CUSTOMER SATISFACTION ON THE PERFORMANCE OF SOCIAL SECURITY ADMINISTRATOR (BPJS) HEALTH IN CENTRAL JAVA-INDONESIA

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Abstract

Social Security Administrator (BPJS) Health focuses on administering health insurance for all Indonesian society, hence, the service quality is still far from the expectation of BPJS members. This research aims to evaluate the performance of BPJS Health based on customer satisfaction, in this case BPJS members. The respondents of this research are 250 BPJS members from 5 different cities in Indonesia. This research uses importance-performance analysis, paired-sample t-test, and Cartesian Diagram to analyze the data. The findings show that the highest satisfaction level of BPJS members is on the dimension of empathy, while the lowest satisfaction level is on the dimension of assurance system. This is unique, where BPJS Health which has established for enhancing public welfare has not yet been able to satisfy the expectation of society. However, improving BPJS performance cannot be realized in a blink of eyes. It requires service enhancement strategy by improving some supporting aspects.

Keywords: BPJS Health, Customer Satisfaction, BPJS Performance, Public Welfare

Introduction

Indonesia is a country which has fourth largest population in the world. The large amount of people has contri-

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bution in many fields including health issue. According to WHO (2012), Indonesia rank the 90th most healthy country in the world. This means that health quality in Indonesia is still low. The indicator to see the health quality is mortality rate and life expectancy. A high rate of mortality shows a low level of people health, while high life expectancy shows a good health level. The administration of public sector is very substantial to imply as it will impact the human welfare (Bennington, 2010).

Service Quality is how far the difference between expectation and reality about the service received by customers. It can be known by comparing between the service really received by customers and the expected service. If the received service is as the customer expectation, they will be satisfied, and vice versa. Service quality should be started from the customer needs and finished on the customer perception (Kotler, 2013). It can be said that a good quality is based on the perception of service provider, but customer perception.

One of the government's efforts to improve the community welfare is the establishment of business entities that manage the National Health Insurance, formerly known as Health Insurance (ASKES). Starting from January 1st, 2014 PT ASKES Indonesia (Persero) changed its name to BPJS Health and since that date, approximately 116, 122,065 of Indonesian people automatically become the members of BPJS. Of this amount coming from ASKES own as much as 16.4 million civil servants (PNS) plus retired civil servants, retired army/police, and the independence pioneer. BPJS health is a non-profit social insurance and more focuses on providing protection for the community.

In the implication, BPJS has get many complain from the members because it is considered as more troublesome than the previous program (ASKES). For example, the patients have to queuelonger in the locket, lab, pharmacy, and for consulting with doctors. Moreover, after waiting for long time, outpatients can only get medicine for 10 days (before BPJS, they can get medicine for 30 days), so they have to come to the hospital very often. This condition has not balanced by the num-ber of doctors, paramedics, and quality of infrastructure in order to cut off the long queue. Thus, the given service quality have not satisfied BPJS members' expectation (Togarsilaban, 2014). Service quality becomes essential for BPJS in order to be maintained and acquire the members' trust. The success of BPJS in giving good quality of service is determined by the use of Quality Service approach developed by Parasuraman (Lupiyoadi, 2006:181).

Base on above explanation, BPJS patients' satisfaction should be considered if BPJS wants to have good quality. The problem occurs then is that the service quality of BPJS have not satisfy the members' expectation, so this research aims to evaluate the administration of BPJS Health in Central Java-Indonesia in giving service for society in term of society satisfaction side and priority order determination in improving the service quality of BPJS Health.

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Literature Review

Service Quality

Public Health becomes the Government Responsibility (Good Governance)

Good Corporate Governance (GCG) is essential thing to do for company in order to build a tough and sustainable organization condition. By applying GCG, the management of organizational resource is aimed to be efficient, effective, economical, and productive which is always oriented on organizational goals and consider stakeholders' interests. GCG is a system which manages and controls the organization to maintain value added for all stakeholders. In the Guidance of Good Corporate Governance in Indonesia (2006) has been mentioned that the implication of GCG needs to be supported by 3 interrelated pillars, such as 1. The state and its apparatus create regulations which support healthy, efficient, and transparent climate. 2. Business world as a market participant implement GCG as a basic guideline for business implementation. 3. The public as products and services members of private sectors and the affected party of the company existenceshows care and social control objectively and responsibly. Then within the guidelines of Good Corporate Governance in Indonesia (2006), there are five principles of Good Corporate Governance as follows:

1. *Transparency*. The company should provide information which is easily accessed and understood by stakeholders. The company must take initiative to express not only problems required by the regulation but also substantial things for decision-making by shareholders, creditors and other stakeholders.

2. *Accountability*. The company must be responsible with its performance transparently and fairly. Therefore, the company must be properly managed, scalable, and in accordance with the company interests by considering the interests of shareholders and other stakeholders.

3. *Responsibility*. The company must obey the legislation and implement its responsibilities towards society and environment, so it can maintain the continuity of the long-term business.

4. *Independency*. The company must be independently managed, so each organ of the company does not dominate or threw the responsibility to others and cannot be intervened by other parties, and free from conflicts of interest. Thus, so decision-making can be made objectively.

5. *Fairness*. The company should always consider the interests of shareholders and other stakeholders based on the principles of fairness and equality. The company must provide fair and equitable treatment to stakeholders in accordance with the benefits and contributions made to the company.

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According to the United Nations Development Program (UNDP), there are 9 indicators to measure good governance, such as: 1. Participation (community engagement), 2. Rule of law (enforcement of fair rules), 3. Transparency (freedom of information acquirement), 4.Responsiveness (quick and responsive), 5.Consensus Orientation (oriented to the community interests), 6.Equity (equal opportunity), 7.Efficiency and effectiveness, 8.Accountability (public accountability), 9.Strategic vision (their future vision). If principles of Good Governance are applied in BPJS administration, it will not be an easy task, because it takes intention and awareness of all managers involving in providing the best service to all stakeholders.

Customer Satisfaction

Satisfaction is the level of one's feelings after comparing the performance / results felt and the expectation. Therefore, the level of satisfaction is a function of the difference between the perceived performances with the expectation. If the performance is below the expectation, then the consumer will be disappointed, if performance is in line with expectation, the consumer will be satisfied. Meanwhile, when the performance exceeds the expectation, the consumer will be very satisfied. (Ranaweera & Prabhu, 2003) states that customer satisfaction has become fundamental determinant of long-term customer behavior. Consumer expectation can be established from past time experiences, comments from relatives, and appointments and information with marketers and rivals. Consumers who are satisfied will

be loyal for longer time, less sensitive to price changes, and give good comments about the company.

In order to satisfy all parties, BPJS is required to be able to provide qualified service for all BPJS members. Quality of service according to Kotler (2013) can be measured from:

1. Reliability is an ability to perform the promised service accurately and reliably.

2. Responsiveness is willingness to help customers and provide services quickly.

3. Belief is knowledge and courtesy of employees and their ability to generate trust and confidence.

4. Empathy is the company's understanding of customers' problems as well as actiontowardsthe customer interest, and provision of personal attention to customers.

5. Physical evidence is the appearance of physical facilities, equipment, personnel, and communication media.

BPJS (Social Security Administrator)

Starting from January 1st, 2014 PT ASKES Indonesia (Persero) changed its name to BPJS Health in accordance with Regulation no. 24 in year of 2011 about BPJS. BPJS Health (Social Security Administrator of Health) is a State-Owned Enterprise which is specially commissioned by the government to administer health insurance for all Indo-

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nesian people, especially for Civil Servants, Retired civil servants and army /Police, Veterans, Independence Pioneers and their families, and other business entities or common people. BPJS is a non-profit social insurance which more on providing protection to the public, so health insurance can exist for Indonesian society.

It is an essential issue that BPJS Health which aims to fulfill the people needs in term of health insurance in fact is still far from satisfying the members' expectation. (Jansen, Beld, Goudriaan, Middelkoop, & Arbous, 2009) states that to satisfy patients, it is not only about providing medicine, but also about caring.

However, satisfaction in this case then will not only be about "people who feel satisfied" but more about their loyalty (Shaw, 2000). This is very important to measure "satisfcation".

Preliminary studies

Beninghton (2010) suggests that the management and effectiveness of health sector is very important because it will impact on human welfare and economic sectors. Discussing about health management, the scope and scale are diverse, so cultural, economic and political, and other factors will need to be considered. This research inspires the authors to examine on how to optimize BPJS in order to provide welfare for people in Central Java.

Zhijian Li (2011) conducts a study entitled "On residents' satisfaction with

community health services after health care system reform in Shanghai, China, 2011". The study measures the satisfaction of the societyon public health services in Shanghai China as a result of reformation on health care system. The resaerch objective is to evaluate the effect of health care system reformation. To evaluate the result, the study uses of public satisfaction analysis, which then is measured using four dimensions: health insurance system, provision of treatment, primary health care clinics and public health services. All dimensions show progress and improvement on the satisfaction level of the public since the reformation is carried out, but it finds differences on the satisfaction level in all dimensions and groups. The society feels very satisfied with the services of clinics and public health but less satisfied with the health insurance system and the provision of treatment. The group which experiences loss (parents, unemployment, primary school, the poor) is almost entirely dissatisfied of all four studied dimension aspects due to the increased financial burden and the increased drugs cost. The results of this research become the main reference for authors in deciding the dimensions of service quality, aside of service quality dimension proposed by Kotler (2013).

Atinga (2011) conducts a study entitled "Managing healthcare quality in Ghana: a necessity of patient satisfaction" which test how communication variables, courtesy of service providers, support / care, environmental facilities and waiting time that significantly affect patients' satisfaction on the quality of healthcare in two hospitals located in

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Northern Ghana. This study is an exploratory study that aims to provide relevant information to policy makers and health managers on how to effec-tively serve patients. The results show that three independent variables such as support / care, environmental facilities and waiting time affect the patient satisfaction onhealth service quality. Besides,communication and courtesy service providers do not affect the patient satisfaction on health care quality. The determination coefficient is 51 percent. The results of this study become reference for the author to take some variables to then bedevelopedfor further study by the author.

Research Method

Data Collection Method

The method used in collecting the data is by directly distributing questionnaires to the BPJS card members located in Semarang, Kudus, Demak, Purwokerto and Kendal (as many as 250 people). The variables used in this study are:
1). Insurance System with 11 indicators,
2).Tangible with 5 indicators,
3).Reliability with 3 indicators,
4). Responsiveness with 4 indicators,
5). Assurance by three indicators and
6). Empathy with two indicators.

Data Analysis Method
There are three analyzes are performed, such as: 1) Importance-

performance analysis or analysis of the interest and performance level, used to analyze the level of member satisfaction of BPJS program. 2) Paired sample t-test is used to test the differences between the consumers'expectations when they will use BPJS service with the service really felt when using BPJS facilities. 3) Make a Cartesian diagram to map the average value of the hope score and the average value of the performance score to determine which priority order to improve the service quality that need to be done in BPJS.

Findings

Respondent Description

Respondents in this study are 250 people, consisting of 108 men and 142 women. 43.6% of them are 26-40 years old, above 40 years old there are as much as 43.2%. Other 26% of respondents work as civil servants and 55.2% of them is private sector employees. More than 60% of respondents use BPJS health of more than 2 times, while about 40% of respondents said that they used ASKES.

Public Satisfaction on BPJS Health Program

The level of public satisfaction as BPJS card members on all indicators proposed in this study shows the different satisfaction level. The detail is presented in Table 1.

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Table 1. Satisfaction Level of BPJS Members

No.	Indicator	Expectation	Performance	Satisfaction Level
1	Quickness in card making	4,50	3,02	67,17%
2	Freedom in choosing hospital	4,46	3,00	67,21%
3	Easiness in medication bureaucracy	4,47	3,08	68,88%
4	Easiness in room arrangement rule	4,50	3,15	70,02%
5	Schedule punctuality of doctor examination	4,55	3,23	70,91%
6	The magnitude of inpatient cost	4,31	3,06	71,04%
8	The magnitude of outpatient cost	4,23	3,08	72,79%
7	Information clarity on patients' right and responsibility	4,51	3,29	72,97%
9	Quickness in responding patients comments and complaints	4,60	3,37	73,27%
10	Sophistication of medical tool facilities in the hospital	4,57	3,42	74,92%
12	The magnitude of drugs cost	4,20	3,14	74,93%
11	Quickness of staffs in giving service	4,56	3,42	74,96%
13	The magnitude of monthly cost	4,29	3,23	75,21%
14	Accuracy of doctors in examining	4,66	3,60	77,19%
15	Easiness of service procedure in the hospital	4,53	3,508	77,47%
16	Convenience of waiting room in the hospital	4,42	3,45	78,14%
17	Responsive to patients complaints	4,54	3,55	78,27%
18	Clarity on information sign board in the hospital	4,37	3,54	81,14%
19	Easiness in registration process	4,60	3,75	81,44%
20	Cleanliness of the hospital	4,56	3,75	82,12%
21	Kind of drugs covered by BPJS	4,61	3,79	82,25%
22	Doctors' ability in giving service	4,54	3,85	84,77%
23	Information clarity from the doctor about the patients illness	4,62	3,94	85,37%
24	Tidiness of employee performance in the hospital	4,12	3,74	90,79%
25	Doctors' reputation	4,03	3,73	92,53%
26	The hospital's reputation	4,01	3,72	92,89%
27	Hospitality of staffs and medical of-	4,46	4,29	96,26%

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28	Staffs and medical officers do not differ the patients' social status	4,46	4,29	96,26%
	AVERAGE	4,44	3,50	78,86%

Source: primary data 2015

Table 1 above shows that the expectation average score is 4.44, while the performance average score is 3.5. The level of members' satisfaction on BPJS program ranges about 67.17% to 96. 26%. The higher the percentage score, the better it will be. Of all attributes studied, none of them has reached a value of 100%, this means that there may be differences between the expectations of BPJS members and the services they actually receive.

Overall, of all indicators tested the average level of BPJS card members' satisfaction is 78.86%, with 17 of them place below the average satisfaction level (78.86%).

The lowest satisfaction level of BPJS card members is in the indicator of the quickness of cards making process, freedom of choice and easiness on Hospital medication bureaucracy. The third indicator shows the satisfaction level less than 70%.

The highest satisfaction level of BPJS card members is on the indicator of employee performance, Hospital tidiness, doctors' reputation, Hospital reputation, friendliness of the staff and medical personnel as well as that they do not distinguish social status. The fifth indicator has satisfaction level above 90%.

Difference between Expectation and Performance

To test the difference between consumer expectations when they will use BPJS with the service that is really felt when using the facilities of BPJS, paired samples t-test is used. The result is all the attributes of consumer expectations show a higher value than the performance, with significant difference about 0.00 to 0,027. Therefore, there is a significant difference between consumer expectations and the performance of BPJS. This result implies that all attributes of the studied yet achieve satisfaction. The result of the difference between expectations and performance can be seen in Table 2.

The significant difference between expectation and performance means that the consumers' expectation is higher than BPJS's performance. This is because the information given by BPJS, either through advertisement or other kinds of it, might be too much. Too much information will make the expectation of BPJS consumers high, while the performance does not directly be handled by BPJS but through BPJS partners, such as first and advanced health facility. This can impact on not optimal performance.

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Table 2. Result of test on Difference between Expectation and Performance

No.	Indicator	Expectation	Performance	Sign
1	Easiness in registration process	4,60	3,75	.000
2	Quickness in card making process	4,50	3,02	.000
3	Easiness in room arrangement rule	4,50	3,15	.000
4	Information clarity on patients' right and responsibility	4,51	3,29	.000
5	Easiness in medication bureaucracy	4,47	3,08	.000
6	Freedom in choosing hospital	4,46	3,00	.000
7	Kind of drugs covered by BPJS	4,61	3,79	.000
8	The magnitude of monthly cost	4,29	3,23	.000
9	The magnitude of inpatient cost	4,23	3,08	.000
10	The magnitude of drug cost	4,20	3,14	.000
11	The magnitude of outpatient cost	4,31	3,06	.000
12	Sophistication of medical tool facilities in the hospital	4,57	3,42	.000
13	Cleanliness of the hospital	4,56	3,75	.000
14	Convenience of waiting room in the hospital	4,42	3,45	.000
15	Clarity on information sign board in the hospital	4,37	3,54	.000
16	Tidiness of employee performance in the hospital	4,12	3,74	.000
17	Schedule punctuality of doctor examination	4,55	3,23	.000
18	Quickness of staffs in giving service	4,56	3,42	.000
19	Accuracy of doctors in examining	4,66	3,60	.000
20	Easiness of service procedure in the hospital	4,53	3,508	.000
21	Responsive to patients complaints	4,54	3,55	.000
22	Quickness in responding patients comments and complaints	4,60	3,37	.000
23	Information clarity from the doctor about the patients' illness	4,62	3,94	.000
24	Doctors' reputation	4,03	3,73	.000
25	The hospital's reputation	4,01	3,72	.000
26	Doctors' ability in giving service	4,54	3,85	.000

27	Hospitality of staffs and medical officers	4,46	4,29	.027
28	Staffs and medical officers do not differ the patients' social status	4,46	4,29	.027
	AVERAGE	4,44	3,50	

Source: primary data 2015

Priority Order of Service Quality Improvement

The priority order of service quality improvement that needs to be conducted by BPJS can be determined through mapping the average score of expectation and the average score of performance of all attributes in Cartesian Diagram. The result of the attribute mapping is illustrated in Figure 1.
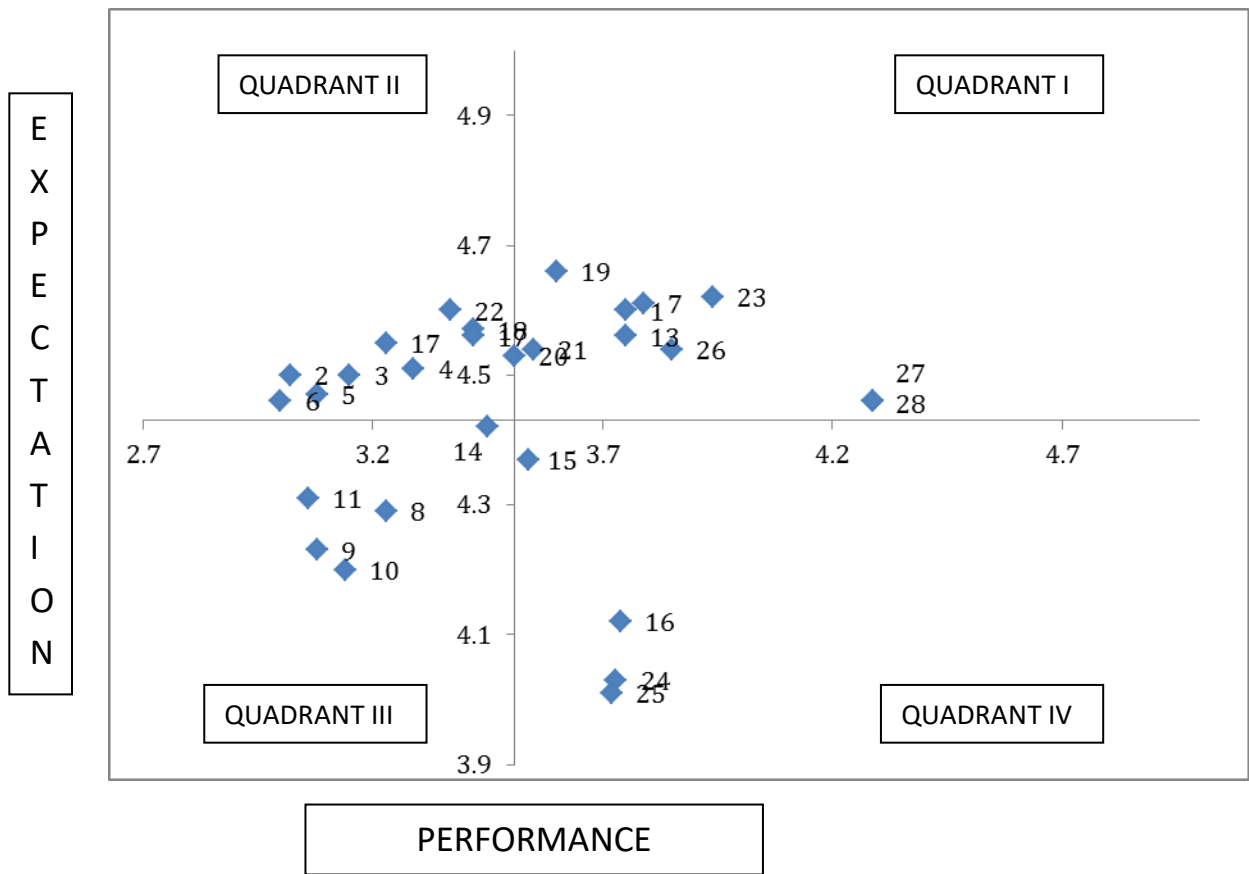

Figure 1. Cartesian Diagram between Expectation and Performance

From the result of attribute mapping, it can be explained as follows:

Quadrant I: The first quadrant is a position where the BPJS patients' expectation is high which is higher than the average (4,44), while according to patients the BPJS's performance is also high or above the average (3,50). This position is placed by some attributes as showed in Table 3.

Table 3. Position in Quadrant I

No. of Attribute	Name of Attribute	Variable
1	Easiness in registration process to be BPJS member	Assurance System
7	Kind of drugs covered by BPJS	Assurance System
13	Cleanliness of the hospital	Tangible
19	Accuracy of doctors in examining (diagnosing the illness)	Reliability
21	Responsive to patients complaints	Responsiveness
23	Information clarity from the doctor about the patients' illness	Responsiveness
26	Doctors' ability in giving service	Assurance
27	Hospitality of staffs and medical officers	Emphaty
28	Staffs and medical officers do not differ the patients' social status	Emphaty

The first quadrant is a position where the BPJS patients' expectation is high and according to patients the BPJS's performance is also high. This shows that the performance of these attributes at least are maintained because it is good.

Quadrant II: The second quadrant is a position where the BPJS patients' expectation is high or above the average (4,44), while according to the patients the BPJS's performance is low or below the average (3,50). This position is placed by some attributes as showed in Table 4.

Table 4. Position in Quadrant II

No. of Attribute	Name of Attribute	Variable
2	Quickness in card making process	Assurance System
3	Easiness in room arrangement rule	Assurance System
4	Information clarity on patients' right and responsibility	Assurance System

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5	Easiness in medication bureaucracy	Assurance System
6	Freedom in choosing hospital	Assurance System
12	Sophistication of medical tool facilities in the hospital	Tangible
17	Schedule punctuality of doctor examination	Reliability
18	Quickness of staffs in giving service	Responsiveness
20	Easiness of service procedure in the hospital	Reliability
22	Quickness in responding patients comments and complaints	Responsiveness

The second quadrant is a position where the BPJS patients' expectation is high and according to the patients the BPJS's performance is low. This shows that the performance of above attributes becomes the Main Priority Scale need to be improved.

Quadrant III: The third quadrant is a position where the BPJS patients' expectation is low or below the average (4,44), while according to the patients the BPJS's performance is also low or below the average (3,50). This position is placed by some attributes as showed in Table 5.

Table 5. Position in Quadrant III

No. of Attribute	Name of Attribute	Variable
8	The magnitude of monthly cost	Assurance System
9	The magnitude of inpatient cost	Assurance System
10	The magnitude of drug cost	Assurance System
11	The magnitude of outpatient cost	Assurance System
14	Convenience of waiting room in the hospital	Tangible

The third quadrant is a position where the BPJS patients' expectation is low and according to the patients the BPJS's performance is also low. This shows that the performance of the above attributes becomes the Priority Scale II whichneedsto be improved.

Quadrant IV: The fourth quadrant is a position where the BPJS patients' expectation is low or below the average (4,44), while according to the patients the

BPJS's performance is high or above the average (3,50). This position is placed by some attributes as showed in Table 6.

The fourth quadrant is a position where the BPJS patients' expectation is low and according to the patients the BPJS's performance is high. This shows that the performance of these attributes is not the main priority to be improved, but at least has to be maintained.

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Table 6. Position in Quadrant IV

No. of Attribute	Name of Attribute	Variable
15	Clarity on information sign board in the hospital	Tangible
16	Tidiness of employee performance in the hospital	Tangible
24	Doctors' reputation	Assurance
25	The hospital's reputation	Assurance

From the above explanation, it can be concluded that the improvement of the attribute performance on Quadrant II and III will be able to improve the BPJS patients' satisfaction level. BPJS system for patients is gradual system which is started from family doctor then to hospital (BPJS partner), so any service given by BPJS partners directly impacts the patients' satisfaction. Therefore, the performance of BPJS partners for attributes in Quadrant II and III become the main and the second priority to be improved.

Discussion

28 attributes examined in this research all show significant difference between the expectation of BPJS members and the performance of BPJS service really felt by the members of BPJS Health card. The highest satisfaction of BPJS members is on the dimension of empathy with 2 indicators: staffs and medical officers do not differentiate social status and the indicator of hospitality of staffs and medical officers. The result of this research is in contrast to from a study conducted by Atinga (2011) which shows that communication and courtesy of service provider do not impact the patients' satisfaction on service quality. This is understandable as this research is

conducted in Central Java where the population upholding their culture has empathy, while Atinga's research is conducted in Ghana.

Dimension with lowest satisfaction level is Assurance System dimension. Almost all indicators of this dimension show low satisfaction level. This result is in line with research conducted by Zhijian Li (2011) which examines people satisfaction level on people health service in Shanghai China. The result of Zhijian Li's study shows that people feel less satisfied with health assurance system and medication provision.

In order to make BPJS performance high, the Main Priority Scale whichthe performance is improved is as follows:

- Dimension of Assurance system, the performance need to be improved is on attributes Quickness in BPJS Card making process, easiness in room arrangement rule, Information clarity on BPJS members' right and responsibility, Easiness in medication bureaucracy/ procedure/ order, and Members' freedom in choosing hospital.

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- Dimension of Tangible, the performance need to be improved is on attribute Sophistication of medical tool facilities in the hospital.

- Dimension of Reliability, the performance need to be improved is on attributesSchedule punctuality of doctor examination and Easiness of service procedure in the hospital.

- Dimension of Responsiveness, the performance need to be improved is on attributesQuickness of staffs in giving service and Quickness in responding patients' comments and complaints.

Conclusion

The satisfaction level of BPJS card members on all indicators proposed in this study shows thatthere is none of them has reached 100%value, which means that there is difference between the expectation of BPJS members and the service that is actually received. The lowest satisfaction level of BPJS card members is in the indicators of Quickness in BPJS Card making process, Freedom in choosing hospital, and Easiness in medication bureaucracy. The highest satisfaction level of BPJS card members is on the indicators ofTidiness of employee performance in the hospital, Doctors' reputation, The hospital's reputation, Hospitality of staffs and medical officers, and Staffs and medical officers do not differ the patients' social status.

There is a significant difference between consumer expectation when they will use BPJS and the service they really accept when using BPJS facility. The result means that overall attributes examined in this research show that BPJS members have not reached members satisfaction.

Future Research Agenda

BPJS is a state-owned enterprise which is specially commissioned by the government to organize health insurance for all Indonesian. To optimize BPJS performance, it needs to evaluate the BPJSadministration. The evaluation is done by considering the point of view of BPJS members BPJS providers and BPJS institution itself. The agenda of the first year research is evaluating the BPJS implementation seen from the point of view of BPJS members, such as the BPJScardholders. Research in the first year has discovered how people's satisfaction on the implementation of BPJS health. It has also been described how the priority scale optimizes BPJS, so BPJS card members feel satisfied with the service received. The second yearresearch will study the evaluation of BPJS implementation seen from the point of view of BPJS partners, i.e. first-level health facilities, Doctors, Hospitals, and Pharmacies. Variables studied using service quality approach developed by Parasuraman (Lupiyoadi, 2006) and the variable of health assurance system developed by Li Zhijian (2011). The results of the study in the first year and the second year will then be used as a basis to examine how the implementation of Good Corporate Governance in BPJS health is.

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In the third year, it will investigate how the implementation of Good Corporate Governance in BPJS institution is. Research in the third year is based on the results achieved in the first year and the second year of study.

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