



NATIONAL HEALTH INSURANCE: AN EXPLORATORY STUDY OF PATIENT SATISFACTION

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ABSTRACT

Background: Indonesia has been implemented National Health Insurance since 2014 and was targeted to achieve Universal Health Coverage by 2019 through quality improvement and cost efficiency strategy. However, the little understanding of this new policy leads to an increase of complaint in the hospital as a health care provider.

Purpose: This study seeks to understand the factors that might influence a patient's perception of National Health Insurance in Indonesia.

Method: This is a descriptive observational study with a cross-sectional design method. Data was collected through in-depth interview with 96 patient from Jemursari Islamic Hospital of Surabaya (Rumah Sakit Islam Jemursari Surabaya) who participate in National Health Insurance. The subject was selected by simple random sampling.

Results: The findings demonstrated that from five categories, 82,3% patient was satisfied in the reliability aspect and 85,4% in assurance aspect, while intangible, responsiveness and empathy aspect >90% patient was satisfied. Meanwhile, in Indonesia, the minimum service standard of healthcare for patient satisfaction is 90%.

Conclusion: Health providers must understand the patient's value and preference and do a service based on their value.

1. Introduction

National Health Insurance (NHI) was first implemented in Indonesia on January 1, 2014, and planned to achieve universal health coverage by 2019. The implementation of this policy is the embodiment of Law No.40 of 2004 on National Social Security System. NHI is a testimony of the government's responsibility to provide protection to every citizen of the unpredictable due to socio-economic risks and threaten health [1]. NHI aims to ensure that every citizen has access to a high quality of promotive, preventive, curative and rehabilitative services fairly. Two keys elements in the implementation of NHI in Indonesia are access to quality health services and financial risk protection in health services. NHI carries the goal of humanity, so it requires a humanity effort [2].

Some of the benefits of implementing NHI are shown in several countries. In India, NHI helps low-income societies for maintaining and increasing productivity with health status guarantees [3]. The implementation of NHI in Taiwan can reduce the cost of curative services by maximizing preventive services [4]. In Ghana, the implementation of NHI can improve the effectiveness of labour utility in pregnant women, especially in poor people [5]. In the USA, among pregnant women access to private health insurance has decreased, and state Medicaid programs have covered a growing percentage of women [6]. In Korea, NHI has covered Korean Medicine services (such as acupuncture, cupping and herbal medicine) which represent the first time that the medical system was insured by NHI scheme anywhere in the world [7].

The implementation of NHI brings impacts and benefits that must be felt directly by the community. One of the indicators for assessing how much benefit NHI for society in Indonesia is to see the level of patient satisfaction in receiving service in the hospital. Patient satisfaction indicates a quality hospital service and in accordance with patient expectations. A preliminary study was conducted on a sample of complaint data during 2016 on out care patient care under NHI in Jemursari Islamic Hospital Surabaya as shown in Table 1.

TABLE 1
NHI SERVICES COMPLAINTS IN JEMURSARI ISLAMIC HOSPITAL SURABAYA

Complaint	n	Percentage (%)
Waiting time	4	40
Administration	3	30
Information System	1	10
Hospitality Employee	1	10
Facility	1	10
Total	10	100

Source: Management Complaint Departement, Jemursari Islamic Hospital Surabaya

Table 1 shows about 40% of complaints related to patient dissatisfaction with waiting time. It turns out that ratio of specialist doctors at the hospital are not sufficient to serve NHI patients. In addition, 30% complaint is related to administrative matters. NHI in Indonesia establishes a tiered referral policy of primary, secondary, and tertiary health care. But not all communities know the system. It becomes a barrier to the delivery of health services—10% complaints on physical and building facilities.

From the background, the researchers measured the satisfaction of NHI patients in Jemursari Islamic Hospital Surabaya by using SERVEQUAL method so that it was found part of the system that needed special attention for the hospital management to improve continuously.

2. Method

This study is descriptive observational research. The research design used was a cross-sectional research design. The population in this study were all NHI patients in outpatient Jemursari Islamic Hospital Surabaya. The sample of this study is patients with inclusion criteria, not pediatric patients, not first visit patients, patients have awareness, good communication skills, and willing to be respondents. The number of samples was 96 patients taken by accident with simple random sampling.

The data analysis technique was a quantitative method with categorization. There were four categories, category 1 for excellent, category 2 for good, category 3 for average, and category 4 to low. The standard used in the calculation of patient satisfaction refers to the minimum service standards of the Indonesian Ministry of Health on the regulation of the Minister of Health No.129 of 2008 that is > 90%.

3. Result and Analysis

A total of 96 out care patients who met the inclusion criteria were included in this study. Demographic data of respondents can be seen in table 2.

TABLE 2
PATIENT'S CHARACTERISTIC

		N	%
Gender	Men	32	33.3
	Women	64	67.7
Age	18-25 yo	3	3.1
	26-45 yo	22	22.9
	46-65 yo	52	54.2
	>65 yo	19	19.8
Last Education Level	Elementary	5	5.2
	Junior High	15	15.6
	Senior High	64	66.7
	Diploma	9	9.4
	Undergraduate	3	3.1
NHI Level Class	Class 1	20	20.8
	Class 2	40	41.7
	Class 3	19	19.8
	Class 3 (Special BPI)*	17	17.7

*Premium is paid by the government

Table 2 shows that most of the respondents were female (67.7%), and 54.2% of respondents were 46-65 years of age. The last education of most patients was SMA (66.7%), and 41.7% of patients were in grade 2 in the NHI class level. Indonesia has three classes of NHI grade, which are class 1, class 2, and class 3, and different amount of premium paid. For people who are not able to automatically become a dependent government and into the NHI level 3 PBI (without paying premiums).

Assessment of patient satisfaction with SERVEQUAL method can be seen in Table 3.

TABLE 3
PATIENT SATISFACTION UNDER NHI SCHEME IN JEMURSARI ISLAMIC HOSPITAL SURABAYA

Dimension	Excellent		Good		Average		Low		n	%
	n	%	n	%	n	%	n	%		
Reliability	34	35,4	45	46,9	17	17,7	0	0	96	100
Assurance	29	30,2	53	55,2	14	14,6	0	0	96	100
Tangible	43	44,8	44	45,8	9	9,4	0	0	96	100
Empathy	52	54,2	44	45,8	0	0	0	0	96	100
Responsiveness	39	40,6	48	50	9	9,4	0	0	96	100

TABLE 4
PATIENT SATISFACTION UNDER NHI SCHEME IN JEMURSARI ISLAMIC HOSPITAL SURABAYA

Dimension	Patient Satisfaction					
	Satisfied*		Unsatisfied**			
	N	%	N	%	N	%
Reliability	79	82.3	17	17,7	96	100
Assurance	82	85.4	14	14,6	96	100
Tangible	87	91.6	9	9,4	96	100
Empathy	96	100	0	0	96	100
Responsiveness	87	91.6	9	9,4	96	100

*Satisfied is drawn from excellent and good

**Unsatisfied is drawn from average and low

Table 3 and Table 4 show that patient satisfaction under NHI is lower than standard in the reliability and assurance dimension with 82.3% satisfaction score and 85.4% of standard 90%. The values that are implied by the universal health coverage underlie choices about how health systems are governed and their organizations are managed [8]. The NHI policy in Indonesia has not been offset by the readiness of information systems that support the implementation of NHI. In addition, side readiness of health worker is still less compared to the needs of the community for health services. This condition resulted in a low quality of service received by patients and decreased patient satisfaction.

4. DISCUSSION

**A. Patient Satisfaction on Reliability Dimension**

Reliability is the ability to provide promptly, accurately, and satisfactorily promised services [9]. The dimension of reliability has a positive and significant influence on customer satisfaction and loyalty [10]. In the questionnaire given on the reliability aspects of low satisfaction value found in the administrative process of 63.3% and the accuracy of specialist doctors schedule in providing services with a percentage of satisfaction only 47.9%.

On administration service, as much as 26% of patients complained of inefficient and ineffective administrative services (category average). At the same time, 10.4% are in a low category. This condition reflects that the referral system has not been fully based on information technology. The manual system makes the verification process slower and requires many document requirements to be met by the patient. This condition is exacerbated by the majority of patients having less knowledge of NHI policies, mostly administrative requirements.

In the statements schedule accuracy of doctors in providing services, as many as 41.7% of patients stated the category at the average quality and 10.4% of patients said low quality. This condition is because the doctor arrives late makes the patient waits longer. This is because full-time doctors are only 10 out of a total of 59 specialists or 16.9%. In determining part-timer doctor's schedule, management has limitations in the timetable.

B. Patient Satisfaction on Assurance Quality

The dimensions of assurance include the knowledge, competence, and attributes of staff, free from harm, risk and [10]. Research shows that professionalism and the provision of care, without doubt, affect patient satisfaction [11]. Assessment on the assurance dimension is a statement that has less value that is the restriction on the number of patients (36.4%) and the suitability of service with the paid premium (62.5%).

In the statement of restriction on the number of patients as much as 36% of patients stated average and 25% stated low service quality. This condition is because the registration and queuing systems are not yet integrated and web-based so patients should come to the hospital to get queues on the same day. Meanwhile, doctors who can serve NHI patients are limited. The implementation of NHI policy in Indonesia has not dissertation with the availability of doctors and even distribution of doctors. So the demand for high health services while the supply is not sufficient.

Poor patient satisfaction scores are also found in the lack of perceived benefits of the patient compared to the premium paid each month. In the implementation process, some types of services are not covered NHI so the patient must incur additional costs to get certain services.

C. Patient Satisfaction on Tangible Dimension

Tangible dimensions include physical evidence and completeness of service facilities [11]. Patient satisfaction is low on the availability of seats in the waiting room of registration is only as much as 56.3% and the availability of seats in the waiting room service of 68.7%. the lack of information provision facilities for doctors' schedules also provides patients with 65.6% satisfaction. Lack of availability of facilities required by the patient resulted in some patients standing at the time of waiting for service. The basic expectation includes the minimum level of performance assumed to exist, so if the characteristics of a product and service do not exist then it will cause dissatisfaction.

A total of 34.3% of patients expressed dissatisfaction with lack of facility information on medical practice schedule resulted in patient losses. Patients have incurred transportation costs, and time to wait in hospital while doctors do not practice. This certainly affects patient satisfaction.

D. Patient Satisfaction on Empathy Dimension

The empathy dimension includes the ease of establishing relationships, good communication, attention, and understanding of customer needs [11]. In the nurse's hospitality statement 5.2% of patients stated low quality and 6.3% stated average. This is because some nurses are less friendly in dealing with patient complaints. Nurses deal directly with patient care. If the impression received is not good then it will affect the level of patient satisfaction. There is a strong relationship between the empathy given by the nurse and the patient's satisfaction [12].

E. Patient Satisfaction on Responsiveness Dimension

Dimensions responsiveness can be seen from the desire of the officer in helping patients and provide services with fast response [13]. In this dimension patient satisfaction of 88.5 at the speed of the nurse helps the patient when needed. In addition to the registration process as many as 6.3% of patients expressed dissatisfaction with the speed of registration services. This is because the registration officer only amounted to 7 people. In addition, the queue system that has not been integrated causing patients to spend long waiting time in registration.

CONCLUSION

Patient satisfaction under National Health Insurance scheme assessed by five dimensions of health service satisfaction in accordance with the standard on tangible, empathy, and responsiveness dimensions is > 90%. However, the reliability and assurance dimensions of patients with NHI have not reached the standard of 82.3% and 85.4%. Suggestion given from result of this research is hospital management pay attention to performance and time of service of doctor. Information on physician quota is submitted so as to reduce patient waiting time. In addition, socialization of NHI patient administration and service delivery should be done to improve patient understanding. The development of information technology is also a suggestion of this research as an alternative means of

disseminating information related to NHI patient care. Strengthening coordination with government related to NHI arrangement in particular the rights and obligations of NHI patients.

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