



SERVICE QUALITY PERCEPTIONS BY BPJS AND NON-BPJS PATIENTS AT SUNAN KALIJAGA REGIONAL GENERAL HOSPITAL DENTAL POLYCLINIC

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Received August 7th 2023; 1st revision August 21st 2023; 2nd revision August 21st 2023; Accepted August 23rd 2023; Published online August 31st,2023

Keywords:

BPJS, Dental Polyclinic,
Service quality

Indonesian Journal of Dentistry
Volume 3 No 2 Issue 1 Year 2023 Pages 1-7
URL <https://jurnal.unimus.ac.id/index.php/IJD>
DOI <http://dx.doi.org/10.26714/ijid.v3i2.12916>

ABSTRACT

Background: The Social Security Organizing Agency (BPJS) is an initiative by the government to improve the quality of healthcare services. However, in reality, the services provided to BPJS patients have not yet reached optimal standards. The objective of this research is to identify patients' perceptions regarding the quality of services between BPJS and non-BPJS patients in the dental clinic of Sunan Kalijaga Regional General Hospital (RSUD) in Demak.

Method: This research was conducted at the Dental Clinic of Sunan Kalijaga Regional General Hospital (RSUD) in Demak in the year 2020, using an observational analytical approach based on a cross-sectional design. The sample was selected using the slovin technique, with a total of 78 respondents divided into two groups, namely 39 respondents who were BPJS participants and 39 other respondents who were not BPJS participants.

Result: The research results showed differences in SERVQUAL service quality scores between patients who were participants of BPJS and those who were not BPJS participants. Based on the analysis of both groups across the dimensions, reliability had gap scores of -0.7 and -0.9, tangible evidence had gap scores of -0.5 and -0.6, responsiveness had gap scores of -0.9 and -1, assurance had gap scores of -0.4 and -0.4, and empathy had gap scores of -0.4 and -1.1. These scores obtained a significance value ($p < 0.05$),

Conclusion: There were significant differences in patient perceptions between the quality of patient services for BPJS participants and non-BPJS patients.

BACKGROUND

The Vision of Healthy Indonesia 2025 is to realize a healthy living environment and behaviors, making it easier for the community to access quality healthcare services, thereby improving the overall health status of the population. Hospitals are institutions that provide healthcare services to the public. Hospitals, as facilities for healthcare services including emergency care, inpatient care, and outpatient care, must support the Vision of Healthy Indonesia 2025. In line with this vision, hospitals need to

enhance the quality of their services, allowing the public to receive higher quality healthcare, with one of the avenues being through hospitals¹.

Healthcare services are a right for all citizens, and as such, the government strives to ensure that the population receives proper basic needs for health maintenance and protection through the National Health Insurance Program (Jaminan Kesehatan Nasional or JKN)^{2,3}. The National Health Insurance Program (JKN) has been implemented by the government since 2014³. The Social Security Organizing Agency (BPJS) through the National Health Insurance Program (JKN) was established by the government to fulfill the healthcare rights of the Indonesian population, ensuring access to healthcare services. Therefore, the government must improve healthcare service facilities. Failure to match healthcare service provider facilities can lead to a decline in the quality of provided services compared to the intended service standards. Article 83 of the BPJS health regulation No. 1 of 2014 emphasizes the need for quality control in the implementation of health insurance. Healthcare facilities play a crucial role in delivering comprehensive healthcare services as stipulated in Article 57 No. 1 of the BPJS health regulation⁴.

The quality of healthcare services is closely related to customer satisfaction. Improving the quality of healthcare services can enhance patient satisfaction. Patient satisfaction serves as a benchmark for assessing healthcare facility services. When patients receive services that exceed their expectations, it leads to their satisfaction^{5,6}.

Quality improvement is a process of measuring the excellence of healthcare services against service standards. This enhancement can be achieved through systematic and continuous service improvement efforts. The goal is to achieve optimal service quality aligned with the available resources, knowledge, and technological capabilities⁷.

Research findings on the quality of services in the dental department of Dr. Rubini Mempawai Hospital in West Kalimantan, focusing on reliability, responsiveness, empathy, assurance, and tangibles, show significant differences in outcomes. General patients obtained a higher satisfaction level of 54.0%, compared to JKN patients at 46.0% (Wardhana, 2019). Another study in a primary healthcare center in Semarang demonstrated a satisfaction rate of 87.5% among non-PBI (non-subsidized) JKN patients. While these patients generally felt satisfied, there were aspects that still needed improvement^{7,8}.

The largest government-owned hospital in Demak Regency, RSUD Sunan Kalijaga, offers general medical services, specialist medical services, and dental healthcare. Research conducted by Purnamasari (2015) showed that 86.03% of BPJS patients were satisfied with the quality of healthcare services in the internal medicine clinic at RSUD Demak. However, there were still issues that needed addressing to achieve the best possible service quality⁹.

While research has been conducted on the quality of services for BPJS and non-BPJS users at RSUD Sunan Kalijaga, no studies have been conducted in the dental department. Based on the above, researchers aim to explore the differences in service quality between BPJS and non-BPJS patients in the dental department of RSUD Sunan Kalijaga.

METHOD

This research utilized an Analytical Observational approach with a cross-sectional research design. The sample for this study was gathered using accidental sampling method and its size was determined using the Slovin formula. The research sample comprised a total of 78 respondents divided into 2 categories. They consisted of 39 BPJS patients and 39 Non-BPJS patients at the dental clinic of Sunan Kalijaga Regional General Hospital, Demak, through the distribution of questionnaires. The selected respondents were aged 18 years and above, patients without post-treatment complications, and patients without special needs.

Service quality was evaluated using the SERVQUAL method, which represents the gap between the actual service quality received and the expected service quality, as obtained through the distributed questionnaires. The questionnaire encompassed 5 dimensions of service quality: reliability, tangibles, responsiveness, assurance, and empathy. The research findings, after analyzing the SERVQUAL scores for BPJS and Non-BPJS patients using the Mann-Whitney Test, revealed a significant difference ($p < 0.05$).

RESULTS

The results of the analysis of the differences in service quality between BPJS and Non-BPJS patients at the Dental Clinic of Sunan Kalijaga Regional General Hospital, Demak, measured using the SERVQUAL scores, were presented in the following table:

Table 4.1. Analysis of the Non-BPJS SERVQUAL Scores
Non-BPJS Patients

No.	Dimensions	Average Per Dimensions		SERVQUAL Score	Category
		Reality	Hope		
1	Reliability	3,7	4,4	-0,7	Fairly Good
2	Tangibility	3,4	3,9	-0,5	Fairly Good
3	Responsiveness	3,5	4,4	-0,9	Not Good
4	Assurance	3,78 ≈ 3,8	4,2	-0,4	Fairly Good
5	Empathy	3,9	4,38 ≈ 4,4	-0,5	Fairly Good

The results from Table 4.1 represented the outcome of the analysis of gap scores between the reality and expectations of general patients at the dental clinic of Sunan Kalijaga Regional General Hospital, Demak.

Table 4.2. SERVQUAL score analysis of BPJS service quality

BPJS Patients					
NO.	Dimensions	Average Per Dimensions		SERVQUAL Score	Category
		Reality	Hope		
1	Reliability	3,87 ≈ 3,9	4,8	-0,9	Not Good
2	Tangibility	3,28 ≈ 3,3	3,88 ≈ 3,9	-0,6	Fairly Good
3	Responsiveness	3,4	4,4	-1	Not Good
4	Assurance	3,8	4,2	-0,4	Fairly Good
5	Empathy	3,3	4,4	-1,1	Not Good

The results from Table 4.2 represented the outcome of the analysis of gap scores between the reality and expectations of BPJS patients. The SERVQUAL values indicated the gap between the received and expected services, where a larger SERVQUAL value indicated better service quality, whereas a smaller SERVQUAL value indicated poorer patient satisfaction with the services. For a clearer understanding, please refer to the following graph.

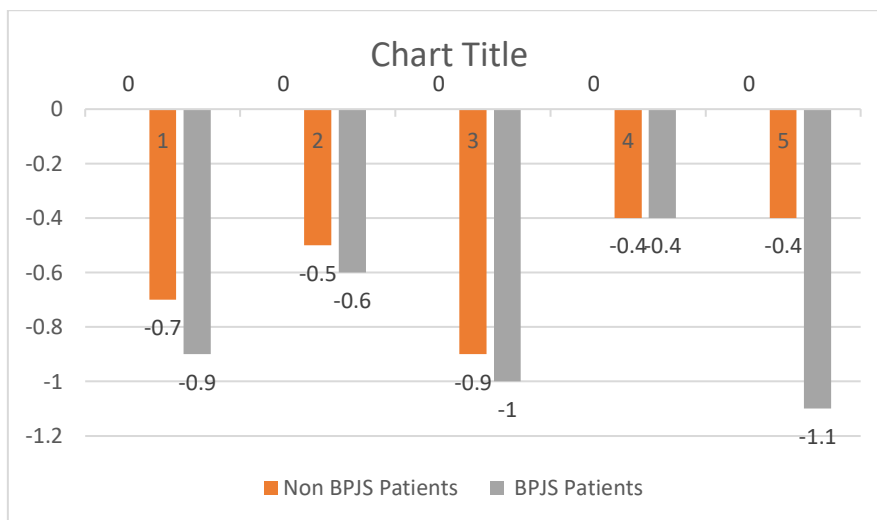


Figure 4.1. depicted the bar graph of average SERVQUAL scores for general patients and BPJS patients.

Furthermore, to determine whether there was a significant difference in the SERVQUAL scores between general patients and BPJS patients, a Mann-Whitney test was conducted, as indicated in the results presented in Table 4.3.

Table 4.3. The difference in SERVQUAL scores between Non-BPJS and BPJS patients regarding service quality at the Dental Clinic of Sunan Kalijaga Regional General Hospital, Demak

Variable	Non BPJS Patients	BPJS Patients	P value
	SERVQUAL Score	SERVQUAL Score	
Reliability	-0,8	-0,9	0,000*
Tangibility	-0,5	-0,8	0,001*
Responsiveness	-0,9	-1	0,000*
Assurance	-0,4	-0,4	0,047*
Empathy	-0,4	-1,1	0,000*
Service quality	-0,6	-0,9	0,000*

Information: * = significant difference (p<0,05)

Table 4.3, based on the Mann-Whitney test, indicated a significant difference in service quality between BPJS and Non-BPJS patients with a value of 0.000 (p<0.05).

DISCUSSION

Based on the research results, a significant difference was found in the service quality between Non-BPJS and BPJS patients at the Dental Clinic of Sunan Kalijaga Regional General Hospital, Demak. This difference was observed in the dimensions of reliability, responsiveness, and empathy. This study's findings are in line with the research conducted by Susanti (2017), which concluded that the quality of service received by BPJS patients at PKU Muhammadiyah Gombang Hospital was poorer compared to non-BPJS patients¹⁰.

The research by Wardhana (2019) showed that there was a difference in the quality of service between health insurance patients, with lower quality for health insurance patients compared to general patients at the dental clinic in West Kalimantan⁸. This finding aligns with the present study and also with the research by Supandri (2019), which demonstrated a difference in service quality between BPJS and Non-BPJS patients at the inpatient ward of Muhammadiyah Hospital Medan, where Non-BPJS patients had higher service quality⁷.

The reason for the poorer service quality for BPJS patients compared to non-BPJS patients in this study was attributed to differences in the dimensions of reliability, responsiveness, and empathy. Within the dimension of reliability, factors such as the ability of healthcare providers to provide a welcoming reception, doctor's punctuality, doctor's accuracy, timeliness of examinations and treatments, and treatment outcomes can influence service quality. To improve reliability in healthcare services, management needs to establish a high-quality performance in line with patient expectations and available technology⁸.

The research results regarding the responsiveness dimension also indicated poorer service quality for both BPJS and Non-BPJS patients in certain indicators, including the speed and comfort of service delivery by personnel, willingness of personnel to assist patient complaints, quick registration service, sincerity of personnel in providing service, and dentists making patients feel safe. However, the large

number of patients causing long waiting lines and limited time for each patient is a challenge for healthcare providers to thoroughly address patient concerns. In this reliability dimension, the indicator that differed between BPJS and Non-BPJS patients was the quick registration service^{7,8}.

Within the empathy dimension, BPJS patients also exhibited lower scores than Non-BPJS patients across all indicators related to effective communication, special attention from healthcare personnel to each patient's concerns, clear information given by the dentist, patience, and understanding of patient needs. The research's results in the empathy dimension showed a higher service quality in the indicator related to personnel understanding and paying attention to patient needs. Purnamasari (2017) stated that hospital ease in addressing patient difficulties was also a contributing factor that could influence service quality⁹. Most BPJS patients complained about a lack of understanding and attention from healthcare personnel regarding their complaints. BPJS patients felt that healthcare personnel didn't pay enough attention when they expressed their concerns. The limited time and high patient load often caused healthcare personnel to struggle to address patient concerns promptly. BPJS patients also require additional procedure requirements that take a bit more time, whereas Non-BPJS patients only need a treatment card or a referral letter. The high number of BPJS patients waiting in line is a challenge for the execution of BPJS healthcare services. This busy workload sometimes results in healthcare personnel being unable to respond adequately to patient concerns, leading to longer wait times for treatment. This situation can impact service quality^{8,9}.

In the tangibles and assurance dimensions, no significant difference in service quality was found between BPJS and Non-BPJS patients. The tangibles dimension includes modern equipment, the appearance of personnel, facilities, comfortable rooms, environment, location, and affordable cost. The hospital does not differentiate between the environment, waiting rooms, equipment used, treatment rooms, or the appearance of personnel for BPJS and Non-BPJS patients (Supandri, 2019). The assurance dimension pertains to medical personnel's ability to instill confidence in patients, the ease of using services, freedom from danger, risk, doubt, politeness, knowledge, and understanding of needs. According to the research results, personnel performed well in their duties, as evidenced by the lack of differentiation in instilling confidence, politeness, knowledge, comfort, and freedom from risks, as well as mutual respect for both BPJS and Non-BPJS patients⁷.

This study has limitations, as data collection relied solely on questionnaires, which could lead respondents to answer less honestly. Moreover, the limited number of questions on the questionnaire restricted the development of a more comprehensive understanding of the situation.

CONCLUSION

The conclusions drawn from this research are as follows :

1. There was a significant difference in the service quality between BPJS and Non-BPJS patients at the Dental Clinic of Sunan Kalijaga Regional General Hospital, Demak.
2. The service quality for BPJS patients at the dental clinic of Sunan Kalijaga Regional General Hospital, Demak, had the following categorizations: the reliability dimension was not good, the tangibles dimension was moderately good, the responsiveness dimension was not good, the assurance dimension was moderately good, and the empathy dimension was not good.
3. The service quality for Non-BPJS patients at the dental clinic of Sunan Kalijaga Regional General Hospital, Demak, had the following categorizations: the reliability dimension was moderately good, the tangibles dimension was moderately good, the responsiveness dimension was not good, the assurance dimension was moderately good, and the empathy dimension was moderately good.

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