

THE ROLE OF SERVICE QUALITY ON SATISFACTION OF BPJS (INSURANCE AND SOCIAL SECURITY) PARTICIPANTS

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ABSTRACT

BPJS participants as users of health services provided by the government are entitled to get the best satisfactory service. To achieve this, it is necessary to provide quality services from the health care system at public health center. This study is about observing quality health services to achieve BPJS participant satisfaction. By involving 79 patients who visited the public health center and using regression analysis as a measuring tool, it was found that the service quality variable played a significant role in shaping patient satisfaction. Improving service quality will be in line with increasing patient satisfaction. Other results show that all service quality factors have a significant effect on BPJS user satisfaction simultaneously.

Keywords: service quality, patient satisfaction, BPJS, public health center.

Introduction

Many Indonesians do not understand the importance of having health insurance. On January 1, 2014, the government's social health insurance programs were transferred to BPJS Health. The Health Social Security Administering Body is a legal entity formed to administer the health insurance program with the aim of protecting the entire community with affordable premiums and with wider coverage for the entire community.

BPJS health services focus on First Level Health Services/primary health facilities, such as in public health center. For this reason, the quality of primary health facilities must be maintained, considering the effect of the implementation of the National Health Insurance in the future, which will result in an increase in public demand for health services. Patient satisfaction is an important element in evaluating service quality by measuring the patient's response after receiving services (Bowen et al., 2001; Lin et al., 2004).

With an assessment of these services, the health service facilities are expected to remain standing and growing.

With the establishment of BPJS, it is hoped that it can serve all Indonesian residents who are members of BPJS Health. BPJS must understand the needs of the public health services it serves in determining the most effective way to provide quality health services. Quality health care is an important factor in achieving patient satisfaction. Patient satisfaction is a patient's feeling that arises as a result of the performance of health services he gets after the patient compares it with what he expects. Quality service is formed from five dimensions of Service Quality, namely, Reliability, Responsiveness, Empathy, Assurance, and Tangibles.

Reliability, namely the ability of health workers to provide promised services in a timely and satisfactory manner. Responsiveness, namely the ability of health workers to help patients and provide responsive services. Empathy includes ease of making good communication relationships and understanding the needs of patients. Assurance about the knowledge and goodness of health workers and their ability to create trust and confidence in patients so that patients feel safe and secure. Tangibles are anything that looks like physical facilities, equipment, personnel and communication materials.

Improving the quality of health services for BPJS Health participants, health services are no longer centered in hospitals or advanced health facilities, but health services must be carried out in stages according to medical needs. This principle will enforce that health services will be focused on First Level Health Services/Primary health facilities such as in public health center which will be the main gateway for BPJS Health participants in accessing health services. Several studies have shown that there is a role for service quality on the formation of patient satisfaction (Al-Doghaither, 2004; Lin et al., 2004; Raposo et al., 2009; Ramez, 2012; Zamil et al., 2012).

Patient satisfaction as a customer response to the discrepancy between the level of prior importance and the actual performance perceived after use (Hartwell et al., 2006; Hazilah et al., 2009). Expectations are directly proportional to the patient's desire to be able to enjoy services satisfactorily (Chou, 2014). If the services provided are as expected, then the quality is interpreted as good and satisfactory, as well as better. Health services from health workers provided to patients who are BPJS Health participants are expected to provide satisfaction to these patients. The quality of service in each Public health center should be further improved. Thus, the researcher considers that it is necessary to examine the effect of the quality of BPJS Health services on patient satisfaction at the Public health center. This study

aims to determine the effect of the quality of BPJS health services on patient satisfaction at a health center in the city of Surabaya.

Research Method

This study was conducted at a public health center in the Tandes sub-district from June 2021 to August 2021, on 79 patients (21 males, 58 females). His age ranged from 17-59 years. The criteria for selecting the sample were: adults aged 17 years and over who visited the public health center seeking health services. Information about the personal profiles of all participants is kept confidential; and the anonymity of respondents is maintained. There were 100 questionnaires distributed to patients at the public health center and, and all questionnaires were collected. Out of 100, 79 were included in this study resulting in a response rate of 79%.

This study used a cross-sectional method. A modified Service Quality Assessment Questionnaire (SERVQUAL) was applied to measure the quality of public health center services. Responses were determined on a five-choice scale from "strongly disagree" and to "strongly agree". In addition, there are respondents' responses about satisfaction as BPJS participants.

The data collected was processed with SPSS 26. Regression analysis to determine the role of service quality at the public health center on the satisfaction of BPJS participants. The level of significance was set at the 5% level ($p < 0.05$).

Data Analysis and Discussion

To measure the research data, the validity test was carried out. The value of the validity test exceeds the limit value of 0.3. Therefore, every statement on the questionnaire is declared valid. Furthermore, the reliability test was carried out to measure the research variables. Based on the Cronbach's alpha value obtained, this research variable is declared reliable. This statement is evidenced by the value of Cronbach's alpha not less than the limit value of 0.6. Furthermore, the classical assumption test is carried out. The first classic assumption test is the normality test. The results of the normality test are shown in Figure 1.

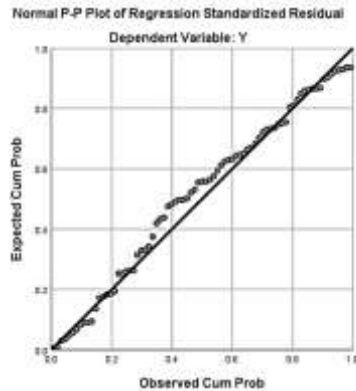


Figure 1. Normality Test

The results of the normality test showed that the research data followed the diagonal axis. These results indicate that the research data is normally distributed. Furthermore, multicollinearity test was carried out. Multicollinearity test uses VIF value and tolerance value. The VIF value obtained by each variable does not exceed the value of ten with a tolerance value of not less than the specified value limit, namely 0.1. With these results, this study does not experience multicollinearity. Furthermore, the autocorrelation test was carried out, this study used the Durbin Watson value for the autocorrelation test. The autocorrelation test was obtained at 1.757. These results indicate that this study does not experience autocorrelation because the DW value is not less than negative two and does not exceed the value of two. Furthermore, heteroscedasticity test was carried out. The results of the heteroscedasticity test are shown in Figure 2.

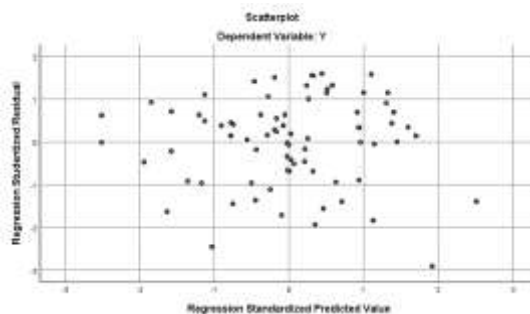


Figure 2. Heteroscedasticity Test

From the results of the heteroscedasticity test, it was found that the data points were evenly distributed on the Y axis and the resulting data points did not show a pattern. These results indicate that the study did not experience heteroscedasticity. This the research data can be processed in the next test.

Table 1. Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.881 ^a	.776	.761	3.360	1.757

Table 1 is the result of the coefficient of determination test. These results show an R value of 0.881 and an R Square value of 0.776. The value of Adjusted R Square in this study is 0.761. These results indicate that reliability, responsiveness, empathy, assurance, and tangibles contribute 88.1% to satisfaction (Y). For other variables that were not studied but indicated to have a role in satisfaction contributed the remaining 11.9%. Furthermore, a simultaneous test was conducted to determine the role of all research independent variables on satisfaction (Y).

Table 2. ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2861.950	5	572.390	50.712	.000 ^b
	Residual	823.949	73	11.287		
	Total	3685.899	78			

The results of the F test show the F value of 50.712 with a significant value not exceeding the limit value of 0.005. Thus, reliability, responsiveness, empathy, assurance, and tangibles together play a significant role in the formation of satisfaction. Furthermore, a t-test was conducted to measure the role of reliability, responsiveness, empathy, assurance, and tangibles on satisfaction partially.

Table 3. Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	10.518	3.316		3.172	.002		
	X.1	1.514	.439	.245	3.449	.001	.605	1.652
	X.2	2.443	.506	.361	4.832	.000	.549	1.820
	X.3	1.191	.436	.190	2.733	.008	.632	1.582
	X.4	1.670	.418	.264	3.990	.000	.700	1.429
	X.5	1.544	.511	.213	3.025	.003	.620	1.614

The results of the t test showed that the significant value of each variable did not exceed the limit value of 0.05. These results indicate that the independent variables in this study provide a significant role on the satisfaction variable.

From table 3, it is found that the multiple linear regression formula is $Y = 10.518 + 1.514X.1 + 2.443X.2 + 1.191X.3 + 1.670X.4 + 1.544X.5$.

Based on the results of the analysis, it shows that service quality plays a fairly strong role in the formation of satisfaction. Improving service quality will have a positive impact on BPJS user satisfaction. This study strengthens the results of Al-Doghaither (2004); Lin et al. (2004); Raposo et al. (2009); Ramez (2012); Zamil et al. (2012).

BJPS participants who have access to health services must be served well with quality health services that satisfy each participant. The health service process and health care system are an important part in improving health status. Through this system, health development goals can be achieved in an effective, efficient and targeted manner.

Conclusion

From the results of data analysis, it can be concluded that service quality has a role in the formation of satisfaction. Improved service quality will be in line with increased satisfaction. Other results show that all service quality factors have a significant influence on BPJS user satisfaction together.

Based on the results of the analysis obtained, the researchers provide suggestions. The management of the public health center needs to improve the quality of services for patients using BPJS. Improving service quality can be in the form of a good and fast response to patients. Health center staff also need to improve their capabilities in order to be able to provide the best service in accordance with patient expectations.

There are efforts to increase patient satisfaction, because patient satisfaction is the main goal and a service. Therefore, to increase patient satisfaction, the Head of the Public health center can make optimal and comprehensive improvements to all aspects related to service quality by providing direction and control to all employees and improving performance in order to achieve more satisfying services for patients receiving treatment.

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