Satisfaction Analysis of Outpatient Services to National Health Insurance Program in the Pratama Hospitals Supiori District Papua Province

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Abstract

Improved access for the public in order to ensure that the efforts of personal health services that provide inpatient, outpatient, emergency, and other supporting services. To get health insurance better and thorough, the government issued a health insurance, so that it can be felt by all walks of life and can improve patient satisfaction. Hospitals type D Primaries only provide care services Grade 3 (three) to increase access for the public in order to guarantee health care efforts and a proper assessment of satisfaction in Primary Hospital District Hospital Supiori which is just eight years old. Objective of this research was to analyze knowledgeable Patient Satisfaction Analysis Of Service Quality of the National Health Insurance Program in Primary Hospital District Supiori. Methods: The study was cross sectional descriptive analytic study. The study was conducted in September 28 to the October 28, 2016 at the Pratama Hospital Supiori District. Population of the patient as many as 210 people. The data were obtained using a questionnaire and analyzed using chi square test and binary logistic regression. Result indicated that patient satisfaction at room Outpatient Pratama Hospital in Supiori Disticti based on physical evidence (tangible) is not satisfied (50%) and satisfied (50%), based on the reliability (reliability) is not satisfied (48.6%) and satisfied (51, 4%), based on the responsiveness (responsiveness) is not satisfied (55.7%) and satisfied (44.3%), based on the guarantee (assurance) is not satisfied (59.5%) and satisfied (40.5%) and by concern (empathy) are not satisfied (47.6%) and satisfied (52.4%).

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There is a relationship between satisfaction of outpatients is based on the dimensions of physical evidence (tangible) (p-value 0.000), the dimensions of reliability (tangible) (p-value 0.005), dimensions of responsiveness (responsiveness) (p-value 0.005), the dimensions of the guarantee (assurance) (p-value 0.000) and the dimensions of concern (empathy) (p-value 0.001) against the national health care insurance program of the Outpatient in Pratama Hospital Supiori District.

Keywords: Satisfaction of Outpatient; Patient JKN.

1. Introduction

Efforts towards guaranteeing better health again Iis actually have been initiated by the government, including through PT Askes (Persero) and PT. Jamsostek (Persero) which serves, among others, civil servants, recipients of pensions, veterans, and private employees. For the poor and unable person, government guarantees through Public Health Guarantee scheme (Assurance) and the Regional Health Insurance (Jamkesda). But, such schemes are still fragmented and divided. Health cost and quality of service becomes uncontrollable. There are still many people who should receive guarantees have not felt the benefits [1,2,3]. To get health insurance better and thorough, the government issued Law No. 40 of the National Social Security System (Navigation) in which health insurance is a priority which shall be developed to achieve the participation of the Universe. [4,5] After JKN program was launched on 1 January 2014the implementation of this program in the field there are many obstacles. Results of Putra's Reseach in 2014, proved the main problems often reported the enforcement of health services to the central government is related to the given services to providers advanced level (Hospital) are perceived not optimal due to various problems, which include: groove service problem is complex, health financing system in hospital systems that use Indonesian-Case Based Groups (INA-CBGs) are still not fully support the program, availability of health and of medicine that is not supported, as well as the number of human resources JKN is felt less since the program was launched.

Based on the above explanation, refer to the implementation of the previous implementation program namely Jamkesnas, Jamkesda or regions from government health programs, researchers presented some previous research yangdapat lead to the problems that often arise, so diperolehacuan which reinforce to do this experiment. Research conducted by Tuhusiay [6] concerning implementasi Jamkesda in General Hospital (RSU) Manokwari prove that the implementation of JAMKESMAS at the General Hospital of Manokwari is still not working as expected, lack of community participation, lack of openness of access to information, lack of socialization on ProgramJamkesmas, limited Human Resources (SDM).

Another study conducted by Rahayu [7] about the implementation of policy Community Health Insurance (Assurance) in hospital (Case Studies Dr. Soetomo) indicates that the program is still have obstacles in the implementation of Jamkesnas program, namely claim experienced by the hospital which caused loss. Next research by Ardianty [8] showed that the implementation of Jamkesda Program at Red Cross Hospital in Bogor is still not mximal and still many shortcomings in terms of implementation, like the late of claims filing the bill, the incompatibility of INA-value rates CBGs with the hospital tariff rates, as well as a lack of commitment to the hospital in the implementing the program. Based on some research exposure above was still many process of

the health insurance program at various sectors especially Hospital has not run optimally and on target. That is why , to dig these problems researchers choose Pratama Hospital in Supiori Regency as a research with some considerations based on the facts and study of preliminary observations in June 2016.

Based on the Indonesian Health Ministry regulation number 24 of 2014 on Primary D class hospital. Class D Primary Hospital is a public hospital that provides care services only grade 3 (three) to increase access for the public in order to ensure that the efforts of personal health services that provide inpatient, outpatient, emergency, and other supporting services. Pratama Hospital Supiori Regency is a government hospital referral regions are being advanced level of health care in the District Supiori. From the preliminary study that researchers do, since the National Health Insurance program is launched number of patients in hospitals Pratamapada 2014 new patients as many as 3,860 people, in 2015 as many as 4,502 new patients reached the 575 patients per day consisting of 45% and 55% of participants JKN General. Limitations of hospital HR is also very obvious that potential to be problems in the provision of services in a prime, visible clearly that numbers of officers were only one person to serve the number of pasien that lot during the program.

From the information above, researchers saw that hospitals of Pratama Supiori agency potentially experience problems in serving the National Health Insurance program. Therefore, researchers wants to know the implementation and problems related to the implementation of the National Health insurance Policy in Pratama Hospital Supiori Regency in 2016. Based on the description above problems, the authors are interested in doing research entitled "Analysis of Patient Satisfaction Of National Health Insurance Service Program in Primary Hospital District Supiori". The research objective to analyze the Patient Satisfaction Of Service Quality of the National Health Insurance Program in Primary Hospital District Supiori"

2. Materials and Methods

This research is descriptive analytic cross-sectional study, the data collection is done simultaneously to determine the correlation between the variables studied [9]. The research performed in Pratama hospitals and time Supiori District Primary research conducted in January-September 2016. The sample is Based on data on patient visits in outpatient JKN General polical, polical Dental and Midwifery pares in January to the month of August 2016 with a total sample of 210 people. The data were obtained using a questionnaire and tested using chi square and multiple logistic regression binaries.

3. Results

Based on the research that has been conducted to assess the perception of satisfaction in patients who received care at the Hospital Outpatient Primary Space District Supiori, respondent obtained a total of 210 respondents.

3.1 Characteristics of Respondents

Data retrieval respondent characteristics include age, education, employment and health insurance kepessertaan status that can be seen in some of the tables below.

a. Age

Table 1: Distribution of respondents by age in room Outpatient Pratama Hospital in Supiori DistictSupiori 2016

No	Age	n	Percentage (%)
1	18 – 19 years	5	2,4
2	20 – 29 years	82	39
3	30 – 39 years	70	33,3
4	40 – 49 years	31	14,8
5	50 – 59 years	15	7,1
6	$\geq$ 60 years	7	3,3
	Total	210	100

Table 1 shows that most respondents age at the age of 20-29 years as many as 82 people (39%) and slightly aged 18-19 years as many as five people (2.4%).

b. Gender

Table 2: Distribution of Respondents by Gender in Outpatient of Pratama Hospital in Supiori District2016

No	Age	n	Percentage (%)
1	Male	113	53,8
2	Female	97	46,2
	Total	210	100

Table 2 above shows that the distribution of most respondents are male - male, 113 people (53.8%) and women were 97 people (46.2%).

c. Education

Table 3: Distribution of Respondents by Education in room Outpatient Pratama Hospital in Supiori DistictSupiori 2016

No	Education	n	Percentage (%)
1	Uneducated	6	2,9
2	Elementary	15	7,1
3	Junior High School	30	14,3
4	Senoir High School	112	53,3
5	Undergraduate	47	22,4
	Total	210	100

Table 3 shows that most of the respondents has educational background of senior high school is as much as

112 people (53.3%) and slightly uneducated is as much as 6 (2.9%).

d. Work

Table 4: Distribution of respondents by employment in room Outpatient Pratama Hospital in Supiori DistictSupiori 2016

No	Occupation	n	Percentage (%)
1	Working	119	56,7
2	Not Working	91	43,3
	Total	210	100

Table 4 shows that large respondensebagian work or as many as 119 people (56.7%) and the lowest is not working as many as 91 people (43.3%).

e. Membership Status in JKN

Table 5: Distribution of Respondents by Status KepesertaanJKN in room Outpatient Pratama Hospital in Supiori DistictSupiori 2016

No	Membership Status	n	Percentage (%)
1	PBI	129	61,4
2	Non PBI	81	38,6
	Total	210	100

Table 5 shows that large respondensebagian the membership status of beneficiaries of health insurance contributions (PBI) by 129 votes (61.4%) and less with kesehatannon guarantee beneficiaries dues (Non PBI) as many as 81 people (38.6%).

3.2 Satisfaction of JKN Services Program

Satisfaction of JKN in the Space of Outpatient Services Program of the Pratama Hospital in Supiori District can be seen in Table 5 below.

Table 6: Distribution of respondents by Service Quality in Outpatient Services Program of the Pratama Hospital in Supiori District in 2016.

No	Service Quality	n	Percentage (%)
1	Unsatisfaction	114	54,3
2	Satisfaction	96	45,7
	Total	81	100

Table 6 shows that the quality of service in the Outpatient Services Program of the Pratama Hospital in Supiori District is largely unsatisfied as many as 119 people (54.3%) and satisfied as many as 96 people (45.7%).

3.3 Level of Satisfaction

Patient satisfaction Outpatient Services Program of the Pratama Hospital in Supiori District can be seen in Table 7.

Table 7: Distribution of Respondents by Satisfaction in Outpatient Services Program of the Pratama Hospital in Supiori District 2016

No	Variable	Level of Satisfaction					
		Unsatisfaction		Satisfaction		Total	
		n	%	n	%	n	%
1	Tangible	105	50	105	50	210	100
2	Reliability	102	48,6	108	51,4	210	100
3	Responsiveness	117	55,7	93	44,3	210	100
4	Assruance	125	59,5	85	40,5	210	100
5	Empathy	100	47,6	110	52,4	210	100
	Total						

Table 7 shows that satisfaction of Outpatient Services Program of the Pratama Hospital in Supiori District based on physical evidence (tangible) is not satisfied (50%) and satisfied (50%), based on the reliability (reliability) is not satisfied (48.6%) and satisfied (51, 4%), based on the responsiveness (responsiveness) is not satisfied (55.7%) and satisfied (44.3%), based on the guarantee (assurance) is not satisfied (59.5%) and satisfied (40.5%) and by concern (empathy) are not satisfied (47.6%) and satisfied (52.4%).

3.4 The relations of Patient Satisfaction Based on the Tangible Of JKN Service Program

Table 8: Relationships between the patient satisfaction based on evidence of direct (tangible) to national health insurance service program in Outpatient Services Program of the Pratama Hospital in Supiori District 2016

No	*Tangible* Satisfaction	JKN Service Program						p-value
		Unsatisfaction		Satisfaction		Total		
		n	%	n	%	n	%	
1	Unsatisfaction	73	69,5	32	30,5	105	100	
2	Satisfaction	41	39	64	61	105	100	0,000
		114	54,3	96	45,7	210	100	

Table 8 shows that of the 105 respondents who are not satisfied by the physical evidence (tangible) as many as 73 people (69.5%) are not satisfied with the services and programs JKN satisfied satisfied with the JKN Service Program many as 32 people (30.5%). Meanwhile, of the 105 respondents who are satisfied based on the physical

evidence (tangible) as many as 41 people (39%) are not satisfied with the JKN Service Program and satisfied with the JKN Service Program many as 64 people (61%). Results obtained chi square test p-value 0.000 <α = 0,05 satisfaction means that there is a relationship based on the dimensions outpatient physical evidence (tangible) to national health insurance service program in the Outpatient Services Program of the Pratama Hospital in Supiori District

3.5 The relations of Patient satisfaction Based Reliability (Reliability) Of JKN Service Program

Table 9: The relations of Patient satisfaction Based on Reliability (Reliability) of the national health care insurance program in Outpatient Services Program of the Pratama Hospital in Supiori District 2016

No	*Reliability*	JKN Service Program						*p-value*
		Unsatisfaction		Satisfaction		Total		
		n	%	N	%	n	%	
1	Unsatisfaction	66	64,7	36	35,3	102	100	
2	Satisfaction	48	44,4	60	55,6	108	100	0,005
	Total	114	54,3	96	45,7	210	100	

Table 9 shows that 102 respondents who are not satisfied by the reliability (reliability) as many as 66 people (64.7%) are not satisfied with the services and programs of JKN and satisfied with the JKN services program as many as 36 people (35.3%). Meanwhile, 108 respondents who are satisfied based on the reliability (reliability) as many as 48 people (44.4%) are not satisfied with the services and programs JKN and satisfied with the service program as many as 60 people (55.6%). Results obtained chi square test p-value 0.005 <α = 0.05, which means that there is a relationship in outpatient satisfaction based dimension of reliability (reliability) of the national health care insurance program in the Outpatient Services Program of the Pratama Hospital in Supiori District

3.6 Relationship Based on Patient satisfaction Response (Responsiveness) Of JKN Service Program

Table 10: Satisfaction relationship based on Response (responsiveness) of the space JKNservices program in Outpatient Services Program of the Pratama Hospital in Supiori District 2016

No	*Responsiveness*	JKN Service Program						*p-value*
		Unsatisfaction		Satisfaction		Total		
		N	%	n	%	n	%	
1	Unsatisfaction	74	63,2	43	36,8	117	100	
2	Satisfaction	40	43	53	57	93	100	0,005
	Total	114	54,3	96	45,7	210	100	

Table 10 shows that 117 respondents were dissatisfied by the responsiveness (responsiveness) as many as 74 people (63.2%) are not satisfied with the services and programs of JKN and satisfied with the JKN Service

Program   as many as 43 people (36.8%). While 93 respondents were satisfied by the responsiveness (responsiveness) as many as 40 people (43%) are not satisfied with the JKN Service Program and satisfied with the JKN Service Program many as 53 people (57%). Results obtained chi square test p-value 0.005 <α = 0.05, which means that there is a relationship outpatient satisfaction based on   dimensions of responsiveness (responsiveness) of the national health care insurance program in the .

3.7 Relationship Based Patient satisfaction guarantee (Assurance) Of JKN Service Program

Table 11: Relationship satisfaction pasienberdasarkanjaminan (assurance) to the national health care insurance program Pratama Hospital in Supiori District 2016

No	Assurance	JKN Service Program						p-value
		Unsatisfaction		Satisfaction		Total		
		n	%	N	%	n	%	
1	Unsatisfaction	89	71,2	36	28,8	125	100	
2	Satisfaction	25	29,4	60	70,6	85	100	0,000
	Total	114	54,3	96	45,7	210	100	

Table 11 shows that of the 125 respondents who are not satisfied by guarantee (assurance) as many as 89 people (71.2%) are not satisfied with the services and programs JKN and satisfied with the JKN services program as many as 36 people (28.8%). Meanwhile, of the 85 respondents were satisfied by guarantee (assurance) as many as 25 people (29.4%) are not satisfied with the services and programs JKN JKN satisfied with the service program as many as 60 people (70.6%). Results obtained chi square test p-value 0.000 <α = 0.05, which means that there is a relationship outpatient satisfaction based on dimensions guarantee (assurance) to service national health insurance program in the Primary Space District Hospital Outpatient Supiori.

3.8 Relations based on Patient satisfaction (Empathy) Of JKN Service Program

Table 12: Relations based on Patient satisfaction (Empathy) a national health care insurance program Supiori District Hospital Primary 2016

No	Empathy	JKN Service Program						p-value
		Unsatisfaction		Satisfaction		Total		
		n	%	n	%	N	%	
1	UnSatisfaction	67	67	33	33	100	100	
2	Satisfaction	47	42,7	63	57,3	110	100	0,001
		114	54,3	96	45,7	210	100	

Table 12 shows 100 respondents who are not satisfied by the attention (empathy) as many as 67 people (67%) are not satisfied with the services and programs JKN and satisfied with the services of JKN program as many as

33 people (33%). Meanwhile, of the 110 respondents who are satisfied based concern (empathy) as many as 47 people (42.7%) are not satisfied with the services and programs JKN JKN satisfied with the service program as many as 63 people (57.3%). Results obtained chi square test p-value 0.001 $<\alpha = 0.05$, which means that there is a relationship satisfaction outpatients based on the dimensions of concern (empathy) to the national health care insurance program in the Outpatient Services Program of the Pratama Hospital in Supiori District

3.9 Multivariate Analysis

To obtain the answer of the factors which influenced the incidence of malaria, it is necessary to proceed on the bivariate and multivariate analysis.

Table 13: Bivariate Analysis Between Dependent and Independent Variables

No	Variable	*p-value*	OR	95% CI	
				Lower	Upper
	(*Tangible*)		3,561	2,011	6,305
1	(*Reliability*)	0,000	2,292	1,314	3,995
2		0,005			
3	(*Responsiveness*)	0,005	2,280	1,307	3,978
4		0,000			
5	(*Asurance*)	0,001	5,933	3,236	10,879
	Perhatian (*Empathy*)		2,721	1,551	4,777

Table 13. The above physical evidence (tangible), reliability (reliability), responsiveness (responsiveness), assurance (asurance) and attention (empathy) in the category of p-value <0.25, so get into the multivariate model. Mutltivariat analysis results obtained p-value <0.05 was collateral (asurance) and attention (empathy) as shown in Table 13 below.

Table 14: Variables Multiple Logistic Regression Analysis

No	Variable	B	*p-value*	Exp (B)	95% C.I.for Exp (B)	
					Lower	Upper
1	*Tangible*	0,443	0,241	1,558	0,743	3,266
2	*Reliability*	-0,060	0,878	0,942	0,438	2,024
3	*Responsiveness*	0,215	0,559	1,239	0,603	2,548
4	*Asurance*	1,440	0,000	4,221	2,084	8,547
5	*Empathy*	0,764	0,016	2,147	1,150	4,010
	Constant	-4,266	0,000	0,014		

Table 14 above, the guarantee (asurance) and attention (empathy) have a dominant influence on the service assurance program of JKN in Primary Hospital District Supiori.

4. Discussion

4.1 Relationship between the Physical Evidence Based Patient satisfaction (Tangible) Of JKN Service Program

Physical evidence (tangible) dimensions relating to the appeal of physical facilities, completeness, and materials used hospitals, as well as the appearance of officers. The hospital has a good physical evidence if the condition of the interior and exterior space is attractively styled, comfort and cleanliness condition of the building, tidiness and cleanliness of buildings, tidiness and cleanliness of the officers, and the sophistication of existing equipment [13]. Patient expectations against tangible dimension is the patient's belief before receiving the service that will be used as a standard or benchmark in assessing services [10].

The results were obtained that patient satisfaction in Outpatient Services Program of the Pratama Hospital in Supiori District based on physical evidence (tangible) is not satisfied (40.7%) and satisfied (59.7%). Statistical test results obtained by their relationship outpatient satisfaction based on the dimensions of physical evidence (tangible) to service national health insurance program in the Outpatient of Pratama Hospital in Supiori District(p-value $0.000 < \alpha = 0.05$).

The results are consistent with studies of Against KepuasanPasien Outpatient Hospital PanembahanSenopati Participants BPJS in Bantul, showed that physical evidence (tangible) associated with patient satisfaction, the physical evidence that directly affect patient satisfaction seen.

Physical evidence Dimensions is important as a measure of care as a form of services can not be seen, kissed and touched. As according to Soraya [11] states as a form of services can not be seen, kissed, touched the physical evidence is important as a measure of a ministry. JKN patient satisfaction to tangible dimension should be enhanced because good tangible cause patient expectations with the services to be high. This relates to the statement of Leonard L Berry, which is an act of service, appearance or a service that is consumed but not owned. Although the appearance of the service is represented by a particular form, but the essence is purchased is the appearance. In addition, according to Perwani, important thing in housekeeping and closely related to the quality of products / services is how the institution service providers are able to bring beauty, tidiness, cleanliness and completeness of the product and the health services offered to customers [12].

Tangible dimension outpatient services to patients in Pratama hospitals of JKN participants in Supiori district in this study demonstrated by the eight attributes, namely the examination room is neat and clean and feels comfortable. Beside that cozy lounge, state and readiness of medical equipment that is functioning properly, completeness and state of supporting tools (bed, desk, chair, etc.) to function properly, an easy parking spot and the doctors and officers other health clean and tidy.

The statement about the state of the patient examination room tidy 96.7% said they were satisfied and 66.2% are

satisfied with the cleanliness of the examination room and 59% are satisfied with the convenience of the examination room. But 41% are not satisfied comfort of a consultation room and 51.4% were not comfortable lounge area, and 51.4% are not satisfied with the completeness and kesdiaan appliance - medical devices and 53.3% are not satisfied with the completeness of tools - tools supporting health. In addition, respondents are not satisfied (52.4%) with the ease of parking, while for neatness health workers menyatakanpuas respondents (81%). This is due to the examination of patients who alternated with kununjungan considerable amount, causing a state of the rooms were not immaculate, thus making the patient uncomfortable sebagain.

Patient dissatisfaction towards the waiting room are satisfied. Based on the observation that researchers do Pratama Hospital in Supiori Distict has inadequate waiting room. Still there are patients waiting that stands up due to lack of chairs, seats uncomfortable conditions and waiting room is narrow. Availability of the comfortable lounge could cause own convenience so that the waiting time does not become boring one things. Patient dissatisfaction against the state apparatus - equipment, and medical devices - supporting tool caused some diperika tool when patients can not be done because of the limitations of medical equipment and the supporting tools. This is because the Primary Hospital is a hospital with a Type D is still limited by the tools - medical equipment and other health supporting tool. It in most patients who complained to the limitations of medical equipment and other support.

Dissatisfaction of respondents on this aspect and the management of tangible dimension on the availability of parking. This is because there are patients who come by public transport, whereas the patients that come by using car have trouble, because the parking lot is small and there is no officer to manage the park.

Satisfaction aspects of physicians and personnel hygiene dimension highest tangible is that satisfied, it is because doctors and health workers are required to look clean and tidy. While patients (19%) stated clerk was not neat and clean because most officers are still found eating nut at work, thus affecting performance.

4.2 Relations Patient satisfaction Based Reliability (Reliability) Of JKN Service Program

Reliability Dimensions (reliability) relating to the company's ability to provide accurate service since it first without making any mistakes in the delivery of the service in accordance with the agreed time. A hospital is said to be reliable if the admission is done quickly and administration procedure and payment of a practical, quick action and the right to examination and treatment, lab tests, doctor visits, treatment is carried out appropriately and acceptance test results quickly and accurately [13].

In this case the patient needs is the need to recover from an illness that can be achieved through proper diagnosis and appropriate treatment anyway. Dimensions of reliability ambulatory care Pratama hospitals Supiori Regency to patient of JKN participants in this study was shown by the four attributes, namely quick registration procedure of the patient is not long, patient waiting times to be examined shortly, the accuracy of the service schedule includes the schedule open and close the service in accordance hours of service and doctor examination by a doctor according the patient's complaints.

The research result was statistically obtained that there is no relationship between satisfaction of outpatients by

the dimension of reliability (tangible) to service national health insurance program in the Outpatient of Pratama Hospital in Supiori District(p-value 0.005 <α = 0.05), where respondents not satisfied by reliability (tangible) and are not satisfied with the services JKN program as many as 66 people (56.5%) and respondents who are satisfied based on the reliability of (tangible) and are not satisfied with the JKN Service Program many as 48 people (44.4%).

Based on through the adjustability of the four attributes that represent the dimensions of reliability, there is only one attribute that can be said is the highest in patient satisfaction at the pace of patient enrollment procedures are not old (71.9%), patient waiting times in the not too distant probes (61.9 %) and doctors who perform activities in accordance complaint of patients (77.6%). This is due to the flow of services in the Pratama Hospital in Supiori Distict clear and appropriate operational and memberikanpapan proseudr information about procedures, sheingga facilitate patient registration. However, patient dissatisfaction is the appropriateness of the service schedule includes an opened schedule dan closed services appropriate service hours.

The patient feels that the administrative procedures of admission done quickly so that the patient does not have to wait long to get service. Besides the examination the doctor by the patient's complaints, where healing is one proof of the successful performance of clinical service. This is consistent with the statement Budayanti [14] when the patient recovers not only shows the success of the performance of services, but also make patients satisfied because his main goal is reached.

Outpatient services to patients based on the dimensions of participants JKN reliability still below the average, where the states are satisfied (51.6%) and dissatisfied (48.6%) to the dimensions of reliability (reliability). It is very coumplained of patient dissatisfaction toward the dimension of reliability (reliability) is the appropriateness of the service schedule includes the schedule open and close the service according to service hours. This is due to doctors not come on time. While timely service is considered very important for the patient because every patient wants JKN health problems quickly and promptly resolved as submitted the main hope when the patient comes to the hospital is the healing of illness.

The accuracy of doctor examination are important on the dimensions of reliability (reliability) for the patient's recovery one of them caused by the accuracy of the examination so given appropriate treatment of the disease [15]. It could be concluded that patient satisfaction is met when getting recovery from the illness. In general, the dimensions of reliability could be trusted and accountable health care provider, other extent to which services are able to provide what was promised to customers satisfactorily.

Delays in the service schedule anticipated by doctors and officers with the speed of procedures and waiting times for patients and examinations in accordance with the patient's complaints, so the reliability (reliability) is not meaningful to client satisfaction.

4.3 Relationship Based on Patient satisfaction Response (Responsiveness) Of JKN Service Program

Responsiveness Dimensions (responsiveness) related to the willingness and ability of employees to assist customers and responding to their requests, as well as let you know when the services will be provided. The

hospital is said to have responsiveness when officers are always ready to help the patient provision of clear information to patients, service system is straightforward and responsive to patient complaints .

Responsiveness Dimensions ambulatory care JKN patients of Pratama Hospital in Supiori Distict in this study was shown by four attributes, namely, physician responsiveness, clarity of information by officers, cooperation between the clerk and the clerk responsiveness. A customer would expect that he should also be well served if more customers are well served by the service provider. Where the required responsiveness of service providers to treat and pamper customers in real time, customers need to be served and appreciated regardless of their socioeconomic status.

Result study showed statistically no association outpatient satisfaction based dimensions of responsiveness (responsiveness) of the national health care insurance program in the Outpatient of Pratama Hospital in Supiori District(p-value   0,005 <α = 0.05), in which respondents were dissatisfied by the responsiveness (responsiveness) and are not satisfied with the JKN Service Program many as 74 people (63.2%), while respondents who are satisfied based on the responsiveness (responsiveness) and dissatisfied JKN program to service as many as 40 people (43%).

Based on analysis by level according to the attributes in the dimension of responsiveness (responsiveness) were obtained from the four attributes, just two attributes that are declared to satisfy the patient and the other two patients otherwise unsatisfactory. Attributes that already satisfy the patient is a doctor / responders deal with complaints of the patients (61.4%), however, patients are not satisfied with the speed of the actions of doctors / officers suitable for treating patients in need of assistance (59.5%) and 45.7% are not satisfied the attribute information doctors / officers about the disease and the action is given, and 50% are not satisfied about the clarity infromasi the doctor / clerk of a given drug.

Responsiveness of doctors / officers information on the information submitted in patients due JKN patients feel healthcare workers are not responsive in serving the information needs of patients. The unresponsiveness of officer due to increased number of patient visits since their JKN program so that the officer did not respond to complaints of patients and the lack of health workers to the level of sensitivity of the information needs of patients. As stated by Sugiarto in Nur Alam in 2010 that the high level of sensitivity to the service will need to be followed by appropriate action as needed. Certainty of service is a form of direct services to help patients who are supported by knowledge and skills. Nonetheless, based on the analysis that is gotten that outpatient services based on the dimension of reliability is already said to be satisfied because the value of this dimension concordance rate is above average. This means that the service has been rated sprightly and quick in service.

Aresponse or responsiveness, attentiveness of staff in helping customers and provide fast service and responsiveness, which includes the alertness of employees in serving customers, employees in the service transaction speed, and handling customer complaints. According to the assumptions of researchers, general practitioners have the responsiveness because it is a first-level health facilities with patient visits and also has the advantages of proximity doctor-patient relationship because generally it is the owner of a first health facility. The assumption of the researchers, this could be because the number of patients examined, so the officer is less

responsive clarity patients to obtain information and time to explain briefly so that the clarity of the information required patient is notmaximum given by a doctor or health officers. Qualified health care with aspects that influence the patients satisfaction are patients get clear information and comprehensive about what, who, when, where and how health services will be implemented, information on home care and prevention [16].

Doctors Responsiveness and personnel in health service influences patients satisfaction where officers are required to immediately respond and provide information related to the disease, action as well as the provision of information obat.Pemberian associated with patient compliance in the treatment danmampu to take precautions but it was not clear if the information given will lead to patients not satisfied , especially semakinsulit information is obtained when the patient is already out of the service.

4.4 Relationship between JKN Services Program and Patient satisfaction Based Assurance (Assurance)

Guarantee Dimensions (assurance) in respect of employee behavior that can foster customer trust against the company and invent 86 Takan sense of security for customers. The hospital is said to have a guarantee if the services provided by hospitals to patients accompanied by a doctor expertise in establishing a diagnosis, skills and knowledge of medical personnel, as well as the assurance and confidence in the services provided [13].

Assurance Dimension of JKN care patient of outpatient in Pratama hospital Supiori Regency in this study was shown by the five attributes that skill physicians in providing care for patients (such as injecting, treating wounds, suturing and others), doctors in maintaining the confidentiality of the patient, the friendly attitude of doctors / clerk friendly in providing health services, doctors / officers courteous in providing health services and doctors / officers by providing an explanation of treatment and recommends checked back in (the control) if the complaint continues by guaranteeing a cure for services

Based on the analysis of the level of conformity by attributes of the five attributes that represent the assurance dimension, as the average - average highs are not satisfactory where patients are not satisfied 59.5%. Unsatisfaction of patients caused by doctors or staff unfriendly and 61.4% are not satisfied in providing services as well as 45.2% of doctors or officers gave no explanation about the treatment and recommend or re control (control over) if there are complaints continued. Patient satisfaction at the highest guarantee is the skill of the physician in providing care for patients (such as injecting, treating wounds, suturing and others at 69% and 53.8% of patients satisfied the doctor is able to maintain confidentiality.

One important element of the patient's clinical governance is a guarantee for services provided. Patient concerns would arise if the doctor / nurse failed to provide security for his help. It is associated with expertise and scientific competence. Patients need certainty, diagnosis and prediction of proper healing and matters relating to the state of the disease (security) [17]. Kotler in 2005 stated that the knowledge, confidence and courtesy service providers to generate trust and confidence that the form of knowledge and ability of personnel in the work, as well as security and trust services to services will have an impact on patient satisfaction.

According to the assumptions of researchers, dissatisfaction of respondents for the skill, hospitality doctors and officials at the Pratama Hospital Supiori District be caused by plated services covering the clerk, doctors, nurses

and other personnel as well as the high number of patient visits.

4.5 The Relationshiep between JKN Services Program and Patient satisfaction Based on Caution (Empathy)

Dimensions of empathy (empathy) with respect to the company's ability to understand the customer's problems and act friendly for the sake of customers. The hospital is said to have a dimension of empathy when care for the patient's complaints, concern for the needs and wishes of patients, did not choose select in providing services to all patients and doctors and officials sympathy to patients [13].

Emphaty Dimensions ambulatory JKN care patients of the Pratama Hospital in Supiori Distict in this study is shown by three attributes, namely doctors / officers provide free time to communicate with the patient, the doctor / patient in dealing keluhanpasien officer and his family and doctors / officers memperhatian against the patient's complaints.

Based on the level of conformity analysis by the three attributes that represent the dimensions of empathy, in which the highest satisfaction of physician / clerk politelny in giving free time to communicate (71%), but most patients are not satisfied (51.4%) for doctors / officers impatient handle complaints of patients and their families and 58.1% do not pay attention to the patient's complaints. This relates to the time of the patient visits were pretty much served by doctors / officers, so that the service provided is a short time in order to serve all patients.

Results of multivariate analysis that the dominant factors that affect patient satisfaction in JKN patients in Pratama hospitals Supiori Regency is a guarantee (asurance) and attention (empathy). Lack of collateral and the attention given by the Jayapura District Pratama Hospital affect the quality of services provided. This has led to a negative perception of the patient for the service as the JKN participants causing a bad image for the service received.

The results are consistent with research conducted Syahputra [18] in Musi hospitals Banyuasin that the dominant factor that greatly affects patient satisfaction is a guarantee and the attention received by patients. The Empathy concern is caring to give individual attention to the customer, understanding customer needs, as well as easy to contact [16].

These criteria associated with a sense of care and special attention to any health officer service users, understand their needs and provide convenience to be contacted at any time if employers wish to obtain assistance. Researchers analyzed that patients perceive JKN health care does not understand the needs of patients. Most respondents said that health workers are not satisfied with the lack of attention to the complaints presented. In addition patients feel less health worker performance courteous, and friendly. The friendliness and politeness of health workers who can cause a sense of trust between patients because patient satisfaction is usually associated with hospitality personnel providing services.

5. Conclusion

Based on the research results, it can be concluded as follows

1. Patient satisfaction at room Outpatient Pratama Hospital in Supiori Distict based on physical evidence (tangible) is not satisfied (50%) and satisfied (50%), based on the reliability (reliability) is not satisfied (48.6%) and satisfied (51.4 %), based on the responsiveness (responsiveness) is not satisfied (55.7%) and satisfied (44.3%), based on the guarantee (assurance) is not satisfied (59.5%) and satisfied (40.5%) and by attention (empathy) are not satisfied (47.6%) and satisfied (52.4%).

2. There is a relationship between satisfaction outpatients based on the dimensions of physical evidence (tangible) to service national health insurance program of Outpatien in the Pratama Hospital Supiori District (p-value $0.000 < \alpha = 0.05$).

3. There is a relationship between outpatients satisfaction based on the dimensions of reliability (reliability) of the national health care insurance program in the Outpatient of Pratama Hospital in Supiori District(p-value $0.005 < \alpha = 0.05$).

4. There is a relationship outpatient satisfaction based dimensions of responsiveness (responsiveness) of the national health care insurance program in the Outpatient of Pratama Hospital in Supiori District(p-value $0.005 < \alpha = 0.05$).

5. There is a relationship between outpatient satisfaction based on dimensions guarantee (assurance) to service national health insurance program in the Outpatient of Pratama Hospital in Supiori District(p-value $0.000 < \alpha = 0.05$)

6. There is a relationship between outpatients satisfaction based on the dimensions of concern (empathy) to the national health care insurance program in the Outpatient of Pratama Hospital in Supiori District(p-value $0.001 < \alpha = 0.05$).

can criticize and suggest that the hospital what to do repairs.

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