

PERFORMANCE OF HEALTHCARE WORKFORCE RELATED TO NHS PATIENT SATISFACTION

Erlina Puspitaloka Mahadewi¹, Zairil¹

Esa Unggul University

erlin72@yahoo.com

Abstract

National Health Security (Jaminan Kesehatan Nasional/JKN) is once of National Social Security System (Sistem Jaminan Sosial Nasional/SJSN) established since 2014 in Indonesia. This program financially protected all of Indonesian citizenship from disease burden in order to get health care beneficiaries and protecting to full fillment of basic health services. Patient satisfaction theoretically related to the task performance of health care workforce. This study aimed to proof that NHS patient satisfaction had linked to performance of health care workforce at hospital outpatient services. Cross sectional design was arranged to collecting data from 87 participants from all of patients who attended at outpatient services with accidental sampling method. Primary data provided from Work Performance and Patient Satisfaction Questionnaire. Univariat study and Bivariat Chi-square test were held to analyzing collected data. Result: 56.3% of participants had good perceived about workforce performance, and 52.1% of participants had less satisfaction to outpatient services. Workforce performance statistically proofed relating to patients satisfaction. Conclusion: patients more likely satisfaction to outpatient services when heath care workforce had more good performance. Training, workshop, and rewards should be applied to achieve high level performance of hospital workforce.

Abstrak

Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan adalah badan hukum publik yang dibentuk untuk menyelenggarakan program jaminan social nasional (SJSN/JKN), berupa perlindungan kesehatan agar peserta memperoleh manfaat pemeliharaan kesehatan dan perlindungan dalam memenuhi kebutuhan dasar kesehatan. Kinerja petugas kesehatan dalam menjalankan tugas ketika melayani pasien BPJS dapat mempengaruhi kepuasannya. Penelitian ini bertujuan mengetahui hubungan antara kinerja petugas kesehatan dengan kepuasan pasien BPJS di Poli Rawat Jalan RSIA Harapan Mulia Kabupaten Tangerang Tahun 2018. Desain penelitian yang digunakan adalah cross sectional. Populasi adalah semua pasien BPJS yang berkunjung ke poli rawat jalan RSIA Harapan Mulia Kabupaten Tangerang. Pengambilan sampel dilakukan dengan teknik Accidental Sampling, dengan jumlah sampel sebanyak 87 responden. Instrumen pengumpulan data yang digunakan yaitu kuesioner. Data yang telah dikumpulkan dianalisis dengan menggunakan analisis deskriptif (univariat) dan bivariat (uji Chi-square = 0,05). Hasil penelitian didapatkan bahwa sebanyak 49 responden (56,3%) memiliki penilaian kinerja petugas kesehatan yang baik, sebanyak 51 responden (52,1%) menyatakan kurang puas, terdapat hubungan yang bermakna antara kinerja petugas kesehatan dengan kepuasan pasien BPJS di poli rawat jalan RSIA Harapan Mulia Kabupaten Tangerang (Pvalue = 0,003). Dapat disimpulkan bahwa kinerja petugas kesehatan berhubungan dengan kepuasan pasien, semakin baik kinerja petugas kesehatan, maka semakin puas pula pasien, atau sebaliknya. Bagi RSIA Harapan Mulia Kabupaten Tangerang untuk lebih meningkatkan lagi kualitas kinerja petugas kesehatannya dalam memberikan pelayanan, dengan cara mengadakan seminar, pelatihan, atau dengan memberikan insentif bagi pekerja yang berprestasi.

Keywords: *patient satisfaction, outpatient, hospital, performance, healthcare workforce*

Introduction

Based on Law No. 44 of 2009 regarding Hospital, It was stated that hospital is a health care institution for communities with its own characteristics. These characteristics are influenced by the development of health sciences, technological advances and socio-economic life of people who should be able to continue to improve services that are more qualified and affordable for the community to the highest level of health.

According to Ratminto (2008) the success of a health care provider is determined by the satisfaction of consumers. Achievement of satisfaction of customers is based on what is needed and expected.

Consumer satisfaction is the most important thing. If consumers are not satisfied with the services provided, they will not use it again, even though the service is easily available. In health services, the quality of services offered is important (Al-Assaf, 2009).

To anticipate competition in health services it has become a necessity to always fight for the quality of services. Health care institutions must be able to demonstrate their ability to provide the most effective services due to limited costs and resources. To make the best effort, health professionals must improve their work processes and procedures, and strive to carry out their duties without error (Al-Assaf, 2009).

According to Parasuraman (2005), the services provided must meet five dimensions, namely: Reliability, Assurance, Emphaty, Tangible, and Responsiveness. One of service indicators is whether the services provided can satisfy the patient or not. Satisfaction of health services is a response to the suitability of the level of interest or expectations of users before they receive services after receiving the services. According to Kambong et al (2013), patient dissatisfaction arises because of the gap between the patient's

expectations and the performance of services and what they feel when receiving services.

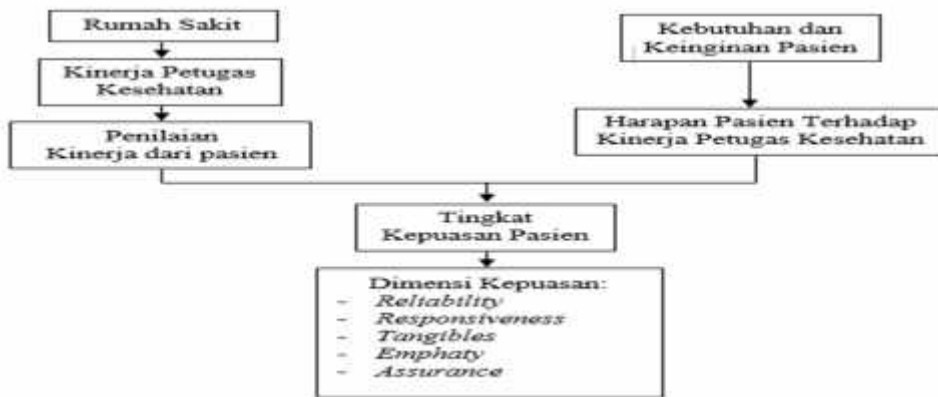
The result of research conducted by Ningrum (2014) stated that there was a relationship between the quality of BPJS health services and patient satisfaction at the Polytechnic ENT Clinic Dr. Ramelan Surabaya. Furthermore, the results of other studies by Hafid (2014) found that there was a significant relationship between the performance of nurses on the level of satisfaction of Yankestis users at Syech Yusuf Hospital, Gowa .

A preliminary study of 10 patients in the RSIA outpatient clinic Harapan Mulia Tangerang found that there were still many patients who complained of satisfaction in the dimensions of tangible and empathy. From the tangible aspect (tangible) includes poor facilities such as toilet facilities that look dirty and some are damaged so they cannot be used. From the aspect of empathy (emphaty), some workers at RSIA Harapan Mulia who behave less friendly and indifferent so that patients sometimes feel unappreciated and cause some complaints from patients. For the outpatient services, the registration queue is quite long, hospital service procedures are quite complicated, where the examination and treatment services are sometimes not in accordance with the set schedule, resulting a buildup of files in the outpatient clinic . This causes a longer time for a patient to be treated.

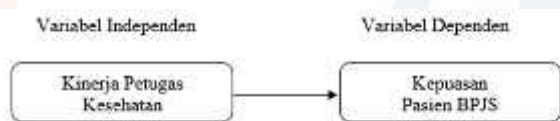
Research Methods

This study uses a modified framework of thinking from Tjiptono (2015) and Parasraman et al (2005). The level of patient satisfaction is influenced by two things, namely the assessment of officer's performance and patient's expectations of the performance of health workers as a manifestation of patient's needs and desires. Patient's satisfaction was measured in five dimensions, namely reliability, responsiveness, tangibles, empathy, and assurance. In accordance with the research objectives, the conceptual framework in this

study relates to the performance of health workers (independent variables) to patient satisfaction (dependent variable). See Picture 1 and 2 below:



Picture 1. Thinking Framework



Picture 2. Conceptual Framework

The location of the study was taken at RSIA of Harapan Mulia Tangerang for outpatient clinic in April-June 2018. The population in this study was based on BPJS patients who visited the Harapan Mulia Hospital outpatient clinic in April with the total of 677 patients. The samples taken in this study were some BPJS patients who visited the RSIA outpatient clinic Harapan Mulia Tangerang and willing to participate voluntarily to become respondents in the study. Based on the sample formula with 90% confidence level and the error rate of 10%, then there the total respondents was 87 people. The sampling technique used in this study used accidental sampling techniques. The primary data was obtained by researchers from direct respondents using questionnaire research instruments.

Operationally, officers' performance is defined as the result or percentage of work that has been done by health workers in accordance with the

duties and responsibilities given in outpatient services, with the results of measuring "less good" and "good". While the satisfaction of JKN patients is the fulfillment of expectations and desires for outpatient services provided by health workers from 5 dimensions of satisfaction, namely: Reliability, Responsiveness, Tangibles, Emphaty, and Assurance. Measuring results are grouped into two: Satisfied and Dissatisfied.

On the measurement of the variable performance of health workers was conducted by providing respondents with a questionnaire to assess the performance of health workers in providing services to BPJS patients. The answer is provided with two choices, choices to (1) or yes, if done, and choices to (2) or not, if not done.

The measurement of satisfaction variables was taken by giving questionnaires to respondents to assess JKN respondents' satisfaction regarding services they received. Satisfaction measurements in this study used a Likert scale consisting of levels of agreement, namely: Very Dissatisfied (Score = 1), Dissatisfied (Score = 2), Quite Satisfied (Score = 3), Satisfied (Score = 4), and Very Satisfied (Score = 5).

Correlation test of Product moment and Cronbach alpha test on the questionnaire show that all the questions on the research instrument

used met the requirements of validity and

Results and Discussion

1.1. Characteristics of Respondents

Based on table 1, the majority of respondents are female (92.0%), half of them with average age range between 21 to 30 years (52.9%), and most have high school education (60.9%).

Table 1. Respondent Characteristic (n = 87)

Respondent Characteristic	Frequency	Procentage (%)
Gender:		
Men	7	8,0
Women	80	92,0
Usia:		
11-20 y.o.	4	4,6
21-30 y.o.	46	52,9
31-40 y.o.	24	27,6
41-50 y.o.	11	12,6
51-60 y.o.	2	2,3
Education:		
Elementary	8	9,2
Junior High School	20	23,0
Senior High School	53	60,9
University	6	6,9

1.2. Overview of Officer's Performance

Based on table 2, that 56.3% of respondents stated that the performance of officers was in the "good" category. While in table 4 shows the performance indicators of officers according to respondents' answers, namely 74.7% of respondents said "not good" to the discipline of punctuality of health workers, and 41.4% stated "not good" towards a clarity of the information provided by the health worker. However, all respondents stated that health workers have implemented the tasks according to their professional expertise and told patients to visit again if the illness relapsed.

reliability.

1.3. Overview of Patient Satisfaction

Based on table 3, 58.6% of respondents stated that they were not satisfied with outpatient services. While based on table 6, indicators of satisfaction in patients who are "dissatisfied" include aspects of punctuality of service, discipline, cleanliness of equipment, fairness (non-discrimination), and seriousness in providing health services.

Table 2. Work Performance of Out Patient Department

Healthcare Performance	Frequency	Procentage (%)
Not Good	38	43,7
Good	49	56,3
Total	87	100,0

Table 3. Patient Satisfaction in Out Patient Department

Respondent Satisfaction	Frequency	Procentage (%)
Dissatisfied	51	58,6
Satisfied	36	41,4
Total	87	100,0

Although the average is below 30%, the indicators for patients who say "satisfied" include: the benefits of information, information on schedule controls, cleanliness and comfort, willingness to listen to complaints, and explanations about drugs.

As it is known satisfaction is the level of someone feels is a result of comparing the appearance or outcome of the product that is felt in relation to one's expectations (Syafurudin, 2011). Satisfaction is a feeling of pleasure or disappointment someone who appears after comparing between perceptions or impressions of the performance or results of a product and its expectations (Asmuji, 2012).

Customers will be satisfied if the service received is at least the same or more than expected. Thus,

they will reuse services that have been received. This is the cheapest but most effective marketing method. However, on the contrary if the service received by patients is below expectations, customers will feel dissatisfied (Asmuji, 2012).

According to Satrinegara (2014) that patient's satisfaction is a positive evaluation of diverse service dimensions. Patient's satisfaction is also a very subjective matter, difficult to measure, change, and many factors that influence as much as the dimensions of human life. Patient satisfaction is one of the most important things in maintaining the quality of hospital services. There are four aspects of quality that can be used as indicators of evaluating the quality of health services, namely as follows: 1). existing professional appearance (clinical aspect), 2. efficiency and effectiveness of service delivery based on resource use, 3). aspects of patient safety, security and comfort, and 4). satisfaction aspects of patients served.

The results showed that respondents had the perception that health workers did not have seriousness in providing services, which was indicated by poor punctuality, poor work discipline, and dirty equipment treatment. This became worse by discrimination in the services given by the officers.

Moeheriono (2009) stated that performance is an illustration to find out the level of achievement of an activity program or policy to achieve the goals, objectives, vision, and mission of the organization as outlined in the strategic planning of organization. Meanwhile, according to Bangun (2012) that performance is the result or the level of success of a person as a whole in a certain period to execute the tasks compared to various possibilities, such as standards of work results, targets, criteria that have been determined in advance and agreed upon. While according to Wibowo (2014), performance has a broader meaning, not only the results of work, but also including how the work process takes place. So, it can be concluded that the definition of performance is the result of one's work both in

quantity and quality that describes the duties and responsibilities given.

The results of the study indicate that the performance of health workers is not quite good for work discipline and clarity of providing information. Hospitals need to pay attention to the performance of officers especially in terms of discipline of working time by further inventorying the attendance of workers (both doctors and other officers).

The punctuality of treatment can reduce patient's discomfort for waiting and reducing complaints. Meanwhile the indicators of information clarity on the treatment results of some patients stated that it was unclear. Management should make an assessment by observing secretly or testing interpersonal communication skills between officers and patients.

Officers who are not good at interpersonal communication should be given further training. Based on the characteristics of respondents it is known that most respondents have secondary education so that communication techniques must be adapted to the patient's condition.

- Assurance: Penjelasan tentang obat & penggunaannya oleh farmasi

Table 4. Indicator Performance of Healthcare Workforce

Indicator	Frequency	Percentage (%)	
		Frequency	Percentage (%)
Not Good:			
- Disiplin ketepatan waktu kerja	68	74,7	
- Kejelasan pemberian informasi hasil pemeriksaan oleh petugas kesehatan	36	41,4	
Good:			
- Petugas kesehatan telah melakukan tugas sesuai dengan keahlian profesinya	100	100,0	
- Memberi tahu pasien untuk berkunjung kembali apabila penyakit diderita kambuh kembali	100	100,0	

Table 5. Indicator of Satisfaction in Outpatient Services

Indicator	Frequency	Percentage (%)	
		Frequency	Percentage (%)
Dissatisfied:			
- <i>Reliability</i> : Ketepatan waktu pelayanan oleh petugas kesehatan	83	95,9	
- <i>Responsiveness</i> : Kedisiplinan petugas kesehatan	82	93,8	
- <i>Tangibles</i> : Kebersihan peralatan kesehatan yang digunakan	83	95,9	
- <i>Emphaty</i> : Keadilan dalam pelayanan kesehatan oleh petugas kesehatan	83	95,9	
- <i>Assurance</i> : Kesungguhan dalam memberikan pelayanan kesehatan	73	83,5	
Satisfied:			
- <i>Reliability</i> : Manfaat informasi yang disampaikan oleh petugas kesehatan	20	23,7	
- <i>Responsiveness</i> : Pemberian informasi jadwal kontrol	19	21,6	
- <i>Tangibles</i> : Kebersihan dan kenyamanan tempat pemeriksaan	19	21,6	
- <i>Emphaty</i> : Kesediaan petugas kesehatan mendengarkan keluhan pasien	17	19,6	

Table 6. Performance of Healthcare Workforce Related with Satisfaction

Performance of Healthcare Workforce	Satisfaction			
	Less Satisfy		Satisfy	
	F	%	F	%
Not Good	29	76,3	9	23,7
Good	22	44,9	27	55,1

1.4. Relationship between Officer's Performance and Patient's Satisfaction

From table 6 it is known that there is a relationship between the performance of health workers with patient satisfaction with outpatient services (p-value = 0.003). The strength of the relationship between the performance of the officer and patient satisfaction was 3.955 (CI95% = 1.425 - 11.488) or the patient stated that the performance of "poor" health workers tended to be 4 times less satisfied with outpatient services.

The results of this study are in accordance with the opinion of Tjiptono (2015) which states that patient satisfaction is determined by several factors including performance (performance). Operational characteristics of core products purchased, for example speed, convenience and convenience of how health workers provide services, especially health care services at relatively fast healing times, ease in meeting patient needs and comfort given, namely by paying attention to cleanliness, hospitality and completeness of hospital equipment.

The results of this study are also in accordance with research by Ningrum (2014) which states that there is a relationship between the quality of BPJS health services and patient satisfaction

at the THT Clinic of Dr. Ramelan Surabaya (Pvalue = 0.002). Furthermore, the results of this study are also in accordance with the results of Hafid (2014) that there is a significant relationship between the performance of nurses on the level of satisfaction of Yankestis user in nursing services at Syech Yusuf Hospital, Gowa (Pvalue = 0.008).

Based on the results of the study and supported by the theory, and previous research, that the performance of health workers in performing health services is one of the determinants of satisfaction for patients at the Hospital. The performance of health workers in providing poor service can cause a low satisfaction of patient. Conversely, if the performance of health workers is good, it will provide high satisfaction. Therefore, to provide high satisfaction to patients, the performance of health workers needs to be improved. If the patients are satisfied, then they will be loyal customers, and they will recommend the Hospital to their neighbors or relatives who want to seek a treatment at Hospital.

Conclusion

Based on the results of univariate analysis and bivariate analysis that refers to the objectives and research hypotheses of 87 respondents, it can be concluded as follows:

1. The results of the study illustrate that 49 respondents (56.3%) had a good assessment of performance to health workers. This is because most respondents assess the performance of health workers in line with their field of work.
2. The results of the study illustrate that 51 respondents (52.1%) were not satisfied. This happens because most respondents feel the service has not been as expected.
3. There is a significant relationship between the performance of health workers and the satisfaction of BPJS patients in the outpatient

clinic of RSIA Harapan Mulia, Tangerang (Pvalue = 0.003). This shows that the performance of health workers is related to the satisfaction of BPJS patients, the better the performance of health workers, the more satisfied patients, or vice versa.

Suggestion

RSIA Harapan Mulia Tangerang Hospital must provide a further improvement for the quality of its health care workers performance by increasing the discipline, especially for doctors, and providing clear information about the results of patient treatments.

In order to increase patient's satisfaction, namely on the dimension of reliability is to provide punctual service, on the dimension of responsiveness is to be more disciplined in schedule, on the tangibles dimension is maintaining the hygiene of health equipment used, on the empathy dimension is to be fairer and not distinguish patients, and on the assurance dimension, is health workers and employees seriously provide health services to patients.

The results of this study can be used as a base to conduct a further research on the other factors that can affect a satisfaction of hospital patients such as economic status, education level, age, and etc.

Reference

- Al-Assaf, A.F. (2009). *Mutu Pelayanan Kesehatan (Perspektif Internasional)*. EGC: Jakarta.
- Asmuji. (2012). *Manajemen Keperawatan, Konsep dan Aplikasi*. Yogyakarta: Ar - Ruzz Media.

- Bangun, W. (2012). *Manajemen Sumber Daya Manusia*. Bandung: Erlangga.
- Budiman & Riyanto. (2013). *Kapita Selekta Kuisisioner Pengetahuan dan Sikap dalam Penelitian Kesehatan*. Jakarta : Salmba Medika.
- Gibson. (2008). *Manajemen Sumber Daya Manusia*. Jakarta: Erlangga.
- Hafid, M. A. (2014). *Hubungan Kinerja Perawat Terhadap Tingkat Kepuasan Pasien Pengguna Yankestis Dalampelayanan Keperawatan Di RSUD Syech Yusuf Kab. Gowa*. Makassar: Universitas Islam Negeri Alauddin Makassar.
- Hartati, N.Y. (2014). *Penilaian Kinerja RSUD Dr. Pirngadi Medan dengan Menggunakan Pendekatan Balanced Scorecard*. Medan: Unversitas Sumatera Utara.
- Hidayat, A.A.A. (2010). *Metode Penelitian Kebidanan & Teknik Analisis Data*. Jakarta: Salemba Medika.
- Kambong, M. dkk. (2013). *Hubungan antara Pelayanan Perawat dengan Kepuasan Pasien di Puskesmas Talawan Kecamatan Minahasa Utara*. Naskah Publikasi. Fakultas Kesehatan Masyarakat. Universitas Sam Ratulangi Manado
- Kemendes RI. (2009). *Sistem Kesehatan Nasional. Bentuk Dan Cara Penyelenggaraan Pembangunan Kesehatan*. Jakarta: Kemendes RI.
- Kemendes RI. (2010). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 340/Mendes/Per/III/2010*. Jakarta: Kemendes RI.
- Kemendes RI. (2013). *Peraturan Presiden Republik Indonesia Nomor 12 Tahun 2013 Tentang Jaminan Kesehatan*. Jakarta: Kemendes RI.
- Kemendes RI. (2014). *Peraturan Menteri Kesehatan Republik Indonesia No.30 Tahun 2014 Tentang Standar Pelayanan Kefarmasian di Puskesmas*. Jakarta: Departemen Kesehatan RI.
- Kotler, P. (2007). *Manajemen Pemasaran*. Jakarta: PT.Indeks.
- Mangkunegara, A. (2010). *Manajemen Sumber Daya Manusia Perusahaan*. Bandung: Remaja Rosdakara.
- Moehertonono. (2009). *Pengukuran Kinerja Berbasis Kompetensi*. Surabaya: Ghalia Indonesia.
- Mubarak, W. (2011). *Ilmu Kesehatan Masyarakat*. Jakarta: Salemba Medika.
- Muninjaya, A.A.G. (2011). *Manajemen Mutu Pelayanan Kesehatan*. Jakarta : EGC.
- Ningrum, M.R. (2014). *Hubungan Mutu Pelayanan Kesehatan BPJS Terhadap Kepuasan Pasien di Poli Klinik Thtrumkital Dr. Ramelan Surabaya*. Surabaya: STIKES Hang Tuah Surabaya.
- Notoatmodjo, S. (2012). *Metologi Penelitian Kesehatan*. Jakarta : Rineka Cipta.
- Nursalam. (2014). *Metodologi Penelitian Ilmu Keperawatan Pendekatan Praktis*. Jakarta: Salemba Medika.
- Parasuraman, A. (2005). *Delivering Quality Service*. The Free Press A Divission of Mac Millan inc, New York.
- Ratminto. (2008). *Manajemen Pelayanan, Pengembangan Model Konseptual: Penerapan Citizen's Charter dan Standar Pelayanan Minimal*. Pustaka Pelajar: Yogyakarta.
- Riyanto, Agus. (2011). *Pengolahan dan Analisis Data Kesehatan*. Yogyakarta : Nuha Medika.
- Satrinegara, F., (2014). *Organisasi Dan Manajemen Pelayanan Kesehatan: Teori Dan Aplikasi Dalam Pelayanan Puskesmas Dan Rumah Sakit*. Jakarta: Salemba Merdeka.
- Sedarmayanti. (2009). *Sumber Daya Manusia dan Produktivitas Kerja*. Bandung: CV. Mandar Maju.

- Simanjuntak, P.J. (2011). *Manajemen dan Evaluasi kinerja*. Jakarta: Fakultas Ekonomi UI
- Syafrudin, T.J. (2009). *Ilmu Kesehatan Masyarakat*. Jakarta: Trans Info Media.
- Syafrudin, T.J. (2011). *Manajemen Mutu Pelayanan Kesehatan Untuk Bidan*. Jakarta: CV. Trans Info Medika.
- Tjiptono, F. (2006). *Manajemen Jasa*. Yogyakarta : Andi.
- Tjiptono, F. (2015). *Total Quality Management*. Perpustakaan Nasional : Yogyakarta.
- Undang-Undang RI Nomor 44 Tahun 2009 Tentang Rumah Sakit. Jakarta.
- Wibowo, A. (2007). *Budaya dan Iklim Organisasi : Teori Aplikasi dan Penelitian*. Jakarta: Salemba Empat.
- Wibowo, A. (2011). *Budaya Organisasi: Sebuah Kebutuhan Untuk Meningkatkan Kinerja Jangka Panjang*. Jakarta: Rajawali Pers.
- Wibowo, A. 2014. *Kesehatan Masyarakat di Indonesia Konsep, Aplikasi dan Tantangan*. Jakarta: Raja Grafindo Persada.