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Relationship between Patients Satisfaction of BPJS Health Program and their Loyalty by Using Health Services at The Marjan Bawah of RSU dr. Slamet Garut

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Abstract

Background: Patient satisfaction is a factor that supports loyalty. Likewise, with patients of the BPJS Health Program. The health workers at the Lower Marjan Ward of dr. Slamet Garut Regional Public Hospital needs to improve its health services to grow its loyalty to subscribe by using the care facilities at dr. Slamet Garut Regional Public Hospital. Objective: This study aimed to determine the relationship between the level of patient satisfaction with the BPJS health program service and their loyalty. Methods: The study used a cross-sectional study design. The study was conducted on 50 patients as a sample who were taken accidentally. The study was conducted by applying the Chi-square test. Results: The results were analyzed and it was found that there are only two satisfaction factors that have a significant relationship with loyalty, that was the reliability factor with a p-value of 0.014 and an Odd Ratio of 0.930, accompanied by the assurance factor with a p-value of 0.009 and an Odd Ratio of 1.061. While other factors were not significant, namely the responsiveness factor with a p-value of 0.087 and an Odd Ratio of 0.833, Empathy factor with a p-value of 1.172 an Odd Ratio of 0.909 accompanied tangible factor with a p-value of 0.231 and an Odd Ratio of 1.333. Conclusion: This study showed that patient loyalty would appear when the level of patient satisfaction is high. Therefore satisfaction factors must be increased by the health worker as a service provider.

Keywords: satisfaction level; loyalty; BPJS; health program

1. Introduction

The Social Insurance Administering Agency (in Indonesian: BPJS = Badan Penyelenggara Jaminan Sosial) is a state-owned enterprise specially assigned by the government to provide health care insurance for all Indonesians (Depkes RI, 2013). Initially, this BPJS was intended for civil servants, but eventually, it was developed for all Indonesian people, such as private employees, laborers, traders and so on, as long as they have certain commitments and are determined by this agency.

This agency is a social insurance administering institution whose function is to help lighten the burden on people so that with the existence of social security from this institution, the financial risks

faced by a person, whether it caused by entering nonproductive age, getting illness, having an accident, and death, will be taken over by the institution which provides social insurance. BPJS is an institution formed to administer the Social Insurance Program in Indonesia. According to Law Number 40 of 2004 concerning the social security system for the national level (Depsos, 2012), BPJS is a non-profit legal entity. Law Number 24 of 2011 contains that BPJS consists of BPJS health program and BPJS employment program. BPJS is directly responsible to the president. BPJS has the authority to collect contributions, place funds, do surveillance and check the obedience of participants and employers. It is hoped that health problems in the community can be resolved (Green, 2020).

Before the BPJS Health Program was formed, adequate health services were only obtained by a small group of Indonesian citizens. This occurs related to relatively expensive medical costs so that it is not affordable for the middle to lower class of citizens of the country. Insurance makes the people unnecessary to set aside a large amount of money to pay for the financial consequences of risk exposures that can be insured (Paolucci, 2011). This is in accordance with the expectations of Law no. 36 of 2009, concerning Health Principles Chapter III article 5 paragraph 1, that everyone has the same rights in gaining access to resources in the health sector. However, to achieve the quality expected by the community, it is necessary to have cooperation and continuous efforts, in which both the government and the community must take part in improving and increasing the Indonesian health status. So, the formation of BPJS Health Program aims to mediate the ongoing cooperation to increase the community health status in Indonesia ultimately. In realizing its efforts to reach the people in providing health services, BPJS Health Program collaborates with government and private health facilities, such as hospitals, community health centers and health clinics.

As one of the health care facilities with the largest patient population and categorized as having the most sophisticated facilities, hospitals are expected to provide effective and efficient services. It is required to provide accurate health information in health services and produce accurate data. However, it is evident that in providing services to the people, there are still many weaknesses, so that it influences the quality of service to the people. If this condition is not responded to, it will cause a bad image to the hospital itself (Allen et al., 2012). Inadequate service such as this will directly impact the perception of patients who receive services as a dissatisfaction. The patient's displeasure will be expressed in various ways to the others, either to neighbors or other patients, even to the mass media.

Patient satisfaction is the main indicator to measure service quality (Hayward, 2015). Low patient satisfaction will impact the number of visitors so that it will affect the profitability of the health facility. Patient satisfaction can be reviewed from various aspects, both medical services, such as medication and treatment and non-medical services, such as attitude and friendliness of employees. Theoretically, the word satisfaction comes from the Latin "static" meaning good enough or adequate, while "facio" doing or making (Stevenson, 2010). According to Najneen (2011) satisfaction can be interpreted as an effort to fulfill something or make adequate something

According to Gyawali (2012), satisfaction can be measured by several factors or dimensions, as follows:

- a. Tangible, including physical facilities, equipment employees and means of communication.
- b. Reliability, namely the ability to provide promised services promptly, accurately, and satisfactorily.
- c. Responsiveness, namely the desire of staff and employees to assist in providing service responsively.
- d. Assurance, including knowledge, ability, courtesy, and trustworthiness of the staff, free from harm, risk or doubt.
- e. Empathy includes the ease of making relationships, good communication, personal attention, and understanding patient needs.

Measuring patient satisfaction is an important element in providing better service effectively and efficiently (Grigoroudis, 2010). The level of patient satisfaction is an important factor in developing a service provider system that responds to patient complaints, minimizes costs and time, and maximizes the impact of services on patients.

The interest of people in becoming a participant in the BPJS Health Program is significant. The latest data in 2018 showed that there are 210.660.548 participants of BPJS Health Program in Indonesia, of which around 50 million are wage earners. The composition of the BPJS participants' opinions is also

reflected in the poll of Kompas Newspaper (Putra, 2018). Of the 592 respondents to Kompas poll in 12 cities, 53.5 percent had followed BPJS Health Program. The composition that say "yes" is more than 60 percent of civil servants and retirees. However, of the 317 respondents who participated in the BPJS Health Program, only 39.1 percent expressed satisfaction with BPJS health services. As many as 42.9 percent of respondents who use BPJS Health Program services are still not satisfied. The dissatisfaction was based on their experience in various matters, starting from the complexity of the membership registration procedure to the time of examination. BPJS participants cannot freely choose health facilities because the BPJS Health Program uses a tiered referral pattern. Patients are expected to seek treatment at the first level of health facilities, such as the community health center (in Indonesia called Puskesmas), clinic, or family doctor. If you need further services from a specialist, the patient will be referred to a health facility with a higher-level service.

Another problem, there are still a few health facilities that cooperate with BPJS Health Program. This case often results in long lines of patients receiving health services. Even, long queues occurred when people wanted to register as participants at branch office of the BPJS Health Program. The data of BPJS Health Program in Indonesia states, in the first quarter of 2015, there were 14,619,528 visits at the first level health facilities. From that data, 2,236,379 visits were referred from the primary service (Puskesmas) to the secondary service level (hospital). A total of 214,706 visits were non-specialized referrals. This means that the case should not need to be referred and can be resolved at the primary health facilities (BPJS Kesehatan, 2015).

The latest data of BPJS Health Program membership in 2015, in Garut Regency, were 1,360,880 people from a total population of 3,015,993 people. This figure is from 114,971 ex-memberships of Health Insurance (in Indonesia called Askes), 23,844 ex-memberships of labor social insurance (in Indonesia called Jamsostek), 18,371 soldiers, 3,757 police / civil servant of police, 1,137,063 people ex memberships of public health insurance (in Indonesia called Jamkesmas), and 62,874 public people (Dinkes Kab. Garut, 2015).

The number of BPJS participants in 2015 was a significant increase compared to previous years. It means that from the numbers mentioned above, there are quite a lot of new participants. Besides that, many old participants showed their loyalty to the health services of BPJS at health facilities in Garut Regency, which indicated that there was the satisfaction of BPJS patients with these health facilities. For the continuity of the BPJS Health Program, the loyalty of participant patients is highly expected. Daffi (2019) defines loyalty as a deeply held commitment to repurchase or become a return customer of a product he prefers in the future. In this study, the product is hospital health services for BPJS patients.

The purpose of this study was to determine the relationship between the satisfaction level of BPJS Health Program patients toward loyalty to the utilization of health services in the Lower Marjan ward of dr. Slamet Garut Regional Public Hospital

2. Method

This study was conducted using a cross-sectional design, which is a study design on measurement and observation carried out simultaneously at one time (Sugiyono, 2006). The method used is the analytical method to know the relationship between risk factors as independent variables and effect factors as the dependent variable. In this study, risk factors as the independent variable was satisfaction and effect factor as the dependent variable was loyalty. Then satisfaction was divided into 5 factors or sub-variables: reliability, responsiveness, assurance, empathy, and tangible (Getachew, 2002).

Considering that the population cannot be determined, this study used the accident sampling method, that is a random sampling technique carried out simultaneously on each patient on the same day (Dahlan, 2013), with the criteria that the patient is fully conscious, can read and write and also can understand the contents of the research question. Finally, the samples obtained accidentally were 50 people to be respondents.

The data was collected from respondents through a questionnaire containing questions about the characteristics of respondents and the level of satisfaction of respondents. Then also taken data that can describe patient loyalty. The question model of this research questionnaire is as follows:

- a. The questions about the respondents' characteristics is in the form of a check list for appropriate alternative answers.

- b. The question about the satisfaction level as independent variable was measured by a Likert scale which contains 23 questions with five alternative answers (Jamieson, 2004), namely:
- Very unsatisfied: score 1
 - Unsatisfied: score 2
 - Neutral: score 3
 - Satisfied: score 4
 - Very Satisfied: Score 5

Then each respondent's answer sheet is processed to be given a category with 2 possible results (Grigoroudis et al, 2010) as follows:

- 1) High Level if the respondent's value > median
- 2) Low Level if the respondent's value < median

- c. Loyalty as dependent variable was measured containing 3 open question which their answers will conclude the authors ourselves into 2 categories, namely:
- 1) Loyal
 - 2) Disloyal

Techniques of data analysis was carried out in two stages, namely:

- a. Univariate analysis to know the frequency distribution and its percentage of each variable with the following description (Arikunto, 2013):
0%	: None
1% - 25%	: A small proportion
26% - 49%	: Less than half
50%	: Half
51% - 75%	: More than half
76% - 99%	: A large proportion
100%	: All

b. Bivariate analysis to know the relationship between two variables with apply the Chi-Square test analysis 2x2 to get the pValue. The results were stated that there is significant correlation if the pValue is > 0.05 (Notoatmodjo, 2010).

3. Results

3.1. Respondent Characteristic

The respondents' characteristics showed that most (40%) age group is the 40-49 age group, most (58%) of whom are female and most (46%) of their education is elementary school. From a respondent's job showed more than half (64%) of them are either public or private employees. Half (50%) of them have BPJS class III fees paid by the government. A more detailed description can be seen in the Table 1 below.

Table 1. Characteristic of Respondent.

No	Characteristic	f	%
1	Age:		
	20-29 years	7	14
	30-39 years	12	24
	40-49 years	20	40
	50 years and above	11	22
2	Gender:		
	Male	21	42
	Female	29	58
3	Education:		
	Elementary School	23	46
	Junior High School	8	16
	Senior High School	15	30
	College	4	8
4	Job:		
	Student	11	22
	Employee	32	64
	Not working	17	34
5	Class in BPJS:		
	Class I	8	16
	Class II	11	22
	Class III	14	28
	Class III paid by government	25	50

3.2. Satisfaction Level and Loyalty

Satisfaction level the respondents regarding reliability of the health workers showed more than half (62.0%) of them have low level. Satisfaction level the respondents regarding responsiveness of the health workers to the patient needs showed more than half (64.0%) of them have low level. Satisfaction level the respondents regarding assurance of the health workers to the patient needs showed more than half (60.0%) of them have low level. Satisfaction level the respondents regarding empathy of the health workers to the patient needs showed more than half (60.0%) of them have low level. Satisfaction level the respondents regarding tangible of the health workers to the patient needs showed more than half (64.0%) of them have low level. Regarding loyalty, the study showed that more than half (64.0%) of the them were categorized as disloyal. A more detailed description can be seen in the Table 2 below.

Table 2. Satisfaction level and loyalty.

No	Variable	f	%
1	Reliability		
	Low Level	31	62.0
	High Level	19	38.0
2	Responsiveness		
	Low Level	32	64.0
	High Level	18	36.0
3	Assurance		
	Low Level	30	60.0
	High Level	20	40.0
4	Empathy		
	Low Level	30	60.0
	High Level	20	40.0
5	Tangible		
	Low Level	32	64.0
	High Level	18	36.0
6	Loyalty		
	Disloyal	32	64.0
	Loyal	18	36.0

3.3. Relationship Between Satisfaction Level and Loyalty

The relationship between reliability and loyalty showed that of the 31 respondents who had low level, less than half (35.5%) of them were disloyal and more than half (64.5%) of them were loyal. Meanwhile, 19 respondents with a high level were less than half (36.8%) disloyal and more than half (63.2%) reliable. It can be seen from Table 3 that the pValue is 0.009 or pValue <0.05, so the analysis test results state that H_0 is rejected and H_A is received, it means that there is a significant relationship between reliability and loyalty. Meanwhile, the value of Odd Ratio (OR) is 1.061, indicating that respondents who have low level of reliability are 1.061 times more likely to be disloyal than respondents who have high level.

The relationship between responsiveness and loyalty showed that of the 32 respondents who had a low level, less than half (37.5%) of them were disloyal and more than half (62.5%) of them were loyal. Meanwhile, 18 respondents with a high level, less than half (33.3%) were disloyal, and more than half (66.7%) were loyal. It can be seen from Table 3 that the pValue is 0.087 or pValue >0.05, so the analysis test results state that H_0 is received and H_A is rejected, it means that there isn't a significant relationship between responsiveness and loyalty. Meanwhile, the Odd Ratio (OR) value is 0.833, indicating that respondents who have low reliability are 0.833 times more likely to be disloyal than respondents who have a high level.

The relationship between assurance and loyalty showed that of the 30 respondents who had low level, less than half (36.7%) of them were disloyal and more than half (63.3%) of them were loyal. Meanwhile, 20 respondents who had high level, less than half (35.0%) of them were disloyal and more than half (65.0%). It can be seen in the table that the pValue is 0.014 or pValue <0.05, so the analysis test results state that H_0 is rejected and H_A is received, it means that there is a significant relationship between assurance and loyalty. Meanwhile, the Odd Ratio (OR) value is 0.930, meaning that respondents who have low level of assurance are 0.930 times more likely to be disloyal than respondents who have high levels.

The relationship between empathy and loyalty showed that of the 30 respondents who had low level, less than half (30.0%) of them were disloyal and more than half (70.0%) of them were loyal. Meanwhile, 20 respondents who had high level less than half (45.0%) of them were disloyal and more than half (55.0%) of them were loyal. It can be seen in the table that the p value is 1.172 or pValue >0.05, so the analysis test results state that H_0 is received and H_A is rejected, it means that there isn't a significant relationship between empathy and loyalty. Meanwhile, the Odd Ratio (OR) value is 1.909, indicating that respondents who have a low level of empathy are 1.909 times more likely to be disloyal than respondents who have a high level.

The relationship between tangible and loyalty showed that of the 30 respondents who had low level, less than half (33.3%) of them were disloyal and more than half (66.7%) of them were loyal. Meanwhile, 20 respondents who had high level less than half (40.0%) of them were disloyal and more than half (60.0%) of them were loyal. It can be seen in the table that the pValue is 0.231 or pValue >0.05, so the analysis test results state that H_0 is received, and H_A is rejected, it means that there isn't a significant relationship between tangible and loyalty. Meanwhile, the Odd Ratio (OR) value is 1.333, indicating that respondents who have low level of tangible are 1.333 times more likely to be disloyal than respondents who have high level. A more detailed description can be seen in the table 3 below.

Table 3. Relationship between satisfaction level and loyalty.

Satisfaction Level	Loyalty				pValue		OR	
	Disloyal	%	Loyal	%	Sum	%		
Reliability								
Low Level	11	35.5	20	64.5	31	100	0.009	1.061
High Level	7	36.8	12	63.2	19	100		
Responsiveness								
Low Level	12	37.5	20	62.5	32	100	0.087	0.833
High Level	6	33.3	12	66.7	18	100		
Assurance								
Low Level	11	36.7	19	63.3	30	100	0.014	0.930
High Level	7	35.0	13	65.0	20	100		
Empathy								
Low Level	9	30.0	21	70.0	30	100	1.170	1.909
High Level	9	45.0	11	55.0	20	100		
Tangible								
Low Level	10	33.3	20	66.7	30	100	0.231	1.333
High Level	8	40.0	12	60.0	20	100		

4. Discussion

The hospital is a company engaged in the service sector, namely the care and treatment services for people who have health problems. The survival of such a company is very dependent on the loyalty of service users. Therefore, according to Saxena (2018), hospitals must always evaluate the quality of their services to keep and increase loyalty from their customers. In addition, around the dr. Slamet Garut Regional Public Hospital, of course, also has many other hospitals and health clinics that are competitors.

Based on the results of the study, all the satisfaction factors of patient in The Lower Marjan Ward more than half results low level and more than half of them were disloyal. Then after the relationship test was held one by one, it turned out that only Reliability and Assurance had a significant relationship toward loyalty. Meanwhile, other satisfaction factors such as responsiveness, empathy, and tangible do not significantly affect loyalty.

Regarding reliability, generally, the health workers in The Lower Marjan Ward provide fast and precise service, positively impacting the level of patient loyalty. A situation like this is most likely due to the excellent skills of health workers. Likewise, regarding assurance, it shows that patients believe that the skills of health workers in this hospital are in accordance with their needs. A behavior that will increase the patient's trust is the habit of keeping his promise or always keeping his commitments. According to Bell et al. (2012). people will feel satisfied when their needs are met. This means that the sick person really needs a guarantee of their recovery or at least they are served properly.

Thus, these two factors must be maintained to foster loyalty from service users. Apart from that, other satisfaction factors such as Responsiveness, Empathy, and Tangible must also receive special attention to increase loyalty. Barnes (2012) stated that ideally, all satisfaction factors must be met to achieve maximum loyalty. One of the efforts that can be done is to hold an opinion poll of service users. Either through distributing questionnaires or direct interviews

5. Conclusion

From the study that has been done, it can be concluded that the loyalty of service users will increase if the satisfaction level of the patient in receiving services increases. Satisfaction factors that have a significant relationship with satisfaction are reliability and assurance factors.

So, in this case, the authors suggest that the service quality of these two factors must be maintained, while other factors, namely responsiveness factors, empathy factors, and tangible factors, must be improved.

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