

## Satisfaction of Elderly Patients Participating in Health Insurance and Seeking Health Services at the Sukmajaya Community Health Center in Depok - Expectations and Realities: Pilot Study

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### Abstract

The integration of local health insurance (Jaminan Kesehatan Daerah, Jamkesda) into national health insurance (Jaminan Kesehatan Nasional, JKN) has led to various changes, but the subsequent increase in number of patients needing consultation has undermined the impact of the service. Herein, we investigated the participant satisfaction and service expectations among elderly patients at the JKN Elderly' Clinic at Sukmajaya Community Health Center (*Puskesmas*) in Depok, West Java, Indonesia.

Qualitative assessments were made using Brown's eight-dimension theory of quality assurance (access, technical competence, security, effectiveness, efficiency, interpersonal relationships, amenities, and sustainability of service).

Few participants over a short time research were chosen using purposive sampling from the Elderly' Clinic age ( $\geq 65$  years old, 2 male and 5 female) and health staff from *Puskesmas* Sukmajaya and the Public Health Office ( $>45$  years old, 1 male and 2 female) were also selected. Few sample size taken also due to same answer from the participants, which meant that the study has reached saturation point.

Among the 8 dimensions of quality assurance, the participants were most dissatisfied with the facilities, which led to a lack of privacy in patient examinations. Our assessments indicate the necessity of service evaluations and the need for additional human resource to improve the friendliness of the service, facilities, and privacy in health examinations.

These improvements will maintain the dignity of older patients and will help to meet their expectations of service.

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### Introduction

The Indonesian National Health Insurance (JKN) is a part of the National Social Security System (SJSN) that provides a more comprehensive and integrated social protection for everyone and meets basic living needs, so that the Indonesian society can be more prosperous and is organized using a compulsory social health insurance scheme based on the SJSN Law No. 40 (2004)<sup>1-4</sup>, with a view to fulfilling

basic public health needs that are appropriate for persons who have paid contributions and for those paid by the government (poor people/*PBI-Penerima Bantuan Iuran*/beneficiaries of insurance contributions). This initiative was implemented by the Indonesian government to ensure appropriate health care for all levels of Indonesian society.<sup>5-9</sup>

In Depok, the local health insurance (Jamkesda) program has been integrated into *JKN* and the local government has implemented financial assistance in the form of health insurance for poor and incapable persons. This policy program was implemented in 2010, and the number of participants has reached 188,660. This financial assistance program supports the *SJSN*.<sup>10</sup> The community health centers (*Puskesmas*) are among health facilities that generate policy while the *Puskesmas* in Sukmajaya Depok operates as a health installation that provides health service

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and support to the community of Sukmajaya and surrounding areas.<sup>11</sup> Hence, *Puskesmas* Sukmajaya Depok is a health service-providing partner for *JKN* or *BPJS* (social security agency) referral system.<sup>12,13</sup>

Previously, the partnership between *Puskesmas* and *BPJS* was not publically known. However, with the acceptance of *JKN-BPJS* participants into *Puskesmas* Sukmajaya, the number of admitted public patients has increased considerably. The resulting increases in public awareness of health services has been

accompanied by growing demands for better health services.<sup>13,14</sup>

The implementation of *JKN-BPJS* still faces many obstacles, and many people express dissatisfaction with *JKN-BPJS*, especially relating to the quality of health services for *JKN-BPJS* participants at the first level health facility in Depok City, which remains turbulent due to changes in *JKN*'s service system. The lack of information given to the community about *JKN-BPJS* programs also remains a burden for health workers at lower levels.<sup>13</sup>



Figure 1. Map of Depok City (Depok city is near Jakarta/South of Jakarta)



Figure 2. Map of Indonesia  
Among challenges of implementing the *JKN-BPJS*, increasing numbers of *JKN-BPJS*

participants have poorly understood the conditions, resulting in confusion regarding their medicinal entitlements as beneficiaries and the need for multiple visits to the first level of the medical facility for treatments of the same disease.<sup>15</sup>

According to the census data from 2010, people aged over 60 accounted for 4.9% of Depok City's total population. In 2014, this proportion increased to 5.2% of a total population of 2,033,508. Depok City has a comparatively high average life expectancy i.e., 73.46 and 73.75 years in 2013 and 2014, respectively. These life expectancies are higher than the national life expectancy of only 70.7 years,<sup>10</sup> and were among reasons for performing this research in Depok City. With greater average longevity, health services that support quality of life among the elderly are of increased importance.

Based on research conducted by Manarung and Setiawan<sup>16</sup> at Pasundan Hospital, Bandung, West Java, Indonesia with quantitative methods to see aspects of direct evidence, reliability, responsiveness, and empathy stated that the level of patient satisfaction was categorized as dissatisfied. In addition, Tanan et al<sup>17</sup> in his research entitled "Analysis of Patient Satisfaction at Bara Permai Hospital in Palopo City, South Sulawesi, Indonesia" used descriptive qualitative methods by looking at aspects of ambience, system, human relations, service time, and comfort indicating that overall service delivery at Bara Permai Hospital was considered very satisfying.

A high level of patient satisfaction will influence the patient's decision to return to health services at a health facility. This is in line with research conducted by Rondonuwu NS et al<sup>18</sup> which states that there is a relationship between patient satisfaction and patient interest to reuse the same health services.

Some of the things that distinguish this research with previous research are as follows:

1. Research on the satisfaction of elderly patients participating in the National Health Insurance (JKN) Contribution (PBI) and Non-Contribution Recipients (Non PBI) of health services at *Puskesmas* in Depok City has never been carried out.
2. The variables used in this study are different from previous studies, this research using Brown's

theory of quality assurance. The model of service quality developed by Brown is highly beneficial for managers of health programs at district levels, in this case, the *Puskesmas*, because it is specifically established for developing countries<sup>19</sup>.

3. *Puskesmas* Sukmajaya has been declared as Age-Friendly Community Health Center, this means that the service should be provided for the best service to the satisfaction of the elderly patients.

The objective of this research was to investigate satisfaction levels of older patients participating in the *JKN-BPJS*. Accordingly, the health services at the Sukmajaya Community Health Center's Elderly' Clinic in Depok were assessed using the following 8 dimensions of quality assurance, as described in Lorry DiPrete Brown's eight-dimension theory, i.e., the access, technical competence, safety, effectiveness, efficiency, interpersonal relationship, amenities, and continuity of Service.<sup>19</sup>

## Methods

A qualitative descriptive approach was used for this pilot study to provide a comprehensive summary of the consequences of the finding. Data were collected from observations, in-depth interviews, and analyses of documentation (observe the conditions of the research place; elderly clinic, access, amenities, efficiency, safety, effectiveness and competence of the health workers), in-depth interviews with the participants and health workers using designed questionnaire, and documented by recorder<sup>20</sup> and then processed and analyzed in April and May 2017. Participants were chosen using a purposive sampling technique, and included 7 patients age  $\geq 65$  years old (2 male and 5 female) and 3 health staff age  $\geq 45$  years old of the community health center, as well as one city health officer. Beside of short time research, the answers from participants are almost the same, this meant that the interview has reached the saturation point so it was decided to drop other participants, using only a sample of 10 participants and the interviews were kept anonymous after they sign an informed consent to follow the research as a volunteer.

To investigate patients' experiences of health services, and how these related to what they had expected to receive, and satisfaction

with their care, uses Brown's theory of eight dimensions as follows:

No	Informant	Education	Total	Age	Work period
1	Officer at the Puskesmas Sukmajaya	Medical doctor & Nurse	2 persons	≥45	8 years
2	City Health Office	Medical doctor	1 person		4 years
3	Elderly patients of BPJS insurance who seeking health services at Puskesmas Sukmajaya	Junior High School Senior High School Diploma/Bachelor	7 persons users of JKN: PBI and Non PBI	≥65	1 year

**Table 1.** Informant of the research

No	Objectives	Target	Data collection technique	tools
1	To investigate about: Technical competence (skill, abilities and performance) of health worker	Elderly Patients of JKN PBI & Non PBI	in-depth interview and observation	Research guideline interview observation sheet
2	Access to services	idem	idem	idem
3	Efficiency of the Services	idem	idem	idem
4	Human relationship	idem	idem	idem
5	Effectiveness in Services	idem	idem	idem
6	Continuity in Services	idem	idem	idem
7	Safety	idem	idem	idem
8	Amenity	idem	idem	idem

**Table 2.** Instruments for data collecting

## Results

Brown's quality assurance method for services can be used by health program managers to define clinical guidelines and standard operating procedures, as well as for assessments of performance using appropriate standards. As a source of information for directed interventions and programs, the Brown's model of service quality is highly beneficial for managers of health programs at district levels and well suited for *Puskesmas* Sukmajaya, because it was specifically designed for service providers in developing countries. The present participants indicated that, among Brown's 8 dimensions of service quality, the most unsatisfactory dimension was facilities<sup>19</sup>. For example, many participants mentioned that during examinations, the level of privacy was less than expected. The overall findings for each dimension of service quality are as described below.

### 1. Technical competence

The participants reported that the staff at *Puskesmas* Sukmajaya's Elderly' Clinic had satisfactory technical competence (skill, ability, and appearance) in their service of patients.

Some participants identified areas requiring improvement e.g., the hospitality and clarity of interactions.

### 2. Access to services

All participants said that there is a satisfactory level of access to services, likely reflecting the city location of *Puskesmas* Sukmajaya, with easy access by public transportation or private vehicle. In addition, the treatment at *Puskesmas* Sukmajaya was considered very affordable, especially when the patients used their insurance cards, so that they did not have to pay. Furthermore, no participants experienced language barriers.

### 3. Service effectiveness

All participants felt that the procedures were easy and were in line with their expectations. With the ease of these procedures, the effectiveness and efficiency of service at *Puskesmas* Sukmajaya may improve. Although our observations suggest that the flow of service procedures has not yet been established, the staffs describe the service procedures accurately and openly provide information, especially to new patients. Some participants believe that it is necessary to increase the number of staff, especially admission counter staff and doctors who serve in the Elderly' Clinic. These participants feel that the



patients in question are older and have illnesses, and that they should be prioritized in queues. The participants' observations of lacking human resources at *Puskesmas* Sukmajaya are supported by the fact that *Puskesmas* Sukmajaya is open 24 hours a day and is also responsible for providing basic neonatal and obstetric services. These operating conditions occasionally lead to situations where a doctor undergoing an outpatient examination has to prioritize an emergency patient. To address this issue, the *Puskesmas* requires a system that prevents neonatal and obstetric emergencies from interfering with service to outpatients.



**Figure 3.** Waiting room at *Puskesmas* Sukmajaya treatment were sufficiently familiar with the staff to make casual complaints without hesitation. These complaints, however, were often met with casual responses, because the staffs are familiarized the response to similar complaints from patients at the Elderly' Clinic.

#### 4. Human relationships

The dimension of human relationships was considered satisfactory at *Puskesmas* Sukmajaya. The *Puskesmas*' staff, including admission

counter staff, nurses, doctors, pharmacists, and other staff, mostly responds well to patient requests and complaints. The staff stated that they responded with proper explanations of how to perform curative and preventive interventions for specific diseases. Among helpful activities, pharmacists explain the rules of taking drugs with attention to doses and specific patient conditions. Several participants indicated that the service they received had improved compared to before this *Puskesmas* provided a special clinic services for the elderly, although some participants desired more disease consultation sessions.

Although the service inefficiencies mentioned above lead to longer queuing times, at Elderly' Clinic, the patients were often observed using the long queuing times to talk with each other about their life experiences and illnesses. Staffs were also seen engaging in conversations with waiting patients. Patients who were due for -

#### 5. Service efficiency

The participants expressed satisfaction with the service efficiency at *Puskesmas* Sukmajaya and generally stated that the services did not take too long. However some patients indicated that queuing times were too long and suggested that additional human resources are required. These conditions were also acknowledged by a doctor at *Puskesmas* Sukmajaya in the following statement: "Health staffs are outnumbered by patients, which is also due to the existence of external services. I also do not know how many patients will require how many doctors. I still think that the perceived lack of staff is due to the condition of each staff that is overloaded with programs. Like me, for example, I have to do many programs. I'm also still confused about what a proper arrangement would look like" (anonymous Doctor).

#### 6. Service continuity

The participants in the present study stated that they were satisfied with the continuity of the service at *Puskesmas* Sukmajaya. They also said that the procedures are easy and cause little confusion, and their continuity to higher health facilities referrals (secondary health facilities) is accessible.

#### 7. Security

All participants in the present study were satisfied with the sense of security at *Puskesmas* Sukmajaya. Specifically, they agreed that the

physical building provides a sense of security for patients, likely reflecting significant improvements in its appearance, albeit with limited waiting room and an unsafe parking lot.

#### 8. Amenities

Poor hygiene and cleanliness at *Puskesmas Sukmajaya* are a source of discomfort for participants. These conditions include the floor of the admission counter room, which tends to be dirty, the narrowness of the waiting room and pharmacy, toilets that are not clean, the relatively hot temperature of some rooms, and the poor condition of the loud speakers that cause difficulty in hearing announcements, especially for older patients. Finally, there is no cafeteria while the closest food vendors are located in front of the *Puskesmas*.

The participants also complained of a lack of privacy at the *Puskesmas Sukmajaya*. At any time, the doctor may have 5 patients waiting for examinations, and the lack of a divider/separator means that conversations between the doctor and patient can be heard by waiting patients. One patient stated that the doctor did not perform an examination, and instead glanced at the patient and made an immediate assessment of the patient's condition. Due to the doctor's briefness and presence of other waiting patients, the patient no longer had a desire to consult with the doctor, because they felt embarrassed and rushed.

A doctor who served in the Elderly' Clinic explained that calling 5 patients at a time improves efficiency. In addition, he stated that the arrangement enables doctors to provide education and counseling about diseases suffered by 1 patient to those who are waiting. Furthermore, because the *Puskesmas* has been declared an "age-friendly community health center" (*Puskesmas Ramah Lansia*), the service should primarily be directed at the satisfaction of elderly patients.

### Discussion

Brown's 8 dimensions of service quality are closely related to patient satisfaction and community welfare. Although patients and communities often focus on effectiveness, accessibility, interpersonal relationships, sustainability, and service facilities as the most important dimensions of service quality, they do not necessarily understand their

health-care needs, especially with respect to preventive services, and patients also rarely assess the technical competencies of health-care workers.<sup>19</sup> Because doctors are primarily aiming to cure patients' conditions, they may choose to ignore shortcomings of privacy and amenities in their provision of a high quality services.<sup>21</sup>

Our assessments using Brown's 8 dimensions of quality assurance indicate satisfactory technical competencies, although some improvements in staff skill levels are needed. Access to services is satisfactory at this health center, reflecting the *Puskesmas's* strategic location, economical management strategies, and providing services without language barriers. The patients were also satisfied with the procedures, although most of them suggested that the center would benefit from an expansion of human resources. Furthermore, the lack of human resources may worsen patient dissatisfaction with the facilities, especially when patients are called into the examination room with 4 other patients. This lack of privacy likely inhibits open consultation about their diseases with the doctor.

For patients and communities that are served by health-care facilities, the quality services are expected to be tailored to the individual patient needs and delivered courteously, comfortably, and on time. Patient perspectives are nonetheless important, because satisfied patients are more likely to adhere to treatments and continue using the health services at the site.<sup>22</sup> All of the patients in this study stated that they did not receive privacy in their service because of the spatial arrangement (lack of a divider) and the presence of other waiting patients. Some patients described feelings of pressure not to consult further with the doctor from politeness to those who were waiting. They were also less sure about stating the deficiencies of the *Puskesmas's* services at the end of interviews, although they were enthusiastic to submit their complaints in the early stages of interviews.

From the perspective of *Puskesmas* health personnel, the quality health care requires the presence of skilled health workers, sufficient resources, and service facility conditions that improve the health status of patients, and their motivation is reflected by their ability to perform tasks optimally. Health-care providers at health

care centers tend to focus on technical competence, effectiveness, and security.<sup>23</sup>

Further investigations are required to determine how many patients are expected to be consulted per hour, what are the laboratory services needed for patients and how accurate, efficient, and reliable they must be, what kind of referral system is needed, In addition, other questions, such as are special services or sophisticated technologies required, are the physical and sanitation conditions adequate, is patient confidentiality/privacy secured in a professional environment, and does the pharmacy have the necessary supplies of medicines, need to be answered.<sup>24</sup>

As discussed above, the patients want a short relief of pain and tend to feel nervous when asked about their satisfaction with the health services provided at the *Puskesmas*. But the interviewees, who were not satisfied at the beginning of the interviews, at the end, acknowledged that they were quite satisfied with these services.

Elderly patients seeking treatment at the Elderly's' Clinic of *Puskesmas* Sukmajaya experienced mixed feelings, including annoyance, need, and various other feelings. These patients were irritated by the long queues, but acknowledge that during the waiting time, they enjoy friendly conversations with their fellow patients. A comfortable waiting room for patients will be of great value to this and will be consistent with the philosophy of *Puskesmas* Sukmajaya as a "*Puskesmas Santun Lansia*" (Age Friendly Community Health Center). Hence, this goal requires further improvements to supporting facilities and infrastructure.

In terms of *JKN-BPJS* insurance programs, the beneficiaries (PBI) and non-beneficiaries (Non PBI) receive the same health services, and the doctors at the *Puskesmas* Elderly's' Clinic cannot distinguish *JKN-BPJS* insurance participants from those who are not insured. To this end, patients' *JKN-BPJS* insurance statuses are only acknowledged by admission staff.<sup>25</sup> Currently, however, there are limits on the amounts of drugs that can be administered to *JKN-BPJS* patients. Hence, the patients must return to *Puskesmas* Sukmajaya to get the same medicine within 3 days. Consequently, many *JKN-BPJS* patients come to the *Puskesmas* for referral letters and

then move to other health services with better facilities. Limitations of the present study are stated, as follows,

1. We only assessed patient satisfaction of *JKN-BPJS* insurance participants at the Elderly' Clinic of the *Puskesmas* Sukmajaya while other patients in this *Puskesmas* should be considered, particularly because not all patients are Elderly's.
2. This study was conducted with few research participants over a short time, and in a local area in Depok, West Java, Indonesia that included only 1 *Puskesmas*. Our data can therefore not be generalized to larger groups of patients.

However, the data presented herein could reflect the conditions in larger communities and at the national level.

## Conclusions

It can be affirmed that, concerning all aspects of service quality, the patients participating in *JKN* insurance in *Puskesmas* Sukmajaya's Elderly' Clinic are generally satisfied. However, further evaluations and improvements to the service are required at *Puskesmas* Sukmajaya, especially at the 'Elderly' Clinic. In particular, the additional health and admission staff, better queuing arrangements, comfortable waiting rooms, and private amenities are needed to maintain the human dignity of older patients. These improvements will enhance the patient satisfaction at *Puskesmas* Sukmajaya considerably.

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## Declaration of Interest

The authors report no conflict of interest.

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