

Satisfaction Analysis Of Midwifery Services: Qualitative Study Participants National Jaminan Kesehatan Nasional-Kartu Indonesia Sehat (Jkn-Kis) In Rsd Idaman Kota Banjarbaru

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ABSTRACT

Objective: To know how satisfaction of JKN-KIS participants in midwifery service at RSD Idaman Banjarbaru City.

Method: Qualitative study with descriptive phenomenological approach. Data were collected on 3 main informants and 2 triangulation informants who were in obstetric poly and snow ball content. The variables used are Tangibels, Reliability, Responsiveness, Assurance, and Emphathy (Empathy). Technique of processing and data analysis result of interview through 3 stages that is: data reduction, data presentation and conclusion.

Result: Participants of JKN-KIS have been quite helpful in obtaining midwifery services. The form of satisfaction seen from the 5 dimensions obtained facility is complete, the ability of the officer is good, the attitude of the officer is friendly enough, trust to high officer and good sense empathy.

Conclusion: JKN-KIS participants 'satisfaction is good and participants' opinions have shown positive, but there are still some things that still need to be improved

Keywords: Assurance, Emphathy, Midwifery Services, Participant JKN-KIS, Reliability, Responsiveness, Satisfaction, Tangibels

I. INTRODUCTION

WHO has agreed on achieving universal health coverage (UHC) in 2019. UHC itself is a health system that is tasked to demand and ensure every citizen in a country is guaranteed in a fair access in obtaining health services be it promotive, preventive, curative or rehabilitative quality at an affordable cost [1].

JKN is a part of the National Social Security System (SJSN) which is organized using a compulsory social health insurance

mechanism under Act No.40 of 2004 on SJSN with a view to meeting basic public health needs provided to everyone who has paid the dues or fees paid by the government, while KIS is an expanded and integrated form of JKN run by BPJS health, a system used to serve cards intended for inadequate communities [2].

Ministry of Health noted that by the year 2010 there are 352 districts / cities and 33 provinces have developed Jamkesda. The

percentage of population guaranteed by the health protection program, until December 2012 reached 59% of the total population in Indonesia, there are still 41% of Indonesian population who do not have health insurance. In the period of 2013 and 2014 recorded the number of residents who become participants Jamkesmas has reached 86.4 million inhabitants. However, from 86.4 million people according to P2JK (Pusat Pembiayaan dan Jaminan Kesehatan) Ministry of Health RI, there are 2.3% or 2,558,490 participants Jamkesmas / PBI not on target. The deviation of this data indicates a discrepancy between national data and regional data. To overcome this, it was enacted Law Number 24 Year 2011 on Social Security Implementation Agency whose implementation began on January 1, 2014 in order to smooth the plan of health insurance arrangement fairly and equally for all Indonesian people [1]. Participants receive health care benefits and protection in meeting basic needs provided to everyone who has paid their contributions or fees paid by the government. According to the release of the official website BPJS as of January 13, 2017 there are 172,620,269 people have become the national health insurance participants with 26,327 people use the facility as a whole with Puskesmas as the largest contributor is 8,198 units. This means that about 70% of Indonesia's population has been a participant of JKN-KIS and BPJS Health still have to fulfill 30% again in order to reach the main target that all Indonesian citizens must become

JKN-KIS participants. Of this amount, 25 million participants (along with their families) are workers enlisted by the employer [3].

Based on the release of the results submitted by the Indonesian Consumers Foundation (YLKI), there are several reports of public service to JKN-KIS Health, for example there are patients rejected hospitalization for reasons that are not clear, many disappointments such as certain drugs are not borne, queue long until the patient died because there has been no medical action. In practice all Indonesians are required to be participants of JKN-KIS and are required to pay contributions each month but this is not accompanied by the provision of overall service facilities for certain types of diseases and operations. The JKN-KIS program has actually placed the community as a government-protected group but applicatively this program is still not as expected [4].

Midwifery services are an integral part of health care, directed towards the realization of family health in order to achieve a quality family, focusing on the health services of women, newborns and toddlers Nurmuwati [5]. Low quality of health services will affect patient satisfaction. Patient satisfaction can be seen from the 5 dimensions of satisfaction that is tangible, reliability, responsiveness, assurance and empathy. If services are not in accordance with expectations then the patient will be disappointed, whereas if the services provided in accordance with expectations then the patient will be satisfied. This applies to all

service provider organizations in which this research is BPJS Health and Hospitals [6].

In Marhatami Research [7] showed that 130 women who visited the Hospital in Tehran in 2015 stated there was a relationship between participating in preparation class of labor and dignity ($p < 0,01$).

The results of preliminary study in the form of a short interview conducted at Idaman Hospital Banjarbaru obtained 2 of 3 participants JKN-KIS said that the service from the RS and BPJS Health is good, but there are still shortcomings such as service procedures that complicate BPJS Health.

II. RESEARCH METHODS

The method used in this research is qualitative with descriptive phenomenological approach. The subjects were 3 main informants in Poli Klinik Kebidanan and Kandungan and 3 informant triangulation. Sampling technique using snow ball sampling is a technique of sampling the data source, which at first the number a little long to become big. Variable used is single variable that is satisfaction of JKN-KIS participant (BPJS Kesehatan) on midwifery service, seen from satisfaction factor that is Tangibels (Real Material), Reliability, Responsiveness, Assurance and Emphathy (Empathy). The research instrument used is in-depth interviews (indepth interview) by using the tools for interviews are Interview Guides, Tools Recorder from mobile phones and Stationery. The way this research through

three stages of preparation stage, orientation stage, and implementation phase. For data processing and data analysis techniques starting from reducing the data then make the presentation of data and finally take the conclusion, while for the quality test itself in this study using the test kredibilitas by using triangulation method.

III. RESULTS

1. Tangibles

One to increase the level of satisfaction of the users of physical facilities in the form of completeness of facilities and examination tools, the condition of the room, the comfort of the room and the adequacy of the officers among them can be seen dimension tangibles (Realization / Evidence Real) as revealed by the main informant as follows :

"... Alat pemeriksaan sudah lengkap, bagus, kondisi ruangan memuaskan, petugasnya juga pelayanannya bagus ramah..." (IU 1)

"...Belum tau mba belum masuk lagi baru pertama kesini, lo kondisi ruangan sudah bagus pang daripada sebelumnya maksudnya daripada di RS yang lama, petugasnya bagus aja sih pelayanannya..." (IU 2)

"... Lengkap aja pang lah, bagus sih lebih bagus dari pada yang dahulu, petugasnya ramah aja, bagus aja..." (IU 3)

The results of interviews with informants triangulation all give the same statement with the main informant as follows :

"...Menurut kami sih kalo disini sudah lengkap aja untuk alat-alat medisnya, ruangan juga sudah dibuat nyaman mungkin dan kami petugas selalu berusaha untuk memberi pelayanan yang bermutu. Untuk perlengkapan ya mba ada tim sendiri yang mengurusnya, bisa tanya ke bagian tim pengadaan barang aja ya itu ke bagian perlengkapan dan penunjang cari aja nanti (menyebut nama)..." (IT 1)

"...Ooo lengkap-lengkap, walaupun ada paling itu kecil lah untuk kelengkapan seperti mungkin kaya gini ni kan kecil aja ga masalah, missal stempel karena stempel itu

hak dari BPJS dia ngasih, bukan dari RS, dia berinya cuma satu..." (IT 2)

2. Reliability

The result of information about the reliability of the service system provided by the service provider that includes the accuracy of service, the suitability of service with the company's concern plan with problems experienced by the patient, the constraints of service delivery since the beginning, the timeliness of service in accordance with the promise given the accuracy of handling that has been disclosed by informants main as follows

"...Sudah akurat, ya mungkin untuk pengalaman pribadi tidak ada kesalahan pemeriksaan, alurnya mudah saja dipahami ..." (IU 1)

"... Bagus aja sih mba..." (IU 2)

"...Baik aja tapi antriannya ni banyak banget pasiennya, alur administrasi baik aja dilayani si dilayani cuma kesannya cepat cepat ..." (IU 3)

The results of interviews with informants triangulation all provide the same statement with the main informant as follows:

"...Menurut kami ya sampai saat ini kami kira sudah akurat aja sih, karena ya kami selalu berusaha sebaik mungkin dalam memberikan pelayanan untuk alur administrasi kalau pasien yang sudah lama sudah paham saja, kadang itu kalau pasien yang baru sih biasanya agak kurang paham, kadang langsung kesini tapi ternyata belum mendaftar dibawah atau pasien yang ga bawa rujukan juga jadi bisa dibilang agak ribet sih kasian juga kan pasien harus bolak balik ngurus tapi ya itu kan sudah prosedurnya mba ..." (IT 1)

"...Kalau menurut kami sih sudah akurat lah soalnya kan dari pertama ada antrian seperti yang lainnya juga, antri kemudian di panggil sesuai nomor urut, dari pendaftaran ka baru masuk kekami, tergantung kecepatan mereka disana kalau misalnya kerja mereka yang kedua lebih cepat mungkin dia lebih dulu ketempat kami, kan itu tergantung mereka kecepatan entri datanya, kami ga usah manggil lagi langsung aja langsung diantar kemeja kami...untuk alur administrasi kalau pasien yang sudah lama otomatis mereka sudah cukup paham, yang baru baru itu kadang kadang mereka kurang paham ..." (IT 2)

3. Responsiveness

The result of information concerning clarity of information on service delivery time, accuracy and speed in administrative service, employee willingness in helping the consumer, time employee in responding to patient request properly disclosed by the main informant as follows:

"...Petugasnya ramah saja..." (IU 1)

"... Kalau petugas BPJS yang di kantornya sih bagus aja udah yang diluar maksudnya, kalau yang disini mungkin sedikit agak diramahin lagi aja gitu. Pasien kan mau juga nanya cuma terlalu sibuk kan jadinya ga terlalu diperhatikan..." (IU 2)

"...Ramah, sopan aja sih, bagus aja..." (IU 3)

The results of interviews with informants triangulation all provide the same statement with the main informant as follows:

"...Kita selalu berusaha ramah dan memberikan pelayanan yang terbaik. Ya gunakan lah sikap yang menghargai lah. Intinya kami ya selalu mengikuti standar pelayanan aja..." (IT 1)

"...Ya harus bersikap ramah aja sama pasien, supaya mereka puaslah yang penting banyakin senyum aja ..." (IT 2)

4. Assurance

Results of information on Human Resource capability, sense of security during dealing with employees, employee patience, time employee response in response to patient requests are quickly disclosed key informants as follows:

"...Sudah percaya aja, pokoknya semuanya bagus aja, kemampuan petugas bagus sejauh ini informasi apa saja segala macam sudah cukup baik ..." (IU 1)

"...Ya pokoknya sih bagus aja bisa dipercaya..." (IU 2)

"...Ya bagus aja lah..." (IU 3)

The results of interviews with informants triangulation all provide the same statement with the main informant as follows:

"...Untuk kepercayaan ya kami tinggal menjalankan segala sesuatunya sesuai dengan SOP rumah sakit aja nah setelah itu ya harapannya dapat puas dengan pelayanan yang kami berikan..." (IT 1)
"... Dari pelayanan yang ada aja setelah kita arahkan emang itu alurnya..." (IT 2)

5. Emphaty

The result of information concerning consumer attention, personal attention of the staff to the consumer, the understanding or the needs of the consumers, the attention to the consumer interest, the suitability of service time to the needs of the consumers revealed by the main informant as follows:

"...Sejauh ini pokoknya bagus aja responya cepat aja ..." (IU 1)
"... Cepat aja sih responnya baik..." (IU 2)
"...Respon dari petugas cepat aja lo misalnya ada masalah tapi lo yang di BPJS belum tau lagi karena belum ada masalah ..." (IU 3)

The results of interviews with informants triangulation all provide the same statement with the main informant as follows:

"...Kami rasa ya sudah cepat saja sih langsung kami tanggapinya kalo ada masalah yang dialami pasien, Dalam memberikan jawaban ya berarti harus dijelaskan sedetail mungkin sampai paham sama dengan jangan memotong pembicaraan pasien itu saja sih..." (IT 1)
"...masalah pasien langsung kami respon dan dalam memberikan informasi selama pasien itu belum paham kami akan terus jelaskan sampai paham..." (IT 2)

IV. DISCUSSION

1. Tangible

Dimensions of tangible / physical proof about in RSD Idaman Banjarbaru obtained results that have been said to make patients satisfied. This is in line with research from Like J. Mumu [8] which mentions that physical evidence is significantly related to patient satisfaction at Prof.Dr.R.D.Kandou Manado General

Hospital. which yielded a significantly positive conclusion. In a study known to be based on Odds Ratio, respondents who gave good physical evidence assessments had 17,143 times greater probability of being satisfied than respondents who rated poorly. The results of the Hufron study [9] also say the same thing that there is a proven positive and significant relationship between physical evidence such as facilities, rooms and personnel with patient satisfaction. The appeal of a researcher on the physical facilities that are considered to be a good patient should be maintained and better if the facility is further improved. Then the results of research from Syed Saad Andaleeb [10] also said the same thing there is a significant relationship between patient satisfaction with health services in Bangladesh with p value 0.077 (p value <0.05) The researcher's appeal of facilities or aspects visible from the hospital also important in the cases of both prime and proper public hospitals, the orientation of health care workers.

2. Reliability

The dimensions of reliability such as the performance of the officers are in accordance with the expectations of JKN-KIS participants, which means the accuracy of the health officer when diagnosing the patient's complaints and while performing the service to the patient is good and ultimately leads to patient satisfaction. This is in line with research

conducted by Hermanto [11] which mentions there is a relationship between the perception of service reliability and patient satisfaction in dr. H. Soemartono Sosroatmodjo, Bulungan, East Kalimantan yielded a significant conclusion, it appears that the good reliability of the hospital is applied, the better the satisfaction felt by the patient.

3. Responsiveness

Dimensions responsiveness about the impression of patients on attitudes and expression of the officers already have a positive response, the response officer, the service provided is evenly distributed to all patients either entering through the channels BPJS, General and Jamkesda. This raises the satisfaction of JKN-KIS participants. The results obtained from this study are in line with research conducted by Ulinuha, 2014 [12], concluding that patients will be satisfied if the officers provide fast and responsive services, service procedures are not convoluted, the information provided is easy to understand, indifferent and non-discriminating. The results of another study conducted by Svetlana V et al [13] also stated the same thing with patients having a positive reputation for primary quality.

4. Assurance

Assurance dimension about patient's trust toward officer can be said already and

good officer ability that influence to satisfaction to patient participant JKN-KIS. This is in line with research conducted by Cahyadi, 2014 [14]. which concludes that there is a significant relationship between the assurance dimension and patient satisfaction. Then research from Bata [15] obtained the results of analysis which states that the assurance (assurance) affect the level of patient satisfaction in RSUD Lakipadada Kabuten Tanah Toraja.

5. Emphaty

Dimensions such as the response given by the officer when there is a complaint or patient problem is fast and responsive and the way officers communicate with patients and families is good, patient and easy to understand. The results of the study conducted in line with the study by Anjaryani, 2009 [16], concluded that the empathy dimension makes it easier to engage in good communication, personal attention and understand the patient's needs as a customer and act in the best interest of the patient. This study is also supported by Iloh GUP et al [17] which shows the highest satisfaction value occurs in good communication between staff and patients where the survey results conducted that the patient is made familiar, in the hope that the patient can deliver what service is expected from the hospital, as well the patient's right that the patient should get for quality service and calming communication when the treatment fails so that the patient is

likely to appreciate the bureaucratic process at the hospital well. The results of the Ioannis study [18] also state that in addition to satisfaction the only dimension of service quality that directly affects Word of Mouth (WOM) is empathy.

V. CONCLUSION

JKN-KIS participants 'satisfaction is good and participants' opinions on BPJS Health have shown positive, but there are still some things that still need to be improved.

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