BPJS Patient's Perception of Service Quality at The Outpatient Department of Panembahan Senopati Bantul Public Hospital

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ABSTRACT

Background: Panembahan Senopati Hospital Bantul as a type B public hospital and a referral hospital for BPJS patients experienced a significant decrease in the number of outpatient visits in 2019. The perception of BPJS participant patients is a benchmark for evaluating the quality of the service that has been provided. This study aims to determine and analyze how is the BPJS patient's perception of the outpatient department's service quality using the SERVQUAL theory approach and the factors that influence these perceptions. Methods: This study employs a descriptive-analytic observational method with a cross-sectional design. The purposive sampling strategy was used to choose 217 BPJS patients who met the inclusion and exclusion criteria. A quantitative data type was used, including a Likert-choice questionnaire that was enhanced with essay questionnaire items. The Statistical Product and Service Solutions (SPSS) program version 26 was utilized to analyze the Likert data, and the NVivo12 plus application was used to analyze the essay questionnaire. Result: BPJS patients describe the service quality of the outpatient department at Panembahan Senopati Hospital Bantul as high in all facets of the SERVQUAL quality dimension, including Reliability, Responsiveness, Assurance, Tangibles, and Empathy. Education has a substantial impact on perceptions of Responsiveness (p-Value 0.045), Assurance (p-Value 0.022), and Tangibles (p-Value 0.003). Occupational characteristics have a substantial impact on perceptions of Tangibles (p-Value 0.004) and Total Variables dimensions (p-Value 0.043). Conclusion: The service quality in the outpatient department at Panembahan Senopati Hospital is in the high-quality category. Age and gender factors have no significant effect on service quality perceptions, however, education and occupation have a significant effect on the service quality perceptions.

ABSTRAK

Latar belakang: RSUD Panembahan Senopati Bantul sebagai rumah sakit tipe B milik pemerintah dan sekaligus rumah sakit rujukan pasien BPJS mengalami penurunan signifikan jumlah kunjungan pasien di poliklinik rawat jalan pada tahun 2019. Persepsi pasien peserta BPJS menjadi tolak ukur evaluasi kualitas layanan yang telah diberikan. Penelitian ini bertujuan mengetahui dan menganalisis bagaimana persepsi pasien BPJS terhadap kualitas pelayanan poliklinik menggunakan pendekatan teori SERVQUAL serta faktor – faktor yang mempengaruhi persepsi tersebut. Metode: Jenis penelitian ini adalah observasional deskriptif analitik dengan metode cross sectional. Sampel penelitian sebanyak 217 pasien BPJS yang memenuhi kriteria inklusi dan eksklusi, dengan teknik purposive sampling. Jenis data berupa kuantitatif menggunakan kuesioner pilihan Likert dan diperdalam dengan pertanyaan kuesioner esai. Analisis statistik data menggunakan program Statistical Product and Service Solutions (SPSS) serta analisis

kuesioner esai menggunakan program NVivo. Hasil: Kualitas pelayanan poliklinik RSUD Panembahan Senopati Bantul dipersepsikan memiliki kualitas tinggi oleh pasien BPJS pada seluruh aspek dimensi kualitas SERVQUAL yaitu dimensi Keandalan, Daya Tanggap, Jaminan, Bukti Langsung, dan Empati. Faktor pendidikan memiliki pengaruh signifikan terhadap persepsi pada dimensi Daya Tanggap (p-Value 0,045), Jaminan (p-Value 0,022), dan Bukti Langsung (p-Value 0,003). Faktor pekerjaan memiliki pengaruh signifikan terhadap persepsi pada dimensi Bukti Langsung (p-Value 0,004) dan Total Variabel (p-Value 0,043). Kesimpulan: Persepsi kualitas pelayanan di poliklinik rawat jalan RSUD Panembahan Senopati Bantul berada pada kategori kualitas tinggi. Faktor usia dan jenis kelamin tidak berpengaruh signifikan terhadap persepsi kualitas layanan, sedangkan faktor pendidikan dan pekerjaan berpengaruh signifikan terhadap persepsi kualitas pelayanan poliklinik.

INTRODUCTION

The quality of services in the health sector is an important factor in improving public health in Indonesia. Badan Penyelenggara Jaminan Sosial (BPJS) is a government institution that was established as a mandatory social and health insurance provider in Indonesia in order to equalize access to health for the entire community, in accordance with Undang-Undang Nomor 24 Tahun 2011 concerning Badan Penyelenggara Jaminan Sosial. In practice, BPJS access services continue to develop but are still facing difficulties in providing superior service quality to the entire community due to the large number of participants who continue to grow every day and the limited health facilities available (Darmawan, 2019).

Service quality is the most important part in the service sector, including in health services. Therefore, all parts of health service providers, including health facilities providing BPJS services, continue to strive to improve the quality of their services so that patients can feel comfortable and the need for health access is well met. Factors that affect service quality are determined by expected service and perceived service, where if both are appropriate, it will be perceived as good service quality, and if not, it will be perceived as low service quality (Natalia, 2013).

The service quality evaluation approach used in this study is in accordance with the SERVQUAL (Service Quality) theory developed by Parasuraman, Zeithaml, and Berry (1988). According to the most recent SERVQUAL theory, service quality has five dimensions: Reliability, Responsiveness, Assurance, Tangibles, and Empathy. The ability of health facilities to provide services as promised, accurately and reliably, can be seen in the Reliability dimension. The Tangibles dimensions includes the hospital's ability to demonstrate its existence to outsiders. Real evidence of services provided by service providers can be in the form of the ability and appearance of the hospital's physical infrastructure that can be relied on by the state of the surrounding environment. Responsiveness dimension is a policy informing and providing immediate and appropriate services to patients with clear information guidance. Athe assurance dimension, is the knowledge, courtesy, and ability of health facility employees to foster trust in patients, and the dimension of Empathy, namely the ability of service providers to give sincere and individual attention to customers by attempting to understand their wishes (Lupioadi). & Hamdani, 2006).

According to Peraturan Menteri Kesehatan Republik Indonesia (Permenkes) No. 340/MENKES/PER/III/2010, hospital is a health service institution that provides complete health services by providing inpatient, outpatient, and emergency departments. Services at the outpatient department are currently one of the services in hospitals that are of concern because the number of patients seeking treatment in outpatients department is greater than inpatients department in hospitals. Panembahan Senopati Public Hospital (PSPH) is one of the type B public hospital in Special Region of Yogyakarta owned by the government and as the referral hospital in Bantul district. Panembahan Senopati Public Hospital has 19 outpatient clinics in the morning and 8 outpatient clinics in the afternoon. In accordance with the service, a customer satisfaction survey was conducted in 2009 and complaints were obtained about the services provided, such as long queues when seeking treatment at the outpatient department, doctors being late, nurses who were not friendly, and giving incomplete and confusing explanations. (Anggina, 2016).

A preliminary study conducted by researchers in October 2021 at Panembahan Senopati Public Hospital showed a significant decreased number of BPJS patient visits in outpatient units by 22.98% (38,697 patients) in 2019 compared to 2018. Outpatient visits may arise due to various factors, but one of the most common factors is the disproportion between the service expected by the patient and the reality of the service received. Given the importance of the problem of decreasing the number of BPJS patient visits in outpatient unit, this research needs to be carried out, with the aim of analyzing the quality of outpatient unit's services through the perceptions of BPJS patients and the socio-economic factors that influenced it. Thus, administrative and clinical problems that can affect the quality of service in the future can be minimized.

METHOD

This study employs a descriptive-analytic observational method with a cross-sectional design. The type of data used is quantitative using a Likert-choice questionnaire and was deepened by an essay questionnaire. The population in this study was all BPJS patients who were seeking treatment at the outpatient unit. The sampling technique was carried out using the purposive sampling method, with the

determination of the number of samples using the Lemeshow formula (2009) and obtained a total sample of 217 respondents, who has met the inclusion and exclusion criteria. The inclusion criteria include; age > 16 years, administered BPJS patients, patients fully aware and able to communicate well, have visited the outpatient unit at least 2 times, and stated that they were willing to become respondents by filling out research′s informed consent.

The research instrument used is a new questionnaire that refers to the SERVQUAL theory and has passed the validity and reliability tests conducted by researchers on 50 respondents at Nur Hidayah Hospital, Yogyakarta. The results of the validity test on each variable showed a p-value < 0.005 so that it can be concluded that all of the questions on this questionnaire are valid. Furthermore, a reliability test has been carried out on the questionnaire and the coefficient value result of Cronbach's Alpha on all variables > 0.6, shows that this research questionnaire is reliable. This questionnaire contains the identity and socioeconomic characteristics of each respondent (name, address, age, gender, education, dan ocupation), number of visits at the outpatient unit, *informed consent*, and followed by list of questions using Likert scale answer choices with 5 options, and then the short essay questions. From each questions that has been answered, the score was calculated in each variable and grouped into categories of low, medium, or high quality. The results in each category will then be analyzed in relation to the socioeconomic characteristics of the respondents using the Statistical Product and Service Solutions (SPSS) program version 26, and the answers to the essay questionnaire questions were analyzed using the NVivo 12 Plus program to be presented through visual results.

RESULTS AND DISCUSSION

Respondents Characteristics

In this study there were 217 respondents of all the BPJS patients seeking treatment at outpatient unit who meet the inclusion criteria. Table 1 shows that most of the respondents was a female with the sum of 155 respondents (71,4%). Data related to the age of the respondents can be seen that most of the respondents are in the age group of 16-34 years, with the amount of 138 respondents (63.6%). The most educational background of respondents is senior high school, with a total of 110 respondents (50.7%). The largest number in occupations of the respondents were entrepreneurs with a total of 95 respondents (43.9%), and as many as 118 respondents (54,4%) has visited the outpatient unit for ≥5 times at the outpatient unit of Panembahan Senopati Public Hospital.

Perceptions of Outpatient Unit′s Service Quality

In each service quality variable, the respondent's answer scores are summed and then interpreted into one of 3 groups of service quality, which are low, medium, and high. The qualification of scores in each category is obtained from a categorization formula consists of the number of categories were made, the highest total score and the lowest total score,

mean, range, and standard deviation (SD) (Azwar, 2012). The Likert scale categorization formula is as follows; Low category$X < M - 1SD$ (1); Medium category$< - 1SD \leq X < M + 1SD$ (2); High category$M + 1SD \leq X$ (3) (*M = *mean*, SD = standard deviation).

Based on the calculation using the formula above, from each variable it can be determined the classification of service quality categories (table 2).

Table 1.
Respondent′s Characteristics (N=217)

Characteristics	n	%
Gender		
Male	62	28,6
Female	155	71,4
Age		
16 – 34 y.o	138	63,6
35 – 54 y.o	69	31,8
≥ 55 – 64 y.o	10	4,6
Education		
Elementary	9	4,1
Junior High	24	11,1
Senior High	110	50,7
D1	1	0,5
D3	20	9,2
Bachelor′s degree	49	22,6
Nurse profession	1	0,5
Master′s degree	2	0,9
Occupation		
Healthcare worker	7	3,3
Educator	11	5,2
Student	36	16,6
Entrepreneur	95	43,9
Government employee	6	2,9
Unemployed	59	27,2
Number of Visits		
≥ 5x	118	54,4
4x	24	11,1
3x	30	13,8
2x	45	20,7

Source: The research′s primary data, 2022.

Table 2.
Classification of Service Quality Categories

Variables	Cronbach′s Alpha	Result
X_1 (Reliability)	0,844	Reliable
X_2 (Responsiveness)	0,602	Reliable
X_3 (Assurance)	0,706	Reliable
X_4 (Tangible)	0,646	Reliable
X_5 (Empathy)	0,646	Reliable

Source: The research′s primary data, 2022.

The results of data processing obtained in this study indicate the frequency distribution of service quality perceptions at the outpatient unit of Panembahan Senopati Public Hospital, as shown below.
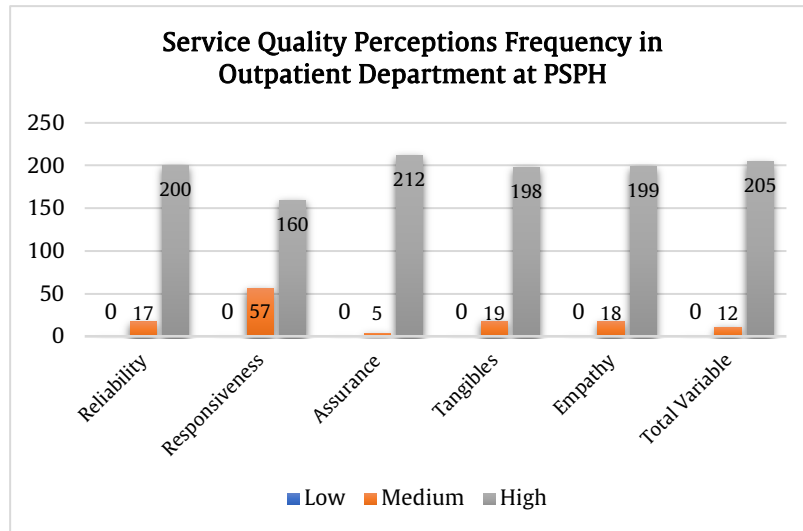
Figure 1. Service Quality Perceptions Frequency in Outpatient Department of PSPH

Crosstab analysis between service quality frequency towards gender, age, education, and occupation factors was carried out after obtaining the service quality perceptions frequency. The analysis is using *Chi-square* with the significance (α) of 0,05. The results were as; gender and age factors doesn't has a significant influence towards service quality in each variables or in the total variables (p>0,05). In the other hand, education and occupation factors proved to has a significant influence towards service quality perceptions. Educational factor has a statistically significant influence on towards the Responsiveness perception with a *p-Value* 0,045; Assurance perception with a *p-Value* 0,022; and the Tangibles perception with a *p-Value* 0,003. The correlation between education and total variable dimension has *p-Value* 0,054 (p>0,05) in which this score if seen just by the number will not have a statistically significant influence. But if we look closer from the all five tested variables towards the education factor, the three of them has significant influence and the *p-Value* on the total variable dimension is very close to the limit of a statistically significant value (>0,05). Therefore it can be said that the educational factor has a significant influence on towards total variable dimension as well, although it doesn't have a statistically significant value. The results that respondents with higher education status have a lower level of satisfaction with service quality may be a reflection of the high awareness of their rights as service recipients due to their high educational status so that they are more critical in assessing the quality of services received (Aloh et al, 2020).

Occupational factor which was tested towards each variables shows that occupation has statistically significant influence towards the Tangibles perception with *p-Value* 0,004; and the total variable dimension with *p-Value* 0,043. Although from the all five tested variables towards the occupation factor it is only one variable that has a statistically significant influence (Tangibles dimension), it is essential to note its strong correlation (p<0,05) therefore this could influenced the result on the correlation test between occupation and total variable dimension; with the result that its correlation value is statistically significant (p<0,05).

Essay Questionnaire Result Analysis

Not only did answering questionnaires with Likert rating scales, but respondents also had to answer essay questions to support the results of answering questionnaires with scales and to know more about respondents' perceptions on each aspect of service quality in the outpatient department. The first one in this section is how the BPJS service access in Panembahan Senopati Public Hospital. These answers obtained shows perceptions on the Responsiveness, Assurance, and Tangibles dimensions from respondents with varies educational and occupational backgrounds:

"Access to BPJS services is very complicated, because they're circling around following the hospital's policies."
Respondent 130 (Bachelor, College student)

"Good, but there are some employees who are not friendly."
Respondent 113 (Bachelor, Private sector employee)

"It's not complicated if you already have BPJS. But if it's not available/disabled, it's really complicated to take care of it."
Respondent 76 (Junior high graduate, Laborer)

"Too complicated, long wait, not according to the schedule."
Respondent 44 (D3 graduate, Government employee)

"Good service but the counter is not fully occupied. The online registration system is not effective because we still have to take the queue at the front registration section."
Respondent 129 (Senior High graduate, Private sector)

"It is well. Enough to help my family. Easy BPJS access."
Respondent 118 (Elementary graduate, Housewife)

All the entire answers obtained from respondents are then processed using NVivo 12 Plus programinto a visual output. The result on the image below shows the words that occurs most often in their essay answers.

Figure 2. The Thought of BPJS Service Access in Outpatient Department of PSPH

Based on image above the BPJS service access has a lot of well perception from the respondents. Few respondents explained their thought about BPJS services which they feel is good, easy, comfortable, fast, and uncomplicated. However, there were several other respondents who stated that the service was cumbersome and the administrative process for each patient was too long due to the lack of registration staff, so it was found some unstaffed registration counter.
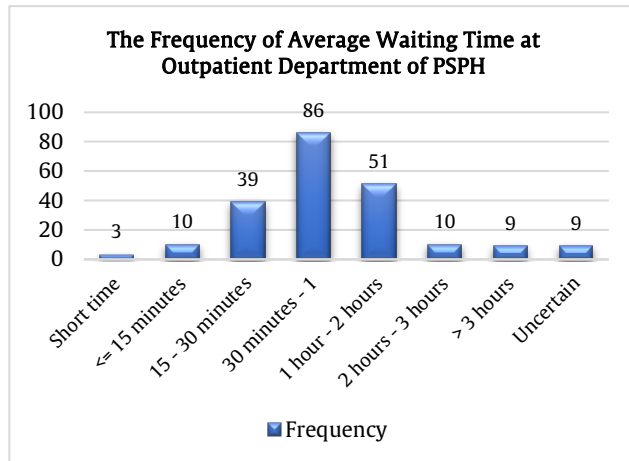

Figure 3. Average Waiting Time at Outpatient Unit of PSPH

In this second question, data obtained from respondents shows the length of waiting to get doctor services at the outpatient examination room is mostly 30 minutes to 1 hour. On the second place for the waiting time is in the range of 1 hour to 2 hours. The third place is in the range of 15 to 30 minutes. These findings support the result from the Likert questionnaire in the Responsiveness dimension at the outpatient unit of PSPH that as much as 41,9% respondents agreed with the sentence they didn't wait long to get the service at outpatient unit.

The next question in the esaay section was about how the overall service at the outpatient department in PSPH is. Some of their answers were:

"The service at the polyclinic is good and orderly. However, the registration service still needs to be improved."
Respondent 32 (D3 graduate, Entrepreneur)

"Hospital service is good but not for the online registration system."
Respondent 92 (Bachelor, Entrepreneur)

"It's good enough, just need to improve the punctuality of the doctor's arrival and increase the comfort of the waiting room."
Respondent 172 (Bachelor, Medical Doctor)

"Nurses and doctors are very friendly and provide motivational encouragement for us to recover."
Respondent 62 (Junior high graduate, Student)

"Satisfying service."
Respondent 161 (Elementary graduate, Merchant)

"The outpatient unit service is good, the flow is quite easy to understand, the doctors and nurses are friendly. Only lacking in the facilities and infrastructure of the hospital environment."
Respondent 169 (Bachelor, College student)

Broadly speaking, the quotations from respondents' answers above include aspects of service's speed (Responsiveness), friendly services from healthcare workers (Assurance), a doctor's support that gives encouragement to their patients spiritually to recover (Empathy), criticism about the hospital's online registration system which was not yet well established (Tangibles), and the hospital's infrastructures that could still be improved (Reliability). The conclusions of most of these perceptions can be seen through the visual below.

Figure 4. Thought on Overall Service at Outpatient Department in PSPH

Based on the respondent's answer data and the conclusions above, it can be seen that the polyclinic services that have been received by the patient or respondent still have several aspects that need to be improved, including the administrative process, explanation to the patient, and patient comfort. However, in general, respondents thought that the outpatient department service at PSPH is good, and has several superiorities. Among these superiorities are the services provided by doctors and nurses who are professional and swift, friendly, and doctors who always motivate patients to recover.

The next question is about suggestions and critics for the outpatient unit's services in PSPH. Answers obtained from respondents are as follows:

> "Improve the service time in pharmacy, because it is very long."
> Respondent 4 (Junior high graduate, Private sector employee)

> "It will be better if the doctors arrives on time. The outpatient's waiting room can be upgraded to be more comfortable."
> Respondent 27 (D3 graduate, Nurse)

> "For staff who serve at the registration, cashier, or counter at the front desk, they should be more friendly so that patients feel comfortable."
> Respondent 115 (Senior High graduate, College student)

> "The registration application is shortened so that if you have registered online, you do not need to go through the counter. There is information online if the doctor is not on standby yet."
> Respondent 53 (Bachelor, Housewife)

> "The waiting area and parking area should be expanded because it is too small. Privacy in the examination room should be paid more attention."
> Respondent 74 (D3 graduate, Private sector)

> "The staff at registration and BPJS section can be added so that the service would be faster."
> Respondent 163 (D3 graduate, Entrepreneur)

The collection of excerpts from the answers shows suggestions and criticisms obtained covering all aspects of the service quality dimensions, which are Responsiveness, Assurance, Reliability, Tangibles, dan Empathy. Result from the data processed using *NVivo* software shows visual below.

Figure 5. Suggestions and Criticism towards the Outpatient Unit's Services

Based on data obtained from respondents, complaints experienced by patients/hospital visitors tend to lead to long waiting times at the pharmacy and registration. This is a reflection of criticism regarding the Responsiveness dimension in services. At the outpatient unit, it was felt that the arrival of the doctor was not on time when starting practice at the polyclinic. This finding is a criticism in the dimension of Reliability of outpatient services. Other complaints submitted by respondents were the lack of chair in the waiting room, also the waiting room area which was felt to be less spacious due to the number of hospital visitors, and the online registration application was still considered ineffective. These findings are the criticisms found in the Tangibles dimension which still need much refinement. Some respondents said that some hospital staff, especially in the registration section, were not friendly, and this is also as a criticism of hospital services on the Assurance and Empathy dimensions. Employees in the registration section are also still considered lacking so that there were unstaffed counters. To overcome this, there are suggestions and opinions from respondents to further maximize the online queuing system which has begun to be used in outpatient services at PSPH so that patients who have registered online do not need to queue all over again on the day of arrival. In addition, the waiting room area needs to be expanded and the waiting chairs need to be added.

DISCUSSIONS

In the results of this study regarding the correlation between gender and age factors with each variable dimension of service quality SERVQUAL using *Chi-square* test, it is known there is no significant influence between respondent's gender and age with their perceptions of each service quality dimensions nor the overall service quality. These findings are slightly different from the study results conducted by Pekkaya et al (2019) which showed the patient's service quality perceptions is determined by age, income, and the type of services they gained; but it is not related to the gender, marital status, education, and occupation. In the other hand, another research's study showed that gender, age, education, and return visit has a correlation towards the service quality dimensions at the outpatient department (Fraihi et al., 2016).

Education factor analysis with each dimension of service quality shows that there is no significant effect between educational status and the dimensions of Reliability,

Empathy, and overall service quality. However, the education status showed a significant effect on the Responsiveness, Assurance, and Tangibles dimensions. The analysis of the correlation between occupation factor with the service quality perception in the outpatient showed that the occupation had no significant effect on the dimensions of Reliability, Responsiveness, Assurance, and Empathy. However, the occupation factor has a significant effect on the dimensions of Tangibles and overall service quality. The results of these two analyzes are in accordance with the results of a study conducted in 2020 which stated that the patient's education and occupation factors determine how patients perceive the quality of services in hospital's outpatient units (Aloh et al., 2020).

In the results of the essay questionnaire analysis, it appears that respondents with certain occupational backgrounds or relatively high educated have the perception that outpatient's services are still less responsive, especially in the BPJS registration section, outpatient's waiting time, and pharmacy's services. These are assessed as a result of the large number of patients but with the disproportionate number of hospital staff. This is in line with the results of research by Adamu & Oche (2013) which states that the main reason patients long wait for a service is because of the large number of patients and it is not equal to the number of existing health workers. Several respondents also mentioned that there were hospital staffs who were behaving unfriendly, as well as hospital facilities and infrastructure that they felt needed to be improved; such as the waiting room, parking areas, doctor's examination rooms, and the online registration system. These essay answers thus strengthens the results of the Likert scale questionnaire analysis which shows that education factors have a significant influence on service quality perceptions in the dimensions of Responsiveness, Assurance, and Tangibles. These results of the essay analysis was also corroborate the results of the Likert scale analysis which shows that occupational factors have a significant influence on the Tangibles dimension and overall service quality received.

These findings are also in accordance with *The Behavior of Health Service Use* theory (Andersen dan Pohan, 2003) which stated swiftness of the services is included in the *Need Factor* and it is one of the greatest determining factors to patients for choosing their health services. The waiting time for the majority of respondents to receive medical services at the outpatient based on this study was 30 minutes – 1 hour. According to respondents, this is a standard waiting time as in other health facilities, but actually it can still be increased so that it can be faster. This is supported by research conducted by Bleustein et al (2014) which states that the national standard of waiting time for outpatient services in the UK is 30 minutes, while the majority of waiting time for outpatient services in Nigeria is 80 – 180 minutes (Adamu & Oche, 2013). The results of study conducted by Maeesala & Paul (2018) also shows that the most important aspects that must be considered in providing services in hospitals are service time, staffs who care about patients, billing accuracy, good communication regarding service delivery times, service feasibility, and staff that is eager to help patients.

LIMITATION OF THE STUDY

The limitation of this study is that this study was only conducted in this one particular hospital; due to the limited time, cost, and staffs. It would be better if this kind of study conducted in few hospitals at the same time so that their service quality can be evaluated simultaneously.

CONCLUSIONS AND SUGGESTIONS

The service quality perceptions at the outpatient department in PSPH at all five dimensions (Reliability, Responsiveness, Assurance, Tangibles, and Empathy) is in the high quality category. Education and occupation factors has a statistically significant influence towards the service quality perceptions at the outpatient department in PSPH.

Suggestions that was obtained for the outpatient unit's services in PSPH are; strive for shorter waiting times and a culture of punctuality at registration section, doctor arrival and services at outpatient rooms, and pharmacy. Regarding infrastructure, adding or expanding hospital rooms and facilities, and improving the online registration application system. In addition, it also need to adds administrative human resources at the registration section and BPJS counters, as well as evaluates staff and programs that have been implemented in the hospital.

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ETHICAL CONSIDERATIONS

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Conflict of Interest Statement

The authors hereby declare there were no conflict of interest in this study.

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