A Comparison of Patient Satisfaction When Using the Insured and Non-insured in Public Health Center (Puskesmas Kasihan 1) Bantul, Indonesia

Fatma Siti Fatimah*, Sumarni Mars, Raden Jaka Sarwadhamana, Rizka Mulyani, Putri Daru Handayani

Department of Hospital Administration, Faculty of Health Science, Universitas Alma Ata, Yogyakarta, Indonesia

Abstract

BACKGROUND: In Indonesia, the health sector has experienced a very significant development. Fair and equitable health care is one way to fulfill the health rights of each individual. Therefore, puskesmas are required to provide good service quality through conformity to standards with customer needs. The creation of service quality will certainly create customer satisfaction for service users when using health assurance and non-assurance.

AIM: This study was to know a comparison of patient satisfaction when using the insured and non-insured in Public Health Center (Puskesmas Kasihan 1) Bantul, Indonesia.

METHODS: This study was a cross-sectional study, with 222 samples with 111 respondents using health assurance and 111 non-assurance. Samples were collected with a cluster sampling technique taken from nine service polyclinics in Puskesmas Kasihan 1 Bantul. Data were analyzed using independent sample t-test.

RESULTS: The study found that the average patient satisfaction with health insurance was 34.76 more than the average patient satisfaction with non-health insurance was 29.10. Based on the results of the analysis, the mean ± sd of patient satisfaction with health insurance was 29.10 ± 3.04 compared to the satisfaction of non-health insurance patients, namely, 34.76 ± 3.61 with a Sig value of 0.000, which means that there is a significant difference between patient satisfaction using the insured and non-insured.

CONCLUSIONS: Patients when using the health insured are more satisfied than patient's non-insured.

Introduction

Puskesmas are a primary (basic) health facility, where patients receive initial care before being referred to a secondary health facility such as a hospital [1]. Puskesmas are one of the first-level health service facilities that are the benchmark of health development in Indonesia [2]. The population of Indonesia is increasing from year to year, with the increasing population, it is necessary to add additional health service facilities and strengthen JKN (Jaminan Kesehatan Nasional Indonesia or National health insurance) to encourage people to be more aware of health [3].

Based on data from the Ministry of Health (Kemenkes) in 2019, the number of Puskesmas in the Special Region of Yogyakarta by district or city is 121 Puskesmas, consisting of 49 inpatient Puskesmas and 72 non-inpatient Puskesmas [4]. Puskesmas are a health facility that is always required to provide quality services. This is a challenge for health agencies to change the paradigm of consumers or patients that health services, primary healthcare, are much better with the main target of patient satisfaction [5]. The targets in evaluating patient satisfaction are public services, service standards, and the provision of information and education [6]. Customer satisfaction has a significant effect on customer loyalty [7].

The issue that has developed in the electronic media is about complaints from the public that there are differences in the health services provided by health facilities, in this case the puskesmas to general patients compared to patients using JKN, where the puskesmas prioritize general patient services compared to the services of patients using JKN [8]. JKN has opened up participants' accessibility to services, but the wide variation in rates between hospital classes has had a negative impact on participants [9]. Based on the research, the longest waiting time at Puskesmas Lubuk Begalung is 1 h 50 min. About 30% satisfied, 70% of patients said that they were not satisfied with the health services at the Puskesmas [10] and quality of service in Puskesmas impact on patient satisfaction [11].

Based on this issue, the researcher is interested in conducting research with the aim of knowing a comparison of patient satisfaction when using the insured and non-insured in primary health services (Puskesmas Kasihan 1) Bantul, Indonesia.

Methods

Research design

This type of research is quantitative analytic with a cross-sectional research design. Quantitative analysis is research that uses samples to be analyzed using sample statistical tests and the results are generalized to the population from which the sample is taken. The cross-sectional research design is an activity of collecting data in a study that is carried out at once in a certain time, and each research subject is only conducted one time data collection (observation) for all the variables studied, during the study.

Respondents

In this study, the sampling technique used is probability sampling, with cluster sampling type, namely, the sampling technique carried out by grouping research subjects or analytical units that are close to each other. With a total of 222, with 111 respondents each sample using insurance and non-insurance.

Instruments

Data were collected using questioner, which has been validity test using 30 respondents at Puskesmas Kasihan 2, the results of the validity test r arithmetic > r table (0.361), the results obtained Cronbach's alpha value > 0.6 with a value > 0.9, so it can be concluded that the patient satisfaction questionnaire is declared valid and reliable (Table 1).

Table 1: Validity and reliability test results customer satisfaction

Item	r table product moment	r count (correlation)	Cronbach alpha	Information
Q1	0,361	0,833	0,937	Valid and Reliable
Q2	0,361	0,755	0,940	Valid and Reliable
Q3	0,361	0,655	0,945	Valid and Reliable
Q4	0,361	0,774	0,940	Valid and Reliable
Q5	0,361	0,843	0,937	Valid and Reliable
Q6	0,361	0,865	0,936	Valid and Reliable
Q7	0,361	0,901	0,935	Valid and Reliable
Q8	0,361	0,821	0,938	Valid and Reliable
Q9	0,361	0,722	0,943	Valid and Reliable
Q10	0,361	0,859	0,936	Valid and Reliable
Q11	0,361	0,805	0,938	Valid and Reliable

Data collection

Data collection was carried out directly at the research site in the form of a hard file by distributing questionnaires to respondents with a number of samples that had been determined by the previous researcher. This implementation is carried out by fulfilling the health protocol according to the procedures at Puskesmas Kasihan I Bantul Regency.

Before the researcher distributes the questionnaire sheet to the respondents, the researcher will explain the research objectives and the procedure for filling out the questionnaire. After understanding the objectives and procedures of the research, respondents were asked to fill out an informed consent form. Furthermore, respondents will be given a questionnaire sheet to be filled in.

This study uses a questionnaire to measure patient satisfaction due to the results of previous studies, there are no significant differences between the index of patient satisfaction using the Android and the questionnaire method [12].

Data analysis

Bivariate analysis is a data analysis conducted on two variables to analyze the differences between the two variables. Numerical research data have been tested for normality, using Kolmogorov–Smirnov and the results data are not normally distributed so that the test uses a non-parametric test with Mann–Whitney and the results are the same as the parametric test, to determine the mean and standard deviation analyzed using the independent sample t-test.

Ethical clearance

This research has received approval and research feasibility from the Ethics Committee of the Faculty of Health Sciences, Alma Ata University on Juni, 2021 Number: KE/AA/IV/10402/EC/2021. Respondents were given an explanation of the purpose and course of the research, respondents who agreed to participate then signed the informed consent. During the explanation, the respondent's personal information will be saved confidential, no side effects will be caused and the respondent is free to withdraw from the study at any time.

Results

Based on Table 2, it is known that the majority of respondents by gender are female, the characteristics of respondents according to age are most patients aged 17−25, the characteristics of respondents according to occupation are the majority of housewives, and the characteristics of respondents according to the last education level are high school. These data show that the data on characteristic's demographic majority respondents from the group are the same.

Based on Table 3, it is found that there is a significant difference between customer satisfaction with health insured between non-insured with a range of Mean ± SD on respondents with health assurance at 31.15–38.37 and in non-health assurance respondents at 26, 06−32.14.

Table 2: Demographic data of group with insured and group non-insured

Variables	Group with insured (n = 111)		Group non-insured (n = 111)	
	n	%	n	%
Gender				
Male	32	28,2	38	34,2
Female	79	71,2	73	65,8
Age				
17–25	33	29,7	24	21,6
26–35	27	24,3	21	18,9
36–45	20	18,0	21	18,9
46–55	14	12,6	22	19,8
56–65	17	15,3	23	20,7
Work				
Employment of civil servants	3	2,7	6	5,4
Labor	22	19,8	29	26,1
Private employees	14	12,6	19	17,1
Entrepreneurs	14	12,6	7	6,3
Housewives	40	36,0	34	30,6
Not working	18	16,2	16	14,4
Last Education				
Elementary school	14	12,6	17	15,3
Junior high school	14	12,6	23	20,7
High school	62	55,9	51	45,9
Higher education (D3, S1, S2, S3)	21	18,9	20	18,0

Discussion

Health care service quality indicators were the most influential determinants of patient satisfaction [6]. Patient satisfaction is an important indicator of health outcomes [13]. There is no doubt patient satisfaction that is an import ant indicator of health outcomes [13]. The result from this study shows that results did not show any significant difference in the level of satisfaction of primary health care services between rural and urban residence. Therefore, this study was only conducted in rural areas.

Table 3: Differences customer satisfaction with health insured between non-insured

Variables	Mean ± SD	p value
Customer satisfaction with health assurance	34.76 ± 3.61	<0,001
Customer satisfaction non-health assurance	29.10 ± 3.04	

The statistical test results show that there is a significant difference between customer satisfaction with health assurance between non-health assurance. Moreover, higher average satisfaction in patients with health assurance, supported by previous research that revealed, analysis result on difference of client satisfaction of national health insurance contribution assistance recipients, and national health insurance non-contribution assistance recipients showed significant difference between the service satisfaction of national health insurance contribution assistance recipients and national health insurance non- contribution assistance Recipients [14]. Same with research result Fenny, 2014 number of patients who use insured were satisfied at waiting time, friendliness of staff, satisfaction at laboratory or X-ray although not statistically significant [15].

This study shows that patient satisfaction with services is more dominant on average in the group with insurance because they do not incur costs when receiving treatment, supported by research [16], which shows that overall, 286 (75.5%) of the respondents were satisfied with the outcome of health care provided at the NHIS (National Health Insurance Scheme) clinic. A statistically significant association (p =.00) supported by research results which show the average level of satisfaction in the JKA (Jaminan Kesehatan Aceh) group increased significantly [17], primary health care practices need to recognize the needs that influence patients [18].

The results of the previous research conducted by Ratnawati 2020, howed that the insurance system was proven to significantly increase the satisfaction and loyalty of JKN patients [19]. This means that the Government of Indonesia's efforts to improve health status by establishing JKN can benefit the community, goals can also be improved through the variables of reliability, empathy, and responsiveness, while the loyalty of JKN patients is strongly influenced by satisfaction. Variables can increase satisfaction and loyalty of JKN patients in small hospitals including Puskesmas. Limitation that arises in a study is that the researchers did not conduct further analysis of the factors that affect patient satisfaction in the two groups.

Conclusions

Characteristics of the respondents in both groups are as follows: The majority are female, age range 17−25 years, work as a housewife, and the last education is high school. There is difference of patient satisfaction when using the insured and non-insured in Public Health Center (Puskesmas Kasihan 1) Bantul, Indonesia. Patients when using the health insured are more satisfied than patient's non-insured. Public Health Center needs to pay attention to non-insured patients to improve patient satisfaction and have an impact on improving service quality.

Author Contribution

First author – initiated idea, research question, and the searching method. Coauthors were contributed to substantially data analysis and discussion.

Ethical Approval

The ethics committee of Universitas Alma Ata with the number KE/AA/IV/10402/EC/2021

Acknowledgments

References

1. Regulation of the Minister of Health of the Republic of Indonesia No. 75 of 2014 concerning Public Health Centers [Peraturan Menteri Kesehatan RI No. 75 Tahun 2014 Tentang Pusat Kesehatan Masyarakat]. 2014. Jakarta: Kementerian Kesehatan RI; 2014. Available from: http://hukor.kemkes.go.id/uploads/produk_hukum/PMK No. 75 ttg Puskesmas.pdf. [Last accessed on 2021 Aug 17].

2. Hardhana B, Sibuea F, Widiantini W, editors. Indonesia's Health Profile for 2019 [Profil Kesehatan Indonesia]. Available from: https://pusdatin.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-indonesia-2019.pdf. [Last accessed on 2021 Aug 17].

3. Wibisana W. Strengthening the Health Service System [Penguatan Sistem Pelayanan Kesehatan]. Central Jakarta: Directorate of Public Health and Nutrition; 2019. Available from: https://www.bappenas.go.id/files/5715/9339/2399/FA_Preview_HSR_Book09.pdf. [Last accessed on 2021 Aug 17].

4. Kesehatan K. Primary Data Health Center: Province of the Special Region of Yogyakarta Data Dasar Puskesmas: Provinsi Daerah Istimewa Yogyakarta]; 2019. Available from: https://pusdatin.kemkes.go.id/resources/download/pusdatin/data-dasar-puskesmas/2019/14. Buku Data Dasar PKM-DIY.pdf. [Last accessed on 2021 Aug 17].

5. Hemadeh R, Hammoud R, Kdouh O, Jaber T, Ammar L. Patient satisfaction with primary healthcare services in Lebanon. Int J Health Plann Manage. 2019;34(1):e423-35. https://doi.org/10.1002/hpm.2659
   PMid:30259563

6. Batbaatar E, Dorjdagva J, Luvsannyam A, Savino MM, Amenta P. Determinants of patient satisfaction: A systematic review. Perspect Public Health. 2017;137(2):89-101. https://doi.org/10.1177/1757913916634136
   PMid:27004489

7. Budur T, Poturak M. Employee performance and customer loyalty: Mediation effect of customer satisfaction. Middle East J Manag. 2021;8(5):453-74.

8. Lahdj IA, Setiawan M, Purnamasari W. Factors affecting the quality of health services for BPJS patients at the internal medicine clinic at Sunan Kalijaga Hospital Demak Period May-October 2015. [Faktor Faktor yang Mempengaruhi Mutu Pelayanan Kesehatan terhadap Kepuasan Pasien BPJS di Klinik Penyakit Dalam RSUD Sunan Kalijaga Demak Periode Mei-Oktober 2015]. Kedokt Univ Muhammadiyah Semarang. 2015;5(2):1-7.

9. Hidayat B, Nurwahyuni A. Optimization of BPJS Health Purchasing [Optimalisasi Purchasing BPJS Kesehatan]. 2016. Available from: https://bpjs-kesehatan.go.id/bpjs/dmdocuments/75d7cb372e5c9bfb38617904129c1c76.pdf

10. Rahmatiqa C, Yuniko F. Relationship of Patient Waiting Time with Patient Satisfaction at Puskesmas (Public Health Center) Lubuk Begalung Padang. Proceeding Int Conf Syedza Saintika. 2020;1(1):449-54.

11. Razali SC. The effects of service quality on patient's satisfaction in pusat kesihatan masyarakat (PUSKESMAS). Int J Humanit Technol Civiliz. 2020;1:14-37.

12. Udiyana IG, Riana IG. The differences patient satisfaction indices using android application and questionnaire method in the Puskesmas. J Multidiscip Acad. 2021;5(3):230-3.

13. Yaya S, Bishwajit G, Ekholuenetale M, Shah V, Kadio B, Udenigwe O. Urban-rural difference in satisfaction with primary healthcare services in Ghana. BMC Health Serv Res. 2017;17(1):1-9. https://doi.org/10.1186/s12913-017-2745-7
    PMid:29178876

14. Fausi S. An Analysis on the Effect of Service Quality to the Client Satisfaction of JKN PBI and Non PBI Memberships in an Outpatient Unit of RS X: 182520102033 Specialization on Health Service Management. Magister Progr Jember University; 2020. p. 190.

15. Fenny AP, Enemark U, Asante FA, Hansen KS. Patient satisfaction with primary health care-a comparison between the insured and non-insured under the national health insurance policy in Ghana. Glob J Health Sci. 2014;6(4):9. https://doi.org/10.5539/gjhs.v6n4p9
    PMid:24999137

16. Olamuyiwa TE, Adeniji FO. Patient's satisfaction with quality of care at a national health insurance clinic at a tertiary center, South-South Nigeria. J Patient Exp. 2021;8:2374373520981471. https://doi.org/10.1177/2374373520981471
    PMid:34179352

17. Kesuma ZM, Chongsuvivatwong V. Comparison of satisfaction with maternal health-care services using different health insurance schemes in Aceh Province, Indonesia. Indian J Public Health. 2016;60(3):195. https://doi.org/10.4103/0019-557X.189013
    PMid:27561398

18. Setyawan FE, Supriyanto S, Ernawaty E, Lestari R. Understanding patient satisfaction and loyalty in public and private primary health care. J Public Health Res. 2020;9(2):1823. https://doi.org/10.4081/jphr.2020.1823
    PMid:32728567

19. Ratnawati A, Bin MCW, Kholis N. Improving the satisfaction and loyalty of BPJS healthcare in Indonesia: A Sharia perspective. J Islam Mark. 2020. Available from: http://research.unissula.ac.id/bo/reviewer/210489019/1052Improving_the_satisfaction_and_loyalty_of_BPJS_healthcare_in_Indonesia_a_Sharia_perspective.pdf. [Last accessed on 2021 Aug 17].