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RESEARCH ARTICLE

Parent's Satisfaction Level with Child Health Services in *Puskesmas* in BPJS Era

[1]Moch. Afrizal Ansori, [2]Irwanto, [3]Samsriyaningsih Handayani

[1]Faculty of Medicine, Universitas Airlangga, Indonesia
[2]Department of Pediatric, Faculty of Medicine, Universitas Airlangga, Indonesia
[3]Department of Public Health and Preventive Medicine, Faculty of Medicine, Universitas Airlangga, Indonesia
Corresponding author: Moch. Afrizal Ansori, e-mail: moch.afrizal.ansori-2017@fk.unair.ac.id
Co-author: I: irwanto@fk.unair.ac.id, SH: samsri.handayani@gmail.com
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Abstract

In BPJS era, health facilities are demanded to be able to adjust their health care policies according to BPJS standards with a number of limitations. This study aimed to measure the level of parental satisfaction with child health services in Puskesmas in BPJS era. This type of research was observational descriptive using a service quality (servqual) questionnaire. The sample size in this study was 100 respondents. From 100 participants, it was found that 11% were very satisfied, 15% were satisfied and 74% were dissatisfied with children's health service in puskesmas. The overall satisfaction result calculated from the gap between the perception and the expectations of the respondents towards children's services in puskesmas is -0.4635, which means that the service is still unsatisfactory. The results of Importance Performance Analysis (IPA) show that the priority scale of improvement of children's health services in puskesmas from high to low priority are Tangibles and Reliability, Responsiveness, Assurance, and Empathy. This study shows that the level of parental satisfaction with children's health services in puskesmas is still low or unsatisfactory. Puskesmas should focus on improving the quality of BPJS child health services on items that are in the top priority quadrant.

Keywords: Level of satisfaction; Patient satisfaction; BPJS; Pediatric service quality

Introduction

Government has the responsibility for public health and it can be fulfilled only through the provision of adequate health and social acts (WHO, 2014). Therefore, government established Badan Penyelenggara Jaminan Sosial (BPJS), namely a legal entity that administered social security program (Republik Indonesia, 2004). BPJS which started operating on January 1, 2014, functions to organize the health insurance program with the purpose to realize the provision of guarantees for the fulfillment of basic necessities of decent living for each Participant and/or their families (Republik Indonesia, 2011).

According to the BPJS health report in 2017, the total participants of BPJS as of December 31, 2017, are 187.962.949 people, an increase of 16.043.695 people from the previous year. The total of health facilities that cooperated with BPJS also increase to 27.436 health facilities, including First Level Health Facilities, Advanced Level Referral Health Facilities, and Supporting Health Facilities (BPJS Kesehatan, 2017). The increase in BPJS health facilities quantity should be met with the increase in its quality. Therefore, assessment of health care service quality becomes very important.

The patient's satisfaction is the best indicator to assess service quality. Patient's satisfaction is a very effective indicator to measure the success of doctors and health facilities (Manzoor et al., 2019; Joshi et al., 2013). According to J. Supranto (in Irawan & Japarianto, 2013), satisfaction is the level of one's feelings after comparing the perceived performance (result) with his/her expectation.

Methods

This research uses quantitative descriptive methods. This research is conducted at 3 Puskesmas in Surabaya. The respondents of this research are parents of BPJS child patients in puskesmas with the total of 100 people using simple random sampling method.

The data collection is conducted by filling out the servqual questionnaire using 4 categories likert scale

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namely Very Disagree (VD), Disagree (D), Agree (A), Very Agree (VA). Servqual (Service Quality) survey method consists of 17 items from 5 dimensions of service satisfaction: "tangibles" (3) items; "reliability" (4) items; "responsiveness" (4) items; "Assurance" (3) items, "empathy" (3) items. Servqual method is the most widely used service quality measurement method because of the high frequency of use and is deemed to meet the requirements of statistical validity. Servqual method is mostly applied in several companies and industry contexts. The popularity of servqual survey instrument is because of the number of advantages (Listyoningrum et al., 2015). Servqual method is a method used to determine the criteria of quality in which the service quality must be improved based on the gap happened between customer's perception and expectation. Servqual method consists of two parts namely, assessment and weighting. Assessment is conducted through questionnaire distribution where a participant gives weights (constant sum rating scale) for five service dimensions. The customer's expectations towards services which are translated into five dimensions of service quality must be understood and strived to be realized. The service received but not suitable with the expected service is what causes disappointment. The difference between perception and expectation is called gap or service quality gap, which is formulated as follows:

Perception – Expectation = Gap

Or:

P – E = Gap.

1. If the gap is positive (P > E) then the service is said to be surprising and very satisfying.
2. If the gap is zero (P = E) then the service is said to be of high quality and satisfying.
3. If the gap is negative (P < E) then the service is said to be of poor quality and unsatisfying.

Importance performance analysis (IPA) is a simple marketing tool usually used to identify the main strengths and weaknesses of a value proposition. Importance performance analysis (IPA) has become a popular multi-attribute technique to evaluate marketing actions because it produces insight into which elements of the value proposition management should focus on (Arbore & Busacca, 2011). Martilla and James (in Arbore & Busacca, 2011) explained that IPA described the value proposition by classifying the most important attributes in two dimensions, namely the importance of each attribute and performance appraisal. IPA used a cartesian diagram to identify the priority scale of improvement of service quality.

Results

Respondents' Characteristics

The respondents' characteristics are shown in table 1.

The table below explained the demographic distribution of respondents including child's age, child's gender, parent's age, parent's gender, parent's last education, parent's occupation and parent's income. The table below is done using descriptive statistics analysis test:

Table 1. Respondents' Characteristics Distribution

Characteristics	N	%
Child's Age		
Newborn	2	2
Infant	53	53
Toddler	15	15
Preschooler	13	13
School-aged child	17	17
Child's Gender		
Male	58	58
Female	42	42
Parent's Age (years)		
≤ 20	2	2
21 - 25	19	19
26 - 30	28	28
31 - 35	22	22
36 - 40	21	21
41 - 45	3	3
46 - 50	3	3
51 - 55	1	1
> 55	1	1
Parent's Gender		
Male	23	23
Female	77	77
Parent's Last Education		
Elementary/JHS/SHS	69	69
D-1/D-2/D-3	10	10
S-1/D-4	15	15
S-2/S-3	3	3
Others	2	2
N/A	1	1
Parent's Occupation		
SCA	4	4
Non-SCA	50	50
Housewife	43	43
Unemployed	1	1
N/A	2	2
Parent's Income		
> IDR3.500.000	19	19
IDR2.500.000 - IDR3.500.000	13	13
IDR1.500.000 - IDR2.500.000	17	17
< IDR1.500.000	10	10
Others	41	41

The children's ages in this study ranged from 8 days to 12 years with the most children being under 1 year old, the median of children's ages lies in the infant age group with a mean of 2,9 ± 1,193. The parents' ages in this study ranged from 18 years to 56 years with the most parents being 25 years and 29 years, 10 people each. The average parents' ages in this research are 31,87 ± 7,286 with a median of 31.

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Patients' Satisfaction

The measurement of parents' satisfaction level towards child health services in puskesmas is conducted by determining the perception total value and expectation total value from 17 items asked in the questionnaire. The results of the measurement of parents' satisfaction level towards child health services in 3 puskesmas in Surabaya are as follows.

Table 2. The Parents' Satisfaction towards Child Health Services in Puskesmas

Satisfaction	Frequency	Percentage (%)
Perception > Expectation	11	11
Perception = Expectation	15	15
Perception < Expectation	74	74
Total	100	100

The difference between perception and expectation is called gap or service quality gap. If the gap is positive (perception > expectation) then the service provided is very satisfying. If the gap is zero (perception = expectation) then the service provided is satisfying. If the gap is negative (perception < expectation) then the service provided is unsatisfying.

This research used service quality method questionnaire with 17 items and 4 likert scales. Each item measured the perception and expectation score of respondents towards child health services in 3 puskesmas in Surabaya. The results of the average score of perception, expectation and gap of each item from the total of 100 respondents are as follows.

Table 3. The Average Score of Perception, Expectation, and Satisfaction of Each Item

Item	Variable	Perception	Expectation	*Gap*
A1	Have up to date facilities	3,12	3,66	-0,54
A2	Its physical environment is appealing	3,21	3,68	-0,47
A3	Have modern-looking equipment	3,15	3,75	-0,6
B4	Provides its service at the time it promises to do so	3,07	3,67	-0,6
B5	When it promises to do something by a certain time, it does so	3,15	3,63	-0,48
B6	Performs the service right the first time	3,24	3,72	-0,48
B7	Consistent in its performance	3,31	3,7	-0,39
C8	The personnel give me prompt service	3,14	3,67	-0,53
C9	The personnel are never too busy to respond to my request	3	3,62	-0,62
C10	The personnel are always willing to provide service	3,24	3,65	-0,41
C11	The personnel are always ready to provide service	3,24	3,66	-0,42
D12	I feel safe in my visits there	3,3	3,64	-0,34
D13	Have knowledgeable employees to answer my questions	3,25	3,67	-0,42
D14	The actions of its personnel instil confidence in me	3,26	3,67	-0,41
E15	Have my best interests at heart	3,27	3,62	-0,35
E16	The personnel understand my specific needs	3,25	3,62	-0,37
E17	The personnel give me special attention	3,12	3,57	-0,45
	Total	3,1953	3,6588	-0,4635

Item with the lowest gap result is in the item E15 (Have my best interests at heart). Whereas item with the biggest gap result is in the item C9 (The personnel are never too busy to respond to my request).

From the results of the average score of perception, expectation, and gap of each item above, then the Importance Performance Analysis (IPA) is conducted using a cartesian diagram to determine the priority scale of improvement of the child health services quality in the puskesmas.

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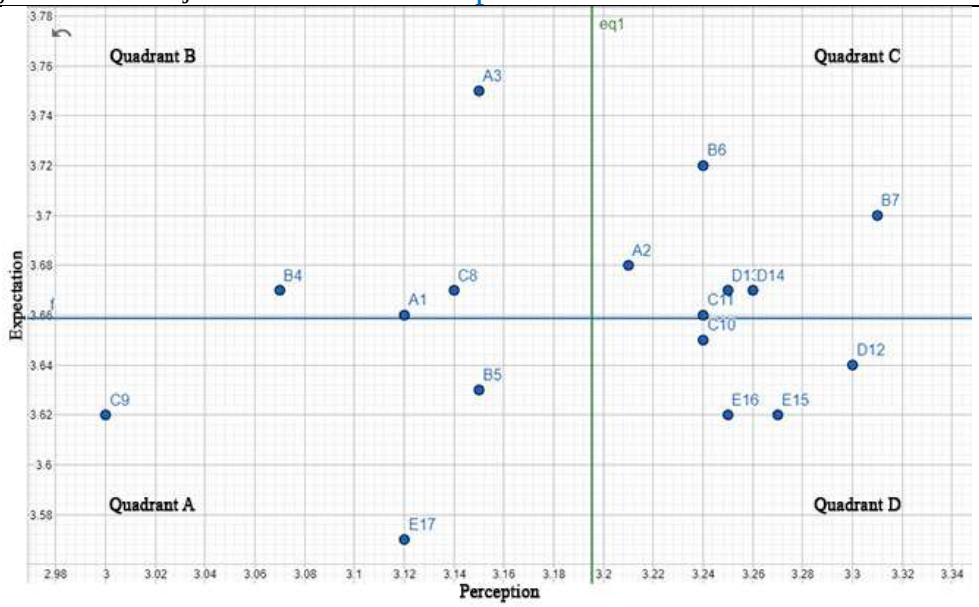

Figure 1. Cartesian Diagram of the Distribution of the Average Satisfaction Score of Each Item

Quadrant A consists of 3 items, quadrant B consists of 4 items, quadrant C consists of 6 items and quadrant D consists of 4 items.

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The results of the average score of perception, expectation, and gap for each dimension from a total of 100 respondents are as follows

Table 4. The Average Score of Perception, Expectation and Gap of Each Dimension

Item	Dimension	Perception	Expectation	Gap
A1, A2, A3	Tangibles	3,16	3,7	-0,54
B4, B5, B6, B7	Reliability	3,19	3,68	-0,49
C8, C9, C10, C11	Responsiveness	3,155	3,65	-0,495
D12, D13, D14	Assurance	3,27	3,66	-0,39
E15, E16, E17	Empathy	3,21	3,6	-0,39
	Total	3,1953	3,6588	-0,4635

Dimensions with the lowest gap result are in the Assurance and Empathy dimensions. Whereas the dimension with the biggest gap result is the Tangibles dimension.

From the results of the average score of perception, expectation and gap for each dimension above, then the Importance Performance Analysis (IPA) is conducted using a cartesian diagram to determine the priority scale of improvement of the child health services quality in the puskesmas. The cartesian diagram of the Importance Performance Analysis (IPA) result of each dimension is as follows.

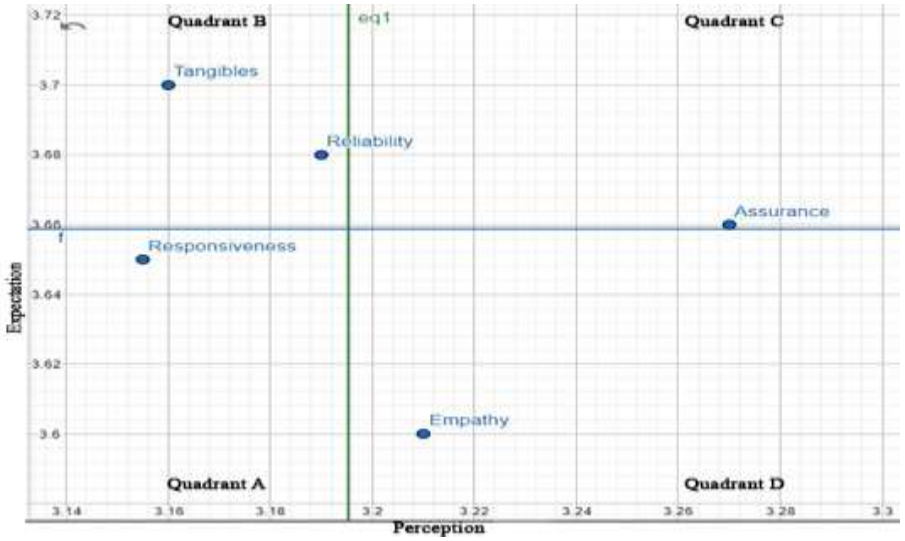

Figure 2. Cartesian Diagram of the Distribution of the Average Satisfaction Score of Each Dimension

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Quadrant A consists of Responsiveness dimension, quadrant B consists of Tangibles and Reliability dimension, quadrant C consists of Assurance dimension and quadrant D consists of Empathy dimension.

This research also added an open question to determine the most satisfactory and the most unsatisfactory puskesmas services according to the respondents. The open question regarding the most satisfactory puskesmas services is answered by 66 respondents whereas the other 34 respondents answered there is no most satisfactory puskesmas services or did not answer the question. The open question regarding the most unsatisfactory puskesmas services is answered by 45 respondents whereas the other 55 respondents answered there is no most unsatisfactory puskesmas services or did not answer the question. The results of respondents' answers which are very varied can be categorized in the table below.

Table 5. The Results of Open Question based on 5 Servqual Dimensions

Dimension	Frequency	
	The Most Satisfactory	The Most Unsatisfactory
Tangibles	11	3
Reliability	3	5
Responsiveness	10	26
Assurance	24	3
Empathy	5	4
Unspecific	18	4

Discussion

The Patients' Satisfaction towards Health Services in BPJS Era

In this research obtained parents who felt the child health services in puskesmas in BJPS era are very satisfying as many as 11 people or 11%, parents who felt the child health services in puskesmas are satisfying as many as 15 people or 15% whereas parents who felt the child health services in puskesmas are dissatisfying as many as 74 people or 74% from the total of 100 respondents.

This result is in accordance with the research of Librianty (2017) in Puskesmas Bandar Petalangan in 150 outpatients which showed that 44 patients or 29,3% felt satisfied with the outpatient services of Puskesmas Bandar Petalangan, whereas 106 patients or 70,7% felt dissatisfied with the outpatient services of Puskesmas Bandar Petalangan. This result also in accordance with the research by Siyoto & Ariyanti (2016) in Puskesmas Ngletih Kediri City in 157 BPJS non PBI patients which showed that 60 patients or 38,2% felt satisfied with the services of Puskesmas Ngletih Kota Kediri, whereas 97 patients or 61,8% felt dissatisfied with the services of Puskesmas Ngletih Kediri City.

This result is contradictory to the research by Abidin (2016) in Puskesmas Cempae Parepare City which showed that from 185 patients of BPJS Kesehatan, 129 patients or 69,73% felt satisfied with the health services in the puskesmas and 56 patients or 30,27% felt dissatisfied with the health services in the puskesmas. This result is also contradictory with the research by Marhenta et al. (2018) in the First Level Health Facilities in Karanganyar Regency in 278 BPJS patients who stated that all respondents felt satisfied with the services of JKN system, however, they kept submitting complaints and suggestions for improvement.

The Priority Scale of Improvement with Importance Performance Analysis

This research also conducted Importance Performance Analysis (IPA) by using a cartesian diagram obtained quadrant A consists of Responsiveness dimension, quadrant B consists of Tangibles and Reliability dimension, quadrant C consists of Assurance dimension, and quadrant D consists of Empathy dimension.

In the research by Deharja et al. (2017) in M. Suherman Clinic Jember in 100 BPJS patients obtained quadrant A consists of Tangibles and Assurance dimension, quadrant B consists of Responsiveness dimension, quadrant C consists of Reliability and Empathy dimension, quadrant D has no dimension.

The difference in the Importance Performance Analysis (IPA) results could be due to differences in service quality of each dimension and the difference in the patients' characteristics in each health facility. This also showed that the excellence in the quality of health services and the improvement priority of health services are different in each health facility.

Factors Affecting Patient's Satisfaction Level

Demographic characteristics and patients' personalities have been reported consistently as factors

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that precede and affect patient's satisfaction in the health service context (Ng & Luk, 2019). Human is a unique, complex, and dynamic combination of demographic, emotion, personality, social influence, and motivation characteristics. These components simultaneously and independently function to ultimately influence the patient's beliefs, perceptions, and judgments of health (Agosta, 2009). Agosta (2009) stated that personality traits is an important component that affects patient's behavior and health perception.

It is found in several studies that older patients tend to have higher satisfaction than younger patients (Becker & Douglass, 2008; Jackson et al., 2001; Mancuso & Salvati, 2003; Tehrani et al., 2011). The other 2 studies found that female patients are more satisfied with the physiotherapy services that they received (Beattie et al., 2005; Hush et al., 2011, Kamra et al., 2015). Whereas Shirley & Sanders (2013) found that gender often does not affect the satisfaction level. Education is one of aspect that has significant impact on the satisfaction level (Ebrahimipour et al., 2013). A high satisfaction is often found in patients with lower education level (Sitzia & Wood, 1997). Satisfaction is also affected by occupation positively (Park & Seo, 2014). People who are private employee tend to have higher satisfaction than others (Kamra et al., 2015). People who have high income have higher satisfaction than others (Owaidh et al., 2018)

Endartiwi & Setianingrum (2019) found that the quality of health services (tangible, reliability, responsiveness, assurance and empathy) is related to the satisfaction of health services provided by the first level health facilities to the patients of BPJS Kesehatan with a strong relationship level. According to Anderson et al. (in Shirley & Sanders, 2013) doctor-patient communication has the most powerful impact on patient's satisfaction. The important communication aspects namely doctor sitting during the meeting, giving full attention, listening, accepting questions, and validating concerns. Informing the presence of risks and uncertainties can foster mutual responsibility and trust (Prakash, 2010). The duration of doctor's examination and waiting time affect the patient's satisfaction level (Camacho et al., 2006; Säilä et al., 2008). In their study, Camacho et al. (2006) found that the combination of a long waiting time and short examination time produced a decrease in the overall satisfaction. This result is in accordance with this research which found that the patient's dissatisfaction is mostly caused by long waiting time. Communicating the expectation of waiting time and the possibility of a delay can be very beneficial (Shirley & Sanders, 2013). Patients with good health, good functional status, or mild pain level tend to have high satisfaction, whereas low satisfaction tends to be often found in patients with chronic disease (Shirley & Sanders, 2013).

The Effect of Patient's Satisfaction on Patient's Clinical Condition

Patient's satisfaction can affect clinical care in several ways (Wong & Fielding, 2008). A satisfied patient is often associated with good continuity of care (Garman et al., 2004; Säilä et al., 2008). A satisfied patient has a greater chance to adhere to the treatment plan (Agosta, 2009; Hall & Dornan, 1990; Hush et al., 2011; Williams, 1994; Wong & Fielding, 2008). Through the continuity of care improvement and adherence, patient's satisfaction can potentially improve patient's clinical outcomes (Brédart & Bottomley, 2002). A satisfied patient also tends to recommend the related health facility to others (Hekkert et al., 2009; Johansson et al., 2002). Moreover, satisfaction can lead patient to more appropriate use of health service system, reduce the rate of patient loss for health facilities and more importantly, improve the patient's health (Serber et al., 2003).

Conclusion

The parent's satisfaction level towards child health services in puskesmas in BPJS era is still low. The low satisfaction levels of parents are caused by the lack of quality of child health services in puskesmas especially in the Tangibles, Reliability and Responsiveness dimensions. The parents of child patients often feel dissatisfied with the long waiting time. On the other hand, the staff's knowledge, ability and friendliness can produce a good level of satisfaction from the parents of BPJS child patients in puskesmas. A satisfied patient not only has a good impact on the puskesmas and BPJS but also has a good impact on the patient's clinical condition.

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Author Contribution and Competing Interest

Ansori and Irwanto put forward the idea and designed the research concept. Handayani designed models, computational frameworks, tested research instruments and analyzed data. Ansori is responsible for taking care of licensing and research ethics as well as collecting data. Irwanto supervised from proposal design to article writing. All authors provided critical

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feedback in the research and article writing process.

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