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DESCRIPTION OF PATIENT SATISFACTION HEALTH SOCIAL SECURITY AGENCY (BPJS) OUTPATIENT TO PHARMACEUTICAL SERVICES AT KANUDJOSODJATIWIBOWOHOSPITAL BALIKPAPANWITH IMPORTANCEPERFORMANCE ANALYSIS (IPA) METHOD

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ABSTRACT

Introduction: Consumer satisfaction (patient) is the result of an evaluation in the form of an emotional response (feeling happy and satisfied) to consumers because reality exceeds the expectations or desires of consumers. **Objective:** The purpose of this study was to describe the satisfaction of outpatient health social security agency (BPJS) patients with pharmaceutical services at RSUD Dr. Kanujoso Djatiwibowo Balikpapan for the period March-April 2019. This research is non-experimental research with descriptive data analysis. The object of research in this study is a description of patient satisfaction at the Dr. Kanudjoso Djatiwibowo Hospital Balikpapan for the period March 2019. The sample in this study were patients or families of outpatient health social security agency (BPJS) patients who used pharmaceutical services at the Dr. Kanudjoso Djatiwibowo Hospital Balikpapan for March 2019. Determination of the number of samples used in the Morgan and Krejcie tables. Results: Based on the results of the research, the satisfaction level of outpatient health social security agency (BPJS) patients at Kanudjoso Hospital, Balikpapan, from 5 dimensions of service quality, two dimensions have a level of suitability more than the overall suitability level, namely the dimensions of reliability and assurance so that it can be concluded that these dimensions are satisfactory for the patient. While the other three dimensions, namely Responsiveness, Empathy, and Tangible, have a level of conformity that is less than the overall level of suitability, it can be concluded that these three dimensions are not satisfactory for patients. Based on the priority of quality improvement, the question element The speed of time for the patient to wait for the drug according to the standard (concocted medicines ≤ 60 minutes) and (non-concocted drugs ≤ 30 minutes) is the priority because it has the most minor level of conformity, while the question element for drug delivery according to the queue number is the last priority. Because it has the most significant degree of conformity. Based on the IPA (Importance-Performance Analysis) analysis, two dimensions satisfy patients in pharmaceutical services: Reliability and Assurance. Based on the Cartesian diagram, an important priority improved performance is the speed with which the patient waits for the drug according to the standard, and the staff is always on time according to the schedule.

Keywords: Satisfaction; Hospital; BPJS; IPA Method

INTRODUCTION

One of the supporting factors for hospital services in the Hospital Pharmacy Installation. The Hospital Pharmacy Unit is the only unit in the Hospital that is responsible for medicine management or, more precisely, pharmaceutical activities (Novaryatiin et al., 2018). Pharmacy installation is a place for pharmaceutical services to carry out pharmacy practices by pharmacists and distribute pharmaceutical preparations to the public (Dyah, 2019). Good pharmaceutical services are directly oriented in using the medicine, aiming to ensure the safety, effectiveness, and rationality of medicine use by applying science and function inpatient care. The demands of patients and society for the quality of pharmaceutical services require a shift in the service paradigm from the old paradigm that is oriented towards medicinal products to a new paradigm that is patient-oriented (Bertawati, 2013).

Satisfaction is a function of performance and

expectations. If the performance is below expectations, the consumer is not satisfied. On the contrary, if the performance meets expectations, the consumer will be satisfied, and the consumer will be very satisfied if the performance exceeds expectations (Arab *et al.*, 2012 & Tjiptono, 2011). Consumer satisfaction is likely to affect the image of the pharmacist and pharmacy profession. Efforts should not only be made to track consumer satisfaction with pharmacy services but also to improve it where needed (Oparah, 2006). The quality of a health service is closely related to health service users' satisfaction, namely patients (Mosodeghrad, 2013). The patient's opinion is becoming more important in the improvement process of a health care delivery system. Patient satisfaction is the state of pleasure or happiness that the patients experience while using a health service. Thus, patient care is the basic function of every health service provider (Li, 2012).

Patient satisfaction is a renowned standard to evaluate the effectiveness of health services being provided in hospitals. Patient satisfaction is an important measuring stick by which the delivery of health care service is the measure (Ganasegeran *et al.*, 2015). Hence, the evaluation of health service delivery from the patients' perspective has received greater attention and has become a core attribute of any health system as it serves as a valuable indicator to measure the success of a service provision, especially in public sector hospitals (Mohd & Chakravarty, 2014).

The indicator that who can use to determine the quality of health services is to measure the satisfaction of consumers of health services (Moore, 2013). According to the Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform of the Republic of Indonesia Number 14 of 2017 concerning Guidelines for Preparing Community Satisfaction Surveys for Public Service Providers, the Community Satisfaction Survey (SKM) can be measured by nine elements, which include requirements, technical and administrative, systems, mechanisms, and procedures, settlement time, fees or rates, product specifications for the type of service, executive competence, implementer behavior, complaint handling, suggestions and input, facilities and infrastructure. There are five service quality elements related to patient satisfaction: tangibles, reliability, responsiveness, assurance, and empathy, called the SERVQUAL method (Konerding *et al.,* 2019).

Dr. Kanujoso Djatiwibowo hospital is one type of general hospital which on March 3, 2017, is classified as a type B hospital class. The average visits of outpatients who seek treatment per day are around 200-300 people, and 90% are Patient Satisfaction Health Social Security Agency (BPJS). There are seven Pharmacy Technical Workers in the outpatient unit at the Kanujoso Djatiwibowo hospital, two pharmacists, two administrative officers, and two racik interpreters. The total number of employees on duty in the outpatient unit is twelve.

METHODOLOGY

The design of this study was used a non-experimental prospectively approach with a descriptive analysis. The research object in this study is a description of patient satisfaction at dr. Kanujoso Djatiwibowo Balikpapan hospital. This study's sample was patients or families of outpatient Health Social Security Agency (BPJS) who used pharmaceutical services at dr. Kanujoso Djatiwibowo Balikpapan hospital. Determination of the number of samples using the Morgan and Krejcie tables. The sampling technique used was accidental sampling. The data analysis used in this study was the Importance-Performance Analysis (IPA) method. The IPA method is used to describe or describe the level of expectation and reality of outpatient Health Social Security Agency (BPJS) for pharmaceutical services in dr.Kanujoso Djatiwibowo Balikpapan hospital. The data are grouped into four quadrants, namely quadrants A, B, C, and D, on the Cartesian diagram to prioritize improving service quality.

RESULT

1. Description of Respondent Characteristics

The respondents' characteristics in this study were divided into five groups, namely gender, age, education, occupation, and survey hours. Based on the study results, the largest number of respondents based on gender was male, with 90 respondents (53%), while the total number of female respondents was 79 respondents (47%). The results of this study show that most respondents based on age are adult respondents, with a total number of 89 people (53%). They were followed by early elderly with a total number of 40 respondents (24%), followed by late elderly with a total number of 37 respondents (21%), followed by adolescents with a total number of respondents only

four people (2%). Based on the educational background of most respondents are respondents with senior high school education background with total number respondents as many as 90 people (53%), followed by respondents with a bachelor's education background with a total number respondents many as 33 people (20%), followed by respondents with a junior high school education background with a total number of respondents as much as 31 people (18%), and finally followed by respondents with a background of primary school education with a total number of respondents as many as 15 people (9%). In this study, the results of the respondent data obtained based on the background of work were mostly respondents with entrepreneurial occupations with a total number of respondents as many as 65 people (39%). Followed by respondents with the same private occupation and housewives who had a total number of 36 people (21%), and finally followed by respondents who work as state civil servants with a total number of respondents as many as 32 people (19%). According to the results of the study, the most data collection time was in the morning with a total number of respondents with 74 people (44%). Then continued with the most patients' data collection time during the day with a total number of respondents with 73 people (43%). Finally, the least time for data collection was in the afternoon, with The total number of respondents was 22 people (13%).

Table 1: PerceptionValue, Conversion Interval Value, Service Qualityand Service Unit Performance

NILAI PRESEPSI	NILAI INTERVAL (NI)	NILAI INTERVAL KONVERSI (NIK)	MUTU PELAYA NAN (x)	KINERJA UNIT PELAYANA N (y)
1	1,00-2,5996	25,00-64,99	D	Tidak Baik
2	2,60-3,064	65,00-76,60	C	Kurang Baik
3	3,0644-3,532	76,61-88,30	B	Baik
4	3,5324-4,00	88,31-100,00	A	Sangat Baik

2. Research Results Based on the Calculation of Community Satisfaction Index per Service Element

According to the Regulation of the Minister of Administrative Reform No. 14 of 2017 concerning Guidelines for Preparing Community Satisfaction Surveys for Public Service Provider Units, the calculation of this study uses the calculation of the

Community satisfaction index. The questionnaire used as a tool in this study amounted to 20 items containing nine elements of the Community Satisfaction Survey (SKM) related to the five service quality dimensions. We can see the results of the calculation of the patient satisfaction index in table 2. After obtaining the index value, calculating the value after being converted is 83.75, then seen in table 2—perception Value, Conversion Interval Value, Service Quality and Service Unit Performance. So obtained outpatient Health Social Security Agency (BPJS) patient satisfaction at Dr Kanujudjoso hospital according to the Community Satisfaction Survey (SKM), namely the quality of service B and the performance of service unit B.

Table 2: Results of Calculation of Patient Satisfaction Index per Service Element

No	Unsur Pelayanan	Total Nilai /Unsur	NNR /Unsur	NNR Tertim bang/Unsu	IKM Unit Pelayanan
1	Re1	650	3.85	0.192	96.25
2	Re2	657	3.88	0.194	97
3	Re3	504	2.98	0.149	74.5
4	Re4	633	3.74	0.187	93.5
5	Res1	534	3.16	0.158	79
6	Res2	469	2.77	0.138	69.25
7	Res3	562	3.32	0.166	83
8	Res4	533	3.15	0.157	78.75
9	A1	606	3.58	0.179	89.5
10	A2	591	3.5	0.175	87.5
11	A3	623	3.69	0.184	92.25
12	A4	659	3.9	0.195	97.5
13	E1	564	3.34	0.167	83.5
14	E2	504	2.98	0.149	74.5
15	E3	492	2.91	0.145	72.75
16	E4	571	3.38	0.169	84.5
17	T1	582	3.44	0.172	86
18	T2	483	2.86	0.143	71.5
19	T3	547	3.24	0.162	81
20	T4	572	3.38	0.169	84.5

3. Research Results Based on Comparison of Expectation Levels and Reality Levels Using the Importance-Performance Analysis (IPA) method.

To find out the description of outpatient Health Social Security Agency (BPJS) patient satisfaction with pharmaceutical services at the dr. Kanudjoso Djatiwibowo Hospital

Balikpapan using the Important-Performance Analysis (IPA) method calculating the suitability level of the elements of reality and expectations. The

calculation of the level of conformity can be explained in table 3.

Table 3: Calculation of the Level of Conformity

No	Unsur	Total Skor Tingkat Kenyataan	Total Skor Tingkat Harapan	Tingkat Kesesuaian Unsur (Dalam %)	Tingkat Kesesuaian Dimensi (Dalam %)
1	*Reliability1*	819	793	103.28	
2	*Reliability2*	826	780	105.90	96.68
3	*Reliability3*	667	821	81.24	
4	*Reliability4*	804	835	96.29	
5	*Responsiveness1*	703	745	94.36	
6	*Responsiveness2*	639	693	92.21	94.20
7	*Responsiveness3*	730	775	94.19	
8	*Responsiveness4*	702	731	96.03	
9	*Assurance1*	776	793	97.86	
10	*Assurance2*	761	780	97.56	97.76
11	*Assurance3*	792	821	96.47	
12	*Assurance4*	828	835	99.16	
13	*Empathy1*	730	766	95.30	
14	*Empathy2*	672	720	93.33	93.94
15	*Empathy3*	661	711	92.97	
16	*Empathy4*	743	789	94.17	
17	*Tangibel1*	750	776	96.65	
18	*Tangibel2*	652	734	88.83	94.24
19	*Tangibel3*	716	741	96.63	
20	*Tangibel4*	739	779	94.87	
Rata-Rata Total (Tingkat Kesesuaian Keseluruhan)					95.36

Based on table 3. The suitability level of each element, each dimension's suitability level, and the overall suitability level are obtained. Furthermore, each component's suitability level and the level of suitability of each dimension are compared with the overall suitability level as a total mean to obtain a conclusion on patient satisfaction. Suppose each element's suitability level and dimension is greater than the overall suitability level as the total mean. In that case, it can be concluded that the patient's satisfaction per question element and dimension.

4. Sequence of Quality Improvement Priorities

After knowing the level of suitability of the question elements, then the priority order of improving the elements' performance is determined, sorted from the smallest to the greatest suitability level. What can see it in table 4. Based on table 4, information regarding the priority order of quality improvement is obtained. The question element when the patient waits for the drug according to the standard (concocted medicines ≤ 60 minutes) and (non-concocted drugs ≤ 30 minutes) is the priority because it has the smallest suitability level. The

question element Delivery of medicines according to the queue number is the last priority because it has the greatest suitability level. After obtaining the priority order of quality improvement, the analysis is continued with a Cartesian diagram to determine each question element's grouping to implement a service quality improvement strategy.

Table 4: Sequence of Quality Improvement Priorities

| No	Unsur Pertanyaan	Tingkat Kesesuaian
1	Kecepatan waktu pasien menunggu obat sesuai standar (obat racikan ≤ 60 menit) dan (obat non racikan ≤ 30 menit).	81.24
2	Jumlah tempat duduk di ruang tunggu obat mencukupi.	88.83
3	Petugas apotek memberikan kesempatan bertanya kepada pasien	92.21
4	Petugas memberikan harapan untuk sembuh kepada pasien	92.97
5	Petugas selalu berusaha menenangkan rasa cemas/ khawatir terhadap penyakit yang diderita pasien	93.33
6	Petugas selalu bersikap sabar dalam melayani pasien	94.17
7	Petugas selalu tepat waktu sesuai jadwal	94.19
8	Petugas selalu sigap dan tanggap dalam menangani keluhan pasien.	94.36
9	Fasilitas ruang tunggu yang nyaman seperti TV, Kipas angin, dan ruang yang bersih.	94.87
10	Petugas selalu sopan, ramah, murah senyum dan menyapa saat pasien datang.	95.30
11	Pelayanan mudah dan tidak berbelit.	96.03
12	Petugas selalu menjelaskan informasi pemakaian obat (khasiat dan efek samping obat).	96.29
13	Bagaimana pemahaman Saudara tentang kondisi obat yang diberikan baik (tidak rusak, belum expired date, kemasan masih bagus) dan disertai etiket yang jelas.	96.47
14	Penataan loket yang baik dengan jalur antrian yang teratur	96.63
15	Petugas farmasi selalu berpenampilan rapi/bersih	96.65
16	Petugas menggunakan bahasa yang mudah dipahami saat menjelaskan informasi obat.	97.56
17	Petugas selalu menggunakan seragam/identitas lengkap (badge name).	97.86
18	Penyerahan obat dilakukan Apoteker.	99.16
19	Kelengkapan obat di resepkan selalu tersedia	103.28
20	Penyerahan obat sesuai nomor urut antrian.	105.90

5. Expectation and Reality Level Cartesian Diagram

To find out the strategy for improving the quality of outpatient Health Social Security Agency (BPJS) services at dr. Kanudjoso Djatiwibowo Hospital, Balikpapan, an analysis was carried out through Importance Performance Analysis (IPA). IPA is an analytical technique used to identify what important performance factors an organization must demonstrate in meeting service users' satisfaction (consumers)

(Suhendra, 2016). Through the importance-performance analysis method, it can also be seen the location of the implementation of each dimension of service quality that affects the patient so that it can be used as a consideration for improving the quality of service. The Cartesian diagram consists of 4 quadrants, namely quadrant A (High Importance, Low Performance), quadrant B (High Importance, High Performance), quadrant C (Low Importance, Low Performance) and quadrant D (Low Importance, High Performance).

Based on table 5, it is found that the distribution of the question elements studied and the hospital can determine the service rating according to patient satisfaction and hospital performance. Also, identify what actions the hospital management needs to take through the elaboration of all elements of service quality questions into a Cartesian diagram. Based on table 5, it is found that the dimensions of service quality are divided into four quadrants, namely:

Table 5: Cartesian Diagram
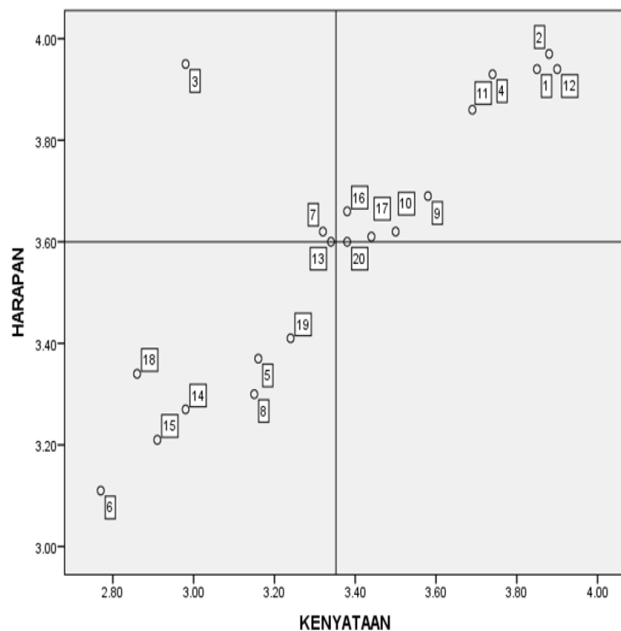
DISCUSSION

a. Quadrant A (High Importance, Low Performance)

The service element in this quadrant shows the location of the hospital management's weakness, dr. Kanudjoso Djatiwibowo, towards pharmaceutical services. Based on the Cartesian diagram, it can be seen that the question elements included in this quadrant are the time the

patient waits for the drug according to the standard, the officer is always on time according to the schedule (Res3). The standard waiting time for finished medicine services is the grace period from the time the patient submits the prescription to receiving the finished medicine with the minimum standard set by the Ministry of Health is ≤ 30 minutes, while the waiting time for concocted medicine service is the time from the time the patient submits the prescription to receiving the concocted medicine, which is ≤ 60 minutes (Kepmenkes, 2008).

b. Quadrant B (High Importance, High Performance)

In the Cartesian diagram, it can be seen that the attributes included in this quadrant are the completeness of the prescribed drugs is always available, the delivery of medicines according to the queue serial number, the officer always explains information on medicine use (efficacy and medicine side effects), the officer always uses a uniform / complete identity (badge name), how do you understand the condition of the medicine given is good (not damaged, not yet expired, the packaging is still good) and accompanied by clear etiquette, pharmacists carry out medicine delivery, officers use language that is easy to understand when explaining medicines information, officers always be patient in serving patients, pharmacy officers always look neat/clean, comfortable waiting room facilities such as TV, fan, and clean room. The quality improvement strategy for this quadrant is by maintaining the performance of the question element. So this element needs to be maintained to create patient loyalty and patient interest in returning to treatment (subscribing).

c. Quadrant C (Low Importance, Low Performance)

The question element in this quadrant shows the location of the hospital management's weakness, dr. Kanudjoso Djatiwibowo, regarding pharmaceutical services in meeting patient needs. However, at this time, it is still not considered important. In the Cartesian diagram, it can be seen that the elements included in this quadrant are officers who are always alert and responsive in handling patient complaints, pharmacy officers provide the opportunity to ask patients, easy and straightforward services, officers are always polite, friendly, smile and greet when patients arrive. The officer always tries to calm the anxiety / worry about the patient's illness. The officer gives hope for a recovery to the patient. The number of seats in the waiting room for the medicine is sufficient; the counters' arrangement is good with a regular queue line. The strategy suggested by the

researcher is that it is necessary to improve the quality of service even though the patient thinks that the elements of service above are not too important. This was done to create patient loyalty and patient interest in returning to treatment (subscribing).

d. Quadrant D (Low Importance, High Performance)

The question element, which is located in this quadrant, is an element that the patient considers less important. Still, the implementation has been good, so that it seems excessive but is considered satisfactory. In the Cartesian diagram, it can be seen that there is no question element included in this quantity, meaning that the quality of service performance of the question element is not in the excessive category.

CONCLUSION

Based on the research results, the outpatient Health Social Security Agency (BPJS) was 83.75 with good service quality. Based on the IPA (Importance-Performance Analysis) method, two dimensions satisfy pharmaceutical services patients: Reliability and Assurance. Based on the Cartesian diagram, the important priority for improved performance is the speed with which the patient waits for the drug according to the standard. The staff is always on time, according to the schedule. For the hospital, dr. Kanudjoso Djatiwibwo Balikpapan to improve the performance of pharmaceutical services based on the priority order of improving the performance of the elements that have been obtained in this study. And it is hoped that it can maintain good service and improve services that are still not good.

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