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THE DIFFERENCE OF SATISFACTION LEVEL IN *JAMINAN KESEHATAN NASIONAL* (JKN) AND GENERAL PATIENTS TOWARDS QUALITY OF DENTAL HEALTH SERVICES AT DENTAL CLINIC IN WEST KALIMANTAN
 (Research report)

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ABSTRACT

Background: Patient perception is reckoned as one of main indicators in health service standards. Several studies have revealed that health services in hospital are perceived to be different between general patients and JKN participants, where general patients get better health services than JKN participants. **Purpose :** The purpose of this research is to determine the differences in the level of satisfaction between JKN patient and general patients on the quality of dental health services at dental clinic of Dr. Rubini Hospital, Mempawah - West Kalimantan. **Method:** This descriptive analytic study was conducted at outpatient care service, dental clinic of Dr. Rubini General Hospital, Mempawah - West Kalimantan. The research involved 80 patients, consisting of 40 JKN participants and 40 general patients aged >15 years without syndrome complications and non-complicated dental extraction patients. Patient satisfaction was measured by the SERVQUAL method which disclosed the difference in perception scores towards the expectation score on quality of service. The quality of service consists of several dimensions including reliability, responsiveness, assurance, tangible evidence, and empathy. Differences in satisfaction level of JKN participants and general patients were then analyzed by Mann-Whitney test. **Results:** The results showed that there were differences in SERVQUAL scores of overall quality of service between general patients and significant JKN participants ($p < 0.05$). **Conclusion:** General patients have higher level of satisfaction than patient of JKN participants.

Keywords: General patient, patient satisfaction, patient of JKN participant, quality of service.

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INTRODUCTION

Law article No 36 of 2009 about Health mentions that Government is responsible to provide qualified, efficient, safe and affordable health service. The implementation can be conducted by programming equity in health service and providing primary health facilities such as Community Health Centre and other health service institutions.³ Health development in Indonesia is conducted based on health service equity principle, thus Government appointed Social Security Administrator (*BPJS*) of Health to perform National Health Insurance (*JKN*) for all Indonesian citizens.

Several studies demonstrate the opinion of National Health Insurance participants upon available healthcare service which is considered to be unsatisfying. Healthcare service at hospital is perceived differently among general patients and those who categorized as National Health Insurance participants where general patients obtain better healthcare service than *JKN* participants.⁵ Indonesia Consumer Institute Foundation (YLKI) on March 2015 released 4 types of complaint conveyed by National Health Insurance participants. They are comprised of long treatment queue, difficult National Health Insurance programme coverage,

confusing National Health Insurance or Healthy Indonesian Card for citizens, and unclear explanation including National Health Insurance terms of us at hospital. These conditions can decrease the level of patient satisfaction.⁶

Patient satisfaction is considered as one of main indicator for healthcare service thus monitoring of patient satisfaction becomes an instrumental component. Satisfied patients upon provided services by the hospital indicates that patient expectation has been fulfilled and enables the patient to recommend the hospital as a place to seek treatment to other parties.² Study about patient satisfaction upon quality of service at Dr Rubini General Hospital Mempawah, prior to National Health Insurance programme, had been conducted and satisfying outcomes was obtained despite of presenting problems to implement overall qualified service.⁷

This study aims to determine the perception of National Health Insurance patients and general patients which calculated from patient satisfaction for dental health service at dental clinic of Dr Rubini General Hospital Mempawah, West Kalimantan.

METHODS

The research is categorized as analytical descriptive study with cross sectional design referred to conducted study by Sari PA's (2015). A study about National Health Insurance and non-National Health Insurance patients' perception on the quality of service at dental clinic of Dr Rubini General Hospital Mempawah, West Kalimantan had been approved by Ethics Committee of Health and Medical Research, Faculty of Medicine, Universitas Islam Sutan Agung Semarang No 063/B.1-KEPK/SA-FKG/X/2017. Sample was established by purposive sampling and determined the number by using Slovin's formula. The sample of this study amounted to 80 respondents which divided into 2 categories. They were comprised of 40 National Health Insurance outpatients and 40 non-National Health Insurance outpatients at Dental Clinic, Dr Rubini General Hospital Mempawah, Kalimantan Barat. Selected patients are including those over 15 years old, without syndrome complication and with no complicating factors after tooth extraction.

Perception of National Health Insurance patients and general patients toward the quality of Service at Dental Clinic, Dr Rubini General Hospital Mempawah, West Kalimantan was determined by differentiate the level of satisfaction among patients obtained through questionnaire which given to National Health Insurance patients and general patients. Applied questionnaire is referred to Parasuraman, Zeithaml and Berry (1985) cit Tjiptono (2012) including 5 dimensions of service

quality such as reliability, responsiveness, assurance, tangible evidence and empathy. Level of satisfaction scored by SERVQUAL methods which represents gap value between the quality of acquired/perceived service and expected service (SERVQUAL = score of perception/reality \rightarrow score of expectation). Questionnaire used in this study had passed validity and reliability assessment. Of 34 questions, 32 questions assessed to be valid. Based on the result of reliability test, each *cronbach* alpha value indicates 0.978 for expected service quality and 0.976 for acquired/perceived service quality. Thus illustrates the reliability of the questionnaire.

SERVQUAL score for National Health Service patients and general patients was then analyzed for its significant difference using Mann-Whitney test at $p < 0.05$ significance level.

RESULTS

The result of patient satisfaction analysis in each quality of service's dimensions and overall quality of service between general patients and National Health Insurance patients are featured on Table 1 and 2.

Table 1. SERVQUAL score analysis on general patient satisfaction

No	Dimensio n	Mean Per Dimension		SERV QUAL Score
		Expectation	Realit y	
1	Reliability	4,866 \approx 4,9	4,5	-0,4
2	Responsiv eness	4,903 \approx 4,9	4,43 \approx 4,51 \approx	-0,5
3	Assurance	4,921 \approx 4,9	4,5	-0,4
4	Tangible evidence	4,925 \approx 4,9	4,14 \approx 4,554	-0,8
5	Empathy	4,96 \approx 5	\approx 4,6	-0,4

Table 4.1 presented all dimensions of healthcare service quality at dental clinic, Dr Rubini General Hospital Mempawah which reveals negative gap value. From table 1, it is obtained that level of satisfaction values in general patient at dental clinic, Dr Rubini Mempawah General Hospital West Kalimantan are comprised of reliability dimension with -0.4 gap score classified in partly satisfied category, responsiveness with -0.5 gap score classified in partly satisfied category, assurance with -0.4 gap score classified in partly satisfied category, tangible evidence with -0.8 gap score classified in dissatisfied category, empathy with -0.4 gap score classified in partly satisfied category and quality of service with -0.5 gap score classified in partly satisfied category.

Table 2. SERVQUAL score analysis of National Health Insurance patients satisfaction

N0	Dimensi n	Mean Per Dimension		SERVQUAL Score
		Expectat ion	Reality	
1	Reliability	4,818 ≈ 4,8	3,838 ≈ 3,8	-1
2	Responsiv eness	4,793 ≈ 4,8	3,743 ≈ 3,7	-1,1
3	Assurance	4,896 ≈ 4,9	4,375 ≈ 4,4	-0,5
4	Tangible Evidence	4,875 ≈ 4,9	4,11 ≈ 4,1	-0,8
5	Empathy	4,936 ≈ 4,9	3,804 ≈ 3,8	-1,1

From table 2, it can be obtained the assessment results of satisfaction level on National Health Insurance patients at dental clinic, Dr Rubini General Hospital Mempawah, West Kalimantan which comprised of reliability dimension with - 1 gap score in dissatisfied category, responsiveness with -1.1 gap score in dissatisfied category, assurance with -0.5 gap score in partly satisfied category, tangible evidence with -0.8 gap score in dissatisfied category, empathy with -1.1 gap score in dissatisfied category, and quality of service with -0.9 gap score in dissatisfied category.

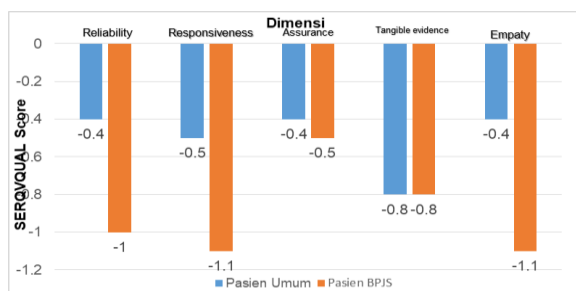


Figure 1. Bar graphic of SERVQUAL average score in general patients and National Health Insurance patients

Table 3. Different SERVQUAL score in general patients and National Health Insurance patients on quality of dental health service at Dental Clinic of Dr Rubini General Hospital Mempawah, West Kalimantan

Variable	General patient	<i>JKN</i> patients	<i>p value</i>
	SERVQUA L score	SERVQUA L score	
Reliability	-0,4	-1	0,000*
Responsiv eness	-0,5	-1,1	0,000*
Assurance	-0,4	-0,5	0,100
Tangible evidence	-0,8	-0,8	0,703
Empathy	-0,4	-1,1	0,000*
Quality of service	-0,5	-0,9	0,000*

Notes: * = significant difference (p<0.05)

The five dimensions in quality of service are resulted in different p value. SERVQUAL score in assurance and tangibility dimensions did not reveal any significant difference or in the other word is relatively similar (p>0.05). Meanwhile, the other three dimensions of quality of service such as reliability, responsiveness and empathy are unveiled to be different significantly (p<0.05). This significant difference suggests that general patient satisfaction on reliability, responsiveness, and empathy dimension is higher than level of satisfaction in *JKN* patients. SERVQUAL score for overall quality of service between general patients and *JKN* patients obtain significant value (p<0.05) which implies that general patients acquires higher satisfaction level than *JKN* patients.

DISCUSSION

This SERVQUAL score indicates a gap between acquired/received service and expected service in which higher SERVQUAL value reveals better satisfaction level among patients. On the other hand, lower SERVQUAL value represents patients dissatisfaction upon acquired service.

General patient and *JKN* patient satisfaction upon outpatient service quality at Dental Clinic, Dr Rubini Mempawah General Hospital, Kalimantan Barat showed significant difference. This quality of dental healthcare service differs in reliability, responsiveness and empathy dimensions. *JKN* patients denote lower level of satisfaction than general patients. This discovery is relevant with

presented opinion that *JKN* patients satisfaction upon quality of service is lower than general patients satisfaction in outpatient service at RSI Siti Maryam Manado, caused by the evidence that general patient service is more prioritized than *JKN* participants.⁵

Previous study illustrates that there is significant difference between level of satisfaction in National Health Insurance patients and general patients at Dr Soediran Mangun Sumarso General Hospital Wonogiri, where level of satisfaction in general patients is higher compared to *JKN* patients.⁸ Satisfaction between *JKN* patients and general patients also found at dr. S. Hardjolukito Bantul Air Force Centre Hospital and RST Dr. Soedjono Magelang, where general patients satisfaction is higher than *JKN* patients satisfaction. This study was conducted to determine quality of service in outpatients from registration phase to treatment phase.^{9,10}

Lower satisfaction level in *JKN* patients compared to general patients is caused by the difference in reliability, responsiveness and empathy dimensions. Reliability emphasizes at general patients or *JKN* patients satisfaction upon staff's greeting, doctor's sympathy, service reliability, announcement of treatment schedule, doctor's punctuality, doctor's attentiveness, treatment results, and data collection accuracy and rightness. The result of this dimension is higher level of satisfaction in general patient than *JKN* patients. Among all the factors which influence reliability, the highest difference in level of satisfaction is presented at treatment schedule announcement questionnaire item.⁵

In responsiveness dimension, general patients also show higher satisfaction level than *JKN* patients of all indicators including the speed and comfortability of service, provided safety by doctor along the treatment, operator readiness in helping patient's problem, operator readiness while managing patient, registration speed, operator's speed to respond upon complaint, and operator sincerity in providing the service. Limited time and patients' outnumber are resulted in less time to obtain detailed information from patients. Registration speed item has the highest level of satisfaction difference between general patients and *JKN* patients. *JKN* patients perceived that registration service is not fast enough. Registration service in *JKN* patients is much longer than general patients in term that waiting time become prolonged. Longer registration time at *JKN* patients is caused by tremendous registration or administration requirements based on authorized procedures while general patients experienced shorter waiting time where less administration is required (treatment card or referral letter if exist). Other than that, patients number in general patients queue is also

considered to be lower. The long queue will induce patients' boredom and affect patient satisfaction.¹⁰

As in empathy dimension, general patient also demonstrates higher level of satisfaction than *JKN* participants compared to other indicators. Availability to contact operator shows the highest gap in level of satisfaction. *JKN* participants discerned that contacting operator is difficult. Plenty of *JKN* patients has resulted in long queue which portrays slow service impression. In processing data verification, medical staffs are still expected to input *JKN* patients data manually which takes several minutes for each patient. This rush has caused difficulty to connect with patient complaint so that *JKN* patients have to wait for acquiring treatment service over dental and oral diseases they experienced. Difficulty to contact the staff also linked to limited staff number which causing prolonged queue.¹²

Assurance and tangible evidence dimension declare the difference in level of satisfaction between general patients and *JKN* patients. Assurance dimension is represented by doctor's capability in assuring and growing patient's trust for healing, service safety at the hospital, friendliness, politeness, satisfactory treatment by the doctor and presented knowledge owned by the staff. Assurance dimension is really essential for patient especially in administering service where it is more emphasized on service provider ability, trust building and patient's belief that service providing doctor will be able to fulfill patient need. Whereas tangible evidence is presented by modern technology utilization, clean operator appearance, interesting facility, comfortable examining room (organized, clean, cool) and clean hospital environment. Hospital crews should not differ tangible evidence dimension (such as material used, staff appearance, waiting room and examining room) between *JKN* patients and general patients.¹¹ It can be concluded that general patient possessed higher level of satisfaction than *JKN* patients.

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