

The Factors Influence with Satisfaction Patient Outpatient BPJS Kesehatan Member at Manokwari Hospital Manokwari District Papua Barat Province

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ABSTRACT

Background: Advanced health facilities in this case Hospital is the referral facilities after patients get referrals from first-level health facilities so that the quality of service in Hospital is something that affects patient satisfaction which is influenced by age, sex, education, ethnicity, physical evidence, reliability, responsiveness, assurance and empathy.

Objective: To find out the factors related to BPJS Kesehatan member outpatient satisfaction at Manokwari Hospital.

Research Method: Analytical with cross sectional study design. The population was all BPJS Kesehatan patients who came to visit Manokwari Hospital in Oktober with a total sample of 100 people by systematic sampling. Data were obtained using a questionnaire and analyzed using the chi square test and logistic binary regression.

Results: Factors that were significantly related to BPJS Kesehatan participant outpatient satisfaction at Manokwari Hospital were tangible (p-value = 0,033; Rp. 2,455; CI95% (1,212 - 4,973), assurance (p-value) = 0,000; Rp. 9,135; CI95% (4,336 - 19,246) and empathy (p-value = 0.017; RP: 2.867; CI95% (1,428 - 5,756). Factors not significantly related to outpatient satisfaction of BPJS Kesehatan participants in Manokwari Hospital is age (p-value = 0.381; RP: 0.649; CI95% (0.311 - 1.356), gender (p-value = 0.456; Rp. 0.672; CI95% (0.301 - 1,500), education (p-value = 1,000; Rp. 0,889; CI95% (0,338 - 2,336), ethnic (p-value = 0,723; Rp. 0,786; CI95% (0,368 - 1,678). Reliability (p-value = 1,000; Rp: 1,167; CI95% (0,455 - 2,994) and responsiveness (p-value = 0.210; Rp: 1.810; CI95% (0.865 -

3.783) has a meaningless relationship. Assurance and empathy have a dominant influence with outpatient patient satisfaction of BPJS Kesehatan member in Manokwari Hospital.

Keywords: Satisfaction Patient, Out Patient, BPJS Kesehatan Member

INTRODUCTION

Based on BPJS Health data the number of users until 2017 there are 169,304,759 people. BPJS Kesehatan as an organizer coordinates with health facilities to support the JKN program in order to be able to provide health services equally to the community. In 2016 many health facilities collaborated with BPJS Kesehatan, where a total of 8,270 Community Health Centers worked together with BPJS Kesehatan and 2,773 hospitals.

The hospital is one of the advanced health facilities after the patient receives a referral from the first level health facility. The existence of the JKN program from BPJS health, the hospital certainly must adjust the service to the policy. Keller and Kotler (2012) quality is the totality of features and characteristics of products or services that depend on their ability to satisfy expressed or implied needs. The large number of people who use JKN must be adjusted by the quality of services from Puskesmas that can receive JKN program services without differentiating between JKN patients and non JKN patients. Health facilities are places of service that concern

human lives.

Some factors that influence patient satisfaction, depend on reliability include the ability of nurses to provide appropriate and reliable services (responsiveness) such as assisting and providing services to patients quickly, assurance (assurance), including the ability of officers and trustworthiness owned, attention (empathy), namely the attention of nurses in providing services to patients and physical conditions (tangible) including physical appearance, officers. The limitation factors that the hospital has in relation to the human resources of funds and the large facilities available are significant factors related to patient satisfaction (Andriani, 2017). 2.1 Research conducted by Khoiri (2015) in the Mojowarno Community Health Center in Jombang Regency as much as 53.3% of health BPJS patients stated that they were not satisfied with the services obtained. Whereas Prakoso (2015) research on the effectiveness of health BPJS health services stated that the quality provided was good, where the results obtained from respondents amounted to 82% included in the effective criteria, this indicated that the quality provided to BPJS Health participants in Batang district was in accordance with expected by the community and in accordance with the service standards stipulated in the applicable regulations (Mallongi, et.al, 2014, 2016).

Manokwari Hospital Manokwari District recorded a number of visits in 2016 as many as 22,819 visits, where the number of BPJS health patient visits was 15,278 patients. While in 2017 there were 7,668 patients. From the results of a preliminary study conducted at the Manokwari General Hospital through interviews, it was found that patients with health BPJS said that sometimes they had to repeatedly go to the hospital if the medication had run out but the pain had not disappeared. During conducting a preliminary study the researcher observed the health services provided by the officer. From the observations, the researchers took some

conclusions, including at the registration site for BPJS health users, the queue was stretched and got a seat, so that it would make patients feel uncomfortable.

The registration place for BPJS health users sometimes has an internet connection error so that the service is slightly hampered and finally registration is done manually, the registration officer says it makes them have to work twice and sometimes makes them tired because the patients who visit are not small.

This certainly affects the performance of service personnel and will have an impact on the services provided. The queue occurs in the waiting room for taking drugs. One of the outpatient services of BPJS Health users must bring certain files to be served, if the delivery of information is evenly distributed then the patient will bring whatever is needed directly but if the information is not evenly distributed the patient must return to complete the files so that the service is not can be done at that time and will affect the patient's satisfaction. Whereas in general patients do not need to carry any files, they simply pay and will be served immediately at that time. Based on the description of the problem above, the author is interested in conducting a study entitled "Factors that are related to outpatient satisfaction of BPJS Health participants in Manokwari Hospital".

2. MATERIALS AND METHODS

2.1 Types of Research

This research is a descriptive analytic study with a cross-sectional study approach, namely data collection is done simultaneously to determine the correlation between the variables studied (Swarjana, 2013). This study was conducted to determine the effect of BPJS Health patient satisfaction on the quality of service at Manokwari Hospital.

2.2 Location and Time of Research

The study was conducted at the Manokwari General Hospital and the time of the study was conducted in October 2018.

2.3. Population and Samples

a. Population

Population is a generalization area consisting of: objects / subjects that have certain qualities and characteristics set by researchers to be studied and then conclusions drawn (Sugiyono, 2013). The population in this study were all patients enrolled as participants of the National Health Insurance (JKN) BPJS who utilized outpatient services at Manokwari Hospital. Based on data on patient visits at the Manokwari Hospital in January to June 2018 there were 7668 patients with an average of 1278 patients per month.

b. Samples

The sample is a portion of the population that is considered representative (Notoatmodjo, 2012). The number of patients visiting Outpatient Hospital Manokwari in January - June 2018 the average monthly visit was 1,278 people

3. RESULTS

Bivariate Analysis

a. Age Relationship with BPJS Health Patient Satisfaction

Table 1. Age Relationships with BPJS Health Outpatient satisfaction in Manokwari Hospital in 2018

No	Age	BPJS Health Outpatient satisfaction					
		Not satisfy		satisfy		Number	
		n	%	n	%	n	%
1	≤ 35 year	13	18,8	56	81,2	69	100
2	> 35 tear	9	29	22	71	31	100
Number		22	22	78	78	100	100

p-value = 0,381; RP: 0,649; CI95% (0,311 – 1,356)

In Table 1 shows that of 69 respondents aged <35 years as many as 13 people (18.8%) were not satisfied and respondents who were satisfied were 56 people (81.2%). Of the 31 respondents aged > 35 years as many as 9 people (29%) were not satisfied and respondents who were satisfied were 22 people (71%). The results of the chi square test obtained $p\text{-value } 0.381 > \alpha = 0.05$ which means that there is no significant relationship between age and outpatient satisfaction of BPJS Health participants in Manokwari Hospital.

b. Relationship between Gender and Patient Satisfaction BPJS Health

Table 2. Relationship between Gender and BPJS Health Outpatient satisfaction in Manokwari Hospital in 2018

No	Sex	BPJS Health Outpatient satisfaction					
		Not satisfy		Satisfy		Number	
		n	%	n	%	n	%
1	Female	7	17,1	34	82,9	41	100
2	Male	15	25,4	44	74,6	59	100
Number		22	22	78	78	100	100

p-value = 0,456; RP: 0,672; CI95% (0,301 – 1,500)

If noted in table 2 it can be seen that from 41 respondents who were female as many as 7 people (17.1%) were not satisfied and as many as 34 people (82.9%) expressed satisfaction. Of the 59 respondents who were male, there were 15 people (25.4%) dissatisfied and as many as 44 people (74.6%) were satisfied. The chi square test results obtained $p\text{-value } 0.456 > \alpha = 0.05$ which implies that there is no significant relationship between gender and outpatient satisfaction BPJS Health participants in Manokwari Hospital.

c. Educational Relationship with BPJS Health Patient Satisfaction

Table 3. Relationship between Education and BPJS Health Outpatient satisfaction in Manokwari Hospital in 2018

No	Education	BPJS Health Outpatient satisfaction					
		Not satisfy		satisfy		Number	
		n	%	n	%	n	%
1	Ongoing	18	22,5	62	77,5	80	100
2	Basic	4	20	16	80	20	100
Number		22	22	78	78	100	100

p-value = 1,000; RP: 0,889; CI95% (0,338 – 2,336)

From table 3 it can be seen that there were 80 respondents who were further educated and as many as 18 people (22.5%) said they were dissatisfied and as many as 62 people (77.5%) expressed satisfaction. Meanwhile 20 respondents with basic education, there were 4 people (20%) were dissatisfied and as many as 16 people (80%) were satisfied. On the results of the chi square test obtained $p\text{-value } 1,000 > \alpha = 0.05$, which means that there is no significant relationship between age and outpatient satisfaction BPJS Health participants in Manokwari Hospital.

d. Tribal Relations with BPJS Health Patient Satisfaction

Table 4 shows that of the 31 respondents from the Non Papuan tribe there were 8 people (25.8%) dissatisfied and as many as

23 people (74.2%) were satisfied. Of the 69 respondents from the Papuan tribe as many as 14 people (20.3%) were not satisfied and as many as 55 people (79.7%) were satisfied. The results of the chi square test obtained $p\text{-value } 0.723 > \alpha = 0.05$ which means that there is no significant relationship between the tribe and the outpatient satisfaction of BPJS Health participants in Manokwari Hospital.

Table 4. Tribal Relationships with BPJS Health Outpatient satisfaction in Manokwari Hospital in 2018

No	Tribe	BPJS Health Outpatient satisfaction					
		Not satisfy		Satisfy		Number	
		n	%	n	%	n	%
1	Non Papua	8	25,8	23	74,2	31	100
2	Papua	14	20,3	55	79,7	69	100
Number		22	22	78	78	100	100
<i>p-value = 0,723; RP: 0,786; CI95% (0,368 – 1,678)</i>							

e. Relationship between Tangible Physical Evidence and BPJS Health Patient Satisfaction

Table 5. Relationship to tangible evidence of BPJS Health Outpatient satisfaction in Manokwari Hospital in 2018

No	Tangible	BPJS Health Outpatient satisfaction					
		Not satisfy		Satisfy		Number	
		n	%	n	%	n	%
1	M less good	9	40,9	13	59,1	22	100
2	Good	13	16,7	65	63,3	78	100
Number		22	22	78	78	100	100
<i>p-value = 0,033; RP: 2,455; CI95% (1,212 – 4,973)</i>							

In Table 5 shows that of the 22 respondents who stated that there were 9 poor tangible evidence (40.9%) were not satisfied and 13 people (59.1%) were satisfied. Of the 78 respondents who stated good physical evidence (13) (16.7%) felt dissatisfied and 65 people (63.3%) were satisfied. The chi square test results obtained $p\text{-value } 0.033 < \alpha = 0.05$ which means that there is a significant relationship of physical evidence (tangible) with outpatient satisfaction BPJS Health participants in Manokwari Hospital. The prevalence ratio (RP) = 2,455; CI95% (1,212-4,973) interpreted that BPJS Health outpatients who stated poor tangible evidence tended to be dissatisfied at 2,455 times compared to patients who stated good tangible evidence.

f. Relationship of Reliability with BPJS Health Patient Satisfaction

Table 6. Relation of reliability to BPJS Health Outpatient satisfaction in Manokwari Hospital in 2018

No	Reliability	BPJS Health Outpatient satisfaction					
		Not satisfy		Satisfy		Number	
		n	%	n	%	n	%
1	Less good	4	25	12	75	16	100
2	Good	18	21,4	66	78,6	84	100
Number		22	22	78	78	100	100
<i>p-value = 1,000; RP: 1,167; CI95% (0,455 – 2,994)</i>							

Table 6 can be seen that of the 16 respondents who stated reliability was not good where as many as 4 people (25%) were not satisfied and as many as 12 people (75%) were satisfied. Of the 84 respondents who stated that reliability was good where as many as 18 people (21.4%) were dissatisfied and as many as 66 people (78.6%). The chi square test results obtained $p\text{-value } 1,000 > \alpha = 0.05$ which means that there is no meaningful relationship between reliability and outpatient satisfaction of BPJS Health participants in Manokwari Hospital.

4. DISCUSSION

4.1 Age Relationships with BPJS Health Patient Satisfaction

The results of the study showed that the majority of BPJS Health participants in outpatient services at Manokwari Hospital were mostly <35 years old (early adulthood). This is due to the fact that most respondents are families who help deliver patients from their families, most of whom are > 35 years old. According to (Hurlock, 2009 in Hatibie, 2015) that in early adulthood is a productive age, so the demands of patients usually too high. According to Dessler (2013), argues that a person of adulthood will be increasingly able to make decisions, be wiser, be more capable of thinking rationally, more able to control emotions with increasing age. Age will affect someone in decision making. The rational maturity level possessed by the respondent is the capital in considering and thinking about the conditions currently being faced. Rational maturity helps respondents to assess satisfaction with the services used.

Satisfaction response of respondents who were dissatisfied at <35 years old as

many as 18.8% were not satisfied and respondents aged > 35 years were 29% dissatisfied. This shows that the umru groups were equally likely to be dissatisfied and satisfied with the BPJS Health services provided. The results of statistical tests stated that there was no relationship between age and outpatient satisfaction of BPJS Health participants at Manokwari Hospital.

The results of Laurina's (2013) study on BPJS Health patients in Manado revealed that there was no relationship between age levels and BPJS Health outpatient satisfaction. The results of this study are also supported by Anjaryani (2009), Juliani (2012), and Hidayati, et al (2014) stating that there is no relationship between age and level of satisfaction. There is no relationship between age and BPJS Health participant satisfaction because at a young age (<35 years) has a relatively low level of satisfaction compared to old age (> 35 years) because young age is more productive age has greater demands than old age. So that satisfaction is influenced by what is known with the service that should be obtained from the BPJS Health service.

4.2 Relationship between Gender and Patient Satisfaction with BPJS Health

The results showed that female respondents as much as 17.1% were dissatisfied with the BPJS Health service while in respondents who were male as many as 25.4% were dissatisfied who showed the same proportion the same chance of being dissatisfied with the service they received. The statistic test results stated that there was no sex relationship with outpatient satisfaction of BPJS Health participants at Manokwari Hospital. The results of this study are also supported by the study of Situmpol (2012), and Hidayati, et al (2014) stating that there is no relationship between gender and level of satisfaction. According to Mohammed (2011) states that men have a higher level of satisfaction than women while according to Dolinsky in Hidayati, et al (2014) that perception and reaction to pain disorders

between men and women will be relatively the same in feeling satisfaction.

According to Abraham Shanley (1996) in Situmpol (2012) that female sex tends to be satisfied with service than men. This is probably due to the nature participants with gender men tend to be dominant, active and free as indicated by nature confident, frank, hard, competitive and sure. While the type female genitalia tend to be sensitive in formal relationships indicated by understanding, warm, wise, and able cooperate and be patient. Assumption states that gender has no effect on the views on services rendered. Women see their appearance more emotionally, while they tend to be dominant, active and free to express complaints that they feel, so that they have the same opportunities for services received or what they do.

4.3 Relationship of Education with BPJS HEALTH Patient Satisfaction

The results of the study showed that the majority of respondents of the BPJS Health participants in Manokawari Hospital were further educated (80%). 18 respondents (22.5%) were dissatisfied with further education while 20% had basic education. This proportion shows the same opportunities as patient satisfaction for the services they receive. The results of statistical tests mean that there is no relationship between age and outpatient satisfaction of BPJS Health participants at Manokwari Hospital. The results of this study are also supported by Hidayati (2014) who stated that the results of the study showed that there was no relationship between education and the level of satisfaction.

According to Carr and Hill (1992) in Hidayati (2014) states that advanced educated people tend to be dissatisfied because the knowledge they have is more demanding better services, while patients with basic education, because of their ignorance causes dissatisfaction with the service they receive.

Feeling satisfied with each individual is not the same, but the

expression of satisfaction in a group of individuals can occur almost the same because of the influence of the environment and society of certain groups. According to researchers, those with further education are more critical, more informative, and expect more so that they tend not to be satisfied with services that are less than their expectations, while those with basic education tend not to understand what has been given to them, so that there is intentional service given to him.

4.4 Relationship of the Tribe with BPJS Health Patient Satisfaction

The acceptance aspect is a good attitude towards patients and families of patients, accepting patients regardless of religion, socio-economic status and culture, class and rank, and tribes so that the service to accept patients as a whole person. Acceptance is an attitude that does not judge the individual, however and whatever the behavior of the individual (Alamsyah, 2012). Most of the respondents came from Papuan tribes as many as 69% and Non Papuans as much as 31%. Respondents from the Ppaua tribe were 20.3% dissatisfied and 25.8% of respondents from non-Papuan tribes were dissatisfied. This shows the similarity of perceptions of the service it receives. This is reinforced from statistical tests stated that there is no ethnic relationship with outpatient satisfaction of BPJS Health participants in Manokwari Hospital.

The absence of tribal relations is due to the services provided by BPJS Health equally felt and accepted regardless of social and ethnic status. In addition, the similarity of perceptions between the Papuan and Non-Papuan tribes is due to the similarity of characteristics of education and housing so that they adapt to become a unified characteristic of the health BPJS health services they receive.

4.5 Relationship to physical evidence (Tangible) with patient satisfaction BPJS Health

The dimensions of tangible evidence relate to the attractiveness of physical

facilities, equipment, and materials used by the hospital, as well as the appearance of officers. Hospitals have good physical evidence when the interior and exterior conditions of the rooms are arranged in an attractive manner, conditions of comfort and cleanliness of the building, tidiness and cleanliness of the building, neatness and cleanliness of officers, and the sophistication of existing equipment (Supranto, 2011). The patient's expectation of the tangible dimension is the patient's belief before receiving services that will later be used as a standard or reference in assessing services (Ministry of Health, 2009). The results showed that patient satisfaction in Outpatient Hospital Manokwari based on tangible evidence was unsatisfied (22%) and satisfied (78%). The results of statistical tests obtained an association of outpatient satisfaction based on tangible dimensions of satisfaction with Outpatient Health BPJS patients in Manokwari Hospital, namely tangible who were not satisfied were likely to be dissatisfied with BPJS Health services in the outpatient ward of Manokwari Hospital at 2,455 time.

The results of this study are in line with Firdaus (2015) research on Outpatient Patient Satisfaction BPJS Health Participants in Panembahan Senopati Hospital Bantul, preparing that physical evidence (tangible) is related to patient satisfaction, where physical evidence that is directly seen affects patient satisfaction. The dimensions of physical evidence are important as a measure of service because a form of service cannot be seen, smelled and touched. As according to Soraya (2011) states that because a form of service cannot be seen, kissed, touched, then physical evidence becomes important as a measure of a service. JKN patient satisfaction with the dimensions of tangible must be improved because good tangible causes the patient's expectations of service to be high. This is related to Leonard L Berry's statement in Alma (2007), where services are actions, appearances or services that are consumed

but not owned. Although the appearance of services is represented by a certain form, the essence purchased is appearance. In addition, according to Perwani, the important thing in housekeeping and is closely related to product / service quality is how service provider institutions are able to present beauty, neatness, cleanliness, and completeness and health to service products offered to customers (Perwani, 2006).

The tangible dimension of outpatient care for JKN participant patients at Manokwari Hospital in this study is shown by eight attributes, namely a neat and clean examination room and feels comfortable. In addition, the waiting room is comfortable, the conditions and readiness of the existing medical equipment function properly, the completeness and condition of the supporting devices (beds, tables, chairs, etc.) function properly, an easy parking lot and doctors and other health workers are clean and neat.

The patient's statement about the neat condition of the examination room 96.7% stated that they were satisfied and 66.2% were satisfied with the cleanliness of the examination room and 59% were satisfied with the comfort of the examination room. However, 41% said they were not satisfied with the comfort of the examination room and 51.4% of the waiting rooms were uncomfortable and 51.4% were not satisfied with the completeness and availability of medical devices and 53.3% were dissatisfied with the completeness of the health support devices. In addition, respondents were dissatisfied (52.4%) with the convenience of parking spaces, while for the neatness of respondents health workers stated they were satisfied (81%). This is due to the examination of patients alternating with a large number of visits, which causes a condition of the room that is not neat, thus making some patients uncomfortable. Patient dissatisfaction with the waiting room expressed satisfaction. Based on the results of observations that researchers conducted the RSUD Manokwari had an inadequate waiting room. There are still patients who

stand because of the lack of waiting chairs, uncomfortable seat conditions and narrow waiting rooms. The availability of a comfortable waiting room can lead to its own convenience so waiting time is not a boring thing.

4.6 Relationship of Reliability with BPJS Health patient satisfaction

Dimensions of reliability relate to the company's ability to provide accurate services from the first time without making any mistakes in delivering services in accordance with the agreed time. A hospital is said to be reliable if the patient admission process is carried out quickly and administrative procedures and practical payments, prompt and appropriate actions for examinations and treatment, laboratory examinations, doctor visits, proper care are carried out and receipt of examination results quickly and accurately (Supranto, 2011).

In this case the patient's needs are the need to recover from illness which can be achieved through proper diagnosis and appropriate treatment. The reliability dimensions of outpatient services at the Manokwari Hospital towards JKN participants in this study are shown by four attributes, namely the speed of patient registration procedure, patient waiting time to be examined shortly, accuracy of service schedule including open and close schedules of services according to service hours and doctors performing examination by a doctor according to patient complaints.

The results obtained statistically obtained that there is no meaningful relationship between the dimensions of reliability with outpatient satisfaction at RSUD Manokwari, where respondents who were dissatisfied based on reliability stated their dissatisfaction with BPJS Health services as much as 33.3% and respondents who satisfied based on reliability (tangible) and not satisfied with the satisfaction of BPJS Health patients as much as 18.4%. Based on the suitability of the four attributes representing the reliability dimension, there is only one attribute that is said to satisfy the

patient, namely the highest speed of the patient registration procedure (71.9%), the patient waiting time in the examination is not long (61.9%) and doctors who perform examinations according to patient complaints (77.6%). This is due to the clear flow of services in the RSUD Manokwari and in accordance with the operational procedures and provides information boards about service procedures, making it easier for patients to register. However, patient dissatisfaction is the accuracy of the service schedule, including the opening and closing schedules of services according to service hours.

Patients feel that the administration procedure for receiving patients is done quickly so that patients do not have to wait long to get service. Besides the doctor's examination based on the patient's complaints, where healing is one proof of the success of clinical service performance. This is consistent with the statement (Budayanti, 2007) if patients recover not only shows the success of service performance, but also makes patients satisfied because the main goal is achieved.

Outpatient services for patients with BPJS Health based on reliability dimensions were stated to be good, where those who expressed satisfaction (78%). The most complained of patient dissatisfaction with the dimensions of reliability is the accuracy of the service schedule including the opening and closing schedules of services according to service hours. This is because the doctor came not on time. While timely service is considered very important for JKN patients because each patient wants his health problems quickly and immediately overcome as stated by Koentjoro (2005) that the main hope when patients come to the hospital is recovery from illnesses suffered. The accuracy of the doctor's examination is important in the dimensions of reliability because the healing of patients is caused by the accuracy of the examination so that treatment is given according to the disease (Baequny, 2009).

Patient satisfaction is fulfilled when getting a cure from his illness. In general, the dimensions of reliability reflect things that can be trusted and accounted for by health care providers, in other words the extent to which services are able to deliver what has been promised to their customers satisfactorily. Delays in the service schedule are anticipated by doctors and officers with the speed of the procedure and patient waiting time and examination according to the patient's complaints, so that reliability is not significant to patient satisfaction.

4.7 Relationship of Responsiveness (Responsiveness) with patient satisfaction BPJS Health

The responsiveness dimension relates to the willingness and ability of employees to help customers and respond to their requests, and inform when services will be provided. Hospitals are said to have responsiveness if officers are always available to help patients provide clear information to patients, service systems that are not convoluted and responsive to patient complaints (Muninjaya, 2011). The dimensions of the responsiveness of outpatient care at JKN Hospital Manokwari patients in this study are indicated by four attributes, namely, physician responsiveness, clarity of information by officers, collaboration between officers, and officer responsiveness. A customer will expect that he should also be served well if the other customers are well served by the service provider. This is where service providers need responsiveness to treat and pamper customers in real terms, customers need to be served and valued without differentiating socio-economic status.

The results of the study were statistically found to have no significant relationship between outpatient satisfaction based on the responsiveness dimension to the national health insurance program services in Outpatient Hospital Manokwari, where respondents were dissatisfied based on responsiveness and dissatisfied with satisfaction. BPJS Health patients were 33.3%, while respondents were satisfied

based on responsiveness and dissatisfied with the satisfaction of BPJS Health patients as much as 18.4%.

Based on the analysis through the level of suitability of the attributes on the responsiveness dimension obtained from four attributes, only two attributes that were declared satisfying the patient and the other two were declared not satisfying the patient. The attributes that have satisfied patients are doctors / officers responsive to handling patient complaints (61.4%), but patients are dissatisfied with the speed of action of doctors / officers in dealing with patients who need help (59.5%) and 45.7% dissatisfied on the attribute of the doctor / officer information about the disease and the action given and 50% dissatisfied about the clarity of information provided by the doctor / officer about the use of the drug given.

5. CONCLUSION

Based on the results of the study, it can be concluded as follows

1. There is no significant age relationship with outpatient satisfaction of BPJS Health participants in RSUD Manokwari (p-value = 0.381; RP: 0.649; CI95% (0.311 - 1.356).
2. There is no significant sex relationship with outpatient BPJS Health patient satisfaction in Manokwari Hospital (p-value = 0.456; RP: 0.672; CI95% (0.301 - 1,500).
3. There is no significant educational relationship with outpatient satisfaction of BPJS Health participants in Manokwari Hospital (p-value = 1,000; Rp: 0,889; CI95% (0,338 - 2,336).
4. There is no significant tribal relationship with outpatient satisfaction of BPJS Health participants in Manokwari Hospital (p-value = 0.723; RP: 0.786; CI95% (0.368 - 1.678).
5. There is a significant correlation between tangible evidence and outpatient satisfaction of BPJS Health participants in Manokwari Hospital (p-value = 0.033; Rp: 2.455; CI95% (1,212 - 4,973).
6. There is a correlation between reliability which is not significant with outpatient satisfaction of BPJS Health participants in

RSUD Manokwari (p-value = 1,000; Rp: 1,167; CI95% (0,455 - 2,994).

7. There is a correlation between responsiveness that is not significant with outpatient satisfaction of BPJS Health participants in RSUD Manokwari (p-value = 0.210; Rp: 1.810; CI95% (0.865 - 3.783).

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