SATISFACTION OF NON-COVID-19 PATIENTS UNDER NATIONAL HEALTH INSURANCE (JKN) IN CHANGES IN HEALTH SERVICES DURING THE COVID-19 PANDEMIC AND ASSOCIATED FACTORS

Istianah Surury[1*], Luthfiah Haifah Ali[1], Nastiti Dyah Prastiwi[1]

[1] Department of Public Health, Faculty of Public Health, University of Muhammadiyah Jakarta

* correspondence: istianah.surury@umj.ac.id

Abstract

Currently, health care services follow the first edition of the COVID-19 Prevention Guidelines from the Indonesian Health Ministry. Therefore, health care services should continue to deliver services equally between COVID-19 patients and general patients. Since the onset of the COVID-19 pandemic, a non-COVID-19 patient satisfaction survey has not been conducted at the hospital. Inpatient services are the most affected by COVID-19 because large capacity of bed is allocated for COVID-19. The aims of this study is to determine the level of satisfaction of non-COVID-19 patients under JKN and its associated factors regarding the changes in health care services during the COVID-19 pandemic. This study is observational and quantitative, using primary data with a cross-sectional design study. The sample was 86 people selected using total sampling. The obtained data was analyzed using univariate and bivariate analysis. The result showed there was a relationship between service changes (p=0.000), there was no relationship between age (p=0.254), gender (p=0.183), educational attainment (p=0.528), occupation (p=0,135), JKN membership (p=1,000), inpatient ward class (p=0.168), and satisfication of patients under JKN. Dependent T test analysis obtained a value of 0.000, meaning a significant difference between reality and the patient expectations. The servqual calculation showed the results of gab=-1.05 and an average suitability rate of 71%. The quality of health services is not meeting patient expectations, and changes in services during the COVID-19 pandemic are still not in accordance with the procedures. The hospital is expected to improve the quality of services during the COVID-19 pandemic.

Keywords: JKN Patient Satisfaction, Health Service Changes, Health Service Quality

Abstrak

Pelayanan kesehatan saat ini mengikuti Pedoman Pencegahan COVID-19 edisi pertama dari Kementerian Kesehatan Indonesia. Oleh karena itu pelayanan kesehatan dituntut agar tetap memberikan pelayanan yang merata antara pasien COVID-19 dan pasien umum. Sejak pandemi COVID-19, survei kepuasan pasien non-COVID-19 di rumah sakit belum dilakukan. Layanan rawat inap paling terdampak COVID-19 karena alokasi kapasitas tempat tidur Sebagian besar digunakan untuk COVID-19. Tujuan penelitian ini untuk mengetahui tingkat kepuasan pasien BPJS (Non-COVID-19) dan faktornya terhadap perubahan pelayanan kesehatan pada masa pandemi COVID-19. Penelitian ini merupakan penelitian kuantitatif observasional, menggunakan data primer dengan desain studi cross-sectional. Sampel sebanyak 86 orang menggunakan total sampling. Analisis yang dilakukan adalah univariat dan analisis bivariat. Hasil studi menunjukkan ada hubungan antara perubahan pelayanan (p=0,000) dan tidak terdapat hubungan antara umur (p=0,254), jenis kelamin (p=0,183), pendidikan (p=0,528), pekerjaan (p=0,135), kepesertaan JKN (p=1,000), kelas rawat inap (p=0,168), dengan kepuasan pasien JKN. Analisis uji t-dependen didapatkan nilai 0,000, berarti ada

perbedaan yang signifikan antara kenyataan dan harapan pasien. Perhitungan Servqual menunjukan hasil gab=-1,05 dan rata-rata tingkat kesesuaian 71%. Kualitas pelayanan kesehatan tidak sesuai dengan harapan pasien dan perubahan pelayanan pada masa pandemic COVID-19 juga masih belum sesuai. Rumah Sakit diharapkan dapat meningkatkan kualitas pelayanan pada masa pandemi COVID-19.

Kata Kunci: *Kepuasan Pasien BPJS, Kualitas Pelayanan Kesehatan, Perubahan Pelayanan Kesehatan*

INTRODUCTION

Patient satisfaction is one of the leading indicators of a hospital standard and a measure of service quality (Vianti, 2016). In its operation, the hospital provides various types of services, one of which is inpatient services. The inpatient service itself is an installation that offers services to always pamper patients by providing the best service. Patients will also always demand excellent and good-quality service from time to time continuously (Kasnaini, Palutturi, and Ahri, 2018). A patient's satisfaction can be measured using the dimensions of the quality of health services, consisting of 1) Tangible (Direct Evidence), which includes physical facilities, equipment, employees, and means of communication. 2) Reliability, which means providing satisfactory service accurately. 3) Responsiveness (Responsiveness), which means providing services quickly and responsively. 4) Assurance, which is the ability to provide service assurance. 5) Empathy, which means providing services with complete care and attention. Such a measurement is known as the service quality method (SERVQUAL) (Parasuraman, Zeithaml, and Berry, 1985). In carrying out health services, various problems will also arise. The problem that often occurs in hospitals is that they have not provided a courtesy or service expected by patients (Basri and Leoganda, 2016). Therefore, the World Health Organization (WHO, 2020) states that every country must organize health insurance for all its citizens to have access to the health services they need at any time without financial difficulties. This effort focuses on the prevention and treatment, of disease, and improving well-being and quality of life.

In Indonesia, on January 1, 2014, a Healthcare and Social Security Administrative Body (BPJS Kesehatan) was established with the same objective as the statement of the World Health Organization, which is to develop health insurance for the entire population. BPJS also provides several health facilities for its participants, one of which is the Advanced Level Referral Health Facility (FKRTL). A total of 2,312 hospitals in Indonesia are available as Advanced Level Referral Health Facilities (FKRTL).(BPJS Kesehatan, 2020).

The quality of health services must be maintained in any situation, given the current condition of the COVID-19 pandemic, which is the biggest challenge for health services to continue to meet the demands of the community. Since WHO officially stated that COVID-19 was a global pandemic on March 11, 2020 (Sidauruk, Kurniati, and Sabri, 2020), as of March 22, 2021, the number of confirmed COVID-19 positive have reached 122,822,505 cases with 2,079,041 deaths (CFR 1.69%). In Indonesia, on March 22, 2021, there were 1,460,184 confirmed cases of COVID-19 with 39,711 deaths (CFR 2.71%). The South Tangerang area is one of 7 regions in the Greater Jakarta area with a significant increase in cases. It recorded that on March 22, 2021, there were 9,146 confirmed cases with 360 deaths (CFR 3.93%), along with the increasing number of issues affecting the growing need for isolation rooms for COVID-19 patients.

Experience at the Cleveland Clinic shows that to continuously improve service quality during the COVID-19 pandemic, a quick PDSA (Plan-Do-Study-Act) approach is needed. Leadership at all levels can coordinate and develop protocols and implement changes (Oesterreich, 2020). In Indonesia itself, to

maintain good-quality services, the Indonesian Ministry of Health made the first edition of the Corona Virus Disease-19 Prevention Guide so that health services continue to provide good-quality services according to standards to maintain patient satisfaction despite conditions during the COVID-19 pandemic.

Since the implementation of physical distancing and Large-Scale Social Restrictions (PSBB) on March 2020, there was a decrease in patients at Cicendo Eye Hospital as much as 67.9% from March to April 2020. The decrease in patient visits in April occurred in all departments, such as in the pavilion, emergency room, lasik, inpatient, and outpatient departments. The encouragement to the public to keep their distance, avoid crowds, and the advice to stay at home resulted in a change in the flow of the health service process during the COVID-19 pandemic. The existence of COVID-19 policies in the form of screening, service procedures, and the changing flow of the service process is thought to also affect patient satisfaction and the quality of nursing services (Astari, Noviantani and Simanjuntak, 2021).

From the Public Satisfaction Index (IKM) data obtained, it can be seen that the Brebes Hospital with a sample of 60 people obtained IKM value of 81.13 which means the public satisfaction is very good. In the previous year, the Brebes Hospital also obtained a good IKM value, this means that the Brebes Hospital in 2020 had an increasing IKM. Meanwhile, the IKM value of Bumiayu Regional Public Hospital with a sample of 100 people was 80.77, which means it was in the "good" category. In 2020, the Bumiayu Hospital also experienced an increase, from what was previously bad to good. From the results of the survey, it can be concluded that the quality of services in public service agencies in the health sector during the pandemic did not decrease and even increased. This is because the hospital during the pandemic are required to be able to improve the quality of their services to comply with the COVID-19 handling standards, and even hospitals that still lack supporting facilities and infrastructure are assisted by the government in order to meet the standards (Ariyani, 2021).

Satisfaction of patients under JKN in health services during the COVID-19 pandemic needs to be considered and it is necessary to eplore whether the reduction in bed capacity will affect patient satisfaction during the COVID-19 pandemic as it is now. Low patient satisfaction will have an impact on the number of visits to the hospital. In addition, employee attitudes will also affect patient satisfaction. If employees provide satisfactory service, it will increase patient visits. Since the onset of COVID-19 pandemic in 2020, a non-COVID-19 patient satisfaction survey has not been conducted at hospital. Based on data compiled from the South Tangerang City Health Office, the Bed Occupancy Ratio (BOR) percentage has reached 70-80%. The COVID-19 pandemic has caused a decrease in the number of patient visits, and this happened because there were changes in the flow of the health service process, limitation of the number of patients to avoid crowds, as well as the implementation of standard prevention measures, early identification, and control of virus sources (Kemenkes, 2020). One of the hospitals that accept COVID-19 patients in South Tangerang has a bed capacity of 20 beds for COVID-19 isolation, two ICU beds for COVID-19, and 63 beds for general patients. There is a reduction in available beds patients as many as eight beds. Before the COVID-19 pandemic, a satisfaction survey of inpatients at that hospital was conducted, and showed an average satisfaction score of 93.7% in 2019.

Inpatient services are the most affected by COVID-19 because large capacity of beds is allocated for COVID-19. Therefore, the researchers are interested in analyzing factors relating to the level of satisfaction of non-COVID-19 patients under JKN with changes in health services during the COVID-19 pandemic in inpatient department at Hospital X, Pamulang, South Tangerang City, in 2021.

METHOD

This study is a quantitative observational study, using primary data with a cross-sectional design. The study was carried out from May to June 2021. The population in this study was patients under JKN at the inpatient installation Hospital X, Pamulang, South Tangerang City. The sample was 86 people and obtained using total sampling, because all inpatients under JKN Hospital X met the inclusion criteria as sample. The analysis carried out in this study was univariate analysis to see average value and proportion of each variable. Bivariate analysis used the chi-square test, logistic regression, linear regression, and servqual calculation (α = 0.05), and measured the strength of the relationship by calculating Odds Ratio (OR).

RESULT

Based on the research that has been done, the results obtained using univariate analysis and bivariate analysis as follows:

Univariate Analysis

Table 1. Univariate Analysis of Characteristics

Variable	Amount (n) = 86	Percentage = 100%
Age		
< 34 years old	44	51.2
> 35 years old	42	48.8
Gender		
Man	38	44.2
Woman	48	55.8
Education		
No school	3	3.5
SD	6	7.0
Junior High School	8	9.3
Senior High School	52	60.5
Bachelor	17	19.8
Work		
Does not work	14	16.3
Student	11	12.8
Housewife	26	30.2
Entrepreneur	14	16.3
PNS/TNI/POLRI	6	7.0
Etc	15	17.4
Inpatient Class		
Grade 1	15	17.4
Grade 2	32	37.2
Grade 3	39	45.3
JKN membership		
Non-PBI (Not Recipient Dues Assistance)	51	59.3
PBI (Recipient of Contribution Assistance	35	40.7

Table 1 shows the age distribution of the 86 respondents. Most of the respondents, or as many as 44 respondents (51.2%) were in the 0-34 years age group and 48 respondents (55.8%) were women. Based on the data above, 52 respondents (60.5%) have high school educational attainment.

The data show the distribution of inpatient ward classes from a total of 86 respondents. The majority of respondents or as many as 39 respondents (45.3%) were in the third class of inpatient ward. For comparison, the number of respondents who were treated in the second class of inpatient ward was 32 (37.4%), and the number of respondents who were treated in the

first class of inpatient ward was 15 (17.4%). Based on data on the distribution of JKN membership from 86 respondents, most of the respondents, as many as 51 people (59.3%), were not public assistance recipients (Non-PBI), while the number of respondents who were public assistance recipients was 35 (40.7%).

Table 2. Univariate Analysis of Service Satisfaction & Change

Patient Satisfaction	Amount (n) = 86	Percentage = 100%
Not satisfactory	28	32.6
Satisfying	58	67.4
Service Change		
Not accordance	39	45.3
In accordance	47	54.7

Based on the data in Table 2 on, the distribution of overall patient satisfaction from 86 respondents, the majority of respondents, 58 respondents (67.4%), were satisfied and the number of respondents who were not satisfied was 28 (32.4%). Based on the data above on, the distribution of changes in services perceived by 86 respondents, the majority of respondents, or 47 people (54.7%), felt that the service change was in accordance with the COVID-19 Prevention Guidelines and 39 respondents (45.3%) felt that the service change was not in accordance with the COVID-19 Prevention Guidelines.

Bivariate Analysis

Table 3. Calculation of Servqual

Dimension	Statement	Hope Rating	Reality Assessment	Y	X	%	Gap (*Servqual Score*)	Dimensions Average	
								Hope	Reality
Physical Evidence (Tangible)	The registration officer provides clear information about the flow of services that apply at this hospital	341	269	3.96	3.12	79	-0.84	3.95	2.79
	The registration officer provides clear information regarding the availability of BPJS inpatient rooms	340	266	3.95	3.09	77	-0.86		
	You don't need a long time when you want to book an inpatient room at this hospital	337	211	3.91	2.45	63	-1.46		
	The waiting room at registration or in the emergency room is clean and comfortable	338	243	3.93	2.82	66	-1.11		
	You are satisfied with the facilities that are already available in the BPJS inpatient room	341	211	3.96	2.45	62	-1.51		
	Health workers maintain the cleanliness of the medical equipment used	341	266	3.96	3.09	78	-0.87		
Reliability	The registration officer provides clear information to you or	341	268	3.96	3.11	78	-0.85	3.95	3.04

	your family before the service is provided								
	Health workers use easy-to-understand language when communicating with you	340	272	3.95	3.16	80	-0.79		
	Health workers provide clear information, things that must be obeyed by you while carrying out inpatient treatment at this hospital	340	266	3.95	3.09	78	-0.86		
	Health workers provide services carefully, and as promised	340	256	3.95	2.97	75	-0.98		
	You trust that the attending doctors and nurses can handle your case properly	339	248	3.94	2.88	73	-1.06		
Responsive-ness	As soon as you arrive at the hospital as an inpatient, health workers immediately provide treatment	353	222	4.10	2.58	63	-1.52	4.04	2.90
	When receiving BPJS inpatients, they are served quickly and without being complicated	353	254	4.10	2.95	70	-1.15		
	Doctors and nurses on duty are responsive in dealing with patients' health	340	252	3.95	2.93	74	-1.02		
	Doctors and nurses on duty come immediately if the patient is needed	344	239	4.00	2.77	69	-1.23		
	Health workers are willing to help you or your family when performing laboratory services (if yes)	337	283	3.91	3.29	84	-0.62		
	Health workers are willing to help you or your family when performing x-ray services (radiology) (if yes)	337	156	3.91	2.97	46	-0.94		
Guarantee (Assurance)	Health workers provide guarantees of healing that will be obtained while being treated at this hospital	341	258	3.96	3.00	76	-0.96	3.94	2.70
	You are satisfied with the fees that have been issued with the doctor and nurse services that have been carried out (if non-PBI)	340	229	3.95	2.66	67	-1.29		
	The services provided at this hospital have met the standards of nursing care	339	248	3.94	2.88	45	-1.06		

	You feel secure (trust) in the services provided	338	253	3.93	2.94	77	-0.99		
	Health workers provide services in a polite, kind, and friendly manner	356	272	4.13	3.16	76	-0.97		
Attention (Empathy)	Health workers provide the same service, not distinguishing between general patients and BPJS patients	342	213	3.97	2.47	65	-1.58	3.96	2.94
	Health workers encourage you to get well soon and pray for him	341	269	3.96	3.12	79	-0.84		
	Health workers listen to your complaints or your family	341	264	3.96	3.06	77	-0.90		
	Health workers understand your needs and provide solutions	341	258	3.96	3.00	76	-0.96		
	Average			**3.97**	**2.92**	**71**	**-1.05**		

From table 3, it was known that patient satisfaction at Hospital X, seen from the five dimensions of Servqual, had a satisfaction value of 2.92 and an expected value of 3.97 so there was a gap of -1.05 with an average level of conformity of 71%. This gap occurred because patient expectations for the quality of the hospital were not met.

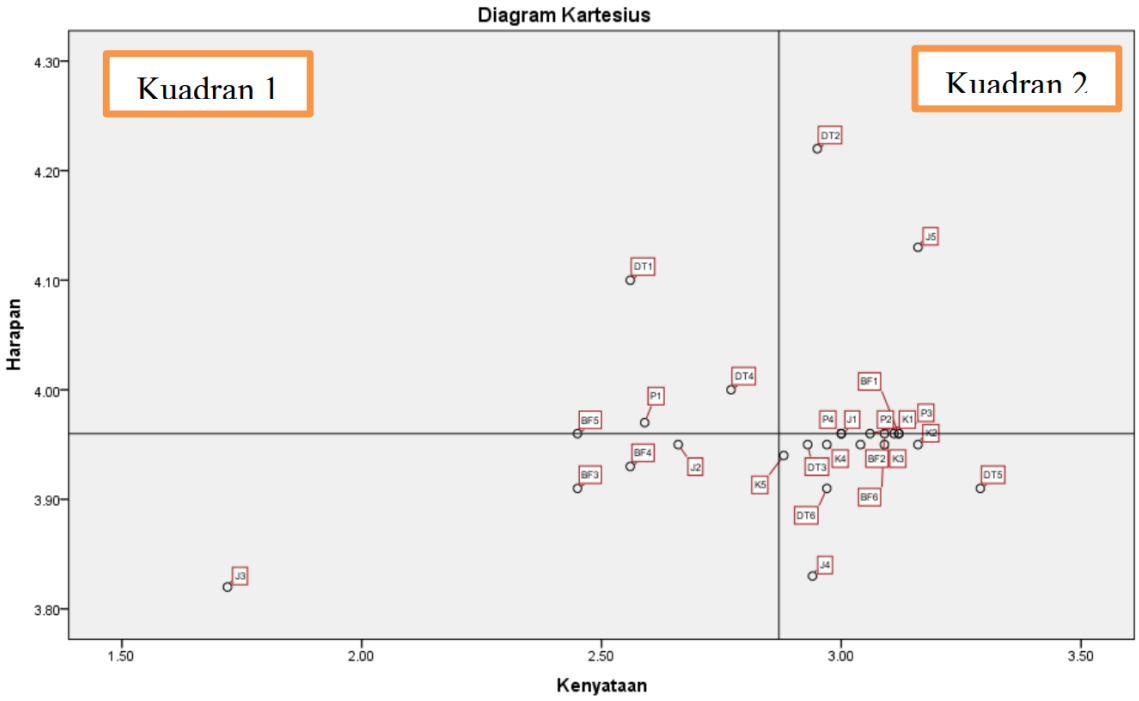

Figure 1. Cartesian Diagram

The results of the Cartesian diagram analysis of satisfaction of patients under JKN in the inpatient

installation are as follows; (1) Quadrant 1 (Main Priority) is the main item or factor that the hospital must carry out to influence patient satisfaction and strive to meet patient expectations. In quadrant one above, the main priorities are; (a) responsiveness, demonstrated by the health workers immediately providing treatment as soon as the patient arrives at the hospital, and the doctor and nurse on duty directly coming if the patient needs them; (b) attention (empathy), demonstrated by health workers providing the equal services, not distriminating between general patients and patients under JKN; (c) physical evidence (tangible), which tends to be the main priority. Patients are satisfied with the facilities that are already available in the inpatient room.

Quadrant 2 (Preserved Achievement) is an item or factor for which accomplishments or achievements must be kept because the patients are satisfied with the health services provided during hospitalization. Quadrant 2 above consists of (a) Responsiveness; and (b) Guarantee (Assurance). Quadrant 3 (Low Priority) is an item or factor considered unimportant for the patient, and the implementation is normal. The third quadrant at the top consists of Physical Evidence (Tangible) and Guarantee (Assurance).

Quadrant 4 (Excessive) is an item or factor considered excessive in its implementation, mainly because the patient feels it is not too essential, but the hospital implements it very well. Quadrant 4 above consists of; (a) Physical Evidence (Tangible), including clear information on room availability and maintaining the cleanliness of medical equipment; (b) Reliability, including use of easy-to-understand diction, clear information regarding things that must be obeyed while being a patient, careful and appropriate service, doctors and nurses on duty who can handle health cases; (c) Responsiveness, including responsive doctors and nurses, help perform laboratory services, and assist in performing radiology services; and (d) Guarantee (Assurance), guaranteed safety in the services provided.

Table 4. Results of Characteristic Bivariate Analysis

Variable	JKN Patient Satisfaction						OR (95% CI)	P-*v*
	Not Satisfied		Satisfied		Total			
	n=44	%	n=42	%	N=86	%		
Age								
< 34 years old	20	45.5	24	54.5	44	100.0	0.6 (0.2-1.4)	0.385
35 years old	24	57.1	18	42.9	42	100.0		
Gender								
Man	19	50.0	19	50.0	38	100.0	0.9 (0.3-2.1)	1,000
Woman	25	52.0	23	47.9	48	100.0		
Education								
Low education	6	66.7	3	3.33	9	100.0	2.0 (0.4-8.8)	0.528
Higher education	38	49.4	39	50.6	77	100.0		
Work								
Does not work	30	58.8	21	41.2	51	100.0	2.1 (0.8-5,1)	0.135
Work	14	40.0	21	60.0	35	100.0		
Inpatient Class								
Class 1	3	20.0	12	80.0	15	100.0	1.4 (0.8-2.6)	0.168
Grade 2	21	65.6	11	34.4	32	100.0		
Grade 3	20	51.3	19	48.7	39	100.0		
JKN Insurance Type								
Non-PBI (No Recipient Help Dues)	25	49.0	26	51.0	51	100.0	0.8 (0.3-1.9)	0.795
PBI (Recipient Dues Assistance)	11	31.4	24	68.6	35	100.0		
Service Change	**n=28**	**%**	**n=58**	**%**	**N=86**	**%**	**OR (95% CI)**	**P-*v***
It is not in accordance with	30	76,9	9	23,1	39	100,0	7,8 (2,9-20,7)	0,000

In accordance	14	29,8	33	70,2	47	100,0

The analysis of the relationship between age and level of satisfaction showed that the majority of respondents in the <34 years age group, or as many as 24 (54.4%) respondents said they were not satisfied and as many as 20 (45.5%) respondents said they were satisfied. The results of the Chi-Square statistical test with Continuity Correction (a) obtained p = 0.385, so it can be stated that there was no significant relationship between age and satisfaction.

The analysis of the relationship between gender and satisfaction level showed that most female respondents, or as many as 25 (52.1%) respondents said they were not satisfied. As many as 23 (47.9%) said they were satisfied. The results of the Chi-Square statistical test with Continuity Correction (a) obtained p = 1,000, so it can be stated that there was no significant relationship between gender and level of satisfaction.

The analysis of the relationship between educational attainment and satisfaction level showed that most respondents with higher education, 38 (49.4%) respondents said they were not satisfied and 39 (50.6%) said they were satisfied. Chi-Square statistical test results with Continuity Correction (a) obtained p = 0.528, and it can be stated that there was no significant relationship between educational attainment and the level of satisfaction.

The analysis of the relationship between occupation and the level of satisfaction showed that most respondents did not work. As many as 30 (58.8%) respondents said they were not satisfied, and as many as 21 (41.2%) respondents said they were satisfied. Chi-Square statistical test results with Continuity Correction (a) obtained p = 0.135. It can be stated that there was no significant relationship between occupation and level of satisfaction.

The analysis of the relationship between the inpatient ward class and the level of satisfaction showed that 3 (20.0%) respondents in the first class of inpatient ward said they were not satisfied. As many as 12 (80.0%) respondents in the first class of inpatient ward said they were satisfied. Meanwhile, 21 (65.6%) respondents who were in the second class of inpatient ward said they were not satisfied and as many as 11 (34.4%) respondents in the same class said they were satisfied. As many as 20 (51.3%) respondents who were in the third class of in inpatient ward said they were dissatisfied and as many as 19 (48.7%) respondents who were in the same class said they were satisfied. The Logistic Regression statistical test results obtained p = 0.168, so it can be stated that there was a significant relationship between the inpatient class and the level of satisfaction. The results of the further analysis found that OR (Odds Ratio) = 1.4 means that respondents in class 1 tend to feel more satisfied with odds 1.4 times greater than respondents in classes 2 and 3.

The results of the analysis of the relationship between JKN membership and satisfaction level showed that the majority of respondents participating in JKN *Non-PBI* (Not as Public Assistance Recipients), or as many as 25 (49.0%) respondents said they were not satisfied and as many as 26 (51.0%) respondents said they were satisfied. The results of the Chi-Square statistical test with Continuity Correction (a) obtained p = 0.795, so it can be stated that there was no significant relationship between JKN membership and satisfaction levels.

The results of the analysis of the relationship between service changes and satisfaction levels showed that the majority of respondents who felt that service changes were not “in accordance with patient expectations, as many as 30 (76.9%) respondents said they were not satisfied and as many as 9 (23.1%) respondents said they were satisfied. The results of the Chi-Square statistical test with Continuity Correction (a) obtained p = 0.000, so it can be stated that there was a significant relationship between service changes and satisfaction levels.

Table 5. Dependent T-Test Analysis

Variable	Mean	SD	SE	P-Value	N
Evaluation					
Total Reality	73.70	9,191	0.991	0.000	86
Total Expectations	102.74	4,517	0.487		

The average score of absolute reality was 73.70, with a standard deviation of 9.191. The assessment of total expectations obtained an average of 102.74 with a standard deviation of 4.517. It can be seen that the mean difference between the total reality and the total expectation was 29,047, with a standard deviation of 11.365. The statistical tests obtained a value of 0.000, so it can be concluded that there was a significant difference between the total perceived reality and the total patient expectations.

DISCUSSION

The analysis of the relationship between inpatient ward classes and satisfaction of patients under JKN showed that the majority of satisfied respondents were in the third class. The results of Logistic Regression test concluded that there was a significant relationship between class inpatient ward class and satisfaction of patients under JKN. This study is not in line with Ripha's research (2018) which showed that the treatment ward class affects patient satisfaction, so the hypothesis is accepted. However, in this study, t-test was performed with a significance value of 0.000 < 0.05. This result is supported by the research of Fitriayanah, Noer'aini, and Utomo Priyo (2017), which revealed that the higher the class of care is, the higher the quality of service received becomes. Meanwhile, Erilisanawati (2018) added that patients in the first class have a higher level of satisfaction than patients in third class. Generally, rooms in the lower classes serve more patients than those in the upper class. Based on the results of observations, classes of inpatient ward in patients under JKN at Hospital X were generally similar in every class, even though in fact, in the third class, there are more number of inpatients but the human resources in the third class of inpatient ward are adequate, so that in this study, patients who expressed dissatisfaction in each class of inpatient class had a slight difference.

The analysis of the relationship between service changes and satisfaction of patients under JKN showed that most respondents who felt dissatisfied with the service change were 30 people (76.9%), and nine people felt in accordance with patient expectations (23.1%). The results of the statistical test Chi-Square produced a p-value of 0.000, which means Pv< α (0.05), and thus, Ho is rejected and it can be concluded that there is a significant relationship between changes in service and satisfaction of patients under JKN. There has been no previous research linking service changes to satisfaction of patients under JKN. Service changes can also be called a period of adaptation to new habits that allow people to live side by side with COVID-19. In this service change, hospitals must follow stricter procedures and provide services for general patient with minimal risk of transmission (balancing act) (Kementrian Kesehatan RI, 2020). In this study, there was a relationship between service changes and patient satisfaction because the majority of respondents feel that they they were dissatisfied with the service change that the hospital has implemented during the COVID-19 pandemic, which means that Hospital X has not fully provided health services during the COVID-19 pandemic.

The results of the study showed the patient's perception of the quality of service with as many as 54 respondents stating that the quality was not good and as many as 51 respondents stating the quality was good. Service quality is closely related to patient satisfaction, and therefore, patients will

perceive positively or negatively according to their experience of the services they receive (Yanuarti, Febriawati and Angraini, 2021). This study is in line with the research conducted by Maharani and Suciarto (2022), which revealed that nursing service quality at XYZ Batang Hospital during the COVID-19 pandemic period was considered good, and therefore, it must always maintain responsiveness and reliability. The other research showed that there was an effect of patient satisfaction based on the service quality, dimension of tangible (0.001), dimension of reliability (0.000), dimension of responsiveness (0.002), assurance dimension (0.000), and the dimension of empathy (0.001) (Liliandrian, Sukmawati and Andira, 2021).

Respondents felt Hospital X had not followed service changes because the health workers of Hospital X had not fully used personal protective equipment (PPE). They only use PPE when they treat COVID-19 patients. The reduction in bed capacity for non-COVID-19 patients also affects patient satisfaction. The decrease in bed capacity has resulted in Hospital X being fully booked for non-COVID-19 patients who also need to be hospitalized. Hence, non-COVID-19 patients take quite a long time when they want to book an inpatient room.

CONSLUSION AND RECOMMENDATION

Based on the results of research conducted on 86 respondents, it can be concluded that the related variable in this study was service change. Meanwhile, the variables of characteristics of respondents which were age, gender, educational attainment, occupation, inpatient ward class, and JKN membership were not related. The results of the dependent t-test showed that there was a significant difference between the patient's reality and expectations.

The results of the Servqual calculation had a satisfaction value of 2.92 and an expected value of 3.97 so there was a gap of -1.05. This gap occurred because patient expectations for the quality of services provided were not met, with an average suitability level of 71%. It can be said that patients are not satisfied with the services offered by the hospital. The results of the Cartesian diagram analysis found that the cause of dissatisfaction of under JKN at Hospital X in 2021 was in quadrant 1, they were a) responsiveness, which is indicated by the health workers immediately providing treatment as soon as the patient arrives at the hospital, and the doctor and nurse on duty directly coming if the patient is needed; (b) attention (empathy), which is indicated by health workers provide the same services, and not discriminating between general patients and patients under JKN; (c) physical evidence (tangible), which tends to be the main priority. Patients are satisfied with the facilities that are already available in the inpatient room.

The hospital is expected to consistently implement health protocols during COVID-19, improve facilities in the inpatient room so that patients feel comfortable repair damaged facilities or improve facilites that patients are dissatisfied with, and increase the number of bed capacities for general patients so that it does not take longer time to book an inpatient room when they need it. Empathy also has to be improved among health workers to give the best service to the patients. Moreover, medical/health workers are expected to be able to maintain good quality work during the COVID-19 pandemic, wear full personal protective equipment (PPE) and always comply with the applicable COVID-19 prevention procedures.

ACKNOWLEDGEMENT

We would like to thank the Faculty of Public Health, Universitas Muhammadiyah Jakarta, for their technical support and all the contributors who helped this study.

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