

ANALYSIS OF QUALITY HEALTH CARE TO PATIENTS PARTICIPANTS OF EXECUTIVE AGENCY SOCIAL HEALTH INSURANCE IN NEGARA PRIMARY HEALTH CENTER (PHC) HULU SUNGAI SELATAN DISTRICT

Syamsul Arifin, Fauzie Rahman, Nita Pujianti, Anggun Wulandari
Izaak Z A, Rahmad Affandi

Abstract: PHC besides prosecuted provide quality services, are also required to increase revenues as a source of increased health services to the community. Therefore, PHC must make an effort in order to keep patients coming to receive health services from health centers. In order to increase patient visits the health center, the health center should be able to display and provide quality health care services and quality so as able to provide patient satisfaction. This study aims to assess the performance of health centers that can be made by reviewing the quality of health care provided health centers that can affect patient satisfaction and as a parameter to determine the readiness of health centers in order to run the Executive Agency of Social Health Insurance/Badan Pelaksana Jaminan Sosial (BPJS). The design of this study was an observational analytic with cross sectional approach. Subject activity was determined by purposive technique based on the considerations necessary information in the study. Respondents who researched many as 94 people. The results showed that all dimensions of quality of service has a value of $p < 0.05$, statistically so that it can be concluded that there is a relationship between all dimensions with patient satisfaction. For the dimensions of reliability $p = 0.046$, responsiveness dimension p -value = 0.001, obtained assurance dimension $p = 0.015$. dimensions of empathy with the patient satisfaction obtained value of $p = 0.019$, real buki dimension $p = 0.000$. Implementation BPJS has obstacles in the form of administrative completeness incomplete BPJS participants still need socialization efforts to community related administrative requirements of BPJS participants to get health care of BPJS.

Keywords: Quality of service, patient satisfaction, BPJS

INTRODUCTION

Efforts in order to achieve optimal health status, then efforts must be carried out, either through the organization of health services. Of health services to the

¹ Departement of Public Health, Medical Program Study

² Departement of Health Policy Management, Public Health Program Study, Faculty of Medicine, Lambung Mangkurat University

³ dr. H.M. Ansari Saleh Hospital,

⁴ Primary Health Care Negara, Hulu Sungai Selatan District.

community in the base rate in Indonesia through the Community Health Center (PHC), which is the functional organizational unit DHO/City and was given responsibility for public health as the manager of each of the districts of the district/city concerned (Indriaty, 2010). As a leading health care facilities, community health centers responsible for maintenance of public health services with good quality and at a cost that is affordable by the community (Subekti, 2009).

PHC besides prosecuted provide quality services, are also required to increase revenues as a source of increased health services to the community. Therefore, PHC must make an effort in order to keep patients coming to receive health services from health centers. In order to increase patient visits the health center, the health center should be able to display and provide quality health care services and quality so as able to provide patient satisfaction (Subekti, 2009).

Patient satisfaction is one indicator of health services (N Wulandari, 2015). Patient satisfaction can also be defined as the level of the patient feeling after comparing with expectations. A patient if you feel satisfied with the value provided by services, it is likely to be a customer for a long time. Patient satisfaction is a behavioral reactions after menerimajasa health services. It affects the decision-making reuse that are constantly on the purchase of the same services and will affect the delivery of messages/impression to parties/others about health services provided (Subekti, 2009).

Research conducted by Nurkholiq (2011) reveals there are significant differences between the general patient satisfaction rate of 94.0% with Askes card users amounted to 88.6% in family doctor services in the city of Semarang. Another study conducted by Supaman et al (2013) suggested that the quality of service is one area that has not been optimal in the implementation of policies JAMKESMAS in Bone reGENCY. While the research conducted by Rukmana (2013) on the implementation of programs in PHC Contribute Jamkesda District of Curio Enrekang not optimal among others, viewed from the resources and characteristics of the executing agency (Nurkholiq 2011; Suparman, 2013; Rukmana, 2013).

Participant satisfaction BPJS Health regarding health services is one indicator of the success of the services provided by the clinic and BPJS as its partners and it is very important to the survival of a health program and as a reference for quality improvement of health care for the patient, the BPJS who use health centers and hospital services in the future (Azwar, 1998; National Social Security Council, 2011). Based on the preliminary survey, it is known that encountered various obstacles and barriers of health providers (PPK) in this case health centers in providing services to patients on BPJS Health, so it will have an impact on the quality of service provided to patients.

Based on the above background PHC performance assessment needs to be done that can be done by reviewing the quality of health care provided health

centers that can affect patient satisfaction and as a parameter to determine the readiness of health centers in order to run the Executive Agency of the Social Security program (BPJS).

THEORETICAL ANALYSIS

1. Quality of Services

Quality can also be interpreted as *dinamis* conditions relating to products, services, people, processes and environments that meet and exceed expectations (Setiawan, 2010). There are two ratings on health care is the comfort and value of the service received. The result of that can happen is (Subekti, 2009):

- a) If expectations were exceeded, services are perceived as an outstanding quality of service.
- b) If the same expectations with perceived service, the quality satisfactory.
- c) If the expectations are not suitable or not met, so service quality is considered unacceptable or disappoint the patient.

Determining the quality of services is very complex, Zeithaml et.al proposed five dimensions in determining the quality of service, namely (Subekti, 2009):

- a) Reliability, the ability to provide services in accordance with the promise offered.
- b) Responsiveness, the response or the alertness of employees in helping customers and provide fast service and responsiveness, which include: the alertness of employees in serving customers, employees speed in handling transactions and the handling of customer complaints/patient.
- c) Assurance, including the ability of employees, knowledge of the product / service is appropriate, the quality of hospitality, attention and courtesy in providing services, skills in providing information, the ability to provide security in the *memamfaatkan* services offered and Traffic in instilling confidence customers to the company. Dimensions assurance or guarantee is a combination of dimensions (Subekti, 2009):
 - 1) Competence, meaning that the skills and knowledge possessed by the employees to perform services.
 - 2) Courtesy, which includes hospitality, attention and attitude of the employees.
 - 3) Credibility, covering matters relating to confidence in the company, such as reputation, achievements and so on.
- c) Empathy, namely the individual attention given by the company to customers like the ease of contacting the company, the employee's ability to communicate

with customers and business enterprises to understand the wants and needs of its customers. Dimensions of empathy is a combination of dimensions (Subekti, 2009):

- 1) Access, including ease of use services offered.
 - 2) Communication, is kemampuan communication to convey information to customers or obtain feedback from customers.
 - 3) Understanding the customer, covering the company's business to know and understand the needs and desires of customers.
- d) Tangibles, including the appearance of physical facilities such as buildings and front office rooms, availability of parking, cleanliness, neatness and comfort of the room, complete equipment, communication and performance officer.

2. Patient Satisfaction

Patient satisfaction is a patient's level of feeling that arise as a result of the performance of health services obtained after patients comparing it to what she expected. New patients will be satisfied if the performance of health services gained equal or exceed expectations and conversely, dissatisfaction or feeling disappointed patient will appear when the performance of health services obtained it not in accordance with expectations (Febriani, 2012).

3. Implementing Agency of Social Security (BPJS)

Social insurance is a mechanism to collect contributions from participants is mandatory, in order to provide protection to the participants on the social and economic risks that may befall them or their family members (National Social Security Act No.40 of 2004). National social security systems is the procedure for the organization of social security programs by the social security agency (BPJS) health and employment. Social security is a form of social protection to ensure that all people in order to meet the basic needs of a decent life. Thus, the national health insurance (JKN) developed in Indonesia is part of the national social security system (Navigation). National social security system is administered through a mechanism of social health insurance which is compulsory (mandatory) based on Law No. 40 of 2004 on social security systems nasional. Tujuannya is that all Indonesian people are protected in the insurance system, so that they can meet the basic health needs a decent society (Menkes RI, 2012). The principles of the National Health Insurance are as follows:

- a) The principle of mutual cooperation. In the Social Security, the principle of mutual cooperation means that the participants are able to help people who are less able, healthy participants help the sick or high risk, and the healthy volunteers helping the sick.

- b) Nonprofit principle. The management of trust funds by the social security agency (BPJS) is a non-profit and not for profit (for profit-oriented). Instead, the primary goal is to meet the maximum interests of the participants.
- c) Openness principle, precautionary, accountability, efficiency and effectiveness. These management principles underlie all funds management activities derived from participants' contributions and investment results.
- d) The principle of portability. Intended to provide continuous security to participants, even if they change jobs or residence in the territory of the Republic of Indonesia.
- e) Mandatory Principles of participation. Although participation is mandatory for all citizens, its application remains adjusted to the economic capacity of the people and government as well as the feasibility of the implementation of the program. In the initial phase of workers in the formal sector, the informal sector at the same time can be a participant independently.
- f) The principle of trust fund. Funds collected from participants' contributions are funds entrusted to agencies organizers to be managed as well as possible in order to optimize the funds for the welfare of the participants.
- g) The principle results of social security funds. Used entirely for program development and for the greater interest of the participants (Menkes RI, 2012).

Participants of JKN is everyone, including foreigners who work at least 6 (six) months in Indonesia, which has been paying dues. Participation of national health insurance is done in stages, the first phase started January 1, 2014, membership of at least include: PBI guarantee of Health; TNI/civil servants in the Ministry of Defence and their family members; Members of the police/civil servants in the police and members of his family; health insurance participants PT Askes (Persero) and their family members, as well as the participants of the health care benefits of Social Security and his family members. Furthermore, the second phase includes the entire population that has not been entered as health BPJS participants at the latest on January 1, 2019.

EXPERIMENTAL

The design of this study was an observational analytic with cross sectional approach. Examines the quality of health care provided health centers that can affect patient satisfaction and as a parameter to determine the readiness of health centers in order to run the Executive Agency of the Social Security program (BPJS).

Subject activity was determined by purposive technique based on the considerations necessary information in the study. Respondents who researched

many as 94 patients with inclusion criteria. Instruments used in this activity include:

1. The list of questions related to the perception of quality of care and patient satisfaction.
2. Guidelines of depth interviews.
3. Literature to explore a variety of documents, literature / references theoretically to obtain secondary data that have relevance and closely associated with this research.

The variables in this study, there are two, namely the independent variable and the dependent variable. The independent variables consist of the perception of service quality and execution BPJS. Meanwhile, the dependent variable in this research is patient satisfaction.

RESULTS AND DISCUSSION

1. Service Quality in Negara Health Center

(a) Perceived quality of administrative services

The questionnaire about the perception of the quality of administrative services at the Negara Health Center contains 13 questions. The results of the study are shown in Table 1. According to Table 1 found that for the reliability aspect, as much as 67% of respondents categorize the registration process in the administration of Negara Health Center. Part hospital administration (counter) is the first place visited by the patient, to the officer is required to provide good service and quality. This is because the shape of a hospital administrative services will determine how the initial impression for patients on a hospital (Ayu, 2011). A total of 57.4% of respondents categorize the time discipline services in the administration of the Negara PHC. Discipline time determines the quality of work in health care priority (Kasim, 2013).

A total of 62.8% of respondents, categorize both the speed the clerk at the administration Negara health center. Waktu wait (queue) is an important component of patient satisfaction. The waiting time is one measure of the quality of health services. One factor determining the quality of services is the dimension of responsiveness (responsiveness), which gave the health service responsiveness needed to provide fast service to patients (Kumboyono, 2013). 77.7% of respondents categorize enough in prepayment speeds on the administration of the Negara Health Center.

Based on Table 1 also shows that the aspect of responsiveness, as many as 55.3% of respondents categorize the speed the clerk in the administration in response to complaints of patients in Negara Health Center. Responsiveness with

Table 1
Perceived Quality of Administrative Services

No	Element	Opinions of respondents		
		Less	Enough	Good
1	Reliability of administration service:			
	a. The registration process	10,6%	22,3%	67,0%
	b. Discipline time	6,3%	36,2%	57,4%
	c. Speed officer	0%	37,2%	62,8%
	d. Prepayment speeds	4,3%	77,7%	18,1%
2	Responsiveness of administrative services:			
	a. Officers quickly treat patients	5,3%	39,4%	55,3%
	b. Officers sigas airport	2,1%	29,8%	68,1%
3	Warranty service administrative officer:			
	a. Confidence in personnel skills	13,8%	63,8%	22,3%
	b. Confidence on the speed and accuracy	0%	45,7%	54,3%
	c. Confidence in the ability of officers	7,4%	62,8%	29,8%
4	Empathy services administration officer:			
	a. Willingness to listen to complaints service officer	11,7%	75,5%	12,8%
	b. The clerk did not differentiate the service every patient			
	c. The intimate relationships and communications officer with the patient	9,6%	69,1%	21,3%
		7,4%	72,3%	19,1%
5	The physical evidence of service administrators:			
	Appearance attitude and tidiness office	12,8%	42,5%	42,5%

respect to the willingness and ability of our employees to help customers and responding to their requests, as well as let you know when the services will be provided and then provide services quickly. The shape can be done with a clear delivery of information, actions that can benefit the customer. Responsiveness as a willingness to help consumers and provide services quickly (Febriani, 2012). In addition, as many as 68.1% of respondents categorize the alertness of the officer in the administration of Negara Health Center.

According to the table 1 shows that for the aspects of the guarantee, as much as 63.8% of respondents categorize quite the confidence in the skills of officials in the administration of Negara Health Center. Confidence or assurance is the knowledge of the product appropriately, politeness in providing services, skills in providing information, the ability to provide security and the ability to instill trust and confidence of customers to the providers. Knowledge, politeness, and the ability of employees to foster trust consumers to providers of services. It includes several components, among others, communication, credibility, safety (security), competence, and manners. Variable guarantees and assurances can be displayed with the following indicators, which is a guarantee against errors in performance, quality of service is good, and knowledge of employees (Febriani, 2012). A total of 54.3% of respondents categorize the confidence in the speed and accuracy of officers

in the administration of the Negara health center. A total of 62.8% of respondents categorize enough on confidence in the ability of personnel in the administration of Negara Health Center.

According to the table 1 shows that for the aspect of empathy, as much as 75.5% of respondents categorize enough on the willingness of officials in the administration of Negara PHC to listen to patient complaints. Service providers are expected to have the understanding and knowledge of the customer, understanding customers' specific needs, and has the operating time that is convenient for the customer. Empathy as a condition for care, providing personal attention to consumers. In general, this dimension is perceived as less important than the dimensions of reliability and responsiveness for consumers, but for a group of upper-class consumers, this dimension could be the most important dimension. Empathy variables can be displayed with the following indicators, the friendly service, individual attention, and employees respect customers (Febriani, 2011). A total of 69.1% of respondents categorize quite the attitude of officials in the administration of Negara Health Center that do not differentiate service on each patient. A total of 72.3% of respondents categorize enough on familiarity relations and communications officer at the Negara PHC administration to the patient. Health services will be viewed favorably when officers are welcoming, friendly, patient, and communicative. Instead, health care was seen as bad when officers are rude and spoke tersely, so that patients are reluctant to raise the issue (Kumboyono, 2013).

Based on the table above shows that the aspect of physical evidence, as much as 42.5% of respondents categorize and good enough in appearance, attitude and neatness officer in the administration of the Negara PHC. Appearance and ability of facilities and physical infrastructure of the company and the circumstances surrounding neighborhood is tangible proof of the services provided by the service provider. The physical facilities include buildings, equipment and tools used (technology), and the appearance of its employees variable physical evidence can be shown by indicators as follows, namely the complete facility, employees are always well-dressed, environmental safety, and environmental comfort (Febriani 2012).

(b) Perceived quality of physician services

The questionnaire about perceived quality of physician services in the Negara PHC contains 15 questions. The results of the study are shown in Table 2. According to Table 2 found that for the reliability aspect, as many as 79.8% of respondents categorize the timekeeping services doctor at Negara health center. Timeliness of providing health care is the responsibility of the health worker performance itself. Discipline time determines the quality of work in health care priority (Kasim, 2013). A total of 88.2% of respondents categorize the speed of service of doctors in Negara

health center. A total of 71.3% of respondents categorize both the thoroughness and accuracy of the doctor at the health center in the Negara examination. A total of 93.7% of respondents categorize both the explanation and the doctor's diagnosis at the Negara Health Center. A total of 79.8% of respondents categorize the skills of physicians in Negara Health Center.

Based on the table 2 shows that the responsiveness to the aspect, as much as 82% of respondents categorize the answers the doctor at Negara health center about the illness. As many as 66% of respondents categorize the responses of doctors in Negara PHC against the patient's complaints. A total of 88.2% of respondents categorize both on the speed of treatment by doctors at the Negara Health Center.

According to the table above shows that for assurance aspects, as much as 69.1% of respondents categorize the confidence in the skills of doctors in the Negara health center. Collateral is defined as the ability of a company to develop a sense of trust and confidence of customers through knowledge, skills, attitudes, friendliness and properties that can be trusted on the staff in inpatient services is the ability of health workers to provide medical services so that patients have confidence to recover (Herman , 2012). A total of 59.6% of respondents categorize

Table 2
Perception of Service Quality in Negara Health Center

No	Element	Opinions of respondents		
		Less	Enough	Good
1	Reliability of doctor service:			
	a. Punctuality	2,1%	18,9%	79,8%
	b. Speed of service	4,0%	8,5%	88,2%
	c. Thoroughness and accuracy of inspection	0%	28,8%	71,3%
	d. Explanation and diagnosis of disease	1,1%	5,3%	93,7%
	e. skills doctor	3,2%	17,0%	79,8%
2	Responsiveness doctor services:			
	a. Responsible physician in answering questions disease	4,0%	14,9%	82%
	b. The response to the complaint disease doctor			
	c. Free doctor in medicine	1,1%	33%	66%
		0%	11,7%	88,2%
3	Jaminan pelayanan dokter:			
	a. Keyakinan atas keterampilan dokter	13,9%	17,0%	69,1%
	b. Keyakinan atas ketepatan	0%	40,4%	59,6%
	c. Keyakinan atas kemampuan dokter	7,4%	9,6%	83%
4	Guarantee of doctor services:			
	a. Confidence in the doctor skills	1,1%	8,5%	90,4%
	b. Confidence in the accuracy	2,1%	13,9%	79,8%
	c. Confidence in the ability of doctors	1,1%	4,3%	94,7%
5	Bukti fisik pelayanan dokter:			
	Penampilan sikap dan kerapian dokter	2,1%	11,7%	86,2%

the confidence in the accuracy of the diagnosis by the doctor at the Negara health center. As many as 83% of respondents categorize the confidence in the ability of physicians in Negara Health Center.

Based on the table 2 shows that the aspect of empathy, as much as 79.8% of respondents categorize the attitude of doctors at Negara Health Center that does not distinguish service on each patient. Empathy is defined as the ability of a company to give sincere attention to its customers with a feeling that can be felt through compensation kesopan attitude, knowledge, attention, communication and good interpersonal relationship (Herman, 2012). A total of 94.7% of respondents categorize both on the willingness of doctors in Negara health center to listen to the complaints of the disease. A total of 94.7% of respondents categorize the relationship intimacy and communication between doctor at the Negara health center with the patient's. Health services will be viewed favorably when officers are welcoming, friendly, patient, and communicative. Instead, health care is seen as bad when officers are rude and spoke tersely, so that patients are reluctant to raise the issue (Herman, 2012).

Based on the table 2 shows that the aspect of physical evidence, as much as 86.2% of respondents categorize both in appearance and neatness attitude of doctors at Negara health center. Covers physical appearance and comfort offered to customers with regard to the physical layout of the facility. The physical appearance of the order concerning interior and exterior hospital modern and visually appealing; equipment associated with hospital supplies such as plastic where drugs, medical card, and so forth; kebersihan and comfort of the hospital; as well as the rooms were easily searchable by consumers (Rahmawati, 2013).

(c) Perceived quality of nursing services

The questionnaire about perceived quality of nursing services at the Negara PHC contains 15 questions. The results of the study are shown in Table 3. According to Table 3 it was found that for the reliability aspect, as much as 66% of respondents categorize the timekeeping nurse at Negara health center. Timeliness of providing health care is the responsibility of the health worker performance itself. Discipline time determines the quality of work in health care priority (Kasim S, 2013). Some 63% of respondents categorize the speed of the nurses at Negara health center. A total of 75.5% of respondents categorize the accuracy of nurses in Negara Health Center. A total of 75.5% of respondents categorize the explanations treatment of diseases in the Negara Health Center. A total of 73.4% of respondents categorize the skills of nurses in Negara Health Center.

Based on the table 3 shows that the responsiveness to the aspect, as much as 90.4% of respondents categorize the answers to the nurse at Negara health center against illness complaints. Responsiveness is the attitude of the medical or non-

Table 3
Perception of Service Quality in Negara Health Center

No	Element	Opinions of respondents		
		Less	Enough	Good
1	Nurse service reliability:			
	a. Punctuality	4,3%	29,8%	66%
	b. Speed of service	8,5%	28,7%	63%
	c. Accuracy inspection	3,2%	28,7%	75,5%
	d. Explanation treatment of diseases	0%	24,5%	75,5%
	e. the skills of nurses	6,4%	20,2%	73,4%
2	Responsiveness of nursing services:			
	a. Nurse said in answering questions disease	2,1%	7,4%	90,4%
	b. Responses to complaints disease nurse	5,3%	38,3%	56,4%
	c. Speed nurses in providing assistance	1,1%	19,4%	79,8
3	Nurse service guarantee:			
	a. Skills of nurses	9,6%	19,1%	71,2%
	b. Confidence in the accuracy	4,3%	6,9%1	89,3%
	c. Confidence in the ability of nurses	2,1%	4,9%	83%
4	Empathy services:			
	a. The nurse did not differentiate the service every patient	5,3%	8,5%	86%
	b. The willingness of nurses to listen to complaints service	3,2%	18,0%	78,7%
	c. The intimate relationships and nurse communication with patients	0%	27,7%	72,3%
5	Physical evidence nurses services:			
	Appearance and neatness attitude of nurses	0%	4,3%	95,8%

medical team in response to complaints and problems faced by patients. Among them are easily accessible, not long to wait, and willing to hear the complaints of patients (Nova, 2010). A total of 56.4% of respondents categorize the responses of nurses in Negara Health Center on the complaint. A total of 79.8% of respondents categorize either at speeds of nurses in health centers in the country to provide assistance.

According to the table above shows that for assurance aspects, as much as 71.2% of respondents categorize the skills of nurses in Negara Health Center. Confidence (assurance) is the comprehensive knowledge, friendliness and courtesy of employees that must be possessed by the medical and non medical team in providing confidence and assurance to patients (Nova, 2010). A total of 89.3% of respondents categorize the confidence in the accuracy of the nursing care by nurses in Negara Health Center. As many as 83% of respondents categorize the confidence in the ability of nurses in Negara Health Center.

Based on the table 3 shows that the aspect of empathy, as much as 86% of respondents categorize the attitudes of nurses in health centers country that does not differentiate the service. Empathy is the ability of the hospital to provide

individual attention to patients, such as patients with well know, given the problems (disease, complaint) before, and patient (Nova, 2010). A total of 78.7% of respondents categorize both on the willingness of nurses in Negara Health Center to listen to the complaints of the disease. A total of 72.3% of respondents categorize the relationship intimacy and communication nurse at the Negara health center with the patient's. Health services will be viewed favorably when officers are welcoming, friendly, patient, and communicative. Instead, health care was seen as bad when officers are rude and spoke tersely, so that patients are reluctant to raise the issue (Kumboyono, 2013).

Based on the table 3 shows that the aspect of physical evidence, as much as 95.8% of respondents categorize both on appearance, attitude and tidiness nurse at the Negara health center. Tangible is the existence of physical facilities, equipment, employees, means of communication and support tools that intangible of hospitals in providing services to the pasien. Diantaranya waiting room, operating room, and equipment (Nova, 2010).

(d) *Perceived quality of drug services*

The questionnaire about perceived quality of drug services in the Negara PHC contains seven questions. The results of the study are shown in Table 4. According to Table 4 found that for the reliability aspect, as many as 71.3% of respondents categorize either at speeds drug services in Negara Health Center. Reliability is a drug service's ability to produce products in accordance with the promised services. Among them was a promise fulfilled on schedule and diagnosis proved accurate (Nova, 2010). A total of 91.9% of respondents categorize the accuracy of medicine at Negara health center repacking with patients. A total of 76.6% of respondents categorize both the efficacy of the drug in the Negara PHC with patients.

Table 4
Perception of Service Quality Medicines at the Negara Health Center

No	Element	Opinions of respondents		
		Less	Enough	Good
1	Service reliability drugs:			
	a. The accuracy of service	6,9%	22,3%	71,3%
	b. Accuracy packing drugs	1,1%	5,3%	91,9%
	c. The efficacy of the drug	7,4%	16%	76,6%
2	Assurance drug services:			
	a. Confidence in the accuracy	1,1%	4,3%	94,7%
	b. Administration of drugs according to expectations	4,6%	11,7%	84,0%
3	Physical evidence of drug services:			
	a. The availability of the type and amount of drugs	6,9%	14,9%	78,7%
	b. Ease of use drug	3,1%	10,6%	86,1%

According to the table above shows that for assurance aspects, as much as 94.7% of respondents categorize the confidence in the accuracy of the packaging of drugs in Negara health center. Confidence which includes the knowledge and courtesy of employees and their ability to generate trust and confidence or assurance (Nova, 2010). A total of 84.0% of respondents categorize drug administration as expected at the Negara Health Center.

Based on the table 4 shows that the aspect of physical evidence, as much as 78.7% of respondents categorize the availability of the type and amount of drugs in the Negara Health Center. Tangible, the appearance of physical facilities, equipment, personnel, and communication media (Nova, 2010). A total of 86.1% of respondents categorize both the ease of use of drugs in Negara Health Center.

(e) Perceived quality of service facilities

Questionnaires on perceived quality of care facilities in the Negara PHC contains 15 questions. The results of the study are shown in Table 5. The physical evidence (tangibles) is something that significantly influence the patient's decision to buy and use the product and services offered. Customers are satisfied with the customer service product can act as an effective sales promotion. A disappointed customer will tell his disappointment 9 to 20 people he knew (Saragih, 2010).

According to the table 5 shows that for the aspect of availability of facilities, as many as 93.6% of respondents categorize the availability of examination rooms and the room lighting at the Negara Health Center. A total of 100% of respondents categorize on the availability of seats and beds of patients in Negara Health Center. A total of 100% of respondents categorize the availability of toilets and water to patients in Negara Health Center. A total of 100% of respondents categorize the availability of health facilities in the Negara Health Center.

According to the table 5 shows that for the accuracy aspect of the use of means, as much as 92.5% of respondents categorize both the feasibility of the examination room, chairs and beds of patients in Negara Health Center. A total of 84.0% of respondents categorize the feasibility of health facilities in the Negara Health Center. A total of 91.4% of respondents categorize the feasibility WC in Negara PHC.

According to the table 5 shows that for the convenience aspect of utilization of facilities, as many as 93.6% of respondents categorize both the ease of use of the WC at the Negara Health Center. A total of 81.9% of respondents categorize both the ease of use of health facilities in the Negara Health Center. A total of 95.7% of respondents categorize both the ease of use of other facilities in the Negara Health Center.

According to the table 5 shows that for the aspect of hygiene means, as much as 80.9% of respondents categorize the examination room cleanliness, checkpoint

Tabel 5
Persepsi Mutu Sarana Pelayanan di Puskesmas Negara

No	Element	Opinions of respondents		
		Less	Enough	Good
1	Availability of physical evidence:			
	a. Availability of an examination room and the room lighting is adequate	0%	6,4%	93,6%
	b. The availability of seats and check the patient's bed	0%	0%	100%
	c. WC and water availability to patients	0%	0%	100%
	d. The availability of health facilities in the examination room (drugs, infusion, oxygen, etc.	0%	0%	100%
2	Evidence of the accuracy of the use of means:			
	a. Eligibility examination room, a chair and a bed check patients	0%	7,4%	92,5%
	b. Feasibility of existing health facilities in the room (drugs supporter, infusion, oxygen, etc.)	5,3%	10,6%	84,0%
	c. WC proper functioning of patients	5,3%	3,1%	91,4%
3	Evidence of the ease of use means:			
	water.			
	a. Ease of use WC	2,1%	4,3%	93,6%
	b. Ease of use means health / medical devices	4,3%	13,8%	81,9%
	c. Ease of use other means	0%	4,3%	95,7%
4	Evidence of hygiene means:			
	a. Examination room cleanliness, medical bed and pillows patients	5,3%	13,8%	80,9%
	b. Janitorial patients	7,4%	23,4%	69,1%
	c. Cleanliness of floors, lobby room and medical devices	11,7%	12,8%	75,5%
5	Evidence of fulfilling the needs:			
	a. Room, the seat of the patient, and the patient's bed appropriate patient expectations	9,6%	10,6%	79,7%
	b. Facilities health facilities in the examination room and surroundings as expected	0%	13,8%	81,9%

and pillows patients in Negara PHC. A total of 69.1% of respondents categorize the patients at the Negara health center hygiene lavatory. A total of 75.5% of respondents categorize the cleanliness of the floor, lobby room and medical equipment in Negara Health Center.

According to the table 5 shows that for the aspect of fulfillment, as many as 79.7% of respondents categorize the room, chairs and beds of patients in Negara Health Center as expected. A total of 81.9% of respondents categorize the facilities of health facilities in the examination room at the health center and surrounding countries.

(f) Perceived quality of service support facilities

Questionnaires about the perceived quality of service support facilities in the Negara PHC contains eight questions. The results of the study are shown in Table 6. Based on table 6 found that for the aspects within the clinic, as many as 61.7% of respondents categorize the cleanliness of the walls, examination room, lobby and waiting room at the Negara PHC as expected. A total of 78.7% of respondents categorize the neatness examination room at the Negara health center. A total of 73.4% of respondents categorize the comfort lighting and circulation examination room at the Negara Health Center. Comfort provided to patients and their families will give satisfaction to the patients and their families. This is due to make patients and their families feel valued, cared for, and can reduce anxiety. Convenience is an important aspect for reducing boredom patients waiting service (Tanan, 2013). A total of 91.4% of respondents categorize the toilets in the Negara Health Center.

Based on Table 6 found that for the outdoor aspect of the infirmary as much as 84.0% of respondents categorize both the cleanliness and comfort of the patients at the waiting room of the Negara health center. The comfort of the lounge should be accompanied with complete amenities (Tanan, 2013). A total of 89.4% of respondents categorize both the comfort and cleanliness of the outdoor courtyard at the Negara Health Center. A total of 62.8% of respondents categorize both the availability of a beautiful garden and shady in the Negara Health Center. A service provider that provides a pleasant atmosphere with an attractive design facilities will affect consumers in making a purchase. This is because one of the factors of customer satisfaction is influenced by the facilities provided by the service provider used by consumers making it easier for consumers in the purchase process (Aji, 2011).

Table 6
Perception of Quality Service support facilities in the Negara Health Center

No	Element	Opinions of respondents		
		Less	Enough	Good
1	Indoor clinics:			
	a. Cleanliness wall, examination room, lobby and waiting room	6,3%	31,9%	61,7%
	b. Neatness examination room	14,8%	6,3%	78,7%
	c. Comfort lighting and ventilating the room examination	8,5%	7,4%	73,4%
	d. Circumstances WC	6,3%	2,1%	91,4%
2	Outer space clinic:			
	a. Cleanliness and comfort of the lounge	13,8%	2,1%	84,0%
	b. Comfort and cleanliness outdoor courtyard around the examination room	7,4%	3,1%	89,4%
	c. Signs clear and precise examination room	14,8%	3,1%	81,9%
	d. available garden	5,3%	31,9%	62,8%

Table 7
Levels of Patient Satisfaction in Negara Health Center

No	Element	Opinions of respondents		
		Less	Less	Less
1	Services administrative officer	6,4%	30,9%	62,8%
2	Doctor service	4,6%	25,5%	70,2%
3	Nursing services	1,1%	19,1%	79,8%
4	Drug services	2,1%	6,9%	91,5%
5	Tools	0%	6,9%	93,6%
6	Support facilities	0%	17,0%	83%

Table 8
Dimensions of Quality Patient Satisfaction

Dimensions of Service Quality		Patient Satisfaction				
		Not Satisfied	Satisfied	Total	p-value	Note
Reliability	Bad	10 (100%)	0 (0%)	10 (100%)	0,046	Related (p-value <0,05)
	Good	14 (16,7%)	70 (83,3%)	84 (100%)		
Responsiveness	Bad	4 (100%)	0 (0%)	4 (100%)	0,001	Related (p-value <0,05)
	Good	7 (7,8%)	83 (92,2%)	90 (100%)		
Assurance	Bad	7 (100%)	0 (0%)	7 (100%)	0,015	Related (p-value <0,05)
	Good	5 (5,7%)	82 (94,3%)	28 (100%)		
Empathy	Bad	12 (100%)	0 (0%)	12 (100%)	0,019	Related (p-value <0,05)
	Good	5 (6,1%)	77 (93,9%)	82 (100%)		
Tangible	Bad	9 (100%)	0 (0%)	9 (100%)	0,000	Related (p-value <0,05)
	Good	5 (5,9%)	80 (94,1%)	85 (100%)		

2. Level of Patient Satisfaction in Negara Health Center

Patient satisfaction questionnaires at the Negara PHC contains 6 questions. The results of the study are shown in Table 7. According to the table 7 found that for patient satisfaction, as many as 62.8% of respondents categorize satisfied to service

clerk at the Negara Health Center. A total of 70.2% of respondents categorize satisfied on physician services in Negara health center. A total of 79.8% of respondents are satisfied categorize the nursing service at the Negara Health Center. A total of 91.5% of respondents categorize satisfied on drug services in PHC Negara. A total of 93.6% of respondents categorize satisfied on the means at the Negara Health Center. As many as 83% of respondents are satisfied categorize the supporting facilities at the Negara Health Center. Supporting facilities is the attribute that provides convenience to customers to carry out their activities, so that customer needs can be met. The facilities provided by the hospital is a means to complement and support activities in the smooth customer (patient) enjoy the services rendered. The full facilities affects customer satisfaction (Wibowo, 2011).

3. The relationship between service quality with Patient Satisfaction Levels in the Negara Health Center

The study of each dimension of service quality can be seen in Table 8. For the dimensions of reliability $p= 0.046$, responsiveness dimension $p= 0.001$, obtained assurance dimension $p= 0.015$. dimensions of empathy with the patient satisfaction obtained value of $p= 0.019$, the dimensions of real evidence obtained value of $p= 0.000$. Therefore all dimensions have a value of $p < 0.05$, statistically significant correlation between all dimensions with patient satisfaction.

There is significant correlation between the patient's perception of the dimension of reliability with patient satisfaction. The nurse's ability both in knowledge or skills must be improved in order to provide services with immediate, accurate and satisfactory to the patient by means of education and training on an ongoing basis. There is significant correlation between the patient's perception of the dimension (responsiveness) with patient satisfaction. In this case the services are more responsive and better care for patients dan'keinginan expectations should always be considered and improved order fulfillment in the dimensions of patient satisfaction (responsiveness).

There is significant correlation between the patient's perception of the dimension (guarantee) with patient satisfaction. Increased competency of nurses is one things should always be taken by way of education and training in accordance with established standards. There is significant correlation between the patient's perception of the dimension (empathy) with patient satisfaction, in this regard full attention to the patient, ease of contact with patients and increasing therapeutic communication should always get attention for the exercise of the patient satisfaction. There is significant correlation between the patient's perception of the dimension (real wulud) with patient satisfaction, facilities lisik In this case, the equipment used and the appearance of nurses in providing care for patients must be improved (Febriani, 2012; Nova, 2010).

CONCLUSIONS AND RECOMMENDATIONS

All dimensions of quality of service has a value of $p < 0.05$, statistically so that it can be concluded that there is a relationship between all dimensions with patient satisfaction. For the dimensions of reliability p value = 0.046, responsiveness dimension p value = 0.001, obtained assurance dimension p = 0.015. dimensions of empathy with the patient satisfaction obtained value of p = 0.019, real buki dimension p value = 0.000.

For the quality of care in health centers country as a whole has been good, but to further enhance the public perception of the quality of services at the health center remains to be done to improve the quality pelayanan, especially on the aspects that is still considered a minority of patients have not been satisfactory. In addition, for the implementation BPJS has obstacles in the form of administrative completeness incomplete BPJS participants still require efforts to disseminate to the public related administrative requirements of participants BPJS to get BPJS health care.

References

- Aji WK (2011). Analisis pengaruh kualitas pelayanan, harga dan fasilitas terhadap kepuasan pasien. Skripsi. Semarang: Universitas Diponegoro.
- Ayu HH (2011). Gambaran mutu pelayanan kesehatan di unit rawat inap RSUD Ruteng Kabupaten Manggarai Propinsi NTT Tahun 2011. Skripsi. Makassar: Universitas Hasanuddin.
- Azwar S (1998). Metodologi Penelitian. Yogyakarta: Pustaka Pelajar.
- Dewan Jaminan Sosial Nasional (2011). Buku Pegangan Sosialisasi Jaminan Kesehatan Nasional (JKN) dalam Sistem Jaminan Sosial Nasional.
- Febriani VA (2012). Analisis pengaruh kualitas pelayanan terhadap kepuasan konsumen (studi pada pasien poliklinik rawat jalan Rumah Sakit dr. Cipto Mangunkusumo). Skripsi. Semarang: Fakultas Ekonomi dan Bisnis Universitas Diponegoro Semarang.
- Hermanto D, Mawarni A, dan Ratna L (2012). Persepsi mutu pelayanan dalam kaitannya dengan kepuasan pasien rawat inap kebidanan RSUD dr. H. Soemarno Sosroatmodjo Bulungan Kalimantan Timur. Jurnal Penelitian Kesehatan Suara Forikes; 3(2).
- Indriaty DW (2010). Analisis pengaruh tingkat kualitas pelayanan jasa PHC terhadap kepuasan pasien. Skripsi. Semarang: Fakultas Ekonomi Universitas Diponegoro Semarang.
- Kasim S, Fredna J.M.R dan Rivelino H (2013). Hubungan disiplin waktu dengan kinerja pelayanan kesehatan di PHC Tataba Kec. Buko Kabupaten Banggai Kepulauan. Ejournal keperawatan; 1(1): 1-6.
- Kumboyo, Setyoadi dan Taftazani MR (2013). Pengaruh lama waktu tunggu terhadap tingkat kepuasan pasien rawat jalan di PHC Diyono Kota Malang Tahun 2013. Malang: Universitas Brawijaya.
- Menteri Kesehatan RI (2012). Jaminan kesehatan nasional (JKN) dalam sistem jaminan sosial nasional. Jakarta: Kementrian Kesehatan RI.

- Nova RF (2010). Pengaruh kualitas pelayanan terhadap kepuasan pasien rawat inap pada Rumah Sakit PKU Muhammadiyah Surakarta. Skripsi. Fakultas Ekonomi Universitas Sebelas Maret Surakarta.
- Nurkholiq S (2011). Perbandingan tingkat kepuasan pasien umum dengan pengguna kartu askes di pelayanan dokter keluarga PT. Askes. Universitas Diponegoro.
- Rahmawati AF dan Supriyanto S (2013). Mutu pelayanan kesehatan berdasarkan dimensi Dabholkar di ruang rawat inap penyakit dalam. *Jurnal Administrasi Kesehatan Indonesia*; 1(2).
- Saragih R (2010). Pengaruh mutu pelayanan kesehatan terhadap loyalitas pasien Rumah Sakit Umum Daerah Herna Medan. Tesis. Medan: Program Studi S2 Ilmu Kesehatan Masyarakat Universitas Sumatera Utara Medan.
- Setiawan RD (2010). Kualitas pelayanan PHC Karangdowo Kabupaten Klaten kepada pasien jamkesmas. Skripsi. Surakarta: Fakultas Sosial dan Politik Universitas Sebelas Maret Surakarta.
- Subekti D (2009). Analisis hubungan persepsi mutu pelayanan dengan tingkat kepuasan pasien balai pengobatan (BP) umum PHC di Kabupaten Tasikmalaya tahun 2009. Tesis. Semarang: Program Pascasarjana Universitas Diponegoro Semarang.
- Tanan L (2013). Analisis tingkat kepuasan pasien di PHC Bara Permai Kota Palopo. Skripsi. Makassar: Universitas Hasanuddin.
- Wibowo SA (2011). Analisis hubungan faktor layanan dan fasilitas terhadap kepuasan pasien rawat jalan di PHC Pajang Surakarta. Skripsi. Surakarta: Universitas Sebelas Maret.
- Wulandari N (2015). Hubungan layanan keperawatan dengan tingkat kepuasan pasien rawat inap di Rumah Sakit Umum Daerah (Rsud) Ungaran Kabupaten Semarang. Skripsi. Universitas Negeri Semarang.
- Suparman (2013). Analisis kebijakan jaminan kesehatan masyarakat (JAMKESMAS) di Kabupaten Bone. Tesis. Makassar: Universitas Hasanuddin.
- Rukhmana NS (2013). Implementasi program jaminan kesehatan gratis daerah di PHC Sumbang Kecamatan Curio Enrekang. Skripsi. Universitas Hasanuddin.

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.