

## EFFECT OF SERVICE QUALITY ON SATISFACTION OF INPATIENT BPJS HEALTH PARTICIPANTS NON PBI IN MEDAN METHODIST HOSPITAL

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### ABSTRACT

Non-PBI Health quality of hospital services is an important element in health services. Hospitals are required to provide quality services as health service providers who play an active role and participate in supporting health development goals. The development of the BOR (Bed Occupancy Rate) of inpatients experienced an up and down trend at Methodist Hospital in 2017-2019. In 2017 it was 30.9%, in 2018 it was 34.2%, in 2019 it was 56.3% and it had not reached the 60-85% standard. This research was a quantitative research with cross-sectional design. The population were all inpatients of BPJS Kesehatan non-PBI participants at Methodist Hospital Medan. The total population was 126 people and the entire population as the sample. Data were analyzed by multiple logistic regression at .05. The results showed statistically that the variables of reliability, responsiveness, empathy, appearance, processes and policies had a significant effect on the satisfaction of inpatients of BPJS Kesehatan non-PBI participants at the Medan Methodist Hospital. The variable that has a major influence on the satisfaction of inpatients of BPJS Kesehatan non-PBI participants is the process dimension with an OR value of 27.864. It was recommended to Medan Methodist Hospital: 1) seek to increase the dimensions of the process through making local Standard Operating Procedures (SOP) for all hospital health workers, 2) seek to increase the dimensions of reliability, responsiveness, empathy, appearance and policy through increasing the role of Home Health Promotion Sickness (PKRS) as well as seeking service excellent training to improve the ability of health workers to communicate.

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## 1. Introduction

The new paradigm of health care requires hospitals to provide quality services according to the needs and desires of patients while still referring to the professional and medical code of ethics. The health service industry, especially hospitals, in recent years has shown a trend of development. The development or increase in government and private hospitals in every region in Indonesia makes the competition map for the health service industry increasingly tight. This has resulted in the community being increasingly critical in choosing quality hospital health services (Soedargo, 2019).

The quality of hospital services is an important element in health services. Hospitals are required to provide quality services as health service providers who play an active role and participate in supporting health development goals in the National Health System (SKN). The hospital as a service company must be superior to its competitors by providing higher quality services compared to its competitors (Arianto, 2017).

BPJS as the organizer of the JKN program after being implemented for approximately 1 year has faced many challenges and obstacles. The JKN program is still not running smoothly and there are

still many shortcomings. Upper class perceptions of poor service quality and uniform service for all participants as well as long waiting times are one of the reasons the upper middle class population lacks special pride. The satisfaction of JKN participants tends to be low, contact with health facilities results in limited choice of health facilities, this has the potential for complaints and dissatisfaction of participants, especially upper class participants (Firdaus & Dewi, 2015).

Based on data from participants in the National Health Insurance (JKN) program as of 2019, as many as 215,784,340 Indonesians have participated in the JKN program. Health care facilities registered as members of the JKN program have reached 26,862 health facilities from all over Indonesia. Health facilities included in the members of the JKN program include Individual Practitioners, Dentists, First Class D Hospital, Non-Inpatient Clinics, Public Health Centers, Main Clinics, Hospitals, Optics, and Pharmacies. BPJS patient membership consists of; Contribution Assistance Recipients (PBI), namely; the poor and people who cannot afford and are not Contribution Assistance Recipients (non PBI), namely; wage-earning workers and their family members (Maulina, Madjid, & Chotimah, 2019).

The increasing number of people registered as BPJS health participants must be adjusted to the quality of service from hospitals that can receive BPJS health program services without distinguishing between BPJS health patients and non BPJS health patients. According to Thabrany, the success of the JKN program depends more on the services of doctors and other health care workers in health facilities (Abidin, 2016). The satisfaction of health JKN participants is one indicator of the success or failure of BPJS health as health insurance for all Indonesians.

Patient satisfaction has a close relationship with service quality. The quality of service provides a motivation for patients to establish strong ties with the hospital organization. In the long term, this kind of bond allows the hospital to understand carefully the expectations and needs of patients. Hospitals can thus increase patient satisfaction by maximizing a pleasant experience and minimizing or eliminating an unpleasant patient experience (Widyastuti, Widjanarko, & Adi, 2018).

Patient satisfaction is the main indicator of a hospital's standards and is a measure of service quality. Low patient satisfaction will have an impact on the number of visits that will affect the profitability of the hospital, while the attitude of health workers towards patients will also have an impact on patient satisfaction where patient needs from time to time will increase, as well as demands for the quality of services provided (Hakim & Suryawati, 2019).

Based on a preliminary survey conducted in November 2020, by observing information on BPJS health patient complaints during 2020 obtained through the suggestion box, there were 102 complaints, namely: (a) 21 people (20.6%) patients stated that the time for consultation with very few doctors in the inpatient room, (b) as many as 16 people (15.7%) patients complained that the registration schedule was not on time, so patients waited a long time to get services, (c) as many as 11 people (10.8%) patients stated that the ER was slow to provide services, as many as 9 people (8.8%) patients stated that laboratory staff were slow in communicating examination fees, as many as 6 people (5.9%) patients stated that the doctor's arrival was not on time in the ICU, as many as 7 people (6.9%) patients stated that parking was irregular, as many as 12 people (11.8%) patients complained about the administration of patients going home late and (d) as many as 20 people (19.6%) patients complained about hospitality n nurses in providing services, so that these patient complaints have an impact on the low level of patient satisfaction

## **2. Method**

This type of research is using quantitative research. This research was conducted in the inpatient ward of the Medan Methodist Hospital, because the number of inpatient visits has not reached the target and the satisfaction of inpatients participating in BPJS Kesehatan non PBI has not fully met expectations. This research was carried out for 3 (three) months, starting from data collection to the results seminar, from June to August 2021. The population in this study were all inpatients of BPJS Kesehatan non-PBI participants (recipients of contribution assistance) during January to by February 2021, totaling 126 people. The sample in this study is the entire population or total sampling. Data analysis in this study includes univariate, bivariate and multivariate analysis

## **3. Result and Discussion**

### 3.1 Research Result

#### a. Univariate Analysis

TABLE 1  
RESPONDENT IDENTITY DISTRIBUTION

No	Identity	Number	(Person) %
1	Age		
	Children (5-11 years)	1	0,8
	Early teens (12-16 years)	9	7,1
	Late adolescence (17-25 years)	10	7,9
	Early adulthood (26-35 years)	5	4,0
	Late adulthood (36-45 years)	22	17,5
	Early elderly (46-55 years)	25	19,8
	Late elderly (56-65 years)	31	24,6
	Seniors (> 65 years)	23	18,3
2	Gender		
	Woman	74	58,7
	Man	52	41,3
3	Education		
	SD	8	6,3
	junior high school	13	10,3
	high school	70	55,6
	Academy/S1	35	27,8
4	Profession		
	Private employees	25	19,8
	Entrepreneur/Trader	43	34,1
	IRT	39	31,0
	Doesn't work	19	15,1
<b>Total</b>		<b>126</b>	<b>100,0</b>

The results showed that the lowest respondent was 11 years old and the highest was 84 years old, with the highest age being 56-65 years (late seniors), as many as 31 people (24.6%), 46-55 years old (early elderly), i.e. 25 people (19.8%), age >65 years (seniors), as many as 23 people (18.3%), age 36-45 years (late adulthood), as many as 22 people (17.5%), the rest Respondents aged 17-25 (late teens) were 10 people (7.9%), ages 12-16 years (early teens) were 9 people (7.1%), ages 26-35 years (early adults) were 5 people (4.0%) and at least 1 person (0.8%).

Based on gender, the majority of respondents were women, as many as 74 people (58.7%) and the rest were men as many as 52 people (41.3%). Based on the level of education, there were more high school graduates, as many as 70 people (55.6%), the rest of the respondents with D3/S1 graduates were 35 people (27.8%), 13 people graduated from junior high school (10.3%) and at least finished elementary school as many as 8 people (6.3%).

Based on occupation, the majority of entrepreneurs/traders, as many as 43 people (34.1%), the remaining 39 people were householders (31.0%), private employees as many as 25 people (19.8%) and at least 19 people did not work (15.1%).

TABEL 2  
DISTRIBUTION OF RESPONDENTS BASED ON RELIABILITY CATEGORY (RELIABILITY)

No	Category	f	%
1	Well	33	26,2
2	Not good	93	73,8
	<b>Total</b>	<b>126</b>	<b>100,0</b>

The measurement results of reliability (reliability) were then categorized, reliability (reliability) in the bad category as many as 93 people (73.8%).

TABEL 3  
DISTRIBUTION OF RESPONDENTS BY CATEGORY RESPONSIVENESS (RESPONSIVENESS)

No	Category	f	%
1	Well	56	44,4
2	Not good	70	55,6
	<b>Total</b>	<b>126</b>	<b>100,0</b>

The results of the responsiveness measurement were then categorized, responsiveness (responsiveness) in the bad category as many as 70 people (55.6%).

TABEL 4  
DISTRIBUTION OF RESPONDENTS BY CATEGORY EMPATHY (EMPATHY)

No	Category	F	%
1	Well	53	42,1
2	Not good	73	57,9
<b>Total</b>		<b>126</b>	<b>100,0</b>

The results of measuring empathy (empathy) are then categorized, empathy (empathy) in the bad category is 73 people (57.9%). Distribution of empathy category (empathy)

TABEL 5  
DISTRIBUTION OF RESPONDENTS BY TANGIBLE CATEGORY (APPEARANCE)

No	Category	F	%
1	Well	43	34,1
2	Not good	83	65,9
<b>Total</b>		<b>126</b>	<b>100,0</b>

The results of the measurement of tangible (appearance) were then categorized, tangible (appearance) in the bad category as many as 83 people (65.9%). Distribution of tangible categories (appearance)

TABEL 6  
DISTRIBUTION OF RESPONDENTS BY PROCESS CATEGORY

No	Category	F	%
1	Well	82	65,1
2	Not good	44	34,9
<b>Total</b>		<b>126</b>	<b>100,0</b>

The results of the measurement process were then categorized, the process in the good category as many as 82 people (65.1%).

TABEL 7  
DISTRIBUTION OF RESPONDENTS BY POLICY CATEGORY

No	Category	F	%
1	Well	44	34,9
2	Not good	82	65,1
<b>Total</b>		<b>126</b>	<b>100,0</b>

The results of the policy measurement were then categorized, the policy in the bad category was 82 people (65.1%).

TABEL 8  
DISTRIBUTION OF RESPONDENTS BASED ON PATIENT SATISFACTION CATEGORY

No	Category	f	%
1	Satisfied	61	48,4
2	Not satisfied	65	51,6
<b>Total</b>		<b>126</b>	<b>100,0</b>

The results of the measurement of patient satisfaction were then categorized, patient satisfaction in the dissatisfied category was 65 people (51.6%).

## b. Bivariate Analysis

TABEL 9  
RELIABILITY RELATIONSHIP WITH INPATIENT PATIENT SATISFACTION BPJS HEALTH NON PBI PARTICIPANTS

Reliability	Satisfaction				P	OR	95% Confidence Interval	
	Satisfied		Not Satisfied				Lower	Upper
	n	%	N	%				
Well	31	93,9	2	6,1	0,000	11,177	2,896	43,140
Not good	30	32,3	63	67,7				

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Based on reliability, it is known that from 93 respondents who stated that the reliability of the category was not good, there were 63 people (67.7%) not satisfied and as many as 30 people (32.3%) satisfied. Based on the results of the chi square test, p value <0.05, this indicates that there is a relationship between reliability and satisfaction of inpatients of BPJS Kesehatan non-PBI participants. OR value = 11,177; 95% CI = 2.896-43.140, this means that respondents who state that the reliability of the category is not good have an estimate of 11.2 times being dissatisfied compared to respondents who state that the reliability of the category is good.

TABEL 10  
THE RELATIONSHIP BETWEEN RESPONSIVENESS AND SATISFACTION OF INPATIENTS FOR NON-PBI BPJS HEALTH PARTICIPANTS

Responsiveness	Satisfaction				p	OR	95% Interval	Confidence Interval
	Satisfied		Not Satisfied					
	n	%	N	%				
Well	47	83,9	9	16,1	0,000	4,978	2,705	9,160
Not good	14	20,0	56	80,0				

Based on the responsiveness, it is known that from 70 respondents who stated that the responsiveness category was not good there were 56 people (80.0%) dissatisfied and as many as 14 people (20.0%) satisfied. Based on the results of the chi square test, p value <0.05, this indicates that there is a relationship between responsiveness and satisfaction of inpatients of BPJS Kesehatan non-PBI participants. OR value = 4.978; 95% CI = 2.705-9.160, this means that respondents who state that the responsiveness of the category is not good have an estimate of 5.0 times that they are dissatisfied compared to respondents who state that the responsiveness of the category is good.

TABEL 11  
EMPATHY RELATIONSHIP WITH INPATIENT PATIENT SATISFACTION BPJS HEALTH NON PBI PARTICIPANTS

Empathy	Satisfaction				p	OR	95% Interval	Confidence Interval
	Satisfied		Not Satisfied					
	n	%	N	%				
Well	48	90,6	5	9,4	0,000	8,712	3,758	20,200
Not good	13	17,8	60	82,2				

Based on empathy, it is known that from 73 respondents who stated that empathy was not in the good category, there were 60 people (82.2%) dissatisfied and as many as 13 people (17.8%) satisfied. Based on the results of the chi square test, p value <0.05, this indicates that there is a relationship between empathy and satisfaction of inpatients of BPJS Kesehatan non-PBI participants. OR value = 8,712; 95% CI = 3.758-20.200, this means that respondents who state empathy in the bad category have an estimated 8.7 times that they are dissatisfied compared to respondents who state empathy in the good category.

TABEL 12  
RELATIONSHIP BETWEEN APPEARANCE AND SATISFACTION OF INPATIENTS FOR BPJS HEALTH NON PBI PARTICIPANTS

Appearance	Satisfaction				p	OR	95% Interval	Confidence Interval
	Satisfied		Not Satisfied					
	n	%	n	%				
Well	41	95,3	2	4,7	0,000	16,319	4,194	63,501
Not good	20	24,1	63	75,9				

Based on the appearance, it is known that out of 83 respondents who stated that their appearance was not in a good category, there were 63 people (75.9%) not satisfied and as many as 20 people (24.1%) satisfied. Based on the results of the chi-square test, p value <0.05, this shows that there is a relationship between appearance and satisfaction of inpatients of BPJS Kesehatan non-PBI participants. OR value = 16,319; 95% CI = 4.194-63.501, this means that respondents who state the appearance of the category is not good have an estimate of 16.3 times being dissatisfied compared to respondents who state the appearance of the category is good.

TABEL 13  
PROCESS RELATIONSHIP WITH INPATIENT PATIENT SATISFACTION BPJS HEALTH NON PBI PARTICIPANTS

Process	Satisfaction				<i>p</i>	<i>OR</i>	95% <i>Confidence Interval</i>	
	Satisfied		Not Satisfied				<i>Lower</i>	<i>Upper</i>
	<i>n</i>	%	<i>n</i>	%				
Well	59	72,0	23	28,0	0,000	3,403	2,392	4,842
Not good	2	4,5	42	95,5				

Based on the process, it is known that of the 82 respondents who stated the process was good, there were 59 people (72.0%) satisfied and 23 people (28.0%) dissatisfied. Based on the results of the chi square test, *p* value <0.05, this indicates that there is a relationship between the process and the satisfaction of inpatients of BPJS Kesehatan non-PBI participants. *OR* value = 3.403; 95% *CI* = 2.392-4.842, this means that respondents who state the process is good category have an estimate of 3.4 times satisfied compared to respondents who state the process is not good category

TABEL 14  
POLICY RELATIONSHIP WITH INPATIENT PATIENT SATISFACTION BPJS HEALTH NON PBI PARTICIPANTS

Policy	Satisfaction				<i>p</i>	<i>OR</i>	95% <i>Confidence Interval</i>	
	Satisfied		Not Satisfied				<i>Lower</i>	<i>Upper</i>
	<i>n</i>	%	<i>n</i>	%				
Well	39	88,6	5	11,4	0,000	6,439	2,792	14,849
Not good	22	26,8	60	73,2				

Based on the policy, it is known that of the 82 respondents who stated the policy was not good category there were 60 people (73.2%) not satisfied and as many as 22 people (26.8%) satisfied. Based on the results of the chi square test, *p* value <0.05, this indicates that there is a policy relationship with the satisfaction of inpatients of BPJS Kesehatan non-PBI participants. *OR* value = 6.439; 95% *CI* = 2.792-14,849, this means that respondents who state the policy is not good category have an estimate of 6.4 times being dissatisfied compared to respondents who state the policy is good category.

### c. Multivariate Analysis

TABEL 15  
THE EFFECT OF SERVICE QUALITY ON PATIENT SATISFACTION

No	Variable	<i>B</i>	<i>Sig.</i>	<i>Exp.B (OR)</i>	95% <i>CI For Exp.B</i>	
					<i>Lower</i>	<i>Upper</i>
1	Reliability	2,612	0,046	13,625	1,050	176,849
2	Responsiveness	2,276	0,008	9,735	1,806	52,473
3	Empathy	2,003	0,020	7,413	1,371	40,080
4	Appearance	2,824	0,031	16,852	1,302	218,139
5	Process	3,327	0,017	27,864	1,812	428,382
6	Policy	2,594	0,031	13,389	1,269	141,249
	Constant	-6,135	0,000	0,002		

Multivariate analysis was used to see the effect of the independent variables on the dependent variable together and to find the most dominant variable affecting patient satisfaction using multiple logistic regression test through several steps as follows: Conduct bivariate analysis on each variable with the aim of estimating the role of each variable. Selecting potential variables to be included in multivariate analysis, namely variables with *p* value <0.25 in the chi square test. After identifying significant variables, further testing is carried out together to identify the most dominant factors influencing patient satisfaction. Based on the chi-square test, it is known that of the 6 (six) independent variables tested, all variables have a *p* value <0.25, so all independent variables are included or become candidates in multivariate analysis. The results of the logistic regression test using the enter method are known that as many as 6 (six) independent variables; reliability, responsiveness, empathy, appearance, process, and policy affect the satisfaction of inpatients of BPJS Kesehatan non PBI participants at Medan Methodist Hospital with a Nagelkerke *R* Square coefficient

of 0.875 (87.5%), this means that 6 (six) statistically tested independent variables were able to explain the variation of changes that occurred in the patient satisfaction variable of 87.5%, the remaining 12.5% was influenced by other factors outside the model. Reliability has an OR value of 13.625 and  $p < 0.05$ , this means that patients who state good reliability have a 13.6 times chance of having better satisfaction than patients who state poor reliability. Responsiveness has an OR value of 9.735 and  $p < 0.05$ , this means that patients who state good responsiveness have a 9.7 times chance of having better satisfaction than patients who state poor responsiveness. Empathy has an OR value of 7.413 and  $p < 0.05$ , this means that patients who express good empathy have a 7.4 times chance of having better satisfaction than patients who express bad empathy. Appearance has an OR value of 16.852 and  $p < 0.05$ , this means that patients who state good appearance have a 16.8 times chance of having better satisfaction than patients who state that their appearance is not good. The process has an OR value of 27.864 and  $p < 0.05$ , this means that patients who state the process is good have a 27.8 times chance of having better satisfaction than patients who state that the process is not good. The policy has an OR value of 13.389 and  $p < 0.05$ , this means that patients who state that the policy is good have a 13.4 times chance of having better satisfaction than patients who state that the policy is not good. The process variable is the dominant variable affecting satisfaction with an OR value of 27.864.

### 3.2 Discussion

#### Effect of Reliability on Patient Satisfaction

Service reliability is the ability of hospital staff to provide optimal and accurate services, which includes speed and accuracy in providing services to inpatients of BPJS Kesehatan non-PBI participants at Methodist Hospital Medan. The results showed as many as 73.8% of respondents stated that the reliability in the category was not good, this indicates that the services received by inpatients are not fully in line with expectations, so patients are not satisfied (Antina, 2016).

Based on the results of interviews with inpatients BPJS Kesehatan non-PBI participants, of the 8 statements submitted, only 2 statements were answered well, the rest were not good and very bad. As for most of the patients complained about; the flow of hospital services, the doctor's ability to explain the results of the disease examination, the doctor's ability to explain the treatment plan, the doctor's ability to explain the actions/drugs given, the suitability of food with the patient's condition, and cleaning staff skills, so that patients feel dissatisfied with the service reliability dimension. This provides input for the management of Medan Methodist Hospital in order to maintain and improve the dimensions of reliability in providing services to increase patient satisfaction.

This patient dissatisfaction when viewed based on the age of the respondents was found mostly in the age group of 46-65 years (elderly and seniors) as many as 69 people (54.8%) with a high school education level of 70 people (55.6%). As a person ages, there will be a decrease in organ function in the body and requires attention. The 46-65 year age group (elderly and seniors) often experience disturbances in their bodies, so they visit health care facilities more often. Therefore, with increasing age, health conditions must be maintained properly (72).

Based on the results of research on patient characteristics at the Medan Methodist Hospital, it was found that most of the inpatients participating in BPJS Kesehatan non PBI were more demanding of service reliability, so they were more dissatisfied. This is related to the education level of most of the senior high school students, as many as 70 people (55.6%). The higher the level of education, the more critical a person is of his need for health services.

The results of this study are supported by the results of research conducted by Duku et al., in Ghana, which concluded that once people are insured, they tend to perceive the quality of health services they receive as poor compared to those who do not have insurance. The findings also imply that Perceptions of the quality of healthcare services can be shaped by an individual's experience in a health facility, where the insured and the uninsured may be treated differently. Health insurance then becomes less attractive due to poor perceptions of the quality of health care provided to individuals who have insurance, resulting in low demand for health insurance (32).

The results of the bivariate test showed that reliability was related to patient satisfaction ( $p < 0.05$ ). Then continued with the multivariate test, it was found that the reliability dimension had an effect on patient satisfaction ( $p < 0.05$ ); OR=13,625; 95% CI=1,050 -176.849. This shows that

patients who state good reliability have a 13.6 times chance of having better satisfaction than patients who state poor reliability.

The results of this study support several research results on service quality dimensions of reliability in hospitals, such as the results of Putri et al. (11); Hasibuan et al. (22); Endartiwi and Setianingrum (27); Lestaringrum and Bachtiar (28); Arbiter, et al. (29); Erri and Arlin (35); Fulgara, et al. (36), concludes that the reliability dimension affects patient satisfaction of BPJS health participants.

The results of this study are in line with the research of Brahmbhatt et al. (9) with the Hospital Quality (HosQual) method which concluded that there was a gap between patient expectations and perceptions of the quality of hospital services. One of the causes was the reliability aspect of health workers to patients. However, the results of this study are different from those of Maulina et al. (33); Riswan (40) and Sarah (41) who concluded that the reliability variable did not show a significant relationship to the satisfaction of inpatients BPJS participants.

The results of this study are in accordance with the theory proposed by Parasuraman, et al. (54), which states that the dimensions of service quality related to people, the dimension of reliability (reliability) is relatively more important. Several efforts need to be made by hospital management in improving the quality of service in the dimensions of reliability, namely; organize the flow of hospital services, improve the ability of doctors to explain the results of disease examinations, explain treatment plans, explain the actions/drugs given, improve the suitability of food with the patient's condition, improve the skills of janitors (Astutik, 2020).

### **The Effect of Responsiveness on Patient Satisfaction**

Service responsiveness is the ability of hospital staff to provide services and help respond to complaints from inpatients participating in BPJS Kesehatan non-PBI. The results showed that as many as 55.6% of respondents stated that the responsiveness was in the poor category, this indicates that the responsiveness of health workers (doctors, nurses, laboratory officers, nutrition workers, registration officers and cleaners) in responding to inpatient complaints is not yet fully as expected, so the patient is not satisfied.

Based on the results of interviews with inpatients of BPJS Kesehatan non-PBI participants, all of the 6 statements submitted were answered not good and very bad. As for most of the patients complained about; time waiting for registration, the ability of doctors to respond to patient complaints, the dexterity of laboratory officers in conducting examinations, the agility of nutrition officers regarding the timing of giving diets, and the agility of hospital cleaners in handling hospital hygiene, so that patients feel dissatisfied with the service dimension of responsiveness. This provides input for the management of Medan Methodist Hospital in order to maintain and improve the responsiveness dimension in providing services to increase patient satisfaction.

This patient's dissatisfaction when viewed based on the education level of high school as many as 70 people (55.6%), and work status is entrepreneur/traders as many as 43 people (34.1%). Patients do not rely on the assessment of the quality of service alone, but they also assess how quickly they are served by the hospital.

Based on the results of the study, it was found that the answers of the respondents who stated that the responsiveness was not very good were; (a) the dexterity of the nutritionist regarding the timing of giving the diet and the dexterity of the hospital janitor in handling hygiene. Then those who stated that the responsiveness was at most not good were; (a) the ability of nurses to respond to patient complaints, waiting time for registration, the dexterity of laboratory officers in conducting examinations and the ability of doctors to respond to patient complaints. Based on the results of the study, it can be concluded that the majority of inpatients have the perception that health workers, health workers, laboratories, cleaners and registration officers are slow in responding to patient complaints.

The dimension of responsiveness theoretically emphasizes the attitude of service providers to respond quickly to patient complaints. Inpatients participating in BPJS Kesehatan non-PBI expect doctors to pay attention and respond to their complaints. If it is related to the characteristics of the respondents, most of them have an age of 46-65 years (elderly and seniors) as many as 69 people (54.8%), at that age patients are more critical and have greater demands in receiving health services. The results of this study are in line with the research of Triwardani (Murtiana, Majid, & Jufri, 2016), concluding that there is a relationship between age and satisfaction of BPJS patients at the Pamulang Health Center.

The results of this study support the research results of Rahman concluding that the quality of health services for patients participating in BPJS is not optimal, because there are still BPJS patient rights that have not been accommodated, especially in the dimensions of responsiveness of hospital staff. Likewise, the results of research by Ha and Longnecker, concluded that most of the dissatisfaction and complaints of patients were caused by poor communication between doctors and patients. However, many doctors tend to overestimate their ability to communicate (Permana, Krisnawati, & Swedarma, 2020).

The results of the bivariate test showed that responsiveness was related to patient satisfaction ( $p < 0.05$ ). Then continued with the multivariate test, it was found that the responsiveness dimension had an effect on patient satisfaction ( $p < 0.05$ );  $OR = 9.735$ ;  $95\% CI = 1.806-52.473$ , this indicates that patients who stating good responsiveness has a 9.7 times chance of having better satisfaction compared to patients who state that responsiveness is not good.

The results of this study support several research results on service quality dimensions of responsiveness in hospitals, such as the results of Putri et al. (11); Aydin (13); Burhan (18); Lestaringrum and Bachtiar (28); Maulina, et al. (33); Lesmana and Norwakiah (44), conclude that the responsiveness dimension affects the satisfaction of patients participating in BPJS health. However, the results of this study differ from the results of Sarah's (41) concluding that the responsiveness dimension does not affect the satisfaction of BPJS Non PBI patients.

The results of this study are in line with the research of Brahmhatt et al. with the Hospital Quality (HosQual) method which concludes that there is a gap between patient expectations and perceptions of the quality of hospital services. One of the causes is the responsiveness aspect of health workers to patients.

The results of this study are in accordance with the theory put forward by Lupiyoadi (57), which states that responsiveness is a willingness to help provide fast (responsive) and appropriate service to customers accompanied by the delivery of information. Negative perceptions arise in the quality of service if you let consumers wait without a clear reason (Pertiwi, 2017).

Several efforts need to be made by hospital management in improving the service quality of the responsiveness dimension, namely; need to improve the responsiveness of health workers (doctors, nurses, laboratory workers, nutrition workers, cleaners and registration administrators) in providing services. This can be done with a persuasive approach, namely making internal SOPs, so that health workers understand their responsibilities in providing services to inpatients.

#### **Effect of Empathy on Patient Satisfaction**

Empathy is a patient, friendly, understanding, and caring attitude of hospital staff while providing services to inpatients of BPJS Kesehatan non-PBI participants. The results showed that as many as 57.9% of respondents stated empathy in the bad category, this indicates that the friendliness and attention of health workers (doctors, nurses, laboratory workers, nutrition workers, registration officers and cleaners) has not fully met expectations, so patients not satisfied.

Based on the results of interviews with inpatients of BPJS Kesehatan non-PBI participants, all of the 6 statements submitted were answered not well. As for most of the patients complained about; friendliness of registration officers, attention of doctors in providing services, attention of nurses in providing services, patience of laboratory officers in providing services, friendliness of nutritionists in providing services and friendliness of hospital cleaners, so that patients feel dissatisfied. This provides input for the management of Medan Methodist Hospital in order to maintain and increase the dimensions of empathy in providing services to increase patient satisfaction.

The psychological dimension of empathy emphasizes the attention of health workers to listen to complaints and give patients the opportunity to ask questions, so that patients will feel valued. Human relations in health services are interactions between health workers and patients. The need for empathy that has not been met, has an impact on patients wanting to choose to move to other health services.

Inpatients participating in BPJS Kesehatan non-PBI expect health workers to pay attention and respond to their complaints. The results of this study are in line with the research of Ha and Longnecker and Husna and Kadir (46), concluding that most patient dissatisfaction and complaints are caused by poor communication between health workers and patients. However, the results of this study are different from those of Wati et al who concluded that the output component of the

empathy dimension was able to answer the patient's needs (Devhy, Yundari, Purwanti, & Prihartiningsih, 2018).

The results of the bivariate test showed that empathy was related to patient satisfaction ( $p < 0.05$ ). Then continued with the multivariate test, it was found that the empathy dimension had an effect on patient satisfaction ( $p < 0.05$ );  $OR = 7,413$ ;  $95\% CI = 1.371-40.080$ , this shows that patients who express good empathy have a 7.4 times chance of having better satisfaction than patients who express bad empathy.

The results of this study support several research results on the quality of service in the dimensions of empathy in hospitals, such as the results of Putri et al. (11); Arnindiah (15); Mamun, et al. (16); Hasibuan, et al. (22); Endartiwi and Setianingrum (27); Arbiter, et al. (29); Maulina, et al. (33); Iryadi (38); Sarah (41), concludes that the empathy dimension affects the satisfaction of BPJS health participants.

The results of this study are in accordance with the theory proposed by Parasuraman, et al. (54), which states that the service quality dimension of empathy is the quality of service in the form of attention from service providers who are earnest individually to consumers.

One of the efforts that hospital management needs to do in improving the quality of service is the dimension of empathy, namely; need to increase the attention of health workers (doctors, nurses, laboratory workers, nutrition workers, cleaners and registration administrators) in providing services to patients.

#### **Effect of Appearance on Patient Satisfaction**

Tangibles or appearance is a real thing that can be seen in hospital resources such as; hospital staff, facilities, and buildings as well as hospital environment, including easy access to reach the hospital, appearance of officers, cleanliness and comfort of the room, as well as completeness of equipment used while providing services to inpatients of BPJS Kesehatan non-PBI participants. The results showed that as many as 65.9% of respondents stated that their appearance was in the bad category, this indicates that patients still complain about the appearance of the Medan Methodist Hospital, which is related to the ease of access to reach the hospital, appearance officers, cleanliness and comfort of the room, as well as the completeness of the equipment used, so that patients feel dissatisfied with the quality of hospital services.

Based on the results of interviews with inpatients BPJS Kesehatan non-PBI participants, of the 9 statements submitted, 6 statements were answered well and 3 statements were answered very poorly. As for most of the patients complained about; hospital waiting room, complete hospital information instructions (brochures, promotions, hospital signboards), food menus for patients, so that patients feel dissatisfied. However, the dimensions of appearance for ease of access, cleanliness of toilets, completeness of beds (pillows, hospital beds), neatness of doctor's clothes, facilities (electricity, clean water, temperature, ventilation, noise) and availability of drugs were mostly answered well by patients. This is an input for the management of Medan Methodist Hospital in order to maintain and improve the dimensions of appearance to increase patient satisfaction.

The results of this study are in line with the research of Wati, concluded that the process component, tangibility dimension contained deficiencies in inpatient facilities such as the absence of curtains, air conditioning, and crowded rooms. While the output component of the tangibility dimension of the patient has not been satisfied with the quality of service. The tangible dimension (appearance) that is not in accordance with the expectations of non-PBI BPJS Health participants has an impact on loyalty (Mutiarra, Mayasari, Fattima, & Saputri, 2018).

#### **Effect of Process on Patient Satisfaction**

Processes are things or events that are directly related to the services provided, including the convenience of non-PBI BPJS Health patients or their families in communicating with hospital staff, the taste of the food provided, and a neat room ready to be used by inpatients of BPJS Kesehatan non-PBI participants. The results showed that as many as 65.1% of respondents stated the process was in good category, this indicates that there are patients who still complain about the dimensions of the Medan Methodist Hospital process, which are related to doctor-patient communication, nurse-patient communication, laboratory staff communication with patients, cleanliness and comfort of the room, taste of food, and cleanliness of the room, so that patients feel dissatisfied with the quality of hospital services.

Based on the results of interviews with inpatients BPJS Kesehatan non-PBI participants, of the 5 statements submitted, 2 statements were answered well and 3 statements were answered not well.

As for most of the patients complained about; communication between doctors and nurses with patients, and ideals (Rizkia & Mulyaningsih, 2017).

### **The Effect of Policy on Patient Satisfaction**

Policy or policy is a regulation or stipulation in services made by the hospital while providing services to inpatients of BPJS Kesehatan non-PBI participants. The results showed that as many as 65.1% of respondents stated that the policy was in the bad category, this shows that there are patients who still complain about the dimensions of the policy at Medan Methodist Hospital, which are related to the dexterity of the registration officer, changing doctors when the main doctor is absent, nurse visits every year. shift changes, the ability of laboratory staff to communicate examination fees, regular doctor visits, and ease of contacting doctors, so that patients feel dissatisfied with the quality of hospital services.

Based on the results of interviews with inpatients BPJS Kesehatan non PBI participants, of the 6 statements submitted, 1 statement was answered well and 5 statements were answered not well and very badly. As for most of the patients complained about; regularity of doctor visits, ease of contacting doctors, nurse visits every shift change, dexterity of registration officers, and changing of doctors when the main doctor is absent, so that patients feel dissatisfied. However, the policy dimension for the ability of laboratory personnel to communicate the costs of laboratory examinations was mostly answered by patients. This is an input for the management of Medan Methodist Hospital in order to maintain and improve the dimensions of the policy to increase patient satisfaction.

Based on the results of interviews with patients, it is known that the most frequent patient complaints are the regularity of doctor visits and the ease of contacting doctors when patients need them. In this study, it was found that patients had difficulty communicating with doctors when needed and doctor visits were irregular. Then the attributes of the registration officer's dexterity in the patient acceptance process are considered slow, nurse visits during shift changes are considered less friendly and without greeting, changing doctors when the main doctor is absent is not satisfactory for patients (Natassa & Dwijayanti, 2019).

The results of the bivariate test showed that the policy dimension was related to patient satisfaction ( $p < 0.05$ ). Then continued with the multivariate test, it was found that the policy dimension had an effect on patient satisfaction ( $p < 0.05$ );  $OR = 13,389$ ;  $95\% \text{ CI} = 1.269 - 141.249$ , this shows that patients who state that the policy is good have a 13.4 times chance of having better satisfaction than patients who state that the policy is not good.

The results of this study support the results of research on the service quality of policy dimensions in hospitals, such as the results of Putri e concluded that the policy dimension had an effect on patient satisfaction of BPJS health participants. Likewise, the results of research by Brahmhatt, et al. Concluded that hospital policies are regulations or stipulations made and enforced in a hospital environment that affect patient satisfaction.

### **Satisfaction of Inpatients for BPJS Health Non PBI participants at Methodist Hospital Medan**

The satisfaction of inpatients participating in BPJS Kesehatan non PBI at Medan Methodist Hospital in this study refers to the indicators; registration services (customer service), specialist doctor services, nurse services, medical support services (laboratory/radiology), nutrition, hygiene and general services. The results showed that the satisfaction level of inpatients was 51.6% in the dissatisfied category, the rest in the satisfied category. This means that inpatients of BPJS Kesehatan non-PBI participants are not fully satisfied with the quality of service because it is not in accordance with the patient's expectations.

The results of this study are in accordance with the previous background which revealed that most of the inpatient JKN participants complained about: (a) very little time for consultation with doctors in the inpatient room, (b) the schedule for registration was not on time, (c) the emergency room was slow provide services, (d) laboratory personnel are slow in communicating examination fees, (e) the arrival of doctors who are not on time in the ICU, (f) irregular parking and (g) friendliness of nurses in providing services, so that patients are not satisfied.

The results of this study are in line with several research results related to the satisfaction of BPJS health inpatients, such as research results; Listiyana (14); Triwardani (17); Badu, et al. (30); Mailani and Fitri (34); Halawa, et al. (47) and Sihotang, Uci Wanfinni (49) concluded that the majority of patients using BPJS Kesehatan were dissatisfied with the quality of hospital services. However, this is different from the results of Arnindiah's research (15); Khohar, et al. (20); Handini and Chalidyanto

(25); Lestarinigrum and Bachtiar (28); concluded that most of the patients participating in BPJS Kesehatan were satisfied with the services provided.

Referring to the theory of Parasuraman, et al. (54), patients are a source of income from the hospital either directly (out of pocket) or indirectly through health insurance. Without patients, hospitals cannot survive and thrive considering the high costs for hospital operations. Therefore, in order to increase patient visits to hospitals, hospitals must be able to display and provide satisfaction to patients, so it is necessary to anticipate good service quality by hospitals in order to survive and develop through hospital income from patients.

#### **4. Conclusion**

Based on the results of research and discussion, it can be concluded that: The satisfaction of inpatients of BPJS Kesehatan non PBI participants at Medan Methodist Hospital was 51.6% in the dissatisfied category. Reliability has a significant effect on the satisfaction of inpatients of BPJS Kesehatan non-PBI participants at Methodist Hospital Medan. Responsiveness has a significant effect on the satisfaction of inpatients of BPJS Kesehatan non PBI participants at Methodist Hospital Medan. Empathy has a significant effect on the satisfaction of inpatients of BPJS Kesehatan non PBI participants at Methodist Hospital Medan. Appearance has a significant effect on the satisfaction of inpatients of BPJS Kesehatan non PBI participants at Methodist Hospital Medan. The process has a significant effect on the satisfaction of inpatients of BPJS Kesehatan non-PBI participants at Methodist Hospital Medan. The policy has a significant effect on the satisfaction of inpatients participating in BPJS Kesehatan non PBI at Methodist Hospital Medan. The most dominant variable that influences the satisfaction of inpatients BPJS Kesehatan non PBI participants at Medan Methodist Hospital is the process dimension with an OR value of 27.864.

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