given is action.

According to Calong and Soriano (2018) there is no definite definition of satisfaction because according to some experts, satisfaction is an abstract thing to know. Satisfaction is a customer response to matters relating to the suitability of the results with the specifications offered. Satisfaction is the result of the evaluation obtained by the customer. Satisfaction is the result of a positive evaluation, meaning that it is in accordance with what is desired or even exceeds what is expected, while a sense of dissatisfaction occurs if the results received are below customer expectations (Alasad et al., 2015). Satisfaction itself is a happy perception from customers of a product quality because the product is in accordance with their wishes (Freitas et al., 2014).

Client satisfaction as users of health services can be used as an indicator to assess whether the services at the Tanjung Health Center are good. A high level of satisfaction from clients indicates that the quality of service from the Tanjung Health Center is of high quality. This is important for the puskesmas to pay attention to, because if the client is satisfied they will tend to carry out and comply with medical orders or recommendations for their treatment plan. This of course will have an impact on the healing process of the client itself, besides that automatically public trust in the government about health will increase and ultimately the health status of the community will also increase. This good level of satisfaction is caused by the performance of quality management at the research site which has been running comprehensively and under control.

Mean value of non BPJS patient satisfaction is 154.32, the minimum value is 129, and the maximum value is 179. These results illustrate that this study found that the average level of satisfaction of non-BPJS patients in the outpatient services of the Tanjung Health Center was good, namely 86.2% of the maximum value. In the non-BPJS patient group, empathy or care for officers had the highest mean value of 31.52 (78.8% of the maximum value), while the *tangibles indicator* had the lowest mean value of 30.16 (75.4% of the maximum value).

Judging from the results of the questionnaire calculation, the highest level of satisfaction for non-BPJS patients is in the *empathy parameter* or the care/attention of health workers. While the value of the lowest level of non-BPJS patient satisfaction is in the *tangibles* or physical evidence. From the results of the interview, it can be seen that the patient is satisfied with the courtesy and friendliness of the health workers at the Tanjung Health Center, the staff is good and can understand the patient's needs, the patient feels better after treatment at the Tanjung Health Center. This is in accordance with the statement of the head of the puskesmas that the attitude of the officers and the results of the treatment perceived by the patient are closely related to satisfaction. While the tangibles parameter can be seen that the patient is satisfied with the available facilities, such as ultrasound, a lot of waiting chairs. The neat and clean appearance of the staff and hospital is also a positive value for the patient for the puskesmas. This is because patients do not know good health center standards. Some patients complained about the lack of availability of toilets and toilet cleanliness, as well as other facilities such as internet facilities, which were still not functioning optimally.

*Empathy*, namely giving sincere and individual or personal attention given to customers by trying to understand consumer desires where officers are expected to have an understanding and knowledge of customers, understand specific customer needs, and have a comfortable operating time for customers. (Nursalam, 2015b) argues that empathy in a service is the presence of a concern, seriousness, sympathy, understanding and involvement of parties with an interest in services to develop and carry out service activities according to the level of understanding and understanding of each of these parties. (Nugraheni & Kirana, 2018) the quality of inpatient services at RS X Kediri is positively correlated with the level of patient satisfaction on the empathy variable.

While *tangibles* or physical evidence is the ability of officers to show their existence to external parties. The appearance and capabilities of physical facilities and infrastructure and the state of the surrounding environment are tangible evidence of the services provided by the

service provider. This includes physical facilities (buildings, rooms, etc.), technology (equipment and equipment used). (Nursalam, 2015b) states that the quality of service in the form of physical conditions is a real quality that gives appreciation and forms a positive image for each individual served and becomes an assessment in determining the ability of service developers who take advantage of all abilities to be seen physically, both using tools and equipment, and service equipment, the ability to innovate and adopt technology, and show a display performance that is capable, authoritative and has high integrity as a form of work performance that receives services (Nursalam, 2017) .

The high level of satisfaction obtained in this study can be caused by several factors, one of which is health services that have been running in a comprehensive and controlled manner. The main factor that causes the high level of satisfaction is the quality of services provided by health service providers to clients, so that they can produce the services expected by patients (Firdaus & Atmaja, 2015). As users of health services, of course, people expect good health services. The level of client satisfaction with health services is an important factor for developing a service delivery system that minimizes costs and time and maximizes the impact of services on patients (Ulinuha, 2014). High satisfaction will show the success of the hospital in providing quality health services, and vice versa (Firdaus & Atmaja, 2015).

The researcher argues that the level of client satisfaction with service quality is the main factor to improve a health care system that is responsive to client complaints and client complaints. 150.47 and the mean/mean value of non-BPJS patient satisfaction is 154.32. Based on the statistical test using the *independent t test* , it showed a *p - value* of 0.215 ( $p > 0.05$ ), this value means that there is no significant difference in the level of satisfaction between BPJS patients and non-BPJS patients.

Parameter reliability can be seen that the lack of attention from health workers to the emotions of patients who come to visit, this is in line with statements from officers who stated that patients with one visit did not get more attention, whereas according to the hospital leadership, this was subjective. Complaints about the length of registration and administration were also submitted by patients and the doctors and nurses on duty, the lack of human resources was the reason why there were long waiting complaints. Therefore, the puskesmas leadership took a stand by adding personnel to the front line, in order to reduce the long waiting time.

Parameters of responsiveness From the results of the interviews above, it can be seen that the complaints felt by the patients regarding the responsiveness of the officers in providing more service during the waiting time for treatment and the clarity of the treatment to be undertaken. This is due to the fact that the treatment process takes a long time (for example, MCH), because the treatment given is mostly surgical assurance parameter is that it is known that patient complaints regarding the lack of skills and knowledge of the health workers on duty cause patients to feel less safe in carrying out treatment, where knowledge is the initial capital in carrying out treatment. However, the management of the puskesmas guarantees that the results of the care received by patients are still up to standard, it just takes a longer time. Regarding competence, various programs have been given such as lab skills during lectures and during competency tests, so that the officers on duty should master the knowledge learned.

Empathy parameter *can* be seen that the patient is satisfied with the courtesy and friendliness of the health workers at the Tanjung Health Center, the staff is good and can understand the patient's needs, the patient feels better after treatment at the Tanjung Health Center. This is in accordance with the statement of the head of the puskesmas that the attitude of the officers and the results of the treatment perceived by the patient are closely related to satisfaction.

Tangible parameters *can* be seen that the patient said he was satisfied with the available facilities, such as ultrasound, a lot of waiting chairs. The neat and clean appearance of the staff and hospital is also a positive value for the patient for the puskesmas. This is because

patients do not know good health center standards. Several officers complained about the lack of availability of toilets, as well as many dental units that still cannot function optimally, but there have been many improvements over the years.

Patient satisfaction is the result of the quality of services provided by the puskesmas. The value of satisfaction itself is subjective, can change and there are many factors that influence it, therefore this study uses a *mixed method* which aims to further explore the subjective element of satisfaction itself. Then so that satisfaction can be seen from the objective element, it takes the opinion of quite a lot of the same people. Thus the satisfaction is objective (Bacha et al., 2015). Therefore, the satisfaction data of this study was taken from many people so it is hoped that the data collected is objective. Many factors affect the level of patient satisfaction, one of which is the patient's own expectations. If the patient's expectations during the service are met, the patient will automatically feel satisfied. Patient satisfaction is the patient's right and is the obligation of the health service provider (Bedeir et al., 2018). Because satisfaction is the obligation of health service providers, of course it is hoped that there will be no difference in services to patients with various groups where the focus of this research is BPJS Health and non BPJS patients.

By knowing that there is no difference in the level of satisfaction for BPJS and non BPJS patients, it is still necessary to carry out a comprehensive evaluation of the health insurance system organized by the government, because the evaluation will still be useful for determining service strategies and for determining achievement to a higher level. , the BPJS Health program can be used as an alternative to Indonesian public health insurance because based on Law no. 40 of 2004 concerning the National Social Security System, it is hoped that the BPJS program, which is part of the JKN (National Health Insurance) program, can become mandatory insurance for the community. In addition, with the more affordable cost of services using BPJS health, this program can be applied to the community, especially when viewed from the level of satisfaction which is no different from patients who are non BPJS or patients who use independent fees.

## CONCLUSION

Based on the discussion that has been described in chapter 6, this research can be concluded that there is no significant difference in the level of satisfaction of BPJS patients and non-BPJS patients in the outpatient services of Tanjung Health Center, West Nusa Tenggara.

## RECOMMENDATION

Based on the research that has been done, the researcher gives advice to the Head of the Tanjung Health Center to improve the elements /aspects of *responsiveness* and *tangibles services*, because these two aspects are the aspects of the lowest level of satisfaction . It is necessary to conduct a similar study using more than two groups in order to explore more in-depth subjective data about patient satisfaction , for example by adding a group of BLU Sehat patients and other groups of insurance patients and comparing their level of satisfaction.

## ACKNOWLEDGMENT

This research can be completed properly because of the support from the Study Program Masters in Health Administration at Qamarul Huda University Badaruddin Bagu, Central Lombok and Tanjung Health Center

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