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# PERSEPSI TERHADAP KUALITAS PELAYANAN PASIEN ASURANSI KESEHATAN NASIONAL DI RUMAH SAKIT SITTI KHADIJAH 1, MAKASSAR

## *(The Perception Of Quality Of Patient Service Using National Health Insurance (JKN) Among Cesarean Section Patient At Sitti Khadijah 1 Hospital Makassar)*

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***Abstract***

*The focus of the research in this study is the perception of the quality of service of National Health Insurance patients in cesarean section at Sitti Khadijah 1 Hospital, Makassar. This study aims to determine the perception of the quality of service of National Health Insurance patients with cesarean section. The approach used in this study is a quantitative approach with a survey method. This study uses an applied research design. The resource in this study was based on accidental sampling of 31 cesarean section patients plus 3 staff from Sitti Khadijah 1 Makassar Hospital. The result of the study showed that Tangibles is in the quality category with a total percentage of 45.16%. and nonequality by 6.45%. The reliability dimension is in the quality category with a total percentage of 48.39%. and quite good at 35.48%. The responsiveness dimension is in the quality category with a total percentage of 38.71%. and quite quality of 35.48%. In the aspect of the assurance dimension, the score obtained in the quality category with a total percentage of 51.61%. However, there were still respondents who gave unqualified answers of 3.22%. In the aspect of the emphaty dimension, the score obtained in the quality category with a total percentage of 61.29%. and nonquality by 6.45%.*

***Keywords:*** *Quality of service, cesarean section patients, Sitti Khadijah 1 Makassar*

***Abstrak***

*Fokus penelitian dalam penelitian ini adalah persepsi mutu pelayanan pasien Jaminan Kesehatan Nasional pada operasi caesar di RSUD Sitti Khadijah 1 Makassar. Penelitian ini bertujuan untuk mengetahui persepsi mutu pelayanan pasien Jaminan Kesehatan Nasional pada operasi caesar. Pendekatan yang digunakan dalam penelitian ini adalah pendekatan kuantitatif dengan metode survei. Penelitian ini menggunakan desain penelitian terapan. Sumber daya dalam penelitian ini berdasarkan accidental sampling sebanyak 31 pasien operasi caesar ditambah 3 orang petugas RSUD Sitti Khadijah 1 Makassar. Hasil penelitian menunjukkan bahwa Tangibles berada pada kategori baik dengan total presentase sebesar 45,16%. dan non-baik sebesar 6,45%. Dimensi kehandalan berada pada kategori baik dengan total presentase sebesar 48,39%. dan cukup baik sebesar 35,48%. Dimensi daya tanggap berada pada kategori baik dengan total presentase sebesar 38,71%. dan cukup bermutu sebesar 35,48%.*

*Pada aspek dimensi assurance skor yang diperoleh berada pada kategori bermutu dengan total presentase sebesar 51,61%. Namun masih terdapat responden yang memberikan jawaban wajar dengan jumlah presentase sebesar 3,22%. Pada aspek dimensi emphaty skor yang diperoleh berada pada kategori bermutu dengan total presentase sebesar 61,29%. dan tidak bermutu sebesar 6,45%.*

***Kata Kunci:*** *Kualitas layanan, pasien operasi caesar, Sitti Khadijah 1 Makassar*.

## 1. INTRODUCTION

Indonesia has implemented a National Health Insurance system for its citizens. This National Social Security System (SJSN) is administered through a mandatory Social Health Insurance mechanism based on Law No. 40 of 2004 concerning the National Social Security System.

Participants in the National Health Insurance (JKN) participants were entitled to various healthcare services at several healthcare facilities that partner with the Social Security Administration (BPJS). According to Law No. 44 of 2009 concerning Hospitals, hospitals, as referral-level health services, provide comprehensive individual health services, including inpatient, outpatient, and emergency care.

The JKN program ensures that registered participants receive healthcare without having to pay for treatment directly, as they pay a monthly premium to BPJS Kesehatan, or their premium is covered by the government if they fall under the category of Contribution Assistance Recipients (PBI).However, according to Minister of Health Regulation No. 69 of 2013, patients receive advanced-level referral health services based on service packages classified according to diseases known as Indonesian Case Based Groups (INA-CBGs). The JKN program's presence in Indonesia's healthcare system presents challenges for hospitals that partner with BPJS Kesehatan. The quality of patient service is a crucial issue for healthcare providers, particularly hospitals. In the current JKN era, hospitals must enhance the quality of patient care to remain competitive. Hospitals are required to assure JKN patients that the care provided is professional, without differentiating between general patients and JKN patients.

One of the laws that clarify public services in basic needs is Law No. 24 of 2011 concerning the Social Security Administration (BPJS), which states that the national social security system is a state program aimed at providing certainty of protection and social welfare for all citizens.

With the enforcement of this law, public demand for high-quality healthcare services has increased. Healthcare services are considered good and of high quality when the public receives clarity, certainty, safety, transparency of information, fairness, and timely service.The level of service quality cannot be assessed solely from the provider's (hospital's) perspective but must also be viewed from the consumer's (patient's) perspective.

A study conducted at the ENT polyclinic of the Navy Hospital in Surabaya reported a relationship between the quality of healthcare services tangibility, reliability, responsiveness, assurance, and empathy and the satisfaction of JKN patients.

In this study, 44% of patients considered the service to be of high quality, while 56% rated it as low quality. This was evidenced by several findings related to responsiveness, where doctors failed to address patients' complaints; reliability, where doctors did not arrive on time; and assurance and empathy, where doctors did not take the time to communicate effectively with patients (Ningrum, 2014:20).

Hospitals, as social organizations responsible for providing healthcare services to the public, are required to consistently deliver high-quality care to every patient who uses their services. Quality service can only be achieved if hospitals strive to meet the needs of their patients Indonesia, with its large population, faces quite complex health issues.

One of the prominent health phenomena in Indonesia is the high maternal and infant mortality rate. Every year, around half a million women and one and a half million newborns lose their lives due to complications during childbirth. Easy access and timeliness in reaching medical facilities to receive emergency obstetric and newborn care are crucial to saving both from the threat of complications (Manuaba, 2012:227-281).

A cesarean section (C-section) is a delivery performed through an incision in the abdominal wall and an intact uterus, with a fetal weight of >1000 grams or a gestational age of >28 weeks (Manuaba, 2012:259).

A C-section is performed when vaginal delivery poses a greater risk to the mother or fetus. The indications for a C-section can be absolute or relative. It involves delivering a baby weighing over 500 grams through an incision in the intact uterine wall (Wiknjosastro, 2005:133).

There are two ways for a pregnant woman to give birth: naturally or through a cesarean section, also known as a C-section. Some common reasons for requiring a C- section include: the mother is expecting twins, the mother has a medical history that doesn't support normal delivery (such as diabetes, high blood pressure, HIV, herpes, or placental issues), the baby is large while the mother's pelvis is small, the baby is in a breech position, or the labor process is too slow, depriving the baby of oxygen.

Additionally, the mother may have had a traumatic previous birth experience with a natural delivery. Natural childbirth, on the other hand, is a lengthy process that involves significant physical effort and can lead to fatigue. However, there are many advantages to giving birth naturally, such as being able to leave the hospital sooner and avoiding the risks associated with surgery.

The mother can also interact directly with the baby and start breastfeeding immediately after birth. Another benefit of natural birth is that the mother can engage with the baby right away and start exclusive breastfeeding as soon as possible after delivery.

The morbidity and mortality rates associated with cesarean sections are higher compared to vaginal deliveries. The mortality rate for cesarean sections ranges from 40 to 80 per 100,000 live births.

Cesarean section patients have a 25 times higher risk of death compared to those undergoing vaginal deliveries. In the BPJS era, obstetric and gynecological specialist services ensure that every pregnant woman at risk has the same right to access emergency cesarean services.

The imbalance between the increasing number of cesarean sections and the limited number of government hospitals makes private hospitals crucial. The role of private hospitals in supporting the government in fulfilling the BPJS mandate is vital, offering an alternative option for BPJS members to receive healthcare services beyond government hospitals. Given this mandate, private hospitals must continue to provide optimal services to the public, improving the quality of life and enhancing safety and comfort during hospital services, ensuring high-quality care in private hospitals.

Customer satisfaction is closely related to the quality of the products and services provided. Therefore, it is essential for hospitals to enhance the quality of their offerings, distinguishing themselves from competitors and improving their perception and positive image within society. By improving service quality, hospitals can increase customer trust in the community.

## 2. RESEARCH METHODE

The approach used in this research is a quantitative method with a survey design. The survey method involves conducting research on both large and small populations, with data collected from a sample of that population. This method aims to uncover relative events, distributions, and relationships between sociological and psychological variables.

The rationale for using this method is its relevance to the research goal, which is to describe the quality of services provided to JKN cesarean section patients at Sitti Khadijah 1 Hospital in Makassar.

Additionally, the researcher employed an applied research design. This type of research aims to provide practical solutions to specific problems. It does not focus on developing an idea, theory, or concept, but rather on applying the research to everyday life in a way that directly benefits hospital patients.

This study was conducted at Sitti Khadijah 1 Hospital in Makassar, focusing on the perception of service quality among JKN cesarean section patients. The location was chosen because it is the researcher's workplace and a facility that provides cesarean section services. Sitti Khadijah 1 Hospital in Makassar. Popualtion, Sample, and Technique Sampling

A. Population
   The population refers to the total number of cesarean section patients. In this study, the population consists of JKN cesarean section patients at Sitti Khadijah 1 Hospital in Makassar, totaling 209 patients as of June 2024.
B. Sample
   The research sample is a subset of the population selected as research subjects, acting as "representatives" of the population. The sample in this study consists of 31 JKN cesarean section patients, chosen between June 17 and June 25, 2024, at Sitti Khadijah 1 Hospital in Makassar.
C. Sampling Technique
   The sampling technique used in this study is accidental sampling, where the JKN cesarean section patients encountered by the researcher at Sitti Khadijah 1 Hospital were included.

Data Collection Techniques and Instruments
The data collection techniques used in this study are as follows:

A. Observation
   Observation is a systematic process of paying attention to visible phenomena. In this study, observations were made by directly observing the research subjects, enabling the researcher to assess the relevance of respondents' answers.
B. Questionnaire
   Questionnaire is a data collection technique that involves distributing a list of written questions to respondents to obtain accurate and objective data.
C. Interview
   An interview is a data collection technique conducted face-to-face by asking questions directly of the respondents related to the research subject, either through a questionand-answer session or a discussion. The selection of data sources in this study was based on specific considerations. In addition to JKN cesarean section patients who completed the questionnaires, interviews were also conducted with those responsible for providing cesarean section services.
D. Document Review
   Document review is a data collection method that involves gathering information through documents related to the variables being studied.

The data collection instruments used in this research are:

A. Observation Guide
   Observation activities involve direct observation of the ongoing research object to obtain accurate data on the aspects being studied and to assess the relevance of each informant's responses to the actual situation. Observations were conducted at Sitti Khadijah 1 Hospital in Makassar.
B. Questionnaire
   A questionnaire is a data collection technique that involves distributing a form containing a list of written questions to respondents to obtain accurate and objective data.
C. Interview Guide
   The interview guide aligns with the type of interview, which is conducted directly. It is structured based on indicators related to the researcher's framework and the aspects needed in this study. The guide will gather informants' opinions, which are then developed further according to the necessary information or data requirements.
D. Document Review
   Guide Document review is used to gather information and collect data at the research location to identify documents that support analysis and to examine the relevance between the actual situation and the existing documents.

Data Processing and Analysis Techniques
Data processing is carried out systematically, and the data is analyzed using descriptive quantitative methods. With attention to percentages, frequencies, and the number of respondents.

The results of the analysis of the questionnaire are compared with the findings from interviews, document reviews, and observations. Subsequently, the findings are presented according to the author's understanding.

The analysis used to evaluate the collected data is conducted using descriptive methods. The data collected is then reduced, presented (displayed), and concluded. The research work procedure outlines the steps to be taken during the implementation of this study.

The research timeline, from the initial phase to the completion of writing, will take four months, starting from April 2024 to August 2024. In the first week of April, a seminar for the research proposal will be conducted. Research will take place in June, followed by a seminar to present the research results in August.

This study was related to the Perception of Service Quality among JKN Cesarean Section Patients at Sitti Khadijah 1 Hospital in Makassar. To obtain accurate data, it is essential to identify informants who possess the necessary competence and align with the data requirements.

The aim of this research is to assess the Quality of Services for National Health Insurance (JKN) Cesarean Section Patients at Sitti Khadijah 1 Hospital in Makassar.

## 3. RESULT RESEARCH AND DISCUSSION

### 3.1 Result Research

A. TANGIBLES

Tangibles refer to the facilities and infrastructure that support the care of cesarean section patients during the recovery process at Sitti Khadijah 1 Hospital in Makassar. Facilities and infrastructure that can influence the perceptions of cesarean section patients in the tangibles dimension.

1) Patient Care Room
2) Medical Equipment
3) Room Cleanliness
4) Room Temperature
5) Communication Equipment Patient Responses to the tangibles dimension

Tabel 1: Responders' feedback on the Tangibles dimension
[Source: Processed primary data 2024]

| Category | Value | Mode | Percentage |
|---|---|---|---|
| Very Hight Quality | 25 | 2 | 6.45 |
| Quality | 20-24 | 1 | 45.16 |
| Quiet Quality | 15-19 | 13 | 41.94 |
| Not Qualified | 10-14 | 2 | 6.45 |
| Very Low Quality | 5-9 | 0 | 0 |
| Total | | 31 | 100 |

The results show that in the tangibles dimension, the majority of responses fall within the quality category with a percentage of 45.16%.

B. REABILITY

Reliability refers to the ability to provide cesarean section services accurately, in accordance with the promises made in the service standards of Sitti Khadijah 1 Hospital in Makassar. Abilities that can influence the perceptions of cesarean section patients in the reliability dimension.

1) Assurance of safety after he surgical procedure
2) Assurance of recovery time after surgery
3) Assurance of healthcare costs Patient responses to the realibility dimension

Tabel 2 : Responders' feedback on the Relibility dimension
[Source: Processed primary data 2024]

| Category | Value | Mode | Percentage |
|---|---|---|---|
| Very Hight Quality | 15 | 5 | 16.13 |
| Quality | 12-14 | 15 | 48.39 |
| Quiet Quality | 9-11 | 11 | 35.48 |
| Not Qualified | 6-8 | 0 | 0 |
| Very Low Quality | 3-5 | 0 | 0 |
| Total | | 31 | 100 |

In the reliability dimension, the majority of responses fall within the quality category, with a percentage of 48.39%.

C. RESPONSIVENESS

Responsiveness is the willingness or desire of the staff at Sitti Khadijah 1 Hospital in Makassar to meet the needs of patients undergoing Cesarean sections and to provide services sincerely and wholeheartedly without complaints.

1) Staf response time to meet the patient needs
2) Staf respon time during handling complain.
3) The patience of nurses in dealing with patients

Tabel 3 : Responders' feedback on the Responsiveness dimension
[Source: Processed primary data 2024]

| Category | Value | Mode | Percentage |
|---|---|---|---|
| Very Hight Quality | 15 | 8 | 25.81 |
| Quality | 12-15 | 12 | 38.71 |
| Quiet Quality | 9-11 | 11 | 35.48 |
| Not Qualified | 6-8 | 0 | 0 |
| Very Low Quality | 3-5 | 0 | 0 |
| Total | | 31 | 100 |

In the dimension of responsiveness, the most common responses fall into the quality category, with a percentage of 38.71%. This indicates the quality of service provided by Sitti Khadijah I Mother and Child Hospital in Makassar to patients undergoing Cesarean sections, particularly regarding staff responsiveness to patients.

However, it is important to note that there are still respondents who rated the service as adequately quality at 35.48%. Although this falls into the "adequate" category, Sitti Khadijah I Mother and Child Hospital should address this feedback to improve further. Based on interview results, it can be observed that, on average, patients provide positive feedback regarding the dimension of responsiveness, which means this standard should be maintained or improved even further.

D. ASSURANCE

Assurance includes the knowledge, politeness, and abilities of the nurses providing services at Sitti Khadijah 1 Hospital in Makassar in instilling confidence in patients undergoing Cesarean sections. The knowledge, politeness, and abilities of the nurses providing services can influence the perceptions of Cesarean section patients in the dimension of assurance.

1) The doctor's friendliness
2) The friendliness of the nurse
3) The The doctor's ability to reassure the patient that they are free from danger ,The doctor provides accurate information

Respondents Responses to the Assurance Dimension

Tabel 4: Responders' feedback on the Assurance dimension
[Source: Processed primary data 2024]

| Category | Value | Mode | Percentage |
|---|---|---|---|
| Very Hight Quality | 20 | 8 | 25.81 |
| Quality | 16-19 | 16 | 51.61 |
| Quiet Quality | 12-15 | 6 | 19.35 |
| Not Qualified | 8-11 | 1 | 3.22 |
| Very Low Quality | 4-7 | 0 | 0 |
| Total | | 31 | 100 |

The dimension of assurance, the most common responses fall into the quality category, with a percentage of 51.61%.

This indicates the quality of service provided by Sitti Khadijah I Mother and Child Hospital in Makassar to patients undergoing Cesarean sections, particularly regarding the knowledge, politeness, and abilities of the staff.

However, it remains important to address the fact that there are still respondents who rated the service as low quality at 3.22%. Although this percentage is very small, Sitti Khadijah I Mother and Child Hospital should respond to this feedback to make further improvements.

Based on interview results, it is evident that there are still complaints from patients, particularly regarding unclear information about medications not covered by BPJS, which forces patients to spend their own money to purchase these medications.

Clear information about medications not covered by BPJS is crucial to ensure transparency regarding costs and to avoid unnecessary purchases or potential exploitation.

E. EMPATHY

Empathy is the ability of the staff at Sitti Khadijah 1 Hospital in Makassar to provide individual attention to patients undergoing Cesarean sections. Providing attention can influence the perceptions of Cesarean section patients in the dimension of empathy.

1) The nurse understands the patients needs
2) The ease of communication
3) Individual attention

Tabel 5: Responders' feedback on the Empathy dimension
[Source: Processed primary data 2024]

| Category | Value | Mode | percentage |
|---|---|---|---|
| Very Hight Quality | 15 | 3 | 9.69 |
| Quality | 12-15 | 19 | 61.29 |
| Quiet Quality | 9-11 | 7 | 22.58 |
| Not Qualified | 6-8 | 2 | 6.45 |
| Very Low Quality | 3-5 | 0 | 0 |
| **Total** | | **31** | **100** |

In the dimension of empathy, the most common responses fall into the quality category, with a percentage of 61.29%.

This indicates the quality of service provided by Sitti Khadijah I Mother and Child Hospital in Makassar to patients undergoing Cesarean sections, particularly regarding the staff's ability to give attention to patients. However, it is important to note that there are still respondents who rated the service as low quality at 6.45%. Although this percentage was very small, Sitti Khadijah I Mother and Child Hospital should respond to this feedback to improve further.

Based on interview results, patients hope for the availability of communication devices in the patient rooms, allowing them to call nurses without having to go to the nurses' station. This is especially necessary when the patient's attendants are not present in the room. The average score on the quality of service for JKN patients undergoing cesarean section at Sitti Khadijah 1 Muhammadiyah Maternity and Children's Hospital (RSIA) Makassar.

Tabel 6: Responders feedback of Quality JKN patient services for cesarean section
[Resource : Results of processed primary 2024]

| Category | Value | Mode | Presentage |
|---|---|---|---|
| Very Hight Quality | 90 | 1 | 3.23 |
| Quality | 72-89 | 16 | 51.61 |
| Quiet Quality | 54-71 | 13 | 41.94 |
| Not Qualified | 36-53 | 1 | 3.23 |
| Very Low Quality | 18-35 | 0 | 0 |
| Total | | 31 | 100 |

Based on table 29, it can be concluded that the JKN patient service for cesarean section at Sitti Khadijah 1 Muhammadiyah Makassar Mother and Child Hospital (RSIA) falls into the quality category with a percentage of 51.61%. However, it is important to note that there are still categories that are not of quality. This needs to be addressed by the management of Sitti Khadijah 1 Makassar Hospital with the hope of achieving the highest category of very highquality.

## 3.2 Discussion

A. Tangibles
Refer to the physical facilities or supporting infrastructure for services. The presence of tangibles can change patients' perceptions by improving the supporting infrastructure for Cesarean section services, which includes: patient rooms, medical equipment, cleanliness of the rooms, room temperature, and communication tools.

B. Reliability
Refers to the ability to provide accurate services. In the context of health care for Cesarean section patients, reliability can change patients' perceptions by ensuring that Cesarean section services are delivered accurately, in accordance with the promised standards of care. This can be achieved through assurance of safety,assurance of recovery time. Clarity on health costs.

C. Responsiveness
Refers to the willingness to assist patients and provide services sincerely. By enhancing responsiveness, patient perceptions can be positively influenced through the following actions speed in meeting needs, prompt handling of complaint,nurse patience.

D. Assurance
Refers to the knowledge, politeness, and competence of healthcare providers in instilling confidence in service users. By enhancing assurance, patient perceptions can be positively influenced through the following attitudes friendliness of nurses, doctor’s ability to reassure, provision of accurate information.

E. Empathy
Refers to the ability to provide individual attention to patients in deliverin healthcare services. By enhancing empathy,patient perceptions can be positively influenced through understanding patient needs, maintain communication. providing individualized and emotional care.

This result of this research can be concluded that the quality of service for JKN cesarean section patients at Sitti Khadijah 1 Maternity and Children's Hospital Makassar falls into the quality category, with a percentage of 51.61%."

This is consistent with previous research by Parasuraman et al. (1988) conducted research on service quality and developed the SERVQUAL model, which demonstrates that the gap between patient expectations and perceptions of service quality

can impact satisfaction. High service quality enhances patients positive perceptions

## 4. CONCLUSION

A. the score in the quality category is 45.16%. However, there are still respondents who provided answers in the non-quality category at 6.45%. which experienced humidity, the less clean floor in the class 3 cesarean section patient room, and the less ergonomic room arrangement resulting in uneven temperatures in the room

B. In the aspect of the Reliability dimension, the score obtained in the quality category is 48.39%. However, there are still respondents who provided fairly good answers at 35.48%.

C. In the aspect of the responsiveness dimension, the score obtained in the quality category is 38.71%. However, there are still respondents who provided answers in the fairly quality category at 35.48%.

D. In the aspect of the assurance dimension, the score obtained in the quality category is 51.61%. However, there are still respondents who provided non-quality answers amounting to 3.22%.

E. In the aspect of the empathy dimension, the score obtained in the quality category was 61.29%. However, there were still respondents who provided unqualified answers, amounting to 6.45%.

F. On the Aspect of Quality of JKN Cesarean Section Patient Services at Sitti Khadijah 1 Hospital in Makassar, the highest cumulative percentage is in the quality category at 51.61%. However, there is a non-quality category with a percentage of 3.23%. Although this percentage is small, it requires the attention of the management of Sitti Khadijah 1 Hospital in Makassar to improve the quality of services and to serve as a reference for the five dimensions mentioned above, with the hope that the highest results achieved will be in the very high-quality category.

The recommendations for Sitti Khadijah 1 Hospital in Makassar, particularly for the cesarean section department:

1. Redesign a Patient Rooms: Improve patient rooms to prevent humidity and mold growth, and replace curtains to ensure even temperature distribution throughout the room. This will help avoid discomfort for patients, reducing anxiety and sleep disturbances.
2. Establish Transparent Payment Standards: Set clear payment standards outside of the JKN (National Health Insurance) system to enhance service transparency and prevent unauthorized charges. Additionally, establish standard procedures for cesarean section care to provide patients with assurance regarding their treatment and safety.
3. monitoring and supervision to a staff: Conduct regular Supervision of hospital staff to ensure that each employee provides prompt and patient care.
4. Maintain a Friendly Attitude: Encourage doctors and nurses to maintain a friendly demeanor. Consider implementing a reward system to motivate staff to continue providing courteous service. Moreover, clearly explain the costs of medications not covered by BPJS (Health Insurance) to patients to ensure transparency and avoid unsubstantiated charges.
5. Provide Communication Tools in Patient Rooms: Equip patient rooms with communication devices so that patients can easily call for nurses without needing to leave their rooms. This is especially important when patient guardians are not present.

The following are suggestions for future researchers

1. Future researchers who will conduct similar studies may consider expanding the research objectives and focusing more specifically on the aspects to be investigated.
2. Researchers should ensure a clear understanding of the focus of their study by reviewing more literature related to the research topic.
3. It is recommended that future researchers improve their attention to detail, particularly in terms of the completeness of the data collected.

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