

Analysis of the dimensions of health service quality towards the satisfaction of outpatient BPJS patients at the Plus Perbaungan Health Center, Serdang Bedagai Regency

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ABSTRACT

The problems of BPJS health services that are often complained about until now are the rejection of BPJS patients and long service times, unfriendly doctor and nurse services, and drug administration services that are still long when compared to non-BPJS patients. The purpose of this study was to analyze the dimensions of health service quality on the satisfaction of BPJS outpatients at the Perbaungan Plus Health Center in Serdang Bedagai Regency. This study is a quantitative study using a cross-sectional study design. This study was conducted from January to March 2025. A total of 95 BPJS outpatients at the Perbaungan Plus Health Center were selected as respondents through accidental sampling techniques using the slovin formula. Data were collected through questionnaires and analyzed using Chi Square. The results of the chi square statistical test showed that there was a relationship between responsiveness and patient satisfaction p-value 0.01, empathy with patient satisfaction p-value 0.04. Then, the variables reliability, assurance and tangible were not related to patient satisfaction in BPJS outpatients at the Perbaungan Plus Health Center. The dimensions of health service quality that most dominantly influence the intention of repeat visits of BPJS outpatients at the Perbaungan Plus Health Center are the responsiveness dimension and the empathy dimension with a p-value <0.05..

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INTRODUCTION

Health services are a government obligation to fulfill every basic right of the community to obtain health services as mandated in the 1945 Constitution, Article 28 H paragraph (1) "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and has the right to obtain health services" and Article 34 paragraph (3) "The state is responsible for providing adequate health service facilities and public service

facilities". Health services are services that carry out all health services, both prevention, treatment, and rehabilitation (Tampubolon & Susilawati, 2023).

The Indonesian government as a public servant is committed to realizing social welfare by establishing Law Number 40 of 2004 concerning the social security system. In 2011, the Indonesian government made a major change by replacing the Social Security Agency from PT Askes (Persero) to BPJS (Social Security Agency) by issuing Law Number 24 of 2011. BPJS is a health insurance agency that implements insurance programs, namely BPJS Health and BPJS Employment. BPJS as a social security organizer ensures that all participants have national health protection and maintenance in meeting their basic health needs provided by the government to each person or participant who has paid a number of contributions independently or contributions paid by the government (Paseki & Tinangon, 2023).

According to BPJS Health report data, BPJS participants in 2024 will be 278,658,723 people (Kesehatan, 2024). With BPJS participant data covering almost all Indonesian people, in fact the number of health complaints is 27.34% (BPS, 2024). Health complaints caused the claim ratio to increase to 107.93% along with an increase in the number of health complaints (Kemenkes, 2024).

Assessing how effectively health services satisfy patient requirements and expectations is the goal of the quality of health services concept. In order to meet the rights and duties of patients, the quality of service is used to assess the level of health care (Kemenkes Nomor 30 Tahun, 2022). A number of variables, including room conditions, sufficient infrastructure and amenities, and the mindset of healthcare professionals who strive to provide services that live up to expectations, can affect how satisfied patients are with the treatments they get (Tumiwa & Musak, 2024).

The problems of BPJS health services that are often complained about until now are the rejection of BPJS patients and long service times, unfriendly doctor and nurse services, and drug delivery services that are still long when compared to non-BPJS patients. Health centers are health services that are easily accessible to the public, therefore the BPJS system in health centers must provide good services to the public (Rahmah et al., 2024).

Delivering high-quality medical treatment the importance of quality in the provision of healthcare services is explained by the worldwide goal for universal health coverage. It is becoming increasingly clear that providing good health care involves more than simply infrastructure, medical services, and healthcare professionals as nations pledge to achieve universal health coverage by 2030. Focusing on the quality of health care services – which includes timely, equitable, integrated, and efficient service delivery to the general public – is necessary for improvements in health care delivery. The degree to which health care services provided to individuals and the general public are in line with professional knowledge and increasing the likelihood of desired health outcomes is known as quality of health care (WHO, 2019).

Based on previous research conducted by (Chaniago & Agustina, 2023), namely according to the servqual dimension, patients who feel health services from the empathy dimension are 50% satisfied, assurance is 45.7%, reliability is 38.6%, tangible evidence is 35.7%, and responsiveness is 34.3%. This study also measures how much patient satisfaction is at the Health Center, namely patients who answered very satisfied 32.9%, patients who answered satisfied 31.4%, and less satisfied 35.7%. This shows that the level of patient satisfaction at the Health Center is still low. Thus, health services at the Health Center must be improved immediately so that patients who receive services feel satisfied.

Puskesmas Plus Perbaungan is one of the health centers located in Serdang Bedagai district that provides health services to BPJS patients and the general public. Puskesmas Plus Perbaungan is committed to providing cheap, easy, quality health services, providing services wholeheartedly, and a place that is easily accessible to all people. Puskesmas Plus Perbaungan is called "plus" because it has implemented a professional development system for medical personnel, including midwives. However, there are still obstacles such as less than optimal leadership support, poor performance of midwives and medical personnel, and lack of mentors. The meaning of "plus"

indicates improving the quality of service is done through efforts and professionalism at Puskesmas Perbaungan. Based on the results of initial observations, Puskesmas Plus Perbaungan has a decreasing number of BPJS patient visits in the outpatient room where in 2022 BPJS outpatient visits were 30,512, while in 2023 the number of BPJS outpatient visits was 25,211. Puskesmas plus perbaungan experienced a decrease in the number of outpatient BPJS patient visits by 5,301. According to a preliminary poll that the researchers performed on several patients who visited the Puskesmas plus perbaungan, there were several patients who were dissatisfied with the services provided by the Puskesmas plus perbaungan, such as the attitude of medical personnel who were less friendly, the waiting room was inadequate and the response of medical personnel who were less responsive. Thus, it can be concluded that the decrease in the number of patient visits indicates the patients' satisfaction with the Puskesmas' services is low. Based on this data, researchers are interested in examining the satisfaction of outpatients at the Plus Perbaungan Health Center. Outpatients were chosen by the researchers because the patients who received treatment at the Plus Perbaungan Health Center were predominantly outpatients. The measurement of patient satisfaction based on the SERVQUAL dimension is sufficient to represent how the Plus Perbaungan Health Center health services affect patient satisfaction.

Based on the description above, the author is interested in conducting research at the Perbaungan Plus Health Center because the quality standards of health services have not been achieved, which can be seen from the decrease in the number of BPJS patients in 2022-2023.

RESEARCH METHOD

The research was conducted at the Plus Perbaungan Medical Facility, Serdang Bedagai Royal and this study began in January to March 2025. This study uses a cross-sectional study design and is quantitative in nature, which is a method to explore the relationship between risk and approach through observation and data collection at the same time. All outpatient BPJS patients who were treated at the Perbaungan Plus Health Center, Serdang Bedagai Regency in January-February 2025 were the participants in this research. This study's population was 1815 people. Then 95 outpatient BPJS patients at the Perbaungan Plus Health Center were selected as respondents through accidental sampling techniques using the Slovin formula. The Accidental Sampling technique was chosen to make it easier for researchers to obtain data directly at the research site by using visiting patients as respondents. The independent variables in this study are reliability, responsiveness, assurance, physical evidence and empathy. While the dependent variable is patient satisfaction. Primary data – that is, data collected directly – and secondary data – that is, data gathered from the health facility plus pebaungan – are used in this study. A questionnaire that has undergone validity and reliability testing is the data collection tool used in this investigation. The process of validating research instruments has been carried out by previous researchers because the questionnaire applied in this research took previous research questionnaires. The form of the questionnaire used is a closed questionnaire, namely a list of questions accompanied by answers. With research data obtained by filling out the questionnaire sheet. Additionally, the SPSS program was used to analyze the data, using chi-square by creating categories and normality tests to ascertain the link between the independent and dependent variables.

RESULTS AND DISCUSSIONS

Univariate Analysis

Table 1. Research respondents descriptive table

Variabel	Frekuensi	Persentase (%)
Age (Years)		
Under 25 years	16	16.8
26-40 years	27	28.4

Variabel	Frekuensi	Persentase (%)
41-59 years	37	38.9
Over 60 Years	15	15.8
Total	95	100
Gender		
Man	35	36.8
Woman	60	63.2
Total	95	100
Education		
SD	16	16.9
SMP	18	18.9
SMA/SMK	50	52.6
College	11	11.6
Total	95	100

Table 1 above shows that the percentage of respondents aged 41-59 years (38.9%), followed by 26-40 years (28.4%), while respondents under 25 years (16.8%) and over 60 years (15.8%) have a smaller number. Respondents with a larger percentage of gender are women (63.2%), while men are only 36.8%. From the level of education, the majority of respondents have a high school education (52.6%), followed by junior high school (18.9%), elementary school (16.9%), and college (11.6%).

Table 2. Frequency distribution of Reliability dimensions

Reability	Frequency	Percentage
Good	51	53.7 %
Enough	41	43.2 %
Less	3	3.2 %
Total	95	100 %

Based on table 2, it shows that respondents answered in the good (53.7%), sufficient (43.2%), and lacking (3.2%) categories.

Table 3. Frequency distribution of dimensions responsiveness

Responsive	Frequency	Percentage
Good	39	41.1 %
Enough	48	50.5 %
Less	8	8.4 %
Total	95	100 %

Table 3 demonstrates that responses answered in the categories sufficient (50.5%), good (41.1%), lacking (8.4%).

Table 4. Frequency distribution of assurance dimensions

Assurance	Frequency	Percentage
Good	46	48.4 %
Enough	42	44.2 %
Less	7	7.4 %
Total	95	100 %

Based on table 4, it shows that respondents answered in the good (48.4%), sufficient (44.2%), and lacking (7.4%) categories.

Table 5. Frequency distribution of empathy dimensions

Empahty	Frequency	Percentage
Good	45	47.4 %
Enough	37	38.9 %
Less	13	13.7 %
Total	95	100 %

Table 5 demonstrates that respondents answered in good (47.4%), sufficient (38.9%), and lacking (13.7%) categories.

Table 6. Frequency distribution of tangible dimensions

Tengible	Frequency	Percentage
Good	30	31.6 %
Enough	47	49.5 %
Less	18	18.9 %
Total	95	100 %

Table 6 indicates that respondents answered in the categories sufficient (49.5%), good (31.6%), lacking (18.9%).

Table 7. Frequency distribution of patient satisfaction

Patient Satisfaction	Frequency	Percentage
Very Satisfied	9	9.5 %
Satisfied	53	55.8 %
Not Satisfied	33	34.7 %
Total	95	100 %

Based on table 7, it shows that respondents answered in the categories satisfied (55.8%), less satisfied (34.7%), very satisfied (9.5%).

Bivariate Analysis

Table 8. Bivariate analysis results

Variabel	p-value	Information
Reliability	0.17	No Relationship
Responsiviness	0.01	There is a Relationship
Assurance	0.21	No Relationship
Empathy	0.04	There is a Relationship
Tangible	0.3	No Relationship

Table 8 shows that there are 5 variables studied and there are 2 variables that have a relationship with contentment of patients at the Plus Perbaungan Medical Facility, namely Responsiveness and Empathy. Furthermore, there are 3 variables that have no relationship with patient satisfaction, namely the variables (Reliability), (Assurance) and (Tangible).

a. Relationship between Reliability and Patient Satisfaction

Reliability in the dimension of health service quality is a quality dimension that contains promises made by health service providers to patients. This reliability is related to how health services are provided to patients, both in terms of service time, quality of drugs provided and examination services (Harini et al., 2023).

The chi-square analysis that was carried out obtained results a p-value of 0.17 ($p > 0.05$), which means that there is no significant relationship between the reliability variable and patient satisfaction. This result is in line with previous research, which found that 38.6% of patients were satisfied with the reliability aspect, but there is still room for improvement (Chaniago & Agustina, 2023).

In research conducted by (Anwary, 2020), it was found that the variable quality of health services in terms of reliability includes the expertise of staff in serving patients. Other research conducted by (Puji et al., 2022) shows indicators for assessing the reliability variable, namely that health workers must work accurately and professionally in serving patients. The results of this study indicate a significant relationship between reliability and patient satisfaction.

b. Relationship between Responsiveness and Patient Satisfaction

Responsiveness is a quality dimension that contains information about the ability of health service providers to carry out services faster (responsively) (Puteri et al., 2024). Responsiveness has levels, namely the higher the level of responsiveness given to patients, the higher the patient's expectations of being satisfied with health services (Rabiul Marzuki Siregar et al., 2023).

The chi-square analysis that was carried out obtained results a p-value of 0.01 ($p < 0.05$), which means that there is a statistically significant relationship between the responsiveness variable and the level of patient satisfaction. This shows that although most respondents feel quite satisfied, responsiveness of service affects the level of patient satisfaction. These results are in line with previous research, which states that the responsiveness of health workers plays an important role in increasing patient satisfaction (Suwaji & Krishnawan, 2023). Research conducted by (Mawaddah et al., 2022), the responsiveness variable has a dominant indicator in the form of health service providers, namely health workers must provide information, respond to patient needs and desires. This affects the level of patient satisfaction with the finding that 70% of patients will feel satisfied if the patient's needs and desires are met.

c. Relationship between Assurance and Patient Satisfaction

The Assurance dimension is a promise given by a health service provider, such as courtesy and good treatment with the aim of gaining patient trust (Santoso et al., 2021).

The chi-square analysis that was carried out obtained results a p-value of 0.21 ($p > 0.05$), which means that there is no significant relationship between the assurance variable and patient satisfaction. This shows that the assurance factor has not been able to provide a significant influence on patient satisfaction. These results are in contrast to previous research, which found that assurance plays an important role in building patient trust (Ferial & Wahyuni, 2022).

In the assurance quality dimension, the ability of health service providers influences patient trust in health services. Health service guarantees must be based on work standards involving the Health Service and other authorized institutions (Christiani Nababan et al., 2020). Indicators that include assurance quality dimensions are assurance of politeness, knowledge, skills and friendliness. In research conducted by (Ahmad & Napitupulu, 2021), the results showed a significant relationship between assurance and patient satisfaction as measured using these indicators.

d. Relationship between Empathy and Patient Satisfaction

Empathy is a dimension of health service quality in the form of concern and attention from health workers to patients by understanding the needs required by patients (Melliniawati et al., 2023). In research conducted by (Lubis et al., 2023) it was explained that the quality dimensions of empathy must be fully fulfilled by implementation by health workers.

The chi-square analysis that was carried out obtained results a p-value of 0.04 ($p < 0.05$), which means that there is a statistically significant relationship between the empathy variable and the level of patient satisfaction. This shows that the attention and concern of health workers in the health center is not optimal, empathy has an effect on patient satisfaction which emphasizes the importance of empathy in building good relationships between medical personnel and patients (Tumiwa & Musak, 2024). This result is not in line with previous research which stated that the empathy dimension does not have an effect on patient satisfaction (Puteri et al., 2024).

e. Relationship between Tangible and Patient Satisfaction

Tangible or physical evidence is one dimension of service quality that patient expectations for quality service are an important role (Tonis & Wiranata, 2020).

The chi-square analysis that was carried out obtained results a p-value of 0.3 ($p > 0.05$), which means that there is no significant relationship between tangible variables and patient satisfaction. This shows that physical aspects such as facilities and comfort are not enough to significantly increase patient satisfaction. These results are in contrast to previous research, which found that tangible factors affect patient satisfaction, although at a lower level than other aspects (Rahmah et al., 2024).

In terms of tangible service quality, the main thing that must be fulfilled is the patient's comfort by providing adequate facilities and infrastructure. Completeness of medical equipment and facilities to access sub-specialist services is also the main focus in health services (Meidi et al., 2023). In research conducted by (Rahayu et al., 2023) it was found that there were still inadequate facilities such as dirty bathrooms, parking areas that were too narrow, and inadequate waiting rooms. This causes patients who come to the Puskesmas for treatment to not feel satisfied with the existing facilities and infrastructure at the Puskesmas.

CONCLUSION

The results of the study showed that of the 95 respondents, 9 (9.5%) people felt very satisfied, 53 (55.8%) people felt quite satisfied, 33 (34.7%) people felt less satisfied with the quality of health services at the Perbaungan Plus Health Center, Serdang Bedagai Regency. The degree of satisfaction of outpatient BPJS patients at the Perbaungan Plus Health Center does not significantly correlate with the quality of care as determined by the reliability variable. The degree of satisfaction of outpatient BPJS patients at the Perbaungan Plus Health Center is significantly correlated with the responsiveness variable, which measures service quality. The degree of satisfaction of outpatient BPJS patients at the Perbaungan Plus Health Center does not significantly correlate with the quality of treatment as measured by the guarantee variable. The degree of satisfaction of outpatient BPJS patients at the Perbaungan Plus Health Center is significantly correlated with the quality of care as measured by the empathy variable. The degree of satisfaction of outpatient BPJS patients at the Perbaungan Plus Health Center does not significantly correlate with the quality of care as measured by the direct evidence variable. The dimensions of health service quality that most dominantly influence the interest in revisiting outpatient BPJS patients at the Perbaungan Plus Health Center are the responsiveness dimension and the empathy dimension.

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